



Lincolnshire County Council

Adult Care and Community Wellbeing

**Local Account
2016-17**

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Lincolnshire County Council, in accordance with current legislation, wants to treat everyone fairly.

Although we do not translate things as a matter of course, there are times when the language barrier prevents people from accessing a service. In such cases it may be appropriate to provide an interpreter or written translation.

Further information can be found by accessing the following web link:

www.lincolnshire.gov.uk/translation

In line with the Accessible Information Standard, where a customer needs this document in a different format, for example, large print, braille or easy read, they should contact us on 01522 782060

intro

Introducing the Local Account

"I found it easy to get things put into place, we have support from various organisations which give excellent help."



Foreword

We are pleased to present Lincolnshire County Council's Adult Care and Community Wellbeing Local Account for 2016-17, which details how we have helped provide Lincolnshire residents with the care and support services they need.

This report looks at our achievements in the last year, the challenges we face and our plans for the future.

Whilst Adult Care has been able to make required savings over past years, we've still continued to provide good quality services to the people of Lincolnshire. In fact, the budget for Adult Care has grown to ensure vital services are protected for our elderly population. We have rearranged how we deliver services in Lincolnshire to make sure we can *commission* quality care for as many people as possible with the resources we have. We continue to look for more effective and innovative ways of working to ensure the people of Lincolnshire get the support they need.

We particularly welcomed the £2bn announced for social care by the government in March 2017 as an urgent injection of money to

help stabilise fragile social care systems nationally. Though the funding is only temporary, we will be using Lincolnshire's share to help providers to retain, train and recruit staff and reduce pressures in the county's hospitals by supporting the *NHS*, and getting people home more quickly.

This Local Account also includes, for the first time, details about the Public Health service that the council is responsible for. It reflects their important contribution to the health and wellbeing of the people of Lincolnshire.

The council will continue to prioritise good quality services, with a variety of choice, which will help *safeguard* vulnerable adults. We will continue to strive for more creative ways of improving services and relationships with other commissioners, such as the NHS and care providers.

If you have any feedback on our Local Account we want to hear from you – please get back to us with your comments. *Our details* are at the end of this document.



Cllr Mrs Patricia Bradwell

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



Glen Garrod

Executive Director of Adult Care and Community Wellbeing



Introduction

This is our Local Account, which sets out what we have achieved and how we have performed over the last year. This time we have produced a Local Account for Adult Care and Community Wellbeing which includes Public Health.

The local account is for everybody, it is not intended as a complicated technical report, but part of an open and honest conversation about how we are doing. It also offers an insight into our wider role of promoting and enabling good health and wellbeing for all adults in Lincolnshire.

The account also provides a look forward in relation to what we are planning to do this coming year. It is an important part of Lincolnshire County Council's commitment to transparency, showing Adult Care and Community Wellbeing's performance over the last 12 months and demonstrating how services are meeting the needs of residents.

It tells you:

- what Adult Care and Community Wellbeing is, what we do, and who we do this for
- how much we spend on adult care and community wellbeing
- how many people we help
- what people and their carers have told us about our care and support
- 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

Feedback comments included in this document are a sample of those we have received from the public.



Key facts



762,140 ⁽¹⁾
people live
in Lincolnshire



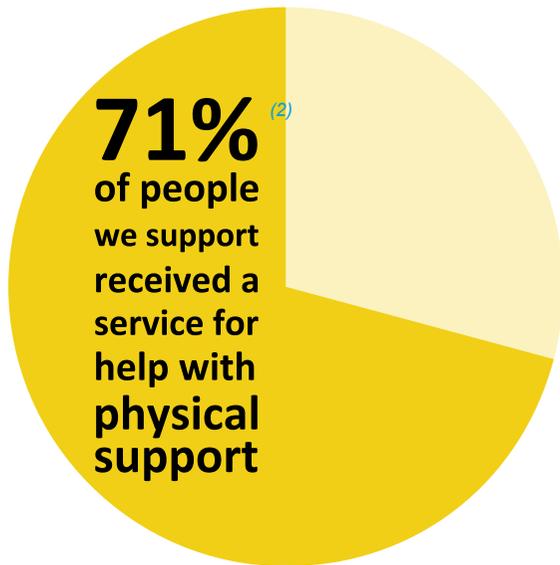
83% ⁽²⁾
of the population
are over 16 years



23% ⁽²⁾
of the population is
aged over 65 years



59% ⁽⁴⁾
of Adult Care's
spending was on
older people
services (age 65+)



71% ⁽²⁾
of people
we support
received a
service for
help with
physical
support

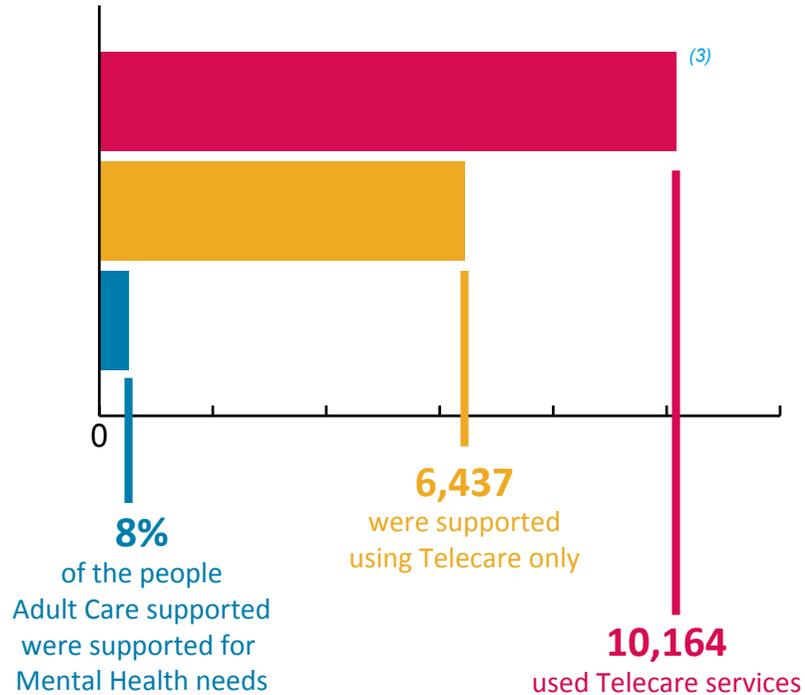


12,160
people received
a service from us ⁽¹⁾

65% ⁽²⁾
of people
who received
a service were
aged over **65**

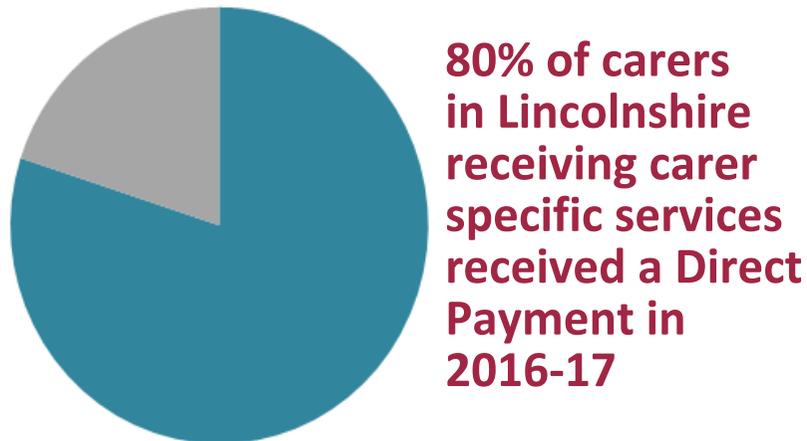


Key facts



4,769⁽³⁾
people received home care

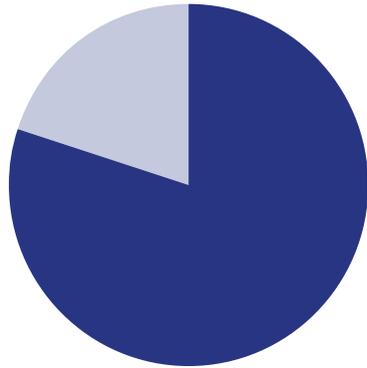
77.2% of people seen by *reablement* went on to live independently with no on-going services



2,903⁽²⁾
people received equipment

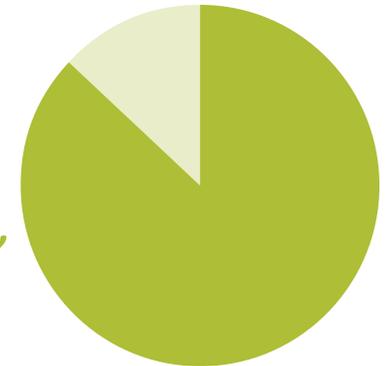


Key facts



80% of people who use our services say
“they have control over their daily lives”

87% of people who use services say that
“those services have made them feel safe and secure”⁽⁵⁾



Further detailed information can be found on the
Joint Strategic Needs Assessment web pages at:
www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment.aspx



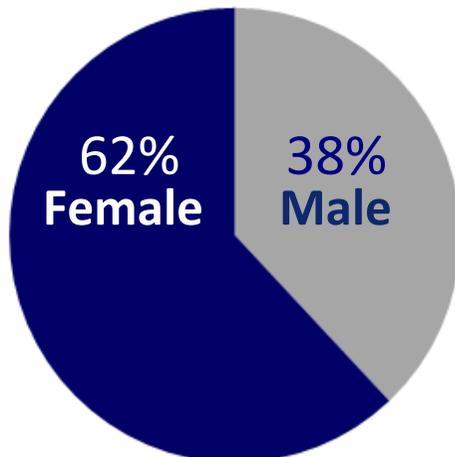
Equality and diversity

In Lincolnshire, *Adult Care and Community Wellbeing* works to ensure that services meet the needs of people and that practitioners work within the standards laid out in the *Equality Act 2010*. We aim to make care as inclusive as possible for all people, including those who fall within 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 and advice to people in alternative formats depending on their needs.

The following demographic information is for those people who used Adult Care and Community Wellbeing services in 2016-17. The numbers of people we support is broadly in line with the demographic of the population.

*People receiving services by gender
(at 31st March 2017):⁽²⁾*



*People receiving services by ethnicity
(at 31st March 2017):⁽²⁾*

Ethnic Group	Proportion %
White	98.2
Asian/Asian British	0.2
Mixed/multiple ethnic group	0.2
Black/African/Caribbean/Black British	0.2
Other ethnic group	0.2
Not Known/Undeclared/Refused	1.0
Totals	100.0

All Lincolnshire Residents by ethnicity:⁽¹⁷⁾

Ethnic Group	Proportion %
White	97.6
Asian/Asian British	1.0
Mixed/multiple ethnic group	0.9
Black/African/Caribbean/Black British	0.4
Other ethnic group	0.2
Totals	100.0

one

About Adult Care and Community Wellbeing

"I am very happy with the care I receive. The staff are caring, understanding and supportive of all my needs which helps to enhance my quality of life..."



What is Adult Care and Community Wellbeing?

In the past year, Adult Care and the Public Health Division have been brought together to create a new directorate called Adult Care and Community Wellbeing. This reflects our focus on helping people to stay as healthy and independent as possible at all stages of their life

Adult Care

Adult Care supports older people, people with *learning disabilities*, people with physical disabilities and *Sensory Impairment*, people with *mental health* needs, 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 towards fulfilling these responsibilities.

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, help and support
- 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 and plan for the future
- Assist people in creating a plan to make sure the right care and support is in place for as long as it is needed
- Help adults to live independently with the support they need
- 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 equipment and *adaptations* to the home environment
- Commission and provide *day opportunities*
- Work in partnership with Children's Services to help young people who are likely to have, or continue to have, support needs when they turn 18



Public Health

Public Health practice has been described as the 'Art and Science' of improving the health of individuals and communities.

The Public Health Division at Lincolnshire County Council is a multi-disciplinary group of professionals working towards improving and protecting people's health, and reducing inequalities, to ensure people living and working in Lincolnshire lead long, healthy and happy lives.

Our work covers:

- Protecting people's health from harm by controlling infectious diseases
- Protecting from environmental hazards
- Providing professional advice to *NHS commissioners* on safe and effective *commissioning* and delivery of health services including screening, vaccination and immunisation programmes
- Helping services and people plan for and respond to emergencies
- Using a scientific evidence base to help commissioners and practitioners provide the safest and most effective interventions possible to local people
- Facilitating the development and on-going maintenance of the *Joint Strategic Needs Assessment*
- Promoting and improving health through supporting healthy environments whilst supporting people to choose lifestyles that are good for their health

including:

- Helping people maintain their *independence* with *disability*, illness or frailty
- Health Improvement, Prevention and Self-Management (including NHS Health Checks, Stop Smoking services, Mental Wellbeing and tackling social isolation)
- Wellbeing Services (including Integrated Community Equipment Services and *Telecare*)
- Integrated Sexual Health Services
- Housing for Independence (including Housing Related Support services)
- Services which address the wider determinants of health
- Prevention and Treatment of Substance Misuse

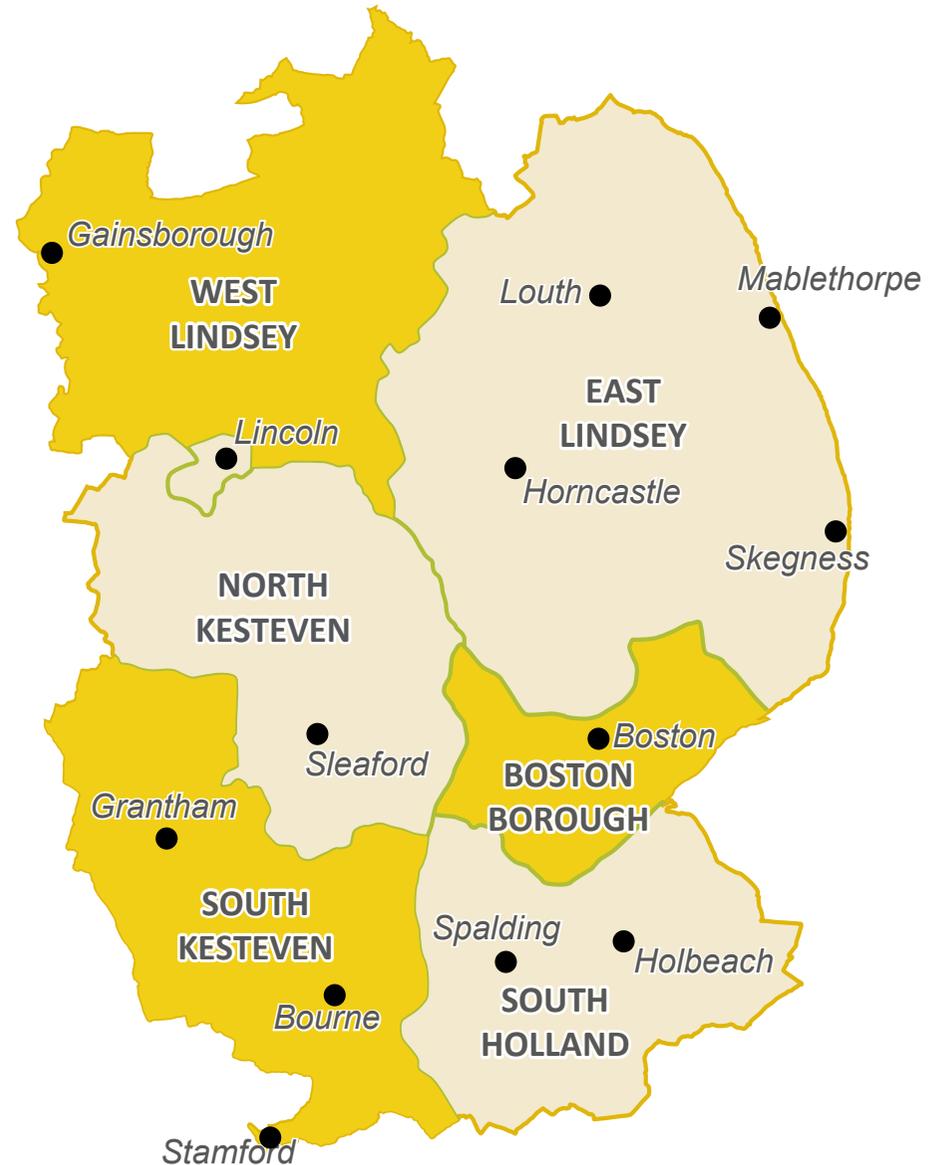


Who we provide Adult Care for

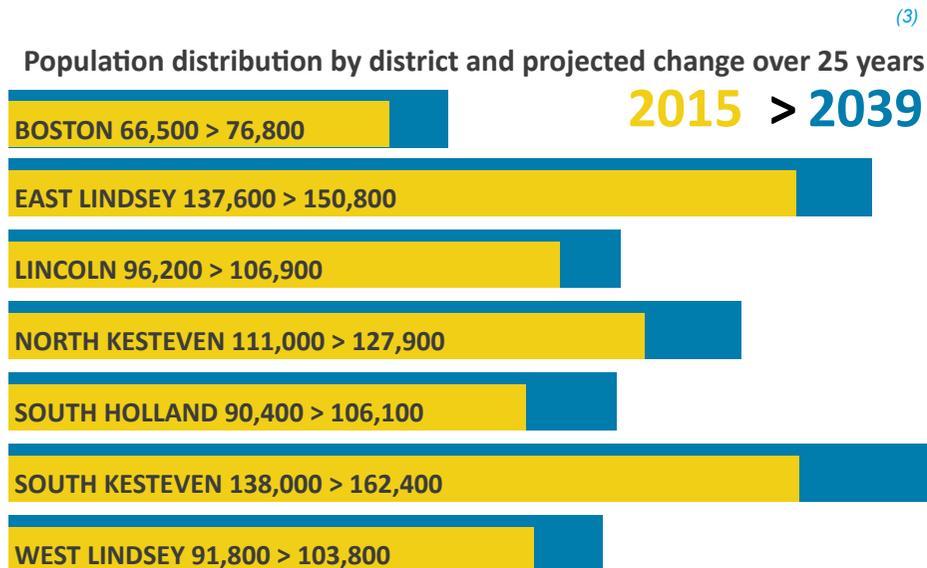
Lincolnshire is situated in the East Midlands region. It is a *two-tier authority* area comprising of Lincolnshire County Council and seven district councils: Boston Borough, City of Lincoln, East Lindsey, North Kesteven, South Holland, South Kesteven, and West Lindsey.

Population of Lincolnshire

The population of Lincolnshire is currently estimated to be 762,140, a rise of 0.7% (48,485 persons) since 2014. The number of people aged over 65 has increased by approximately 2% to 23% (174,045). ⁽⁶⁾



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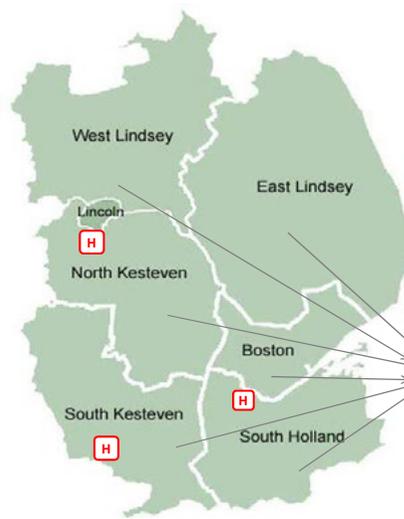


Short & Long Term Support (SALT): Customer Pathways and Outcomes - 2016/17

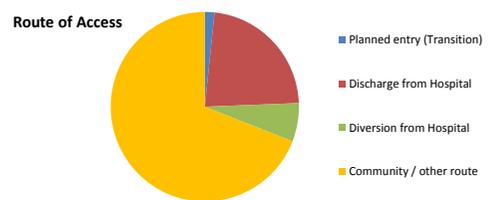


Short Term Support - NEW CLIENTS

Customers



Requests for Support



Social Care

Requests from NEW Clients	Count	% Change vs 2015/16
Requests from NEW Clients	33,005	-3%

Route of access	Count	Percentage	Trend
Planned entry (Transition)	545	2%	▲
Discharge from Hospital	7,500	23%	▲
Diversion from Hospital	2,160	7%	▲
Community / other route	22,800	69%	▼

Age Group	Count	Percentage	Trend
18 to 64	9,715	29%	▲
65 and over	23,285	71%	▼

Sequel to Request

The highest ranking outcome following the request, but before any subsequent request / assessment event (to avoid duplication)

Outcome	Count	Percentage	Trend
Reablement - NEW Clients	2,630	8%	▲
Admissions to Res Care - permanent residential or nursing care	800	2%	▲
Long Term Community - DPs, Managed PBs, Commissioned	1,425	4%	▼
End of Life	15	0%	▲
Ongoing Low Level Support - equipment, telecare	2,900	9%	◀▶
Short Term Support - wellbeing, temporary residential care	4,525	14%	◀▶
Advice & Info / Signposting	19,240	58%	▼
No Services	1,470	4%	◀▶

Sequel to Reablement

Outcome	Count	Percentage	Trend
Service Ended Early	515	21%	▲
Admissions to Res Care - permanent residential or nursing care	5	0%	◀▶
Long Term Community - DPs, Managed PBs, Commissioned	90	4%	▼
Ongoing Low Level Support - equipment, telecare	45	2%	▼
Short Term Support - wellbeing, temporary residential care	80	3%	▲
Advice & Information	255	11%	▼
No Services	1,445	59%	▲

Episode Status on 31/03

Concluded	2,435
Not concluded	195

Includes sequels to reablement for new clients and existing clients
93% of concluded episodes are for new clients

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Adult Population: 594,466



Intermediate Care

Requests from Hospital*	Count	% Change vs 2015/16
Requests from Hospital*	670	-30%

Support Organisation

Organisation	Count	Percentage	% Change vs 2015/16	Trend
LCHS NHS Rehabilitation Service	220	33%	-71%	▼
Allied Adult Care Reablement	450	67%	112%	▲

Situation 91 days after discharge from hospital

Situation	Count	Percentage	Trend
At Home	505	75%	▼
NOT at home	165	25%	▲

*requests from hospital concerning patients aged 65 and over during a sample period (01 Oct to 31 Dec)

All numbers rounded up or down to the nearest 5. It is important to note that the ▲ ▼ and ◀▶ denote trends where comparisons are made to the previous SALT Return. It is not an indicator of performance.



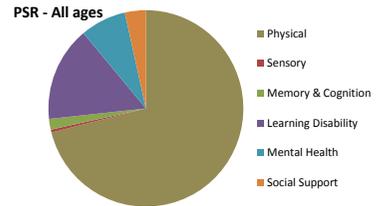
Short & Long Term Support (SALT): Customer Pathways and Outcomes - 2016/17



Long Term Support

Services (All Adults)

LTS001a - In Year		
	vs 2015/16	
Long Term Support	12,160	6% ▲



By Primary Support Reason & Age Group

	18-64	65+
Physical	1,160	7,475
Sensory	25	35
Memory & Cognition	10	205
Learning Disability	1,670	230
Mental Health	635	290
Social Support	140	285
Total	3,640	8,520

vs 2015/16		
Residential Care	4,195	2% ▲
	34%	

Community Services	7,965	7% ▲
	66%	

LTS001b - Current on 31 Mar		
	vs 2015/16	
Long Term Support	9,630	11% ▲

Residential Care	3,530	12% ▲
	37%	

Community Services	6,100	10% ▲
	63%	

of which:

vs 2015/16		
Direct Payments	2,325	32% ▲

Services (Learning Disabilities 18-64)

LTS004 - In Year		
	vs 2015/16	
Long Term Support	1,670	8% ▲

by Employment Status

vs 2015/16		
In Paid	75	4% ▲
	4%	

Not in Paid	1,595	9% ▲
	96%	

by Accommodation Type

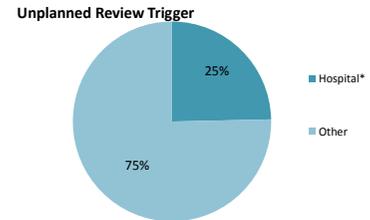
vs 2015/16		
Settled	1,285	12% ▲
	77%	

Owner occupier or shared owners	5	0%
Tenant	265	21%
Settled mainstream housing	740	58%
Supported accommodation	240	19%
Shared lives scheme	30	2%
Approved premises for ex-offenders	-	0%
Sheltered housing	5	0%
Mobile accommodation	-	0%

vs 2015/16		
Unsettled	380	-3% ▼
	23%	

Rough sleeper / squatting	-	0%
Night shelter / emergency hostel	-	0%
Refuge	-	0%
Staying with family / friends (short term)	-	0%
Healthcare facility or hospital	-	0%
Registered care home	380	100%
Prison / Young offenders	-	0%
Other temporary accommodation	-	0%
Unknown	-	0%

Review Events



*Hospital activity has increased as a proportion of all unplanned reviews (2015/16 was 23%)

LTS002		
	vs 2015/16	
Unplanned	3,080	-39% ▼

LTS002		
	vs 2015/16	
Planned**	6,675	0% ◀▶

**SALT return only requires the sequel of a change in setting to residential/nursing care

Figure provided is all planned reviews completed in the year

Sequel to Review

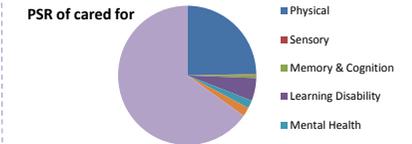
Sequel based on review RAS score compared to previous RAS score, and any changes in service setting or reablement episode after the review.

LTS002a		
	vs 2015/16	
Move to Res Care	100	3% ▼
Reablement	-	0% ▼
Increase	330	11% ▲
No Change	2,200	71% ▲
Decrease	200	7% ▼
Services Suspended	10	0% ▲
Services Ended	240	8% ▼

LTS002b		
	vs 2015/16	
Move to Res Care	140	2% ▼

Services (Carers)

LTS003 - In Year		
	vs 2015/16	
Carers of Adults	8,180	13% ▲



by Age Group of Carer

Aged 18 to 64	3,980	49%
Aged 65 or over	4,200	51%
Total	8,180	

By Primary Support Reason of cared for

Physical	2,020	25%
Sensory	15	0%
Memory & Cognition	60	1%
Learning Disability	435	5%
Mental Health	150	2%
Social Support	170	2%
No PSR - not known to Adult Care	5,330	65%
Total	8,180	

vs 2015/16		
No Direct Support	1,165	14% ▲

Advice & Info only	5,780	71% ▲
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Commissioned Support	-	0% ▼
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Personal Budgets	1,235	15% ▼
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of which:

vs 2015/16		
Direct Payments	990	-59% ▼
	12%	

and support involving cared for

vs 2015/16		
Respite Care	310	60% ▲

All numbers rounded up or down to the nearest 5. It is important to note that the ▲ ▼ and ◀ ▶ denote trends where comparisons are made to the previous SALT Return. It is not an indicator of performance.



What we spent in 2016-17

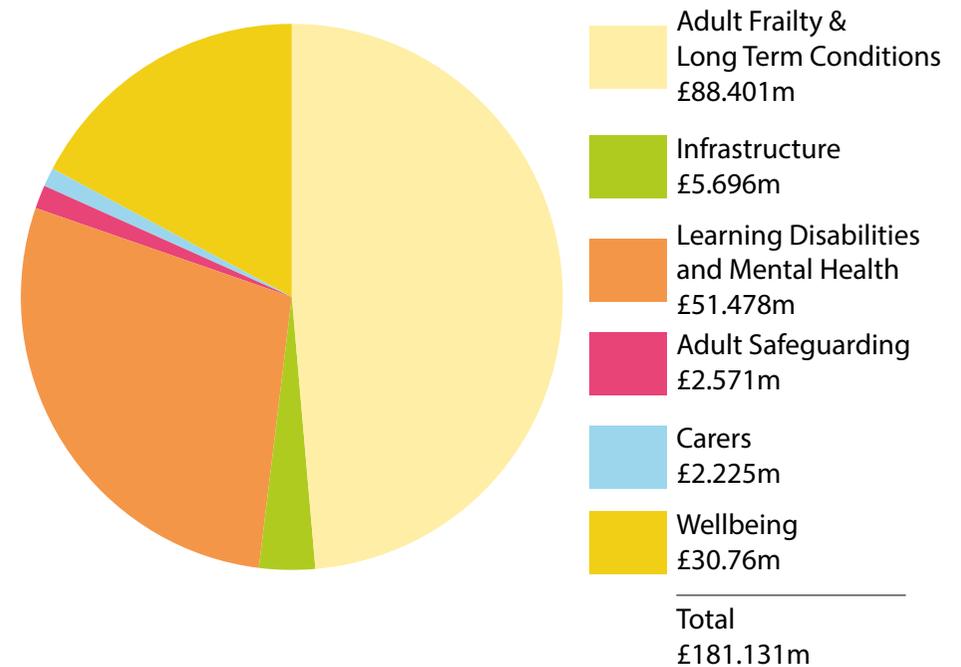
Adult Care spent £150.4m in 2016-17 with a total budget for Adult Care and Community Wellbeing of £181m.⁽⁴⁾

The council delivered an under-spend of £0.518m against its 2016-17 budget. In addition, Adult Care received income of £57.9m, with £37.9m generated from Service User contributions.

Projects that contributed to the savings in 2016-17 included:

- The ongoing impact of staffing reviews across Adult Care
- Implementation of the new service user contributions charging policy
- Reduction in costs following the re-procurement of a number of contracts
- Increased efficiencies within the council's in-house services

Adult Care net expenditure 2016-17 ⁽⁴⁾





What we plan to spend in 2017-18

A major challenge faced by Lincolnshire County Council is managing resources so that 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 council anticipates a balanced budget for Adult Care and Community Wellbeing in 2017-18 and is projected to make an additional £7.397m saving in 2017-18 from a combination of efficiency savings for Community Wellbeing and Public Health services that were transferred from the NHS to the local authority, and increases in service user contributions following the recent implementation of the New Residential Charging Policy

www.lincolnshire.gov.uk/Download/105249

The council budget for 2017-18, 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 2016-17 accounts can be found at: www.lincolnshire.gov.uk/local-democracy/how-the-council-works/finances/statement-of-account

The total budget for Adult Care and Community Wellbeing (£182.312m) accounts for 41.7% of Lincolnshire County Council's budget for 2017-18. The total council budget requirement is £437.120m. The combined budget for Adult Care and Community Wellbeing, which includes Adult Care and the Public Health division, has reduced by £0.468m (a 0.26% decrease) over the 2016-17 budget.

The budget is set in the context of increasing demographic pressure and cost pressures related to service provider fee increases in order to accommodate the increasing cost of employment as a result of the National Living Wage.



Better Care Fund (BCF)

The Better Care Fund is a programme spanning both the NHS and local government which seeks to pool budgets in order to join up health and care services, so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support and providing them with integrated health and social care services, resulting in an improved experience and better quality of life.

Lincolnshire's total pooled budget is one of the largest in the country. In addition to the national allocations, there are *pooled*

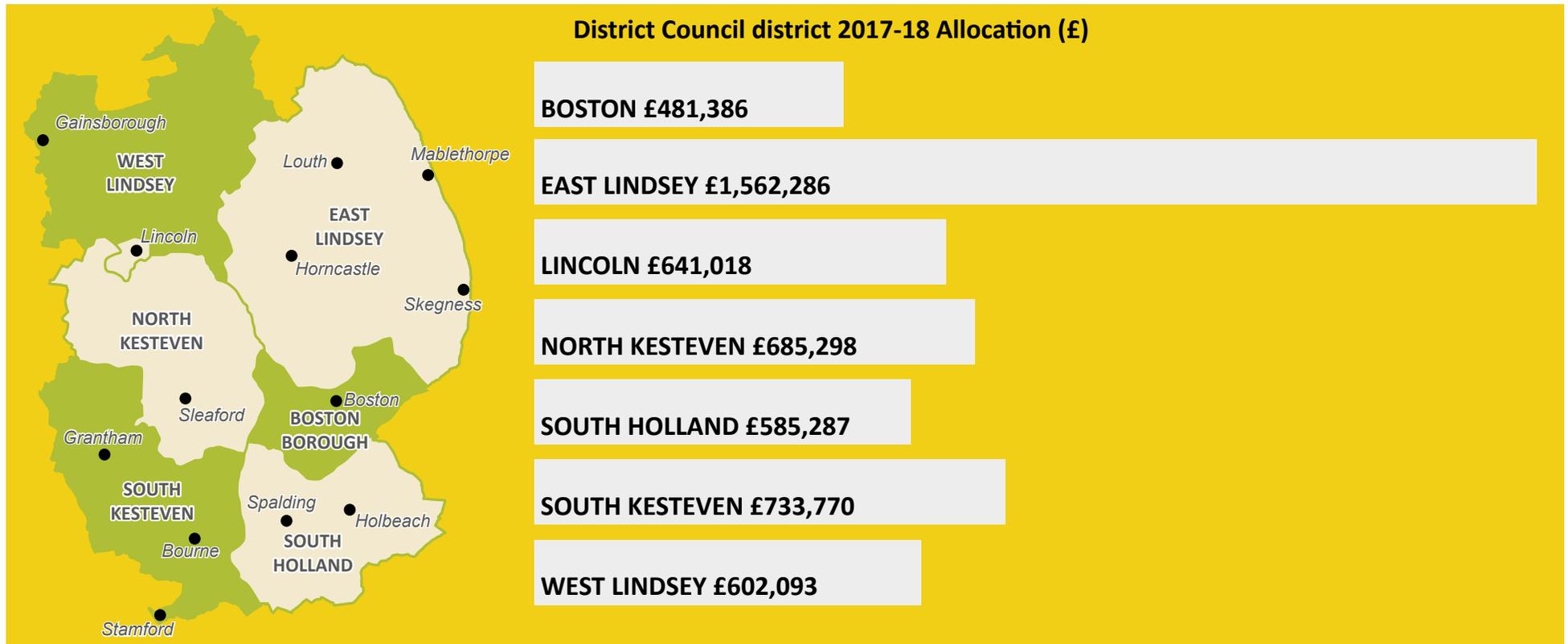
budgets for *Learning Disabilities*, *CAMHS* and *Community Equipment* plus 'aligned' Mental Health funds from the same organisations. Priorities for Lincolnshire include Non Elective Admissions (NEA) and *Delayed Transfers of Care (DTC)* as these cause financial pressures particularly to NHS partners.

The Lincolnshire BCF for 2016-17 was £196.5m and is in excess of £226m in 2017-18, with the increase chiefly due to the additional funding made available to the County Council from Central Government. In the Spring Budget 2017 the Government introduced the BCF Supplementary Funding with £2bn being allocated nationally for the three financial years between 2017 and 2020. The additional income for Lincolnshire is summarised in the following table:

	2017-18	2018-19	2019-20
Additional Income Type	£m	£m	£m
BCF	2.1	14.2	25.1
BCF Supplementary Funding	15.3	9.6	4.8



Alongside the revenue funding, the council has received a capital grant of £5.291m for *Disabled Facilities Grants* (DFGs) with £5.8m expected for 2018-19. We are required to pass this sum directly to the seven District Councils and their individual allocations are shown below:



To better support this increased level of investment, *Lincolnshire's Health and Wellbeing Board* has agreed to establish, as a sub-group, the Housing, Health and Care Delivery Group. This recognises that DFG investment should benefit not only housing but also the social care and health care sectors.

two

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What are our services and how
have they developed?

"He first became involved with Adult Care due to his health late last year. We got all the information just after Christmas. We now feel up to speed and it's been very helpful. There's a lot of information and services that we were not aware of..."



Information and Advice

The Care Act 2014 introduced a statutory duty for Local Authorities to create and maintain an Information and Advice service. The service is intended to provide information and advice to both practitioners and the public, enabling service users and carers to make informed decisions about care and support that meets their needs. This includes information and advice regarding measures which may prevent or delay future care and support needs.

Local Authorities also have a responsibility as part of the Accessible Information Standard to provide information and advice in an accessible way.

Adult Care information and advice is published on the Lincolnshire County Council website and is also provided by the Customer Service Centre and Adult Care staff. A Care Services Directory

is available which catalogues the care services available in Lincolnshire.

The Accessible Information Standard was successfully implemented by Lincolnshire County Council in July 2016. This will be reviewed and monitored on an ongoing basis by the Information and Systems team.

Independent Age undertook an independent review of Information and Advice compliance with the Care Act in 2016; Lincolnshire was rated joint 2nd in the country. The review assessed all 152 local authorities through a look at websites, testing by older people, and a mystery shopping exercise via telephone. Lincolnshire scored 29/30 and is identified as Care Act compliant (only 45 out of 152 local authorities were deemed compliant with the Care Act).

Adult Social Care Survey of Clients ⁽¹⁰⁾

% of people who find it easy to find information and advice

2015-16 **71%**

2016-17 **74%**

Bi-yearly Survey of Adult Carers ⁽¹¹⁾

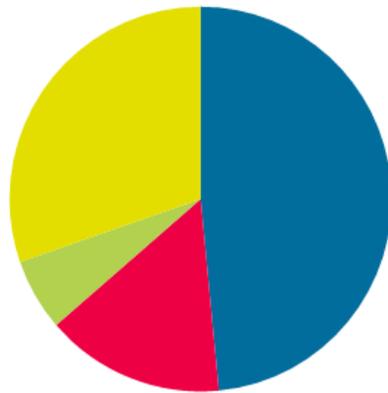
% of carers who find it easy to find information about services

2014-15 **65%**

2016-17 **59%**

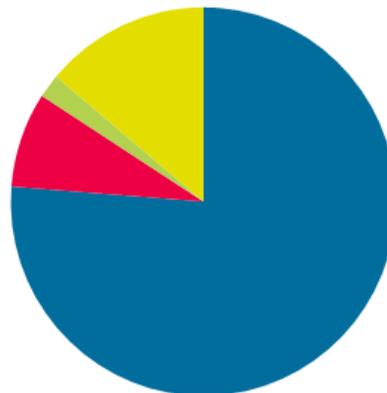


(10) Adult Frailty and Long Term Conditions survey (263 respondents) responding to the question "How easy was it to find information?"



- Easy or very easy to find (48%)
- Fairly Difficult to Find (15%)
- Very difficult to find (6%)
- I've never tried to find information and advice (30%)

Learning Disabilities survey (65 respondents) responding to the question "How easy was it to find information?"



- Easy or very easy to find (77%)
- Fairly Difficult to Find (8%)
- Very difficult to find (2%)
- I've never tried to find information and advice (14%)

What next?

We are working towards strengthening the Information and Advice available to Adult Care staff and residents in Lincolnshire including a library of key information in alternative formats. This involves developing an engagement and co-production approach to producing information and further increasing our understanding of the requirements of people in Lincolnshire who have communication needs.

As part of the strategy refresh for the Lincolnshire Carers Service, and in response to feedback obtained from the Bi-yearly Survey of Adult Carers, we are working towards improving the information and advice available to carers.

Adult Care is also working towards developing an online Library of Services which aims to provide a repository of regulated and non-regulated care services, including community and voluntary sector services, and a self-assessment tool.



Personalisation

Personalisation is central to the work of Adult Care and Community Wellbeing; a personalised approach supports people to have choice and control and to be creative in managing their care and support.

We are promoting ways of working, with staff, health colleagues and the public, that support people to maximise their own *independence* and improve their wellbeing. This will improve opportunities for people to have control and choice over their care and support. This includes working with community groups, voluntary organisations and all health and care providers to further develop a range of opportunities which support people to achieve their life goals.

We are encouraging *Members*, staff and partner organisations to consider personalisation within everything they do for people who access Adult Care and to ensure partner organisations are updated and aware of the progress and purpose of the personalisation agenda.

Lincolnshire County Council has signed up to *Making it Real* (MiR); this is a checklist that we are using to look at what we are doing. We have developed a plan of what we want to improve through personalisation and how we are going to do this. Our plan also says how we will work with our staff, partners and people who use services. The aim of MiR is to improve the experience of all people accessing and using care and support and that of their *carers*.

We have set up an engagement group to help us look at how we can work together better. This is helping us work in partnership with people and their communities to recognise their strengths and knowledge to ensure that their experience and views are listened to when we are developing Adult Care and Community Wellbeing services and how they are delivered.





Personal budgets and direct payments (Self-directed support)

Self-directed support gives people increased choice and control over the support they use to meet their social care needs, and how that support is provided to them. It can be achieved in various ways, including via a personal budget or direct payment.

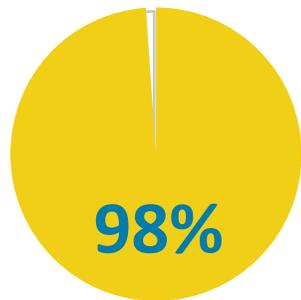
A personal budget is a sum of money allocated as a result of an assessment of needs. It is made up of the amount it would cost to meet a person’s agreed support needs. If requested, the money can be paid directly to the person so that they can arrange their own care and support (this is known as a direct payment). Alternatively, the council can arrange care and support 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.

Adult Care’s preferred way of providing a personal budget is a direct payment. Direct payments are monetary payments made to people so they can arrange and pay for support to meet some, or all, of their unmet eligible care and support needs.

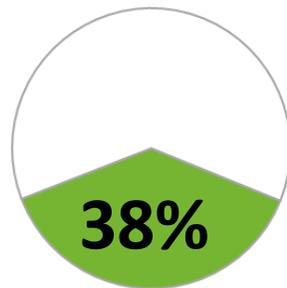
In 2016/17 there were just over 2,300 adults receiving a Direct Payment (not including carers) to pay for their care. This was a 26% increase from the previous year.

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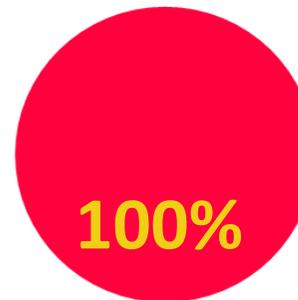
Number of people in receipt of long-term support who received self-directed support and Direct Payments in 2016-17:⁽⁹⁾



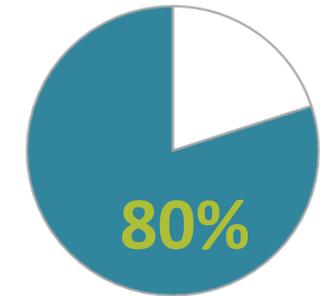
Proportion of adults receiving long-term support who received self-directed support



Proportion of adults receiving long-term support who received direct payments or part direct payments



Proportion of carers receiving carer specific services who received self-directed support



Proportion of carers receiving carer specific services who received direct payment or part direct payments



Developments

Direct payments can support people to exercise more choice and control and be creative in managing their care and support. The Direct Payments Policy, Procedure and Guidance have been updated to reflect improvements to supporting a smoother customer journey.

We are focused on developing direct payments systems and practices to make it easier for people to get the most from life by accessing a range of opportunities in their community. We are having conversations with people about direct payments that enable them to maximise their own independence and improve their wellbeing.

We're using new ways to make direct payments easier for people to manage. This includes new auditing arrangements and introducing pre-payment cards.

Prepaid Cards

In 2017-18, people taking up a new direct payment will be provided with a prepaid card account. This account is a good way to manage the money received through a direct payment. The person can then pay for the support detailed in their Care and Support Plan from this account.

To be eligible for a prepaid card, people need to receive social care support from Lincolnshire County Council and to have chosen to receive this support via a direct payment.

Prepaid cards allow direct payments to be set up quicker for new service users, there is no need for a separate bank account, they are available regardless of financial status, and you cannot go overdrawn. LCC can load funds onto the card quickly and easily. Using prepaid cards promotes life skills, encourages social inclusion and reduces the need to carry cash. Prepaid cards are more secure than cash and are easy to manage online or over the phone. They also require less audit paperwork.



Adult Frailty and Long Term Conditions

Adult Frailty and Long Term Conditions services assess the needs of, and then arranges support for, older people (over 65 years) and adults with a physical disability (18-64 years). The focus of the service is to ensure people are as independent as they can be whilst having the safe care and support they need. There are some key services which help with this.

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, a residential care bed or in their own home, usually for a maximum of six weeks.

Transitional Care

Transitional Care is designed to prevent a person's needs escalating, reduce the impact of problems, and delay the need for ongoing care and support. It is designed to promote faster recovery from illness, prevent unnecessary *acute hospital* admission and premature admission to long term *residential care*, support timely discharge from hospital, and maximise independent living.

Home-based reablement service

The reablement service provides short-term, intensive support to people in their own home. It is about giving the opportunity and confidence to relearn and regain some of the skills lost because of poor health, *disability*, a period in hospital, or problems at home.

Reablement is a personalised service. The kind of support given is tailored to individual needs and focuses as much on emotional and social needs as on medical and physical needs. The home-based reablement service supports people to regain the ability to perform usual activities such as cooking a meal, washing, and getting about so that people can do things for themselves again.

The following are examples of activities that the service might help and support with:

- Personal care
- Preparing meals
- Shopping
- Teaching, and practising exercises
- Ensuring a safe home environment
- Finding practical solutions to support independence
- Working closely with other professionals such as occupational therapists
- Promoting community activity and social integration
- Supporting the person in their own home
- Maintaining and improving the person's independence and safety in areas of daily life
- Improving the person's quality of life
- Reducing the need for ongoing care and support

In 2016-17, there were 2,625 requests for reablement. 98% of people leaving reablement benefited from regaining their independence, requiring little or no ongoing support.⁽⁶⁾

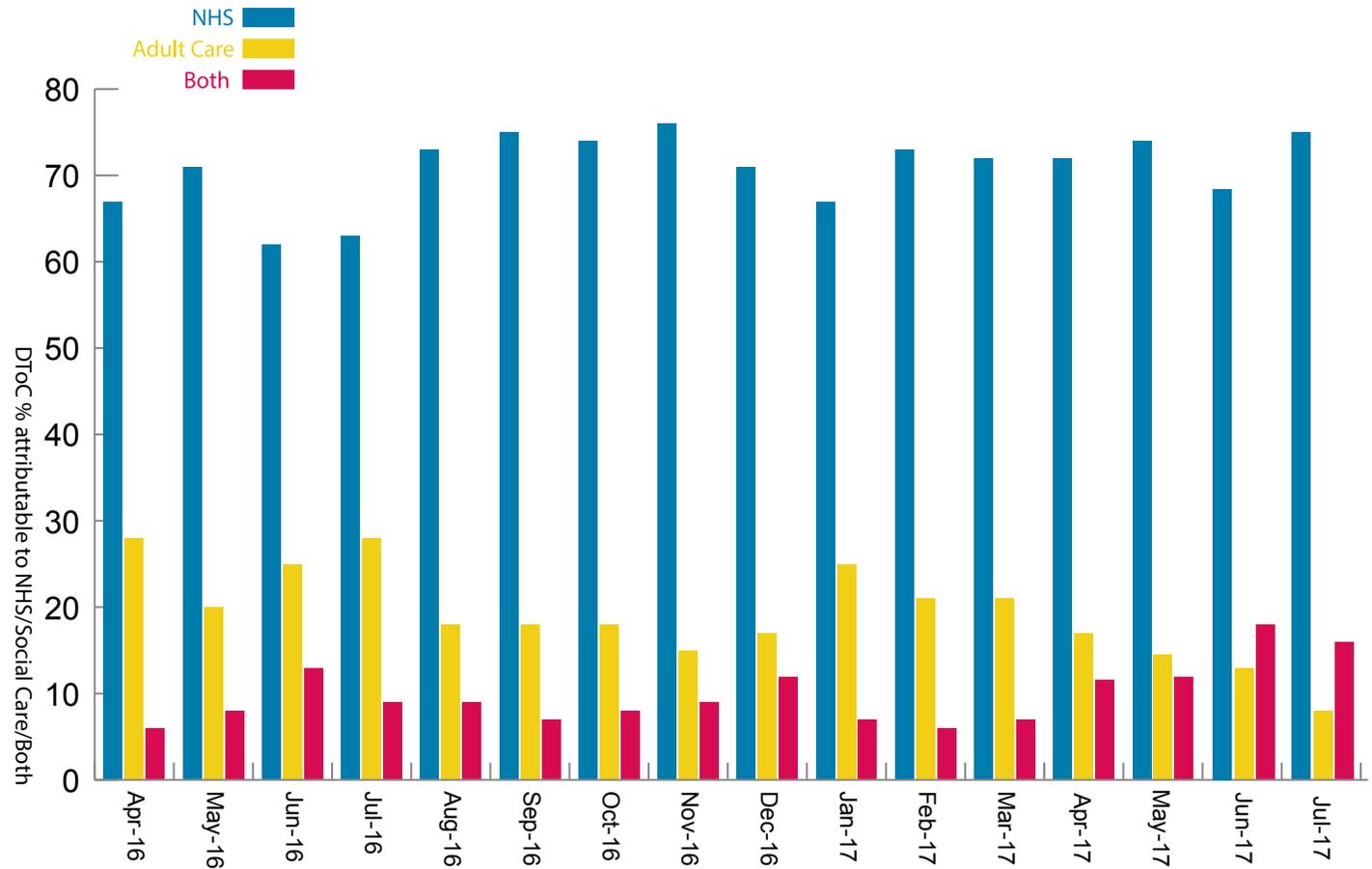


Supporting discharges from hospital

Nationally, there is a big focus on making sure people are able to come out of hospital as quickly as possible – this is called preventing Delayed Transfers of Care (DTOC). The County Council works with the NHS to make sure that when people with social care needs are ready to come out of hospital, they can do so in a timely, safe and planned way. Reducing unnecessary delays improves people’s chances of recovering well.

The NHS must record the reasons why each delay occurs and publish these.

In March 2017, there were a total of 2,687 delayed days, of these delayed transfers of care, 564 days were attributable to Social care, 1,942 were attributable to Health and 181 to both.





Learning Disability Services

People with a learning disability can have support for their social care needs. We work in partnership to provide care to individuals with eligible need in Lincolnshire. There are flexibilities under the Health Act 2006 Section 75 which provide powers for local authorities and NHS bodies to have joint working arrangements

In Learning Disability Services there is a [Section 75 agreement](#) between the four [Clinical Commissioning Groups](#) (CCGs) and Lincolnshire County Council (LCC). This is a mature relationship which has been in place for many years and has benefitted LCC, the CCGs and the individuals who are in need of care and support. LCC is the lead commissioner for adults with a Learning Disability, providing the assessment and care management function including [Continuing Health Care](#) assessment, and [commissioning](#) service provision through pooled funding arrangements.

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 skill
- some people have very complex needs
- a lack of understanding and/or willingness on the part of some employers to make adjustments that could support people in employment
- fear of losing benefit

The most recent data available suggests that, in Lincolnshire, approximately 4.5% of adults with learning disabilities of working age were in paid employment during the period 2015-16. This compares with approximately 5.8% nationally.⁽¹⁾

A recent project aimed at providing pre-employment support for people with a learning disability has shown the importance of employers being fully aware of the needs of the individual so that reasonable adjustments can be made, both in terms of the physical working environment, including health and safety issues, and job roles, e.g. job carving so that work is broken down into small and manageable tasks.



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. During 2017-18 we will be launching a project that focuses on people with a learning disability that are known to Adult Care, with an emphasis on the concepts of “supported employment” and “place then train”, i.e. securing paid work and providing on-the-job mentoring and support. There will also be help for employers to make reasonable adjustments to enable people with a learning disability to be able to find and sustain work.



Step Forward - Case Studies

A person with moderate learning disability was referred to Step Forward by Jobcentre Plus for support to improve self-confidence and to find work if possible. The person originally wanted to work in retail but the support on the programme has helped him to realise that he has an outgoing personality suited to working more closely with people. He completed work experience at a football club and was given a glowing report. He has recently been offered a job at a holiday park and is doing very well.

A person was referred who had poor literacy skills, a very low reading age and had never had a paid job. While on the programme the person passed a number of safety related courses and has achieved the Construction Skills Certification Scheme (CSCS) card. They completed work experience as a labourer in forestry through an employment agency. Since then they have been taken on by the agency and has had consistent employment since.



Transforming Care

In 2011, an investigation took place into *abuse* at Winterbourne View in South Gloucestershire, a hospital for people with learning disabilities and/or autism. This resulted in a cross government commitment to transform care and support for children, young people and adults with a learning disability and/or *autism*.

In October 2015, *Building the Right Support* and *National Service Model* were published, and put into context the need to continue to reduce the over reliance on inpatient treatment.

Across the country there was a requirement for *CCGs* and local authorities to join together to develop Transforming Care Partnerships and develop Transforming Care Plans. Lincolnshire's Plan can be found at the following link:

www.southwestlincolnshireccg.nhs.uk/about-us/transforming-care-in-lincolnshire

24 people were discharged from inpatient care in 2016-17

20 people are planned to be discharged from inpatient care in 2017-18

15 individuals had a Care and Treatment Review that resulted in admission to inpatient treatment being avoided during 2016/17





Delivering the Autism Strategy

The All-Age Autism Strategy for Lincolnshire 2015-2018 was launched on 2 April 2015, to coincide with World Autism Awareness Day. The strategy was created by Lincolnshire County Council, the four [Clinical Commissioning Groups](#) (CCGs) and members of the Lincolnshire Autism Partnership.

The Lincolnshire Autism Partnership Board is responsible for the delivery of the 3-year [action plan](#) contained within the strategy. Lincolnshire County Council is a key organisation involved in this work and its Specialist Adult Services Commissioning Team facilitates the running of the Lincolnshire Autism Partnership.

Work began in 2016-17 on a range of specific strategic programmes: Awareness and Training, Data and Information, Involvement and Collaboration, and Service Provision.

Key tasks undertaken during 2016-17:

- A review of autism training opportunities across a range of service areas and needs and the development of a locally produced autism training presentation for professionals and parents
- Production of the Autism [JSNA](#) Commentary and associated data analysis in preparation for the release of the revised JSNA website in June 2017
- Development of an Autism Reasonable Adjustments Mark for Lincolnshire to acknowledge services that can evidence autism-friendly practices. This is to start with health and social care services with a view to expand to other services such as banks and supermarkets

- Launch of a local Autism Information Hub providing signposting to information, advice and resources to autistic people, [parent/carers](#) and professionals
- Introduction of a website for the Lincolnshire Autism Partnership Board and monthly e-newsletter to promote local and national news relating to autism

In addition, Lincolnshire County Council completed the 2016 Autism Self-Assessment Framework released by the Department of Health. All local authorities in England are requested to respond, so that the government can monitor progress across the country in achieving the goals identified in the national autism strategy.

What next?

The results of the Autism Self-Assessment Framework are due to be released by Public Health England in 2017. This will allow the local authority to review progress and identify key priorities for delivery in preparation for the refresh of Lincolnshire's Autism Strategy, which will be released in 2018.

You can view the All-Age Autism Strategy for Lincolnshire 2015-2018, along with accompanying information, at:

www.lincolnshire.gov.uk/lapb/about-the-strategy/128434.article



Independent Advocacy

Independent *advocacy* is a service 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.

Total Voice Lincolnshire (TVL) has provided advocacy services for people of all ages in Lincolnshire under contract to the County Council since July 2015. TVL is a partnership of organisations led by Voiceability which includes Barnardos, Age UK Lincoln and Linsc2Advice.

The total number of referrals to TVL for people who use adult care and *mental health* services has risen from 1,375 in 2014 -15 to 2,245 in 2016-17, an increase of 63%.

This increase is due in part to the higher demand for advocacy in Deprivation of Liberty (DoLs) cases and is in line with national trends.

Many more people who have substantial difficulty in being involved in assessment and care planning or in *Safeguarding* inquiries and have no one to represent them, are benefiting from a new entitlement to advocacy which was introduced under the Care Act in 2014. These referrals have risen from 105 in 2015-16 to 170 in 2016-17.

What next?

In future we will work closely with TVL to keep waiting times to a minimum and make advocacy available for people in Court of Protection hearings where appropriate and in accordance with national guidance.

We will ensure advocacy is made available in line with the Care Act for people who have substantial difficulty in being involved in assessment and care planning, or in Safeguarding inquiries and reviews, and have no other representation.



Lincolnshire Carers Service

The Care Act 2014 gave carers the right to an assessment of their caring needs. This meant that potentially more people could be eligible for support in their caring role. To meet this potential increase and to ensure carers get access to an assessment and a level of quality support, the County Council have commissioned Carers FIRST – a specialist national provider with over 25 years' experience in supporting carers.

From 1st June 2016, Carers FIRST has worked in partnership with Adult Care staff and our Customer Service Centre (provided by Serco) to make up the Lincolnshire Carers Service. In 2016-17 the Lincolnshire Carers Service supported 8,180 carers. This represents a 13% increase compared to the 7,250 supported in 2015-16. ⁽²⁾

The Lincolnshire Carers Service provides an open offer of support to any carer in the county, this is free and made up of:

- Information and advice specific to carer
- Supporting carers with conversations with people and services such as GPs, social care and hospitals
- Benefits advice service which checks a carer's *eligibility* for benefits and financial support
- Opportunities to access support groups and activities so that carers can meet others in a similar situation

- Regular contact by telephone, the Carers FIRST website, monthly e-bulletins, and “What’s On” guides containing details of support groups supported by Carers FIRST
- *Carer’s Emergency Response Plan*, which is a plan that carers are supported to create and provides detailed instructions for others to follow in an emergency situation

The Lincolnshire Carers Service is a preventative service; preventing, reducing and delaying the need for care and support services. 74.1% (5,330) of carers that we support were supported to provide care for people who were not social care clients. 71% (5,780) of carers supported in 2016-17 received information and advice only and of those carers who were receiving funding, 80% received a *direct payment* to meet their eligible needs.

This targeted approach to meeting need meant fewer carers received a direct payment but the amounts allocated were more substantial in order to maintain carers in their caring role. Direct payments were mostly used for carer’s breaks, domestic support and activities. ⁽²⁾

The service aims to identify and offer appropriate help and support to carers in their caring role. Carers FIRST delivers a Publicity Programme to raise carers’ awareness of the support that is available to them. ⁽²⁾



What next?

When the new national Carers Strategy is published we expect it to help to shape services and priorities.

To meet future demands for support, the current priority is to grow the service further. For example in East Lindsey where there is high demand for support, further work will be carried out to promote better use of community assets, fund projects to engage with NHS colleagues and work with community pharmacies and employers.

Across the UK it is estimated that unpaid carers save the state £132 billion in care costs based on the number of hours of care provided. In Lincolnshire there are approximately 84,000 carers which equates to approximately £1.68 billion.





Transition into Adulthood

The *Children and Families Act 2014* (and related Special Educational Needs and Disabilities (SEND) reforms) introduced a system of support which extends from birth to age 25, while the Care Act 2014 deals with adult social care for anyone over the age of 18. This means there will be a group of young people aged 18 to 25 who may be entitled to support through both pieces of legislation. The two Acts have the same emphasis on outcomes, personalisation and the integration of services.

For young people with Special Educational Needs and Disabilities who have an Education, Health and Care (EHC) plan under the Children and Families Act, preparation for adulthood must begin from year 9. However, transition assessments can also be completed for those other young people (including those not eligible for Adult Care) who will have significant benefit if they are likely to have needs for care or support after turning 18. 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, or continue to have, support needs when they turn 18.

Preparing for Adulthood has four key pathways of focus which are Employment, Independent Living, Community Inclusion and Health.

What next?

During 2017-18, Adult Care will be working with Children's Services to review the existing transitions arrangements and developing improved transitions protocols. This will include asking young people and families what they think to ensure that our processes make the journey into adulthood as easy as possible for people with additional needs, and that they receive appropriate information and assistance at the right time.

In 2016-17:





Dementia

Following publication in May 2014 of the Lincolnshire Joint Strategy for Dementia 2014 - 2017, Lincolnshire County Council has continued to work with its partners to develop and improve support available to people with *dementia* and their families.

A significant achievement in improving support to date has been the funding of the Dementia Family Support Service (DFSS) provided by the Alzheimer's Society, which aims to provide consistent, good quality support to *carers* and people with dementia following diagnosis. In 2016-17, 1,345 families were supported by the service.⁽³⁾

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 which connect, share best practice and take action on dementia and are 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 active in supporting the development of a network of local DAAs which covers all districts of Lincolnshire.

The DAA continues to provide an effective forum for Lincolnshire County Council, other strategic partners, and the wider community to promote coordinated improvements in dementia care and support and advance the objective of Lincolnshire as a dementia-friendly community.

Examples of work carried out by local DAAs

The Herbert Protocol was launched in Lincolnshire during Dementia Awareness Week in May 2017. As part of a national police-led initiative, local DAA helped promote the protocol which encourages carers and families to record vital information on a designated form to be used in the event of a vulnerable person going missing. The Herbert Protocol was developed with the needs of people affected by dementia particularly in mind.

During the same week, Boston DAA organised information stands at a number of prominent businesses in the town to give general information and advice on dementia to passers-by.

Dementia Friendly Communities is a national scheme, administered by the Alzheimer's Society, which aims to meet the targets outlined in the Prime Minister's Challenge on Dementia 2020 to create communities around the UK which make daily living activities easier and more accessible to people living with dementia. To date, Lincoln, Bourne and Boston have achieved accreditation under this scheme.



Lincolnshire is an Integrated Personal Commissioning (IPC) demonstrator site, with dementia being an identified cohort for IPC delivery. IPC is a new voluntary approach to joining up health and social care for people with complex needs. This proposal makes a triple offer to service users, local commissioners and the voluntary sector to bring health and social care spend together at the level of the individual. The Alzheimer’s Society, alongside NHS England, is also working nationally with the IPC Board, as well as supporting local sites.

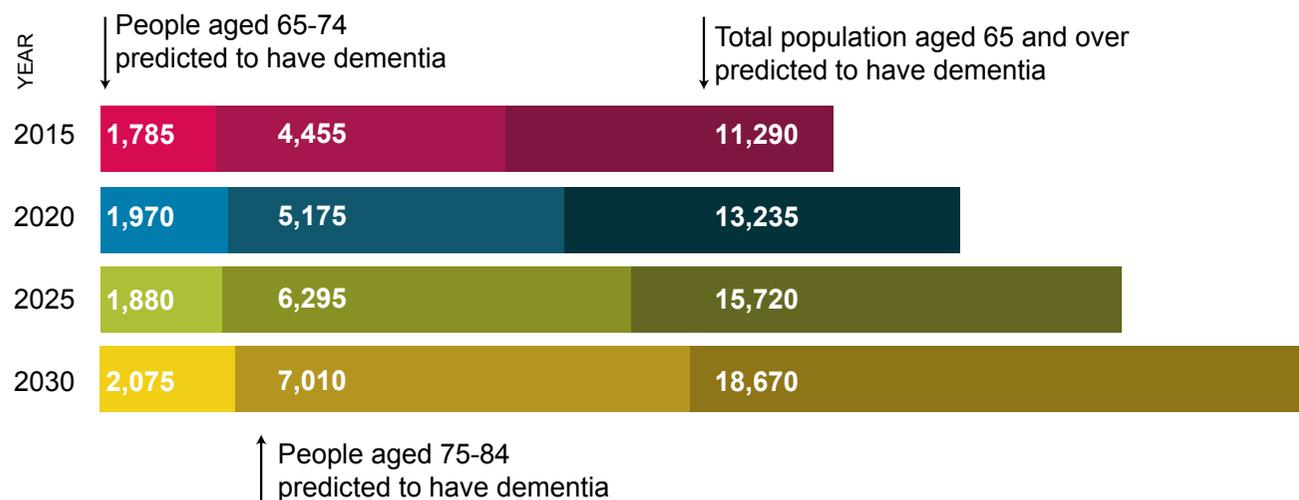
For further information regarding IPC visit www.england.nhs.uk/ipc/ipc-areas

What next?

We aim to develop a refreshed Lincolnshire Joint Strategy to help people with dementia and their families, based around a review of progress on the existing strategy *action plan*. Plans for refreshing the strategy for 2017-2020 will be discussed and agreed with partners in the health and social care sector in 2017-18.

People aged 65 and over predicted to have dementia, by age, projected to 2030 ^{(6) (7)}

Figures may not sum due to rounding





Mental Health Services

Local authorities have a duty under the Care Act 2014 to assess the needs of any person within their area who may be in need of mental health services. In Lincolnshire this duty is delegated to the Lincolnshire Partnership NHS Foundation Trust (LPFT) via legislative responsibilities under [section 75](#) of the National Health Service Act 2006, for people aged 18-64, where their needs are related to mental illness.

The Care Pathway

Within the terms of this agreement, the Trust will support people in line with the vision for the care and support system set out in the Care Act 2014. This includes preventative services, reablement and rehabilitation, proportionate assessment, care and support planning, personal budgets and access to independent advocacy for people and their carers.

In 2016/17, 635 people with a mental health need received long term social care and support.

Lincolnshire's Managed Care Network offer over 30 activities including social and friendship groups, formal and informal learning, supported volunteering and community participation activities. www.lpft.nhs.uk/MCN

Prevention and Recovery

Lincolnshire's Managed Care Network (MCN) for [mental health](#) was set up to "improve people's mental health and quality of life by helping them to find personally relevant, safe and effective support".

The objectives for the MCN are to provide easy access to a wide range of support and activities spread evenly across the county, promote easy access to specialist services, encourage wider community cohesion and engagement with mental health, and to reduce stigma.





Lincolnshire Sensory Services

Lincolnshire Sensory Services (LSS) commenced on 1st April 2016. It is a preventative and reablement service for adults and children with a sensory impairment, both cognitive and acquired, and their associated disabilities. The service is delivered by a local partnership comprising three organisations: Action on Hearing Loss, as prime provider, with the Lincoln and Lindsey Blind Society and South Lincolnshire Blind Society as integral partners. The contract encompasses visual impairment (including blind and partially sighted), hearing impairment (including those who are profoundly deaf, deafened and hard of hearing) and dual sensory impairment (deafblindness).

The service provides the following activities:

- Assess need and produce support plans
- Set up and maintain homes/tenancies
- Support home management and life skills
- Provide general support and promote wellbeing
- Deliver advice, *advocacy* and liaison

Also, where applicable, we aim to achieve the following individual outcomes:

- Build confidence
- Develop communication skills
- Develop independent living skills
- Develop mobility skills
- Gain opportunities to employment and/or access education

1325 referrals were received by Lincolnshire Sensory Services during 2016-17. 3675 people are registered as having a sensory impairment in Lincolnshire

What next?

Lincolnshire County Council has a statutory responsibility to provide sensory impairment services for residents of Lincolnshire. Evidence published in the *Joint Strategic Needs Analysis (JSNA)* suggests that due to the demographic profile and the prevalence of age related sensory impairments, there will inevitably be an increase in demand for this service in the future. Further details can be found on the JSNA website at:

www.research-lincs.org.uk/jsna-Physical-Disabilities.aspx

Lincolnshire Sensory Services continue to meet the referrals and outcomes specified in the contract. LSS contributes towards Lincolnshire County Council achieving positive strategic outcomes for people in alignment with the following:

- Adult Social Care Outcomes Framework
- Public Health Outcomes Framework
- Children's Outcomes Framework

It will also continue to deliver additional benefits in terms of:

- Process improvements together with a quality delivery plan in place that helps to ensure continuous improvement to services
- Added value and service developments in the form of increased volunteer capacity and drop in centres, the establishment of a Strategic Partnership Board to improve care pathways, and substantial promotion and raising awareness including targeted training for Lincolnshire County Council frontline staff.

three

Prevention and Wellbeing

"My daughter originally went to the GP for support and advice. They told her about Adult Care, as she didn't know anything about them before. They put her in the right direction and from then on, it's been plain sailing."



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.

One You

Lincolnshire County Council is supporting the NHS’s *One You* campaign, aimed at helping residents decrease their chances of becoming seriously ill later in life due to lifestyle choices.

www.nhs.uk/oneyou

One You gives guidance to enable people to make simple changes which help contribute to a longer and happier life. It provides tools, support and encouragement every step of the way, to help improve health. *One You* includes guidance about healthy eating, the NHS Health check, screening services, sexual health, smoking, drinking and being active.

2.5 – The average number of portions of fruit eaten per day by adults in Lincolnshire (2015) ⁽¹⁶⁾

2.4 - The average number of portions of vegetables eaten per day by adults in Lincolnshire (2015) ⁽¹⁶⁾

30.2% - Proportion of adults not taking 150 minutes or more moderate exercise per week (2015) ⁽¹⁶⁾

17.7% - Proportion of persons aged 18 + who are smokers (2015) ⁽¹⁶⁾

179.2 - Avoidable deaths per 100,000 population (2013-15) ⁽¹⁶⁾



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/wellbeingservice

To access services or make a referral, contact the Lincolnshire County Council Customer Service Centre on 01522 782140.

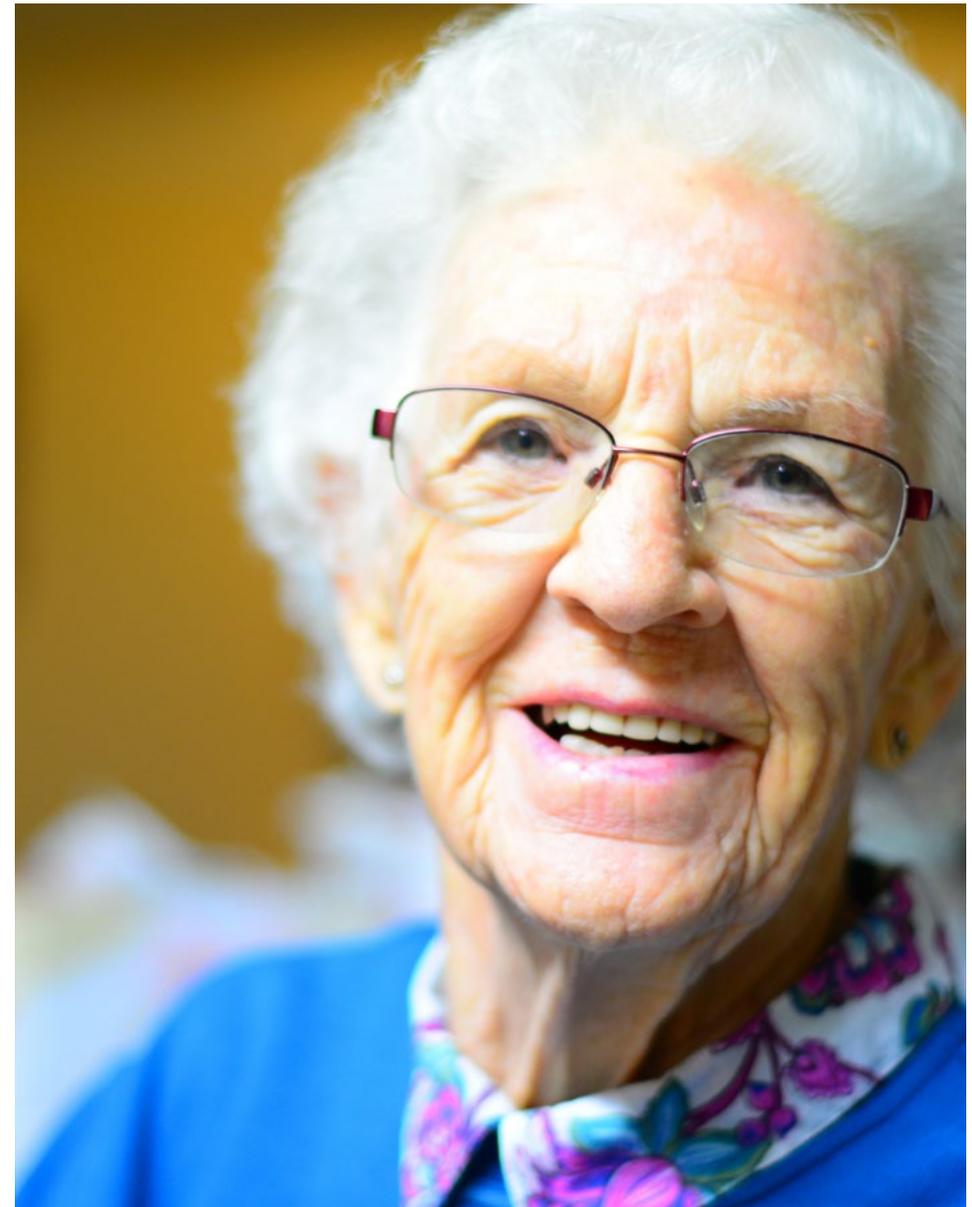
The Wellbeing Service started in Lincolnshire on 1 April 2014. The service is designed to promote confidence in living independently and ensures we are compliant with the Care Act 2014.

After an assessment, the services we can offer are a generic support service based on the individual's needs, simple aids to daily living, minor adaptations, Telecare, 24 hour responder, monitoring of Telecare alarm and resettlement after a stay in hospital or care.

There were 5,400 referrals last year of which 4,380 people received generic support, 1,940 received small aids or minor adaptations, and 3,315 had telecare installed. Some people received a combination of services.

Wellbeing Response: there were 1,465 WBS responses in 2016-17 with 91% of those being attended to within 60 minutes. Peak times for response calls are 5:00am, 11:30am and midnight.

Of the 5,400 individuals who received a wellbeing service last year only 4% went on to receive a funded Adult Social Care service.⁽³⁾





Telecare

Lincolnshire's telecare service is provided to help people to remain independent and feel safer in their own homes.

During 2016 we introduced a new retail service whereby members of the public could arrange to rent Telecare via the Wellbeing providers without the need for an adult care assessment. This gave opportunities for people who wanted to have Telecare as a preventative service a simple means of obtaining it at a low cost.

Telecare is widely used to reassure an individual that if they need help, a member of their family, a *carer*, or the emergency services will be contacted. They agree before the installation who they would like to respond and all information including any medical needs are clearly recorded at the monitoring centre. Telecare have a range of sensors available, either worn by the individual or placed in the home, which can alert the monitoring centre 24 hours a day. Some sensors are activated by the person and some are able to automatically connect to the monitoring centre if a risk is detected e.g. smoke alarms or falls detectors.

Some people have live-in carers (family or paid) and don't want to be connected to a monitoring centre but do want to know if a risk is detected so they can provide help quickly. We have many people using such equipment to support the carer, particularly for people with epilepsy or where there is a concern about falls. We encourage carers to have equipment that is monitored so they can have back up if they were unable to help, however, some wish to just be alerted themselves and we appreciate their needs.

The weekly cost of Telecare is kept at a very low cost to encourage people to have it in place when they feel they need it. Monitoring costs are £1.50 per week.

For people without local family or friends to act as a responder should they need a visit, there is a wellbeing responder service who can act in lieu of family or friends.

10,164 people used Telecare services in 2016-17⁽³⁾

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. Over 200 people have these calls on a long term basis, often for medication reminders or to remind the person to undertake key tasks such as eat or drink. Where someone is anxious and their wellbeing is improved by knowing someone will contact them daily or weekly to check they are okay, we could add a wellbeing call.

Wellbeing calls are also used for many people on a short term basis, for example where family carers are not available, so any anxiety is reduced for both the person and their carer. We have added many for people who have had a crisis and need a little extra support, e.g. after a burglary, the loss of a partner or return from hospital.



Substance misuse services

Substance misuse services are available across the county and cover a wide range of issues relating to both alcohol and drug misuse, ranging from brief interventions to detoxification and mutual aid. During 2016-17, the services were recommissioned with Addaction being the preferred provider. This has changed the way we look at treatment services with a new single point of contact that can be used by members of the public and professionals alike.

To access services or make a referral contact

0800 304 7021.

Treatment services

The treatment services providers help with alcohol and drug problems including advice and information, structured individual support, group sessions, substitute prescribing, needle syringe programme, detoxification and residential rehabilitation

Individual recovery plans are developed for each client, and services can be accessed in 13 different sites across the county or in some GP surgeries and local community venues if these are more convenient.

Recovery services

Recovery is not a new concept, but staying drug or drink free after leaving treatment can be very challenging. Double Impact, a local recovery charity, delivers the new service which offers *peer* support, access to mutual aid services and a recovery academy providing accredited training to improve employability.

For further information on alcohol and drug services please use the link below and click on the name of the service for more details

Alcohol

www.lincolnshire.gov.uk/health-and-wellbeing/one-you/drinking/115475.article

Drugs

www.lincolnshire.gov.uk/health-and-wellbeing/drugs/122569.article

The new substance misuse treatment services commenced in October 2016 and following such a major transformation it will take some time for new ways of working and structures to settle down, with significant changes being made to both working practice and service user journey.

During 2016-17, the following completions were achieved by the substance misuse services:⁽¹³⁾

	Alcohol	Non-Opiates	Opiates
People in treatment	960	465	1,855
Rate of completing and not representing	40%	35%	6%



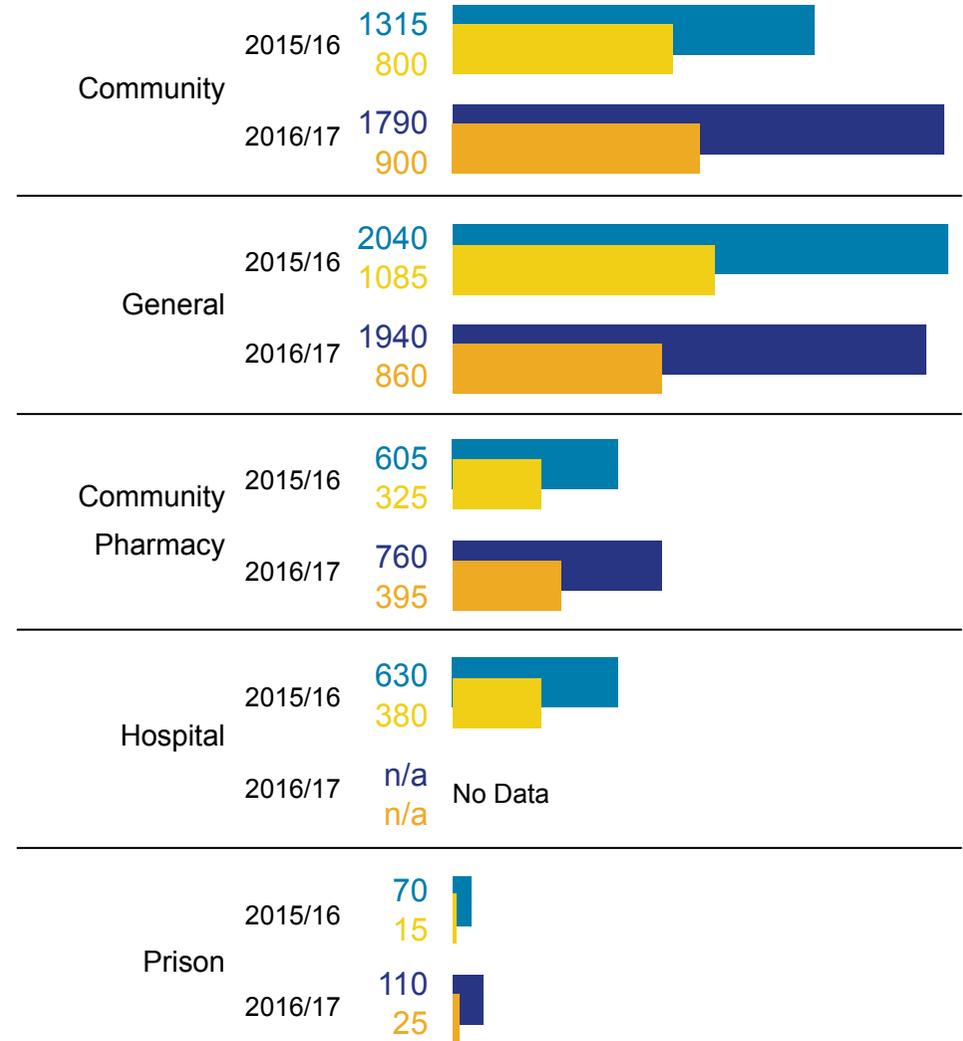
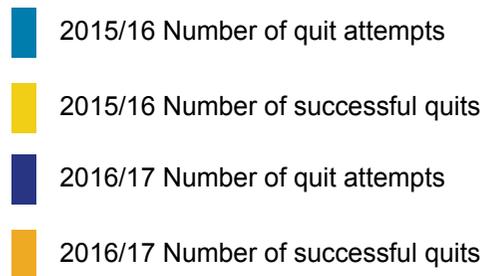
Smoking Cessation Service

Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year with approximately 1,200-1,300 in Lincolnshire.⁽¹⁶⁾

A new local stop smoking service provider, Quit51, was contracted to implement new stop smoking services from 1 January 2017. This consists of services from Quit51 linked with a network of community partners, such as GPs and pharmacies, providing stop smoking support and a full range of stop smoking aids. Quit51 also provides a *tobacco control* function.

As of December 2016, Quit51 had 41 community pharmacies sub-contracted as a community provider, with four other pharmacies set to join the programme. The average quit rate was 48%. 53 GP practices were delivering stop smoking services, also with an average quit rate of 48%.

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Housing for Independence

Housing for Independence (HFI) began during late 2016. The aim is to raise awareness of the importance of housing and how it helps to improve people's health, wellbeing and life prospects.

In Lincolnshire, we have continued to *commission* services for housing related support. The current contract started in July 2015. Services are provided by a range of providers, which provide emergency and non-emergency accommodation, floating support, street outreach, *domestic abuse* services and also crisis housing for people with *mental health* problems.

People who need housing related support can be referred for a service by a range of voluntary and community sector and public sector organisations. A total of 6,305 referrals were made to providers of housing related support services in 2016-17. Of this number, 2,330 referrals were accepted by providers. The table shows the breakdown of which services accepted referrals in 2016-17⁽³⁾

Service Type	Number of accepted referrals ⁽³⁾
Countywide Floating Support	890
Street Outreach Team	405
Emergency Accommodation	475
Non-Emergency Accommodation	505
Domestic Abuse Services	55
Total	2330

It is important to note, the total number of referrals does not necessarily reflect the number of people seeking support with housing. One individual may have multiple referrals, so the overall number of referrals is higher than the number of people seeking support.



During 2016-17, a total of 1,750 individuals exited housing related services, with 1,530 individuals moving on, or being supported to move on, which is approximately 66% of the total number of accepted referrals.

Other notable achievements throughout 2016-17 include the transfer of staff to the programme, contribution to the Joint Strategic Needs Analysis (JSNA), establishment of the Health and Care Delivery Group and responding to the central Government's funding for supported housing consultation.

Aims and challenges for 2017-18:

- A review of the housing related support contracts
- Investigate key issues relating to housing in Lincolnshire, e.g. *delayed transfers of care*
- Develop better understanding and integration between Adult Care and Community Wellbeing, the NHS and Housing providers
- Increase the awareness and utilisation of mental health crisis housing

- Develop and establish links to the *NHS Sustainability* and Transformation Plans (STPs) in respect of housing
- Use the expertise of colleagues on the JSNA panel to develop Housing for Independence
- Use evidence of need to make sure the right services are commissioned in the right way for the people of Lincolnshire
- Use the increase in *Better Care Funding* to support integration with health partners
- Support the modernisation of *Disabled Facilities Grants (DFG)*.

What next?

Development work has started, in collaboration with all seven District Councils, on improving the quality, assessment and delivery of Disabled Facilities Grants. This includes a pilot with Lincoln City Council to explore the provision of Level Access Showers to speed up the delivery of adaptations to people's homes.



NHS Health Checks

The 'NHS Health Check' Programme, offers preventative checks to people aged 40-74 years to assess their risk of vascular disease (heart disease, stroke, diabetes and kidney disease) followed by appropriate management and intervention, e.g. medical intervention and/or referral and signposting to lifestyle services.

The NHS Health Check is a five year rolling programme, which means that people are invited for a Health Check every five years up to the age of 74. Patients leave the programme if they are diagnosed with vascular disease and are given appropriate treatment.

GP practices in Lincolnshire are commissioned to provide the NHS Health Check service to their eligible patients. GP practices hold the patient medical records that enable them to confirm eligibility for the health check and to put in place any follow up care required.

In the period 2013-16, the percentage of the eligible population aged 40-74 who received an NHS Health check was approximately 35%. In the last quarter of 2016-17 this increased to 59.7%. ⁽²⁰⁾

Making Every Contact Count

Making Every Contact Count (MECC) is not a service but residents benefit from its influence. It is a programme which is designed to influence and enable frontline staff to have the skills, confidence and knowledge to use their day to day contacts with patients and service users to maximum benefit in promoting healthier lifestyle choices and easy access to services to support their change to a healthier lifestyle. This training enables service providers to deliver healthy lifestyle advice and signposting information to residents.



four

How are we keeping people safe?

"The Social Worker is very supportive, and we got in contact with her if we needed advice..."



Safeguarding adults

Safeguarding Adults is everyone’s responsibility, not just the Local Authority. It requires all agencies and local communities to work together to promote individual wellbeing and prevent **abuse** or neglect.

The safeguarding duties undertaken by Lincolnshire County Council in accordance with the Care Act 2014 apply to any adult who:

- has needs for care and support (regardless of whether these needs are being met)
- and is experiencing, or is at risk of, abuse or neglect
- and as a result of their care and support needs is unable to protect themselves from either the risk, or the experience of abuse or neglect.

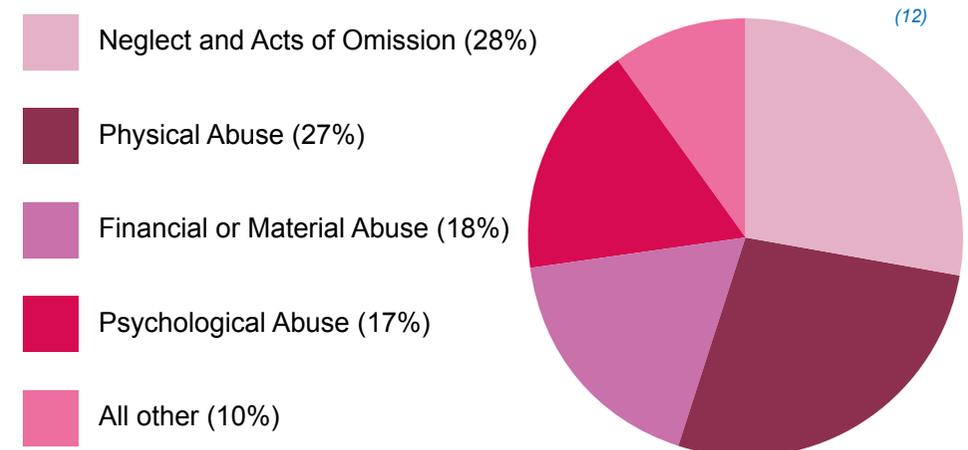
Types of abuse outlined in the Care Act 2014 include:

- 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

When carrying out safeguarding duties Adult Care must support and empower each adult to make choices and have control about how they want to live their own life, we call this Making Safeguarding Personal. Our intervention in a person's circumstances must be proportionate but also must take into account their capacity to make informed decisions and whether others, including children, are or are likely to be at risk of harm.

In 2016-17, 3,484 safeguarding concerns were received by Lincolnshire County Council where there was a concern about an adult’s safety. Almost 40% of these concerns were dealt with by our Customer Service Centre with no further action required. 1,390 contacts were progressed to a safeguarding enquiry. ⁽¹²⁾

Of the safeguarding concerns raised, those that went onto be investigated in 2016-17 were for the following types of risk.





Lincolnshire Safeguarding Adults Board

www.lincolnshire.gov.uk/lisab

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 is to fulfill 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.

As a response to the Peer Review two priority actions were agreed. These were to fully implement Making Safeguarding Personal (MSP) and to develop an Adult Safeguarding Prevention Strategy. Both priorities have been accepted by LSAB and progress is overseen by the Safeguarding Lincolnshire Together (SLT) sub-group.

Aims and Objectives of the Board

Local aims:

- Assurance – confirm that 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
- Prevention - empowering people to safeguard themselves and others, promoting personal responsibility.

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



What next?

LCC is currently working with LSAB to develop a shared definition of what Making Safeguarding Personal means to key stakeholders in Lincolnshire. This will include the design of common language to describe MSP which will be used across partners and the public and lead to a Public Proposition Statement in 2017-18.

LCC and LSAB are also developing multi-agency guidance for decision making to support person centred and proportionate responses to keeping adults safe. The expected timeline for this to be ready is July 2017. This has a key focus on reducing the number of inappropriate requests for safeguarding enquiries being made.





Deprivation of Liberty Safeguards (DoLS)

What are the DoLS?

Sometimes care homes and hospitals have to limit people's liberty 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.

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'. This stated a person is deprived of their liberty if they are under continuous supervision and control and are not free to leave and has meant that the DoLS now applies to a lot more people (including individuals being deprived of their liberty in the community for which judicial authorisation is required). Adult Care in Lincolnshire has received many more applications since the judgment; a tenfold increase. We know that this is the same for other local authorities.



What have we been doing in Lincolnshire?

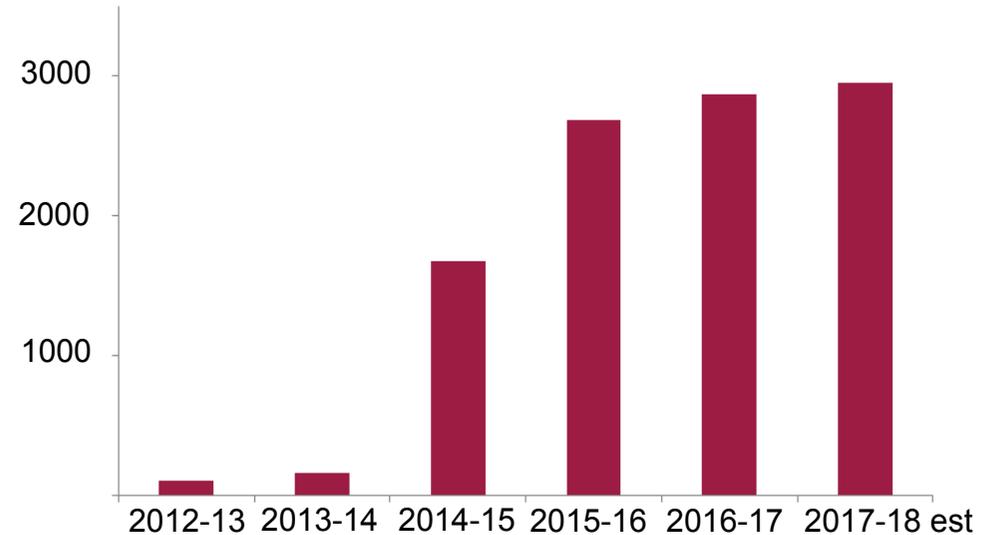
In 2016-17 we received 2,868 DoLS applications relating to 2,522 people. The majority of these people had Dementia.⁽¹⁷⁾

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

What next?

In March 2014 the House of Lords Select Committee identified that the current DoLS legislation needed to change. At their request the Law Commission proposed new legislation on 13th March 2017 which is expected to come into force in 2020-2021.

Number of DoLS Assessments and Reviews Carried out from 2012-17 including the estimated number of DoLS assessments for 2017-18 based on the first 5 months of 2017.



five

Working with others

"Excellent support from health services and outstanding support from voluntary services which are I desperately needed at times."



Healthwatch

www.healthwatchlincolnshire.co.uk

Healthwatch is an independent organisation which gives people a powerful voice locally and nationally. 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 services for tomorrow.

Healthwatch Lincolnshire promotes local voices so that they are able to influence the delivery and design of local services; not just people who use them, but anyone who might need them 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.

Healthwatch Lincolnshire facts and figures: ⁽¹⁴⁾

- Healthwatch website and feedback centre has received 53,950 hits and also reached 7,780 people on social media
- Information Signposting Team helped 1,570 patients, [carers](#) and service users and volunteers have contributed 1,730 hours of support
- Healthwatch raised 355 questions, recommendations, observations and suggestions including 195 questions raised directly with health and care provider organisations
- 10 recommendations, observations and suggestions were made following NHS Immunisation and Screening project activities
- 101 recommendations were shared as a result of our Enter and View activities
- 11 recommendations, observations and suggestions were made from our Learning Disability NHS Health Check project activities
- Healthwatch Public Experience Committee (PEC) has produced escalation reports for neurology and Transitional Care pathways, both of which asked questions of the service provider

healthwatch
Lincolnshire



Neighbourhood Teams

Integrated Neighbourhood Working is an approach being developed in Lincolnshire that supports individuals in a local neighbourhood based on a community of between 30,000 – 50,000 people. It involves the creation of integrated neighbourhood care teams which brings together health and care professionals, the third sector, local authority and independent organisations.

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. By working together, health and social care colleagues can identify individuals who may require additional care and support due to a change in circumstances.

An example of work in which Adult Care and Public Health are involved is the 'soft launch' of the Neighbourhood Team in the Gainsborough locality. This has seen staff starting to work together differently to help those in the local community to stay healthy at home, using services appropriate to their needs, while avoiding unnecessary hospital admissions.

What next?

The aspiration for 2017-18 is the implementation of four integrated Neighbourhood Care Teams and the establishment of their supporting 'self-care' networks. Longer term, the aspiration is to roll the programme out countywide to establish a total of 12 teams/networks by the end of 2018-19.



**Lincolnshire Sustainability and
Transformation Partnership**



Lincolnshire Care Association (LinCA)

www.lincscareassociation.org.uk

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

During 2016-17, 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*
- represented the independent sector with the NHS led Sustainability and Transformation Plan Team, which is shaping the future of health and care services in the county
- 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 to deliver workforce development and training for the independent care sector, with grant funding support from the County Council
- been part of regional and national lobbying of local MPs and Government ministers about social care funding which has resulted in the *Social Care Precept* and additional *Better Care Fund* (BCF) investment
- worked in partnership with Lincolnshire County Council to establish and expand the Care Home Trusted Assessor project at *acute hospitals* across Lincolnshire which supports more effective and efficient discharge arrangements for patient returning to, or moving into, care homes



six

How have we performed?

"The Carers team have been very helpful. My son likes his own home and bed and is happy with his own routine at the moment."



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* which is achieved in the following ways:

Adult Care Peer Review:

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

Lincolnshire's Adult Care peer review took place in June 2016. The areas looked at were Adult Frailty and Long Term Conditions and *Safeguarding*. The report was positive, with the review team concluding that the County Council has:

- clear identification as a Commissioning Council with clear Member direction
- a good dataset with a culture of evidencing
- absolutely clear processes for delivery
- a skilled knowledgeable workforce who are enthusiastic and proud
- clear internal governance
- some good operational links with health
- highly efficient within a very lean structure

"The Lincolnshire Safeguarding Adults Board appeared to be well established, with a clear intention and plan and it was action orientated. It appears to have good participation from partners. The new operational plan process is a good step forward for the board. LinCA provides the board with a good operational partner, delivering in workforce development and the development of safeguarding in provider settings"

Self-Assessment:

We undertake an annual self-assessment to challenge and review our performance; this is independently checked by a challenge team each year and compared with all other Councils in the East Midlands region. 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 Lincolnshire County Council's performance 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.

Public Health Outcomes Framework (PHOF):

The Public Health Outcomes Framework sets out a vision for public health, desired outcomes and the indicators that help us understand how well public health is being improved and protected. The indicators also give a picture of health inequalities between communities and helps identify behaviours which lead to a higher prevalence of health issues. This data can be found on the Public Health England website at:

www.phoutcomes.info

The Public Health Outcomes Framework was updated in May 2016. The framework covers the full spectrum of public health which includes: improving the wider factors that affect health and wellbeing, health improvement, health protection, and preventing premature mortality. The outcomes reflect a focus not only on how long people live, but on how well they live at all stages of life.

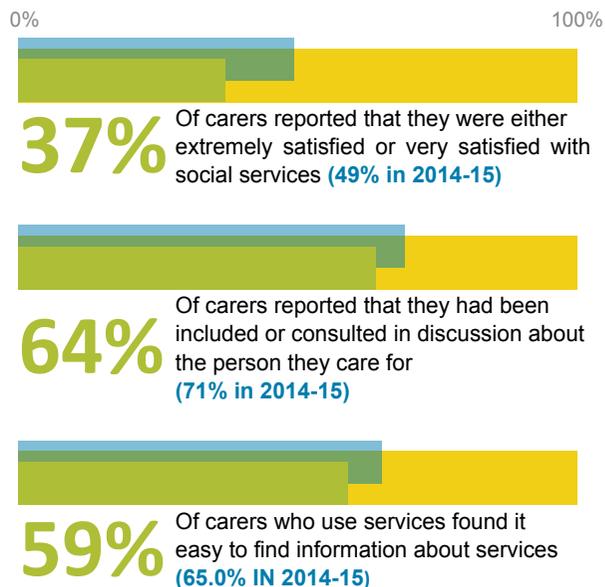


Surveys

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, and the bi-annual Carers survey.

According to the bi-annual Carers survey:



According to the Adult Social Care annual survey:





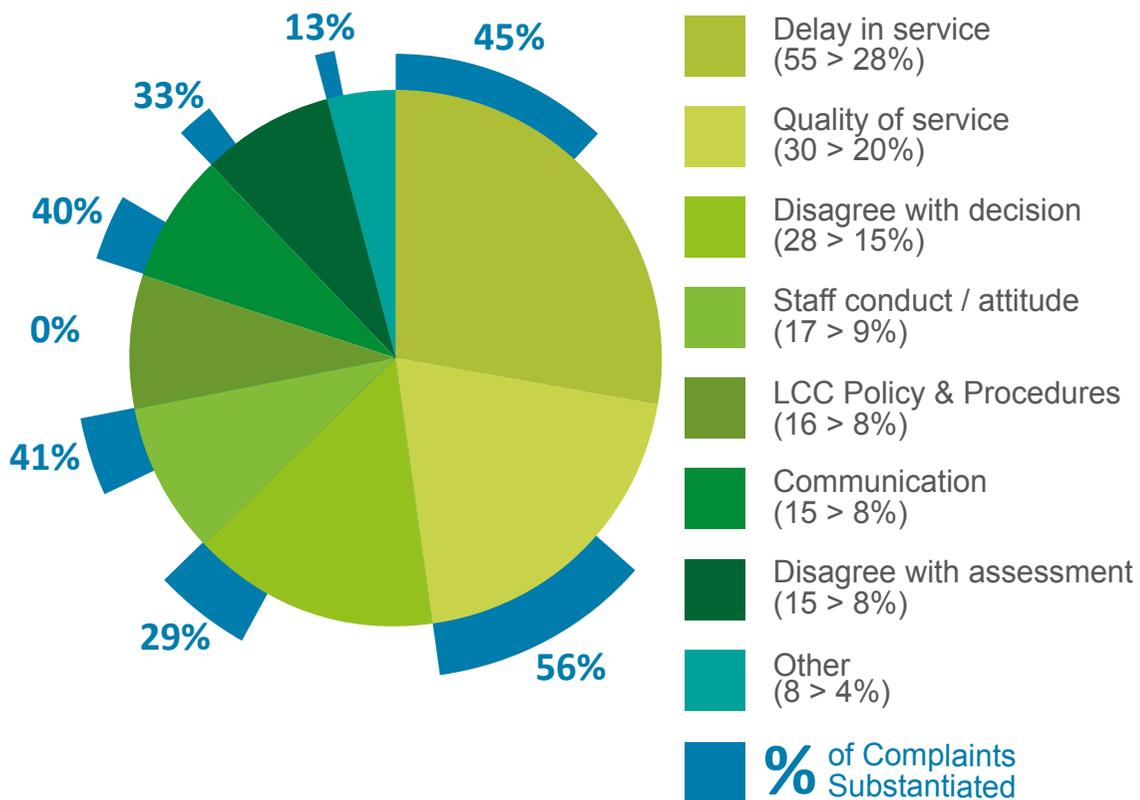
Feedback

35%⁽³⁾
LOWER
THAN 2015-16

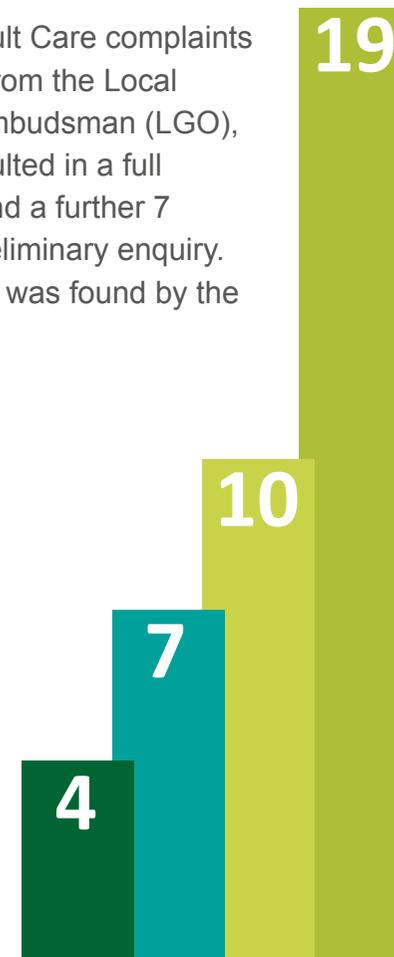


193 complaints received
by adult care during 2016-17

12,160 adults received support
in the same year.



A total of 19 Adult Care complaints were received from the Local Government Ombudsman (LGO), 10 of which resulted in a full investigation, and a further 7 resulted in a preliminary enquiry. In 4 cases, fault was found by the LGO.



Lincolnshire County Council's Corporate Complaints and Compliments Procedure has been reviewed and updated. It was re-launched in autumn 2016



99% of all enquiries regarding adult care finance were resolved at first contact, an increase from **2015-16. 98%** of people rate their experience as good when contacting the adult care finance team, a figure maintained from 2015-16.

100% Satisfaction with Customer Service Centre query resolution – maintained at this level from 2015-16.



From the adult care assessment customer experience survey, 243 people were surveyed and **90% (218)** people told us their assessment experience was positive. **43%** of respondents felt that they were extremely satisfied with the overall experience of receiving an adult care assessment. areas for improvement included a focus on communicating effectively about the assessment visits and ensuring people understand the purpose and outcomes.



How we assure quality of services

Quality Assurance and Continuous Improvement

During 2016-17 we focused on improving the way we capture customer experience about the service we provide and those we commission. This is because we see our customer's feedback as a key measure of quality.

The Adult Care Quality and Safeguarding Board is well established and in its second year.

It provides robust governance and management oversight of the quality of our services and key areas of business. Through this board the Director and senior management team are able to evaluate the evidence gathered throughout the year and have a better understanding of customer experience which influences how services develop and improve.

In 2016-17:

We asked people for feedback about their experience of assessment with our social work teams as a new customer of adult care.

Customers and their representatives responded positively overall when asked about the assessment experience. Three quarters of the respondents felt that their needs were fully met following the assessment.





Responses from customers and representatives when asked whether their experience was positive for each stage of their customer journey

	Yes	No	Partially	Can't remember	Not included	Not really
Contact pre assessment	207	12		24		
Arranging visit	232	6	2	3		
Involvement of representatives	123	49	4	67		
Location of choice	184	3		2	54	
Communication during assessment	232	8		3		
Understanding of process	226	5	8	4		
Courtesy and respect	236	2		2		
Time to speak	235	3		4		
Involvement in decisions	219	9		13		
Post assessment needs met	183	23				37
Informed throughout process	190	40				13
Documentation received	111	78		54		



In 2016-17 enquiries undertaken by Safeguarding Officers received 91% positive responses from the people included in the survey.

In 2016 we conducted a survey to get customer feedback about the homecare services we commission so that we can identify areas for improvement and further development.

Of the 329 people who responded to the survey in 2016:

- 70% of customers said their services supported them to become/remain independent
- 72.7% of customer said their services helped them have a better quality of life
- 90.3% of customers said they were treated with dignity and respect
- 80.9% of customers said care and support services helped them to feel safe
- 81.3% of customers felt their choices about keeping safe were respected
- 79% of customers were satisfied with the overall care and support they received during their review

We conducted a pilot which looked at how we could get feedback from people living in care homes and, where possible, feedback from family and friends who visited them.

We have extended the pilot to capture customer feedback from people living in care homes. We did this because we recognised that we needed to find a way to include as many people as we could, including those with a communication difficulty. We used a communication tool called '*Talking Mats*' to support this work and are in the process of evaluating the results and working on how this could be rolled out across the homes we commission.

Following a quality assurance review in 2015 the complaints procedure has been reviewed and refreshed.

We are in the process of introducing measures to ensure that learning from complaints, comments, and compliments are embedded in adult care and that this is complementary to the approach of shared learning corporately.



We continue to conduct audits against quality practice standards in our social work teams and we are expanding this to include social work teams for mental health services at Lincolnshire Partnership Foundation NHS Trust.

We are conducting audits on customer records (known as case files) so that we can examine emerging themes from performance and quality reports

We have improved the way we capture and analyse information about the market to support continuous improvement within the care sector. We continue to work collaboratively with partners to refine our approach to risk management which helps improve how we identify early concerns which we need to manage effectively.

Summary of latest published Care Quality Commission ratings of active Social Care Organisations located in Lincolnshire, as of 1st June 2017.⁽¹⁵⁾

Latest Overall Rating	Number of Active Locations
Outstanding or Good	256
Requires improvement	73
Inadequate	4
Total	333

What next?

We have improved our survey questions, method and approach for 2017-18. We have learnt from best practice examples that we can do this work more effectively and plan for this to capture a larger proportion of customers, giving us richer results to learn from. We have also expanded these surveys to include people using mental health services.

We continue to capture feedback from people who had experienced a safeguarding enquiry, through face to face interviews following a national pilot.

We have recently expanded survey work to include safeguarding enquiries where service providers have conducted an enquiry; the results of this work will support workforce development and better support people going through this process.

Following on from the Homecare survey in 2016 we have used the learning from this to refine our approach and created an improved survey which will commence in 2017 and will in future be conducted annually.



What are we doing to improve the way we work?

We have implemented a Personalisation Programme to drive practice changes aimed at ensuring that many of the key principles which underpin the Care Act are fully embedded in our practice.

This includes:

- Working to ensure that strengths-and-asset-based practice shifts our focus to supporting people to maximise the assets available in their communities and build support networks, rather than being led by their deficits and the need for services
- Developing support planning practice to ensure that plans focus on the outcomes the person wants to achieve and make best possible use of assets with a range of support options to improve people's experience.
- Developing whole family approaches by improving awareness and guidance on working with families, early identification of children requiring help and support, and implementing family group conferencing as a tool to support families to work through challenges.
- Implementing new *safeguarding* policies and procedures which embed the principles of Making Safeguarding Personal, ensuring proportionate responses to safeguarding concerns driven by the wishes of the person experiencing harm. The procedures also strengthen the way safeguarding specialists work with assessment teams, providers and partners to undertake safeguarding inquiries.

Workforce

We continue to offer a broad range of learning and development opportunities to staff in support of the personalisation programme aims and to support continuous professional development. These are set out in our learning and development strategy and directory. We are undertaking workforce mapping to inform a new workforce development strategy to ensure the continued availability of a skilled workforce necessary to undertake our duties.

seven

More information

"My mother has sufficient care and direct payments. Social services are on hand if I am worried about anything."



Glossary of terms

A

Abuse

In terms of the Care Act 2014, types of abuse 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

Action plan

A document which details what steps must be taken in order to achieve a specific goal.

Acute Hospital

Provides a wide range of specialist care and treatment for patients. Services offered in acute hospitals include:

- consultation with specialist clinicians (consultants, nurses, dieticians, physiotherapists and a wide range of other professionals)

- emergency treatment following accidents
- routine, complex and life-saving surgery
- specialist diagnostic, therapeutic and palliative procedures

Adaptations

Adjustments to help people to continue to live independently at home and lead a more active life.

Adult Care and Community Wellbeing

The Lincolnshire County Council directorate responsible for commissioning and providing social care, public health and related services for adults (18 years and over) with social care needs.

Advocacy

A service provided by advocates who are independent of social services and the NHS 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.

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.



B

Better Care Fund (BCF)

A programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

C

CAMHS

Child and Adolescent Mental Health Service.

Carer

An unpaid carer is someone who looks after a relative or friend who, due to ill health, physical or mental illness, *disability*, frailty or addiction, cannot manage without their support.

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 (CQC)

The independent regulator of health and adult social care in England, that ensures health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

Carers Emergency Response Plan (CERS)

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.

The carer will be given a card which has a 24 hours telephone number and a unique ID number to identify their personal emergency action plan. 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.

Children and Families Act 2014

An Act to make provision about children, families and people with special educational needs or disabilities; to make provision about the right to request flexible working; and for connected purposes

Chartered Institute of Public Finance and Accountability (CIPFA) Group

A group of similar local authorities which allows for the performance of a local authority to be measured against the average performance of comparable councils.



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 (CCG)

A core part of the government's reforms to the health and social care system. In April 2013, CCGs replaced primary care trusts as the commissioners of most services funded by the NHS in England.

Commission/Commissioning

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.

Community care

Help provided to people living in their own homes, rather than services provided in residential settings.

Community Equipment

Equipment issued for use within the community.

Community meals

The provision of meals by organisations to adults and older people who have difficulty in preparing a meal in their own home.

Continuing Healthcare

A free package of care for people who have significant ongoing healthcare needs. It is arranged and funded by the NHS. You can receive NHS continuing healthcare in any setting outside hospital, including in your own home or in a care home.

Co-production

Co-production is the process of creating policy, documentation, services etc. jointly with another agency or other people within the community.

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.

Customer Service Centre (CSC)

Lincolnshire County Council's Customer Service Centre is the initial point of contact for people who wish to contact LCC.

D

Day opportunities

Services and activities that focus on ordinary life opportunities and give all people with a disability 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.



Deafblind

A combination of sight loss and hearing loss that causes difficulties with communication, access to information and moving around, also known as 'dual sensory impairment', 'dual sensory loss' and 'multi-sensory impairment'.

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 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 personal budget 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 (DFG)

If an individual or someone living in their property is disabled they may qualify for a disabled facilities grant towards the cost of providing adaptations 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.

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 [Equality Act 2010](#) – *protected characteristics* of age, *disability*, *sex*, *gender re-assignment*, *marriage* and *civil partnership*, *pregnancy* and *maternity*, *race*, *religion or belief*, and *sexual orientation*.

Domestic Abuse

Acts of abuse committed by a family member or intimate partner.

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, Adult Care 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

Came into force on 1 October 2010 and brought together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

G

Gender re-assignment

The process of transitioning from one gender to another.

H

Home care

Support which is delivered in the service user's own home including tasks such as hoisting to get in or out of bed, washing, prompting medication and dressing.

Health and Wellbeing Board

The Lincolnshire Health and Wellbeing Board is a forum which brings together key people from the health and care system to

work together to reduce health inequalities and improve the health and wellbeing of the people of Lincolnshire.

I

Independence

The ability to carry out activities that support one's own lifestyle and to control the care given by others.

J

Joint Strategic Needs Analysis (JSNA)

The JSNA is a web based interactive document made up of commentaries and data sources which report on the key areas of health and wellbeing in Lincolnshire and is available at:

www.research-lincs.org.uk/Joint-Strategic-Needs-Assessment

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 Community Health Services

Delivers care closer to home, providing community healthcare and healthy lifestyles services for the people of Lincolnshire.

Lincolnshire Partnership Foundation Trust (LPFT)

A Trust established in 2002 when social care and health services, formerly provided by Lincolnshire County Council and Lincolnshire Healthcare NHS Trust, were brought together to create new mental health and substance misuse services for adults.



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

Making it real

Making it Real sets out what people who use services and carers expect to see and experience if support services are truly personalised. Further information can be found at:

www.thinklocalactpersonal.org.uk/Browse/mir/aboutMIR/

Market shaping

The facilitation of a vibrant, diverse and sustainable 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 same-sex couples.

Maternity

Maternity refers to the period of time during pregnancy and after the birth of a child.

Mental Capacity Act 2005 (MCA)

The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.

Mental health

A state of wellbeing 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.

Members

County Councillors.

Multi-agency

Involving co-operation between several organisations.

N

NHS

National Health Service, the publicly funded healthcare system.

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

O

Office for National Statistics (ONS)

The UK's largest independent producer of official statistics and the recognised national statistical institute of the UK.

Opiate/Non-Opiate

Opiate/opioid painkillers are medicines with effects similar to opium and include codeine, morphine, methadone, buprenorphine, diamorphine (also known as heroin) and tramadol. Non-opiates relate to drugs which do not fall into this category such as paracetamol, ibuprofen, diclofenac, cannabis, amphetamines, cocaine and new psychoactive drugs (previously known as "legal highs").

P

Parent/carer

A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility.

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, that is 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.

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 to give birth.

Prepaid card

Similar to a credit card but the card is preloaded with funds rather than accruing debt. Used to pay for goods and services.

Prevention

Activities to stop a social or psychological problem arising or to avoid the need for more intrusive or intensive services.

Protected characteristics

The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act.



Q

Quality Assurance

The maintenance or improvement of a service or product by means of attention to every stage of the process.

R

Race

A group of people defined by their colour, nationality (including citizenship), ethnic or national origins.

Reablement

The process of rehabilitating people to regain their independence and develop the confidence and skills to carry out these activities themselves and continue to live at home.

Regulated services

Health and social care services which are overseen by the Care Quality Commission.

Religion or Belief

Religion is a particular system of faith and worship or the belief in and worship of a superhuman controlling power, especially a God or gods. 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 way they live for it to be included in the definition.

Residential care

Care given to adults who stay in a care home or retirement home rather than in their own home or family home.

Respite Care

Short term care arranged to give a carer and/or the cared for person a break from their daily routine.

S

Safeguarding

Keeping people safe from avoidable harm or abuse; 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 2006 between a local authority and an NHS 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 three main types:

- 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

Biologically male or female.

Sexual orientation

A person's sexual identity in relation to the gender to which they are attracted.

Short breaks

Sometimes called respite care, but can be a range of services from a few hours at a day centre or with a sitting service to a stay at a residential home.

Social care precept

An additional council tax charge which must go towards paying for adult social care.

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

A document published to explain a law passed by a legislative body such as Parliament.

Sustainability

An ability or capacity of something to be maintained or to sustain itself.

T

Talking Mats

Talking Mats is an interactive resource that uses three sets of picture communication symbols and a space on which to display them such as a physical mat or tablet screen.

Telecare

A service that helps people to remain independent and feel safer in their own home by using sensors or pendants connected to a phone line to alert help in an emergency.

**Tobacco Control**

Tobacco control is a field of international public health science, policy and practice dedicated to addressing tobacco use, with the aim of reducing the morbidity and mortality smoking causes.

www.research-lincs.org.uk/jsna-Smoking-Adults.aspx

Transition

Transition is a term used nationally for the process of change for young people as they progress from childhood to adulthood.

Two-tier authority

A system of local government involving county and district councils.

U**Universal Services**

Services available to all, regardless of *eligibility*, focussed on preventing or delaying needs.

W**Wellbeing**

A good or satisfactory condition of existence; a state characterised by health, happiness, propriety and welfare.

Wellbeing Services

Wellbeing Services promote confidence in living independently and can include a brief period of support, minor adaptations, equipment, and *telecare* services.



Sources of Data used in the Local Account 2016-17

Sources

- (1) Sector Led Improvement core data set
- (2) Short and Long Term (SALT) Return
- (3) Internal Local Reporting
- (4) Lincolnshire County Council Statement of Accounts
- (5) Estimates based on ONS 2014 data set
- (6) Projecting Older People Population Information System (POPPI)
- (7) Projecting Adult Needs and Service Information (PANSI)
- (8) DTOC Internal reporting
- (9) JSNA 2017
- (10) Adult Social Care Survey (ASCS)
- (11) Survey of Adult Carers in ENGLAND (SACE)
- (12) Safeguarding Adults Collection (SAC)
- (13) DoLS Return
- (14) Healthwatch internal reporting
- (15) CQC Data
- (16) Public Health England www.phoutcomes.info
- (17) 2011 Census
- (18) Adult Social Care Finance Return (ASC-FR)

Feedback comments included in this document are a sample of those we have received from the public.



Contact details

If you want further information or advice about any details included in the Adult Care Local Account please contact us as at:

AdultCareOnline@lincolnshire.gov.uk

We would also welcome your feedback and comments to inform future editions.

If you wish to contact Adult Care for help and advice regarding your care and support needs or caring role you can contact our Customer Service Centre:

Tel: 01522 782155

Email: Customer_Services@lincolnshire.gov.uk

Further information about Lincolnshire County Council Adult Care can be found at: www.lincolnshire.gov.uk/adultcare

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 this document electronically, the glossary can be accessed by clicking on the word for which you wish to obtain further information.

Other useful contacts

Further help and advice can be found at:

Lincs2Advice

Tel: 0300 303 8789

www.lincs2advice.org.uk

Age UK

Tel: 0800 678 1174

www.ageuk.org.uk

Money Advice Service

Tel: 0800 138 7777

www.moneyadviceservice.org.uk

Lincolnshire Carers Service

Tel: 01522 782224

www.lincolnshire.gov.uk/adult-care/carers/support-for-carers

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