



County Offices
Newland
Lincoln
LN1 1YL

27 May 2014

Adults Scrutiny Committee

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 4 June 2014 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of business set out on the attached Agenda.

Yours sincerely

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

Tony McArdle
Chief Executive

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

Councillors C E H Marfleet (Chairman), R C Kirk (Vice-Chairman), W J Aron, J P Churchill, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs J M Renshaw, Mrs A E Reynolds, Mrs N J Smith and Mrs S M Wray

**ADULTS SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 4 JUNE 2014**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests <i>(Councillors are reminded that there is no need to declare an interest if it has already been recorded on the register of disclosable pecuniary interests (DPIs) or notified to the Monitoring Officer in accordance with the regulations. However, Councillors declaring interests must state what the DPI is and accordingly not speak or vote on the item)</i>	
3	Minutes of the previous meeting of the Committee held on 2 May 2014	1 - 6
4	Carers Strategy (please note that Peta Hill, Business Manager, Lincs Carers and Young Carers Partnership Ltd will be in attendance) <i>(A report by Emma Krasinska, Commissioning Manager, Policy Unit, Adult Social Care in connection with the future direction of Carers Services in Lincolnshire)</i>	7 - 10
5	Wellbeing Service Update <i>(A report by Tony McGinty, Assistant Director - Healthy Communities, in connection with the latest situation in connection with the Wellbeing Service)</i>	11 - 16
6	Case Management Partnership Programme <i>(A report by Judith Hetherington-Smith, Chief Information and Commissioning Officer), in connection with an overview of recent progress in implementing the Council's new case management system which will support work in the areas of preventative, early intervention, early help, education and social care services provided by Adult Care, Children's Services and Public Health)</i>	17 - 20
7	Economic Opportunities for an Ageing Population <i>(A report by Andrew Brooks, Employment and Skills Team Leader, which provides an update on the economic opportunities for the ageing population in the Greater Lincolnshire area, and seek a discussion about the priorities for this work)</i>	21 - 24
8	Adult Care 2013/14 Outturn <i>(A report by Steve Houchin, Assistant Head of Finance, in connection with the Adult Care outturn 2013/14 which is £140.708 million, an underspend of £1.346m on the final budget of £142.054m)</i>	25 - 36
9	Adults Scrutiny Committee Work Programme <i>(A report by Simon Evans, Scrutiny Officer, in connection with the Committee's Work Programme)</i>	37 - 42

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

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

Contact details set out above.

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



ADULTS SCRUTINY COMMITTEE 2 MAY 2014

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, J P Churchill, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs J M Renshaw and Mrs N J Smith

Councillors: attended the meeting as observers

Officers in attendance:-

74 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies were received from Councillors Mrs A Reynolds and Mrs S M Wray.

75 DECLARATIONS OF MEMBERS' INTERESTS

No interests were declared.

76 MINUTES OF THE PREVIOUS MEETING OF THE COMMITTEE HELD ON 26 FEBRUARY 2014

RESOLVED

That the minutes of the meeting held on 26 February 2014 be agreed as a correct record and signed by the Chairman.

77 HEALTHWATCH LINCOLNSHIRE - INTRODUCTION TO ITS ROLE IN ADULT CARE

The Chairman welcomed Nicola Tallent and Tim Barzycki from Healthwatch Lincolnshire who introduced the Committee to the role of Healthwatch within Adult Care.

During their talk and questions from Members, the following was noted:

- Healthwatch Lincolnshire was established in April 2013 and replaced the Local Involvement Network (LINK). It was run by an executive board and employed nine members of staff and covered the whole county;
- Its functions included signposting and providing advice and guidance to residents;
- A representative of Healthwatch attended meetings of the CCGs (Client Commissioning Groups), and the Health and Wellbeing Board; As of January 2014, new members of staff had joined the organisation to help spread the word about Healthwatch within the community through established

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- groups and Councillors would shortly be contacted to assist with this;
- A number of new projects were planned including using GPs surgeries as Healthwatch hubs;
- Areas of healthcare to be in focus were:
 - Enter and view programmes;
 - Hydration and nutrition;
 - Complaints and advocacy (how to make a complaint);
 - Dentistry;
 - Accident and Emergency;
- Healthwatch encouraged volunteers to help them and a number of new recruits, with varying skills, were currently in the process of being trained;
- Enter and view visits, at residential and care homes, were to enable trained volunteers and staff to talk to patients and their families about the services they received;
- They provided a 360 degree service for patients whereby they would act as the go between for patients and practitioners. However, patients may not always get the answer they would have liked and Healthwatch would explain why;
- Feedback from patients was what drove the organisation forward;
- Healthwatch's annual general meeting would be held on 22 May from 10am-11.30am at Rustons in Lincoln.

It was noted that at this point in the proceedings, Councillor J P Churchill arrived.

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

- Healthwatch set its own priorities for Lincolnshire and was not governed centrally. It worked closely with other counties' Healthwatch organisations;
- Healthwatch and the CQC worked together to avoid duplicating work. The CQC's remit was more to do with compliance and monitoring and Healthwatch was to assist CQC in gathering information to talk to patients and local people;
- The enter and view visits had seen a positive reaction from friends and relatives of patients. They mainly talked to Healthwatch in the care home, but could arrange a meeting on neutral ground if requested;
- Information on a range of services and initiatives was taken into the community:
 - Stopping smoking;
 - Weight loss;
 - Keeping active;
 - Healthy eating;
 - Presenting to your GP;
 - Attending healthchecks;
 - Using social activity groups;
- Healthwatch was funded by the County Council;
- What made good volunteers was members of the public who had a passion for caring for patients.

In response to a question, Officers from the County Council explained how they could

quality assure in residential settings. Information could be pieced together from surveys, CQC, Healthwatch and other organisations. There were mechanisms in place to suspend staff or stop commissioning a service if Adult Care felt it was not performing well.

It was suggested that a Healthwatch leaflet be devised that could be left in people's homes following a visit containing a survey that could be returned at the patient's leisure. Healthwatch's current leaflet, given out to the public, was circulated.

Healthwatch would be invited back to a future meeting of the Committee for an update on progress.

RESOLVED

That the report be received and Healthwatch be invited to report to the Committee in January 2015.

78 ADULT CARE COMMISSIONING STRATEGIES - AN OVERVIEW

Adult Care had been given responsibility for developing four commissioning strategies in line with the re-organisation of the County Council and the development of the 'Commissioning Council' ethos. The Committee received a presentation from Glen Garrod which focussed on these adult care commissioning strategies.

The presentation covered the following points:

- The four strategies:
 - Adult specialities;
 - Carers;
 - Adult frailty, long term conditions and physical disability;
 - Safeguarding adults;
- Commissioning strategies net budget;
- The number of vulnerable people affected;
- Governance structure.

During the presentation and through the questions that followed, the points below were noted:

- All work carried out by Adult Care would henceforth be encompassed in the four strategies;
- The Commissioning strategies would be returning to the Committee for consideration;
- There were 17 commissioning strategies in total. The four under scrutiny at this meeting were the responsibility of the Director of Adult Social Care;
- The number of vulnerable people affected did not reflect moderate or low needs users, however the number of vulnerable people affected by the commissioning strategies was considerable;

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- In response to a question on spending: the Council's Adult Care directorate had one of the lowest overheads of any council in the region. The CCGs had a spending limit for their overheads, set by central government, which was lower than the PCT spent, when it was in operation. To deliver better outcomes, there was a need to join up services and avoid duplication. For example, Justin Hackney, Joint Assistant Director was a shared resource between the Council and the CCGs and had the lead for services to people with a Learning disability, mental Health or Autism;
- Discussion took place regarding meeting service users and it was suggested that inviting people to present to the Committee as part of agenda items was the most effective way to do this.

RESOLVED

That the importance of the four commissioning strategies be acknowledged in the development of the Committee's Work Programme.

79 ADULT CARE PROCEDURES MANUAL

The Committee received a presentation from Matthew Fisher, Lead Professional in Adult Care, which demonstrated the web based Adult Care Procedures Manual used by staff working in Adult Care.

The manual had been designed around the customer journey and was searchable. There was a section with information on the democratic process as well as patient assessment and the golden rules for practitioners.

The manual was operational and had received positive feedback from users.

RESOLVED

That the presentation be noted.

80 IMPROVING LEARNING DISABILITY SUPPORT

Consideration was given to a report which provided the Committee with a status update in relation to improvements in Adult Learning Disability Support in Lincolnshire. The improvements were making better outcomes for vulnerable people.

It was explained to the Committee that in 2012 the County Council had initiated a wider review of learning disability commissioning activity within Lincolnshire, which identified the need for closer integration as well as budget pressures for 2014-2105 of £15.6 million. The reasons for the budget pressures were contained within the report. Benchmarking with similar authorities had identified that unit costs were low and were good in comparison with similar councils.

Justin Hackney reported on the improvements to services for people with learning disabilities since 2012. These included:

- a joint action plan in response to the national report on Winterbourne View Hospital;
- strengthened contract management arrangements;
- a new safeguarding monitoring system;
- positive audit assurance reports; and
- a provision underspend of £123,000 on learning disability budgets.

Further improvements would be developed in the following areas:

- transition from children's services;
 - day opportunities;
 - carers support;
 - wellbeing networks;
 - direct payments; and
- residential and community support living rates.

Work had been undertaken to develop an emergency planning policy for cases of vulnerable adults left uncared for following the death of an elderly parent.

RESOLVED

That the report be noted.

81 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to the Committee's programme of work for the coming months and changes made therein were noted.

RESOLVED

That the work programme be noted.

Following consideration of the work programme, Members received a demonstration of Twitter ahead of the forthcoming Councillor Development session.

The meeting closed at 1.15 pm

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Open Report on behalf of Glen Garrod, Director of Adult Social Care

Report to:	Adults Scrutiny Committee
Date:	4th June 2014
Subject:	Carers Strategy

Summary:

This report invites the Adults Scrutiny Committee to consider the future direction of Carers Services in Lincolnshire. Extensive engagement and consultation with carers has now taken place to help shape these future services. Carers' priorities are now captured in a new 'carer friendly' Joint Carers Strategy. This sets out a new set of carer outcomes and details an overarching action plan.

This document has been produced in advance of the Carer Commissioning Strategy for two reasons: the expiry of the previous Carers Strategy (2010 -13) and the need to refresh it, and the need to produce a public facing document that describes Lincolnshire Health and Care commitments to carers, launched at the annual Carers Conference in May. The Carer Commissioning Strategy, one of the Council's 17 new Commissioning Strategies, will be a fuller and more comprehensive document, designed primarily to meet the needs of an internal audience and key partners. It will report back to scrutiny in late Autumn/ Winter 2014.

Following the carer engagement, initiatives are underway to design new Carer Support Services. Information is presented here to engage and prepare Members, in advance of pre-decision Scrutiny. The new service will be commissioned and due to go live in April 2015, ready to meet the requirements of Lincolnshire carers and their new rights under the Care Act 2014 and Children and Families Act 2014.

Actions Required:

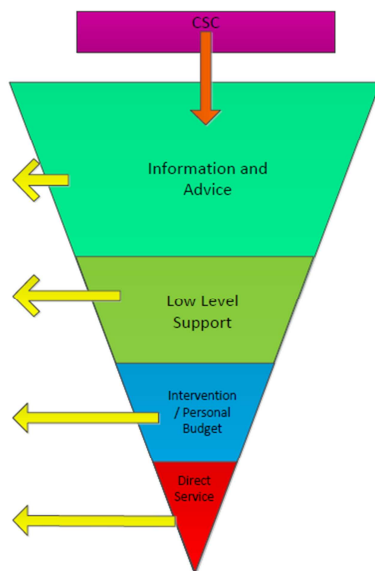
1. The Committee is asked to note work underway to deliver the Carers Commissioning Strategy, one of the Council's 17 Commissioning Strategies, and to provide non-executive Member input.
2. Note that the Executive Councillor for Adult Care, Children's Services and Public Health will be asked to make a decision on the future shape of Carers Support services in due course and that a further report will follow for pre-decision Scrutiny.

1. Background

1. A set of slides accompany this report and set out background information.
2. A public facing Joint Carers Strategy with 8 refreshed Carers Outcomes has been produced for the Carers Conference in May 2014. It has been co-produced with carers, Lincolnshire Carers and Young Carers Partnership, Health and other key stakeholders. It represents high level desired outcomes and commissioning intentions for carers. A key message of the strategy is for professionals (health, education, care) to recognise carers – so they can get the information and support they need to manage the caring role. Copies will be available at the Scrutiny meeting and an electronic copy circulated as soon as final proofs allow.
3. Analysis work is currently underway to enable the production of the full Carer Commissioning Strategy 2014-18. This includes a strategic needs analysis, given the anticipated impact of the Care Bill 2014 and Children and Families Bill 2014, which strengthens the rights of all carers, including young carers and parent carers, to have their needs assessed and support needs met.
4. The Carers Budget for the Carer Commissioning Strategy will be set shortly. This will take into account the anticipated increase in demand for assessments and support, as a result of new rights for carers in the Care Act and Children and Families Act. The impact of the Care Act and Children and Families Act will be subject to a separate report to Members.
5. Carers Support Services are due to be re-commissioned during 2014. The contracts of the two major support services for carers have been extended and will expire in March 2015. These are the Virtual Carers Centre (Carers Connect) and Rethink support for mental health carers. These services are funded by LCC with a small contribution from Health. Lincolnshire's various carers support services currently support over 5,500 carers. Over 4,500 had a carer's assessment. We intend to improve the volumes of carers supported within the available budget.
6. Engagement with carers for the Carer Commissioning Strategy has highlighted the need to re-design Carers Support Services. The current support is highly valued. This includes the carer assessment, emergency response service and carers benefits service. These make the difference between families knowing how to cope and managing, and feeling on the edge of breakdown. However there is scope to improve access to help and extend the support offered to more carers, modernise older, historic services, target interventions and make better use of current investment. Every carer gets a Carer's Assessment, and it can take too long to get help.
7. Our re-design initiatives focus around the concept of a Carers Hub. This would bring together the Customer Service Centre as the front end of the service, together with a commissioned service that would offer both low level and targeted support. There would be a single point of access, to improve

the ease and speed with which new carers will get information, advice and support. The Hub concept will also target more intensive support to carers at most risk.

The Customer Service Centre Carers Team (SERCO from March 2015) will provide the front end of the service – all telephone and web based information and support. It will aim to link seamlessly to the commissioned service, which will be delivered primarily at the neighbourhood level. Carer support will combine both generalist and specialist provision, such as mental health, drug and alcohol and palliative end of life support. Carers might leave the service at any point once needs are met.



Tier 1: Customer Service Centre Carers Team (SERCO). Information, advice, signposting. Improved self-serve offer on web. Co-ordination of Carers Learning and Carer Personal budgets/ Short breaks. Carer Wellbeing Check.

Tier 2: Carer Support Workers in Neighbourhood Teams. Carer support groups. Carer Assessment.

Tier 3 & 4: A range of targeted and specialist 1:1 support; Carer Personal Budgets and Short Breaks. Specialist services.

8. Key objectives for a new Carers' Support Service

1. To be co-designed with carers – to deliver support that carers need and value
2. Outcomes focussed commissioning: specification & performance monitoring
3. Improved access with single point of contact
4. Better co-ordination of services for carers
5. Best value through targeted interventions, increasing information and advice offer
6. Invest additional funding in carers breaks; efficient; easy to access & understand
7. Evidenced prevention of carer breakdown & emergency admissions
8. Nationally recognised best practice model that works for rural county
9. Provider competition; providers of national excellence; enabling a broader market
10. Meeting needs of key carer target groups e.g. dementia carers and older parents caring for a person with a learning disability

9. A further report will be brought to Pre-Decision Scrutiny in due course to inform the final Executive Councillor decision upon the model of service commissioned.

3. Consultation

The Carers Strategy is built upon the feedback and views of Lincolnshire carers. Lincolnshire County Council commissions the Carers Partnership to engage with and involve carers in all aspects of improving support. Extensive engagement has taken place, with events in summer and winter 2013, Carers Partnership meetings and carer working groups to refresh the outcomes and build the action plan. In spring 2014, we consulted carers on the 8 new Carers outcomes and commissioning intentions. Over 1,300 carers responded with an overwhelming endorsement. Detailed feedback is currently being analysed and will be fed back to Scrutiny.

a) Policy Proofing Actions Required

The Commissioning Strategy and re-commissioning of Carers Services must take into account the requirements of the Care Act and Children and Families Act, both due to be enacted in 2014.

4. Background Papers

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

This report was written by Emma Krasinska, who can be contacted on 01522 554008 or emma.krasinska@lincolnshire.gov.uk.

Open Report on behalf of Tony Hill, Executive Director of Public Health

Report to:	Adult Scrutiny Committee
Date:	4 June 2014
Subject:	Wellbeing Service Update

Summary:

The commissioning of a Wellbeing Service for Lincolnshire was presented to the Adult Scrutiny Committee on 24 July 2013 prior to decision by Executive on 3 September 2013 with the following recommendations:

1. Approve the new integrated service model for the former Health and Wellbeing Network, developed jointly by Public Health and Adult Care, as described in the report and note its new title – The Wellbeing Service.
2. Approve the design and delivery of future carers' services to be integrated with the model of future prevention and early intervention services.
3. Note the progress of procurement processes for the competitive tendering of a contract or contracts for the delivery of the new Wellbeing Service across the entire county during 2013/14.
4. Delegate the decision to sign development agreements with North Kesteven, South Holland and East Lindsey District Councils for the delivery of the Wellbeing Service to the Executive Councillor Adult Care and Public Health, Children Services and the Executive Director of Public Health.
5. Approve the decommissioning of current carers' services provided by Rethink and Carers Connect.
6. Delegate to the Executive Director of Public Health and Director of Adult Social Services, in consultation with the Executive Councillor Adult Care and Public Health Services, Children's Services, an authority to conduct all stages of the procurement processes up to and including award of contract and determine the content and authorise the entering into of all contractual documentation necessary to give effect to the decision.

Following Executive approval, a competitive procurement process for the new service commenced to secure service for five district council areas: West Lindsey, City of Lincoln, Boston, South Kesteven and South Holland. In early February, the service delivery contract was awarded to the Lincolnshire

Independent Living Partnership (LILP) which is a consortium including Lace Housing, Boston Mayflower, Lincolnshire Home Improvement Agency, Age UK Lincoln and St Barnabas Hospice. Delivery of the Wellbeing Service commenced on 1 April 2014 with a phased implementation plan to ensure individuals previously in receipt of Lincolnshire County Council funded support were assessed as a priority for the new service.

In North Kesteven and East Lindsey, the District Councils have entered into a legal agreement with Lincolnshire County Council to provide the Wellbeing Service in their area. South Holland District Council was unable to commit to deliver the service in line with the specification and the development route option was not pursued in the District as was reported at the time of the 2013 decisions.

This means there are three providers of the Wellbeing Service across Lincolnshire adopting different delivery styles. However, the specification for the receipt of services is consistent everywhere. Therefore, people in receipt of the support receive an equitable service regardless of where they live.

A contract for the county wide monitoring centre that support the Wellbeing Service was awarded to a fourth provider, Mears Care Limited and also commenced on 1 April 2014. Mears work in close partnership with the Wellbeing Service providers, sharing information and protocols to ensure consistent support is provided in the right place, at the right time to each individual service user, based on their needs and eligibility.

All service delivery agreements regarding Wellbeing are for two years, until 31 March 2016, prior to which future service options will be considered.

Action Required:

The Adults Scrutiny Committee is asked to note and comment on this report of the early implementation of the Wellbeing Service in Lincolnshire.

1. Background

The Wellbeing Service has been commissioned to deliver a countywide model of joined up service provision, including assessment for generic support, assistive technology and small items of equipment, as well as 24/7 monitoring of telecare and a delivery rapid response service. The new service provides longer hours of support for more people, based on their need rather than where they live and for the same public investment as the service it replaced. The service is generic in nature, available to all individuals aged 18 years or over and streamlined, whereas the previous service was focused on older people and based around housing related support tasks and eligibility for housing benefit.

There is a dedicated Wellbeing Service referral line at the Customer Service Centre (CSC) which receives calls from the public or professionals. At the point of

contact at the CSC, the advisor screens all calls based on eligibility criteria seen in Appendix A. This is different to adult social care eligibility and based on support, not care needs. Following screening, a referral is made via secure email to the Wellbeing Co-ordination Hub, where the referral is prioritised based on need and urgency. All referrals are actioned and assessments undertaken within 3 days or on the same day if urgent.

The assessment is based on the individual's need for support in the community, including access to services, family and friends networks and health needs which may impact on confidence to independently undertake day to day tasks. Following assessment and outcomes being agreed with the service user, a recommendation is made for appropriate support which may include practical aids or equipment such as a grab rail or kettle pourer and assistive technology which may be a falls detector or alarmed medication dispenser. More general, short term support is offered for up to six weeks to increase independent living and includes:

- Support to gain home management and health skills
- Access to befriending services
- Supporting access to various support activities provided by local clubs, voluntary or community organisations
- Support after returning home following a period in hospital or residential care
- Support where a person requires assistance to remain in their own home
- Support to secure and maintain appropriate housing
- Help in managing finances and benefit claims
- Help in completing forms to enable them to stay independent in their own home

If an individual is eligible to receive equipment under the Adult Care eligibility criteria, they will receive the equipment free, otherwise there is a charge or rental cost for equipment or adaptations and assistive technology, if required, although installation of these items is free, as is short term support.

The 24 hour, 7 day per week rapid response service is triggered by an alarm or telephone call to the monitoring centre. The appropriate response may be from a friend or relative, the Wellbeing Service provider or in some cases the emergency services. The monitoring centre provider has access to the individual's support plan and can make direct contact with the individual to give them reassurance someone is on the way to their home. A protocol is in place to ensure the correct response is triggered at the right time based on the identified needs. Historically, service users have paid £1.50 per week just for the monitoring of their assistive technology, but this will now reduce in cost to 36p per week through the Wellbeing Service. If the service user also wants the 24hr 'staffed' response service described above then the charge increases to a total £1.50 per week.

The same process and protocols are adopted by all Wellbeing providers and are monitored via contract management meetings with LILP, chaired by Officers and with East Lindsey and North Kesteven in governance meetings chaired by elected Members. Performance of the service is being monitored via these meetings and several are included in the Council's business plan.

2. Conclusion

The Wellbeing Service in Lincolnshire has been commissioned as agreed by the Executive of the Council, and in line with the time frame set. The service is still only a few months into its implementation phase and the focus is very much on supporting existing service users to make the transition from previous services.

The Wellbeing service is designed to increase the number of people who are able to live independently with support and technology in their own home. Providing more proactive, integrated, high quality care delivered through multi-disciplinary working can create a reduction in attendances at A&E, emergency admissions and length of stay in residential care. By joining up information and advice services and making equipment, minor adaptations and assistive technology available quickly on a low level preventative basis, the outcome will be people avoid coming into high cost statutory services.

3. Policy Proofing Actions Required

Not applicable

4. Appendices

Appendix A	Wellbeing Service Eligibility Criteria
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This report was written by Ruth Cumbers, who can be contacted on 01522 554002 or RuthE.Cumbers@Lincolnshire.gov.uk

Eligibility criteria for The Wellbeing Service

To be referred to The Wellbeing Service for a comprehensive assessment to be undertaken and any subsequent intervention(s), the service user has to meet 4 of the following criteria:

1. Hospitalisation within the past six months
2. Bereavement of spouse or partner within the past year
3. A fall in the past three months (either at home or away from the home)
4. Unable to manoeuvre around the home safely
5. Three or more types of prescription medication being taken
6. Limited social support networks
7. Experiencing feelings of isolation and/or experiencing feelings of depression or anxiety
8. Work or education cannot be sustained
9. Family and social roles and responsibilities cannot be met
10. Social support systems and relationships cannot be sustained
11. The individual's unpaid carer cannot fulfil roles and responsibilities

*Please give any relevant information you feel would be useful to support this referral

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**Open Report on behalf of Judith Hetherington Smith,
Chief Information & Commissioning Officer**

Report to:	Adults Scrutiny Committee
Date:	4 June 2014
Subject:	Case Management Partnership Programme

Summary:

This report provides an overview of recent progress in implementing the Council's new case management system which will support work in the areas of preventative, early intervention, early help, education and social care services provided by Adult Care, Children's Services and Public Health.

Actions Required:

To note progress to date.

1. Background

The Case Management Partnership Programme was established in December 2012 with the primary objectives of better supporting operational case management, care services delivery, multi-agency working, and secure information sharing.

As well as being much easier for staff to use, a new case management system will improve customer journeys and experience. It will support best practice, self-service* and accelerated service delivery and bring substantial annual technology savings.

**Self-service will help customers to transact directly with the Council on-line and view relevant case and service related information including service requests, self-assessments, financial assessments, personal budgets, support plans, and reviews.*

During 2013 the programme specified and procured the new system, and undertook initial work on legacy data migration and business process improvement. On 3 December 2013, the Executive approved Phase 1 funding of £2.5 million.

The Council has contracted with CoreLogic to supply the Mosaic Case Management System and implementation services. This is a business led programme providing portal access for service users, providers, and delivery partners. The system will support person-centred case management and related finance delivery for:

- Adult Care: Social Care

- Public Health: Wellbeing, Supporting People, Community Assistance Scheme
- Children's Services: Social Care, Early Help, Education
- The Customer Service Centre and Business Support

The programme is working closely with the Corporate Support Services Programme, undertaking collaborative work in the following areas:

- Customer Service Centre (Serco, Customer Service Centre)
- Agresso Enterprise Resource Planning system (Serco, Finance)
- Technical architecture and infrastructure (Serco, Information Management and Tehcnology)

The implementation phase began at the beginning of January 2014 and is now proceeding well with the new system expected to go live on or about 1 April 2015. The team is engaging across a number of parallel work areas as follows:

1. Operating model design
2. Process improvement
3. Technical infrastructure
4. Legacy data migration
5. Integration with other systems
6. User, provider and partner portals
7. Information access and reporting
8. System setup and configuration
9. Operational and support training

This work will identify delivery dates for all key parts of the new system and deliver a comprehensive implementation plan by the end of June. The team will shortly initiate further parallel work in a number of additional areas as follows:

1. Benefits and change management
2. System governance and support
3. System and user acceptance testing
4. Transition to operational use
5. Legacy system decommissioning
6. Next phase planning and preparation

The team has consulted widely with Lincolnshire County Council staff and partner organisations during the design stage and this will continue as we move to acceptance testing and training.

Insofar as it is possible, we will take training to our staff: to that end, we have secured a range of venues across the county to deliver process and practice led training.

2. Conclusion

The programme is fully aligned with emerging operational strategies and is positioning the Council to realise significant operational and financial benefits.

The new system will better serve both customers and staff, fully supporting increased levels of joint / multi-agency working and secure information sharing.

The programme is delivering during a period of significant change, both locally and nationally, which presents a range of ongoing and future challenges, including:

- Impact of the Care Act 2014
- Impact of the Lincolnshire County Council organisational restructuring
- Impact of the Lincolnshire Health and Care Review

The programme is operating within budget and proceeding according to current plans.

3. Consultation

The programme continues to consult with portfolio holders, regularly through the Social Care Systems Strategy Board and in other ways.

a) Policy Proofing Actions Required

n/a

4. Appendices

n/a

5. Background Papers

Report to the Executive approved on 3 December, 2013.

This report was written by Judith Hetherington Smith and Ron Cook, who can be contacted on 01522 553603 (or Judith.HetheringtonSmith@lincolnshire.gov.uk) and 01522 553936 (or Ron.Cook@lincolnshire.gov.uk) respectively.

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Open Report on behalf of Richard Wills, Executive Director for Environment and Economy

Report to:	Adult Scrutiny Committee
Date:	4 June 2014
Subject:	Economic Opportunities for an Ageing Population

Summary:

This report is to update Committee Members on the economic opportunities for the ageing population in the Greater Lincolnshire area, and seek a discussion about the priorities for this work.

Actions Required:

Members are invited to:

- (i) note that Research and Development, Skills, Housing and Communities are the items with the strongest connection to economic growth; and
- (ii) discuss how the various items can be prioritised.

1. Background

Activity to research the impact of this issue was initially instigated through Councillor Hugo Marfleet, in his previous role on the Economic Scrutiny Committee, who wanted to take a different view of the increasing ageing population issues in the County. This view would look at the economic impact and opportunities afforded through ageing population demographic changes, instead of just the problems that would be faced by the public sector, in its increasing battle to provide services, against a backdrop of funding cuts.

A working group, through the Economic Scrutiny Committee, looked at this in greater detail. Councillors Hugo Marfleet, Neville Jackson and Mrs Christine Talbot and former Councillors Graham Gooding and Jim Swanson were involved at that time. This work was not about care sector policy, but about recognising and benefiting from the impact that the health and care sector has on the economy.

The County Council's Economic Development Team has been carrying on this activity to date and the work this generated, which has also included an Ageing Population Event held by the University of Lincoln, has culminated in the production of a Health and Care Sector Plan for the Greater Lincolnshire Enterprise Partnership (GL LEP).

The GL LEP now has the potential to submit bids up to £2 billion through the Strategic Economic Plan process, and also has a significant slice of European funding (around £114m), for a range of activities that will increase the growth and jobs in the Greater Lincolnshire area. Economic Regeneration within the County Council is the secretariat and accountable body for the GL LEP.

Therefore the scale of work and potential resource availability is wider than any single organisational policy lead, or current County Council administrative boundaries.

From an economic perspective the Greater Lincolnshire Local Enterprise Partnership (GL LEP) area, the Health and Care Sector employs around 59,000 workers, with a direct economic value to the Greater Lincolnshire economy of £1.6 billion per year. By 2021 the workforce is estimated to increase by 9% to 66,000, with a corresponding increase of 18% in the economic value to £1.9 billion.

The current population of ages 55+ and 75+ in the Greater Lincolnshire area, are projected to increase, up to 2021. The 55+ population will increase by 15% from 419,000 to 499,000 by 2021. This equates to 1.5 times above the national rate, over the same time period. The 75+ population is set to increase by 28%, from 95,000 to 128,000 individuals.

Given this background a key challenge facing the health and care sector is to meet increasing demand for services. In addition to this, there will be more people who will have to 'self-fund' their own support into the future, providing significant support to their local economies and communities, through spending money locally on goods and services, particularly in rural areas. They should expect to have access to diverse and competitive ranges of products and services, regardless of where they live in Greater Lincolnshire. This includes independence and choice through preventive services and personal budgets, with a greater degree of joint working between health, care and housing.

The GL LEP also recognises a need to maintain and strengthen the conditions for growth, by creating competitive conditions, so that businesses have good opportunities to develop.

2. Conclusion

Given the situation outlined above, it is important that a wide set of views are engaged to increase to linkages that the wider economic strategy will have to take account of, particularly from a public sector commissioning perspective. It also has implications in the development of a viable marketplace for services and products, as well as the availability of information on the above, that would be available to all.

We have looked at the opportunities to support the sector, and have identified the four areas that will need to be concentrated on, so that we can make a difference to how the sectors' are positioned to support the ageing population in the future.

These include:

- **Research & Development** - from cell to community
- **Skills & Workforce** - growing the sectors' skills and career aspirations
- **Housing** - supporting better housing options and choice
- **Community Resourcing** - using people's input and skills, to shape their future

The following table identifies potential activity context, under which development will occur.

Strategic Priority	Potential Activity
<i>Research & Development</i>	Delivering research and development activity which reflects two models: <ul style="list-style-type: none"> • Developing new products • Discovering/creating new knowledge about scientific and technological topics
<i>Skills & Workforce</i>	Working with employers & other partners to be able to recruit, retain and have the right skills at the right time – in order to deliver a high quality service & skills pool
<i>Housing</i>	Supporting the provision of personalised packages and services, that promote independence, wellbeing and choice
<i>Community Resourcing</i>	Supporting individuals who are looking for opportunities to keep active, and remain engaged in economic/civic life. Tapping into these assets, requires new models of engagement, and changing the 'lens' through which we traditionally view the frail, vulnerable & elderly

To highlight why this approach has been taken, particularly in the skills & workforce area, come from an example of a school leaver wanting to move into the health and care field, and particularly wanted to move into the field of Midwifery. This individual had taken a vocational qualification in health and care in the sixth form, and had also completed an additional on in child development.

The careers advice whilst within the sixth form was good, however as Midwifery is very competitive, and she was not able to gain a place at that time. At that point there were a number of experiences that she encountered, which back up the issue of that underpin the work being looked at in the skills and workforce development of the plan.

The advice from the careers advisor was that she should look to take a year out, and look to gain some experience in the field, and then re-apply a year later. At this point the individual had no guidance as to how this should happen, and started to cold call care homes, with a view to gaining some employment.

Whilst in employment, she classed as a care assistant, however she was expected to cover shifts of more senior staff. This included dealing with death and dementia cases very early on, without the support or specific training to deal with this. The vocational courses taken, did not provide the necessary introduction to this side of the work either.

She has now completed the first year of her nursing degree course at Lincoln University, but her experiences show how, even with a committed individual, the process of how people find working and studying within the sector as confusing, disjointed and not well supported in certain cases.

With all of the above information, views would be welcomed from Committee Members on:

- What role the public sector would be taking in the future, within the wider arena of the activity described?
- What benefits and impact would be expected from the development of the sector, in this manner?
- Where would it see a vibrant sector being best placed to support the ageing population, in the future, so that the burden is lessened on the public purse

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Background Papers

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

This report was written by Andrew Brooks, who can be contacted on 01522 550631 or andrew.brooks@lincolnshire.gov.uk.

Open Report on behalf of Glen Garrod, Director of Adult Care

Report to:	Adults Scrutiny Committee
Date:	4 June 2014
Subject:	Adult Care 2013/14 Outturn

Summary:

The Adult Care outturn is £140.708 million, an underspend of £1.346m on the final budget of £142.054m.

Actions Required:

Adults Scrutiny Committee are asked to note the Budget outturn for 2013/14.

1. Background

The Adult Care outturn is £142.708 million, an under-spend of £1.346 million on the final budget of £142.054 million. This is the second year in succession that Adult Care has achieved an underspend position and this is due primarily to the reduction in Short Term Care and Respite placements within the Older People service, cost avoidance in Learning Disabilities procurement and a reduction in demand for in-house Day Opportunity services.

Adult Care has now completed its third year of a four year savings plan which has delivered in excess of £34 million worth of savings. This work has continued into 2013/14 and the directorate continues to make good progress. As a result of this work the directorate produced savings of £12.358 million in 2013/14 from a number of successful projects including:

- Continued savings following the closure of the in-house residential homes
- Diversions from Long Term Residential Care
- Decommissioning of the in-house night care service
- Reductions in business mileage
- Renegotiation of Pooled budget contributions for Learning Disability Services
- Continued savings following the closure of the in-house community supported living service for learning disabilities
- Reduction in the S75 Contract for the provision of mental health services

The authority was also able to make use of additional one-off funding from the Better Care Fund (BCF) (£7.513m).

Adult Care has actively sought to change the way it works with partners from additional areas of the care spectrum including colleagues from other directorates such as Children's Services, Procurement Lincolnshire and Public Health, alongside health partners from the Clinical Commissioning Groups. There is no doubt that these partnerships have contributed significantly to the progress made during the current year and it is anticipated that these partnerships will continue to contribute significantly to future planned service improvements.

Analysis of the final outturn is illustrated below:

Service Area	Revised Budget (£m)	Outturn (£m)	Variance (£m)
Older People	65.313	65.367	0.054
Physical Disabilities	11.947	11.595	-0.352
Learning Disabilities	45.292	44.022	-1.270
Mental Health	7.063	7.063	0.000
LARS	3.514	3.468	-0.046
ICES	1.700	2.248	0.548
Infrastructure	7.262	6.946	-0.316
Sub Total	142.091	140.709	-1.382
Better Care Fund	(7.513)	(7.513)	0.000
Total	134.578	133.196	-1.382

Figure 1 – Adult Care Outturn 2013/14

Older Peoples Services

The final outturn for the older people services was £65.367 million, an overspend of £0.054 million on a budget of £65.313 million.

Throughout the year the service continued to experience considerable pressure within Residential and Nursing placements as a result of increasing admissions and length of stay with domiciliary care budgets experiencing pressure as a result of the increasing number of people requiring higher intensity support.

The service was able to make use of Winter Pressures funding of £0.473 million to help address these and similar issues but was not enough to prevent the service exceeding its budget.

Figure 2 illustrates the detailed outturn for the Older People Service:

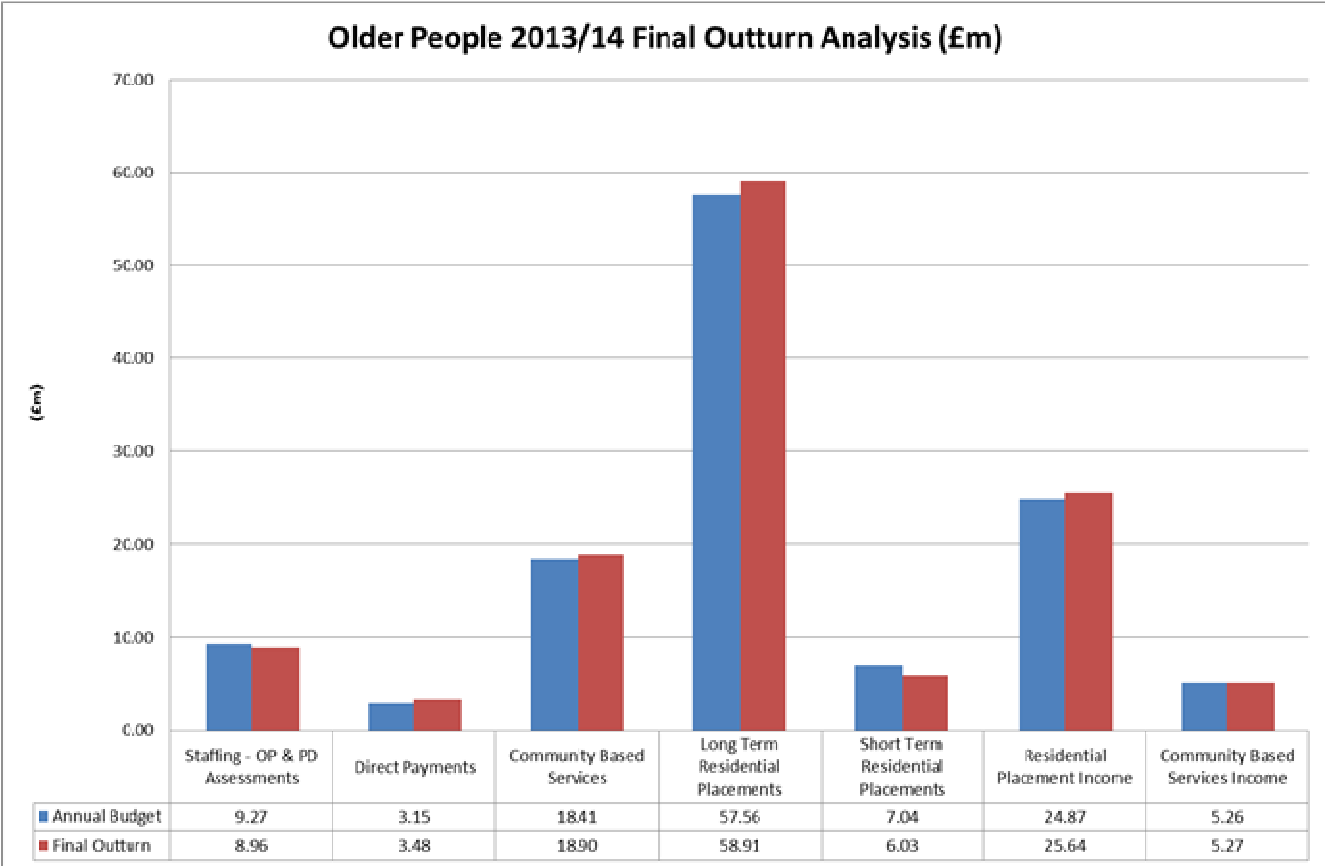


Figure 2 – Older People Outturn 2013/14

Staffing

Staffing costs relate to overall costs of assessments for both Older People and Physical Disability services. The service has reported an underspend in its staffing budget of £0.313 million. The reduction is due to the service maintaining vacancies where practical, however staffing levels are closely monitored to ensure that levels of staffing are appropriate to the level of service demand.

Direct Payments

Spend in relation to direct payments was £0.327 million over budget. This is mostly due to the upward movement in the use of Direct Payments as service users look to have services delivered in a more flexible way to suit their needs as the authority seeks to encourage Personalisation across all service user groups, This movement has had a direct impact on expenditure resulting in the underspend described.

Community Based Services

Community Based Services include Home Support, Extra Care and Adults Supporting Adults. The service continues to see pressure in Community Based Services which was overspent by £0.487 million in 2013/14. This is due to increased packages of care including the need to use two carers for more cases. There is also a need to ensure that service users can be cared for within their own homes for an increased length of time as we

seek to reduce expensive long term residential place. There continues to be growth in Extra Care placements throughout the county with the service increasing capacity following the opening of a new Extra Care housing scheme in Skegness in October 2013.

Long Term Residential Placements

There has been an increase in long term placements which has resulted in an overspend of £1.353 million. Placements have been closely monitored throughout the year as we continue to place service users in home based services for as long as possible and it is clear that service users have been maintained at home for significantly longer than has historically been the case. However it is becoming apparent that a tipping point has been reached, due to the ageing service user population, with many surviving to ages 85 and over with increased frailty and dementia. This is now having a significant impact on placement numbers and expenditure.

Short Term Residential Placements

Short Term residential placements has seen an underspend of £1.010 million. This is due to increased utilisation of community based services whilst working closely with our independent living teams in partnership with health colleagues to ensure that service user where possible are cared for in a domiciliary setting. The use of 30 day beds has also had a positive effect on Short Term Placement expenditure.

Residential Placement & Community Based Services Income

The service has seen additional levels of income due to increases in long term placements and home care placements. The service also continues to increase the rate of income collection with the proportion of total debt collected above the national average. The service has also seen an increase in the amount of debt secured on service user property collected through the deferred payment scheme.

Physical Disabilities Service

The physical disability service is reporting an underspend of £0.352 million on a budget of £11.947 million.

The service continues to see an increase in Direct Payments as more service users look to have services delivered in a more flexible way to suit their needs. This has also resulted in a reduction in the number of service users who access care via a long term residential placement.

Figure 3 illustrates the detailed outturn for the Physical Disabilities Service:

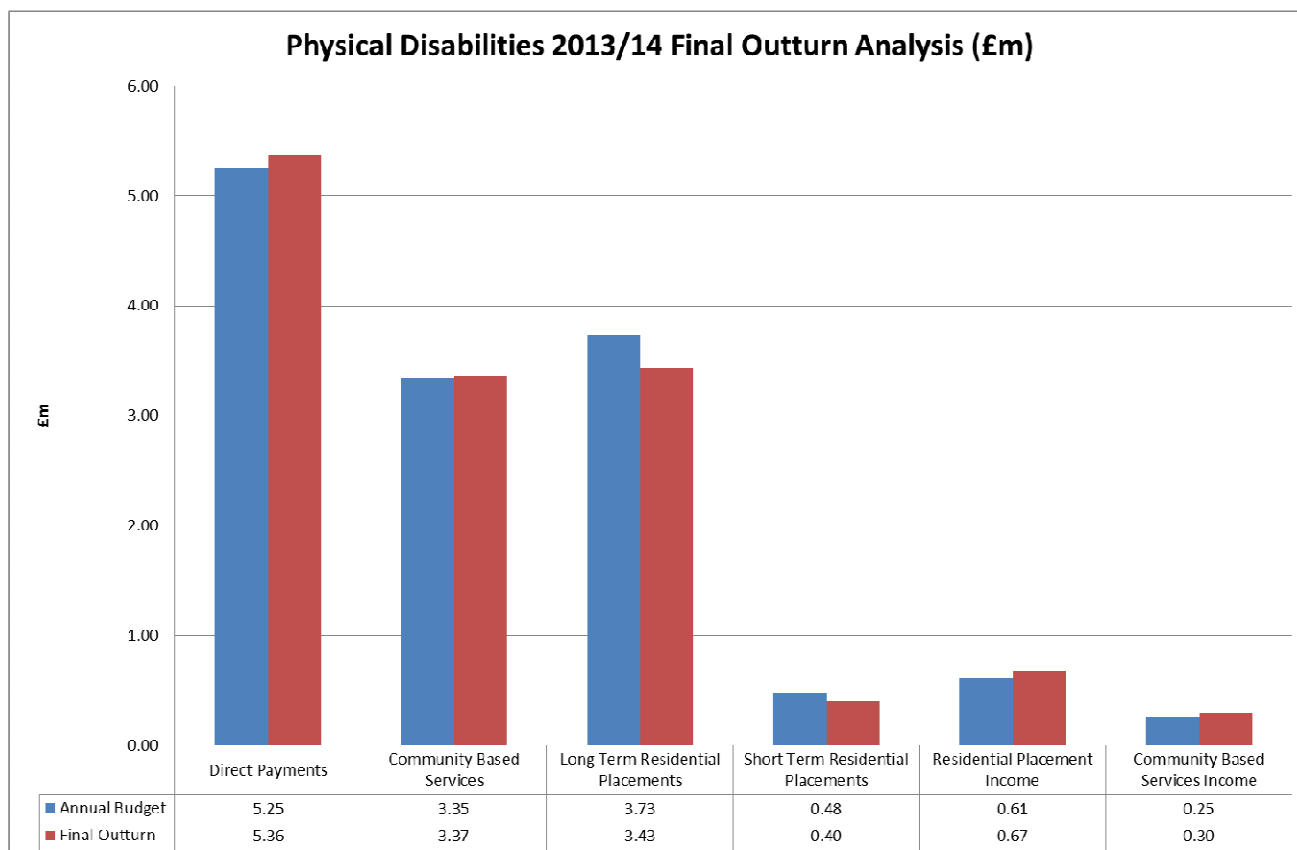


Figure 3 – Physical Disabilities Outturn 2013/14

Direct Payments

Spend in relation to direct payments was £0.114 million over budget. This due to the upward movement in the use of Direct Payments as service users look to have services delivered in a more flexible way to suit their needs. Of all the service user groups, Physical Disability service users are generally more likely than others to opt for this type of service, with Direct Payments being the most popular service amongst this care group

Community Based Services

Community Based Services again include Home Support, Extra Care and Adults Supporting Adults. The service reported a £0.016m overspend for 2013/14. There has been a commitment to keep people within the community and out of long term residential placements. Lincolnshire County Council is working with health partners to provide joint funded packages of care in order to achieve this aim.

Long Term Residential Placements

The service has reported an underspend in relation to Long Term Residential Placements of £0.301 million. This is as a direct result of the work described above to keep people within the community and the increased use of Direct Payments.

Short Term Residential Placements

The service has reported an underspend in relation to Short Term Residential Placements of £0.072 million. Utilisation of more creative community based services particularly with personalisation for PD service users has seen a reduction in the use of traditional short term care.

Residential Placement & Community Based Services Income

Despite reductions in long term placements and a relatively static community based outturn, the service has seen additional levels income with total income collected £0.110 million above the expected outcome. As with the Older People Service the Physical Disability Service continues to see an increase the rate of income collected with the proportion of total debt collected above the national average.

The Local Authority Reablement Service (LARS)

The service reported an underspend of £0.046 million in 2013/14. The LARS service continued to make more effective use of staff hours following the general review of the service in 2012/13. The outturn also includes the impact of the additional £2.000m of BCF funding which was used to partly underwrite service prior to the transfer of the service to the Lincolnshire Partnership NHS Foundation Trust (LPFT) at the end of the financial year.

The transfer to LPFT has now been completed and as such this represents the final time that it is reported as an in-house service.

Learning Disability Service

The Learning Disability Service is administered via a Section 75 agreement between the Council and NHS commissioners in Lincolnshire. The service also manages Adult Care in-house Day Opportunities Services. The service reported an underspend of £1.270 million against a net budget of £45.292 million. Health partners contribute £10.4 million to the service.

Although the service also continued to experience an increase in the number of long term placements, improved Care Management Performance and better procurement practice has aided in holding down costs within the service.

Figure 4 illustrates the detailed outturn for the Learning Disability Service:

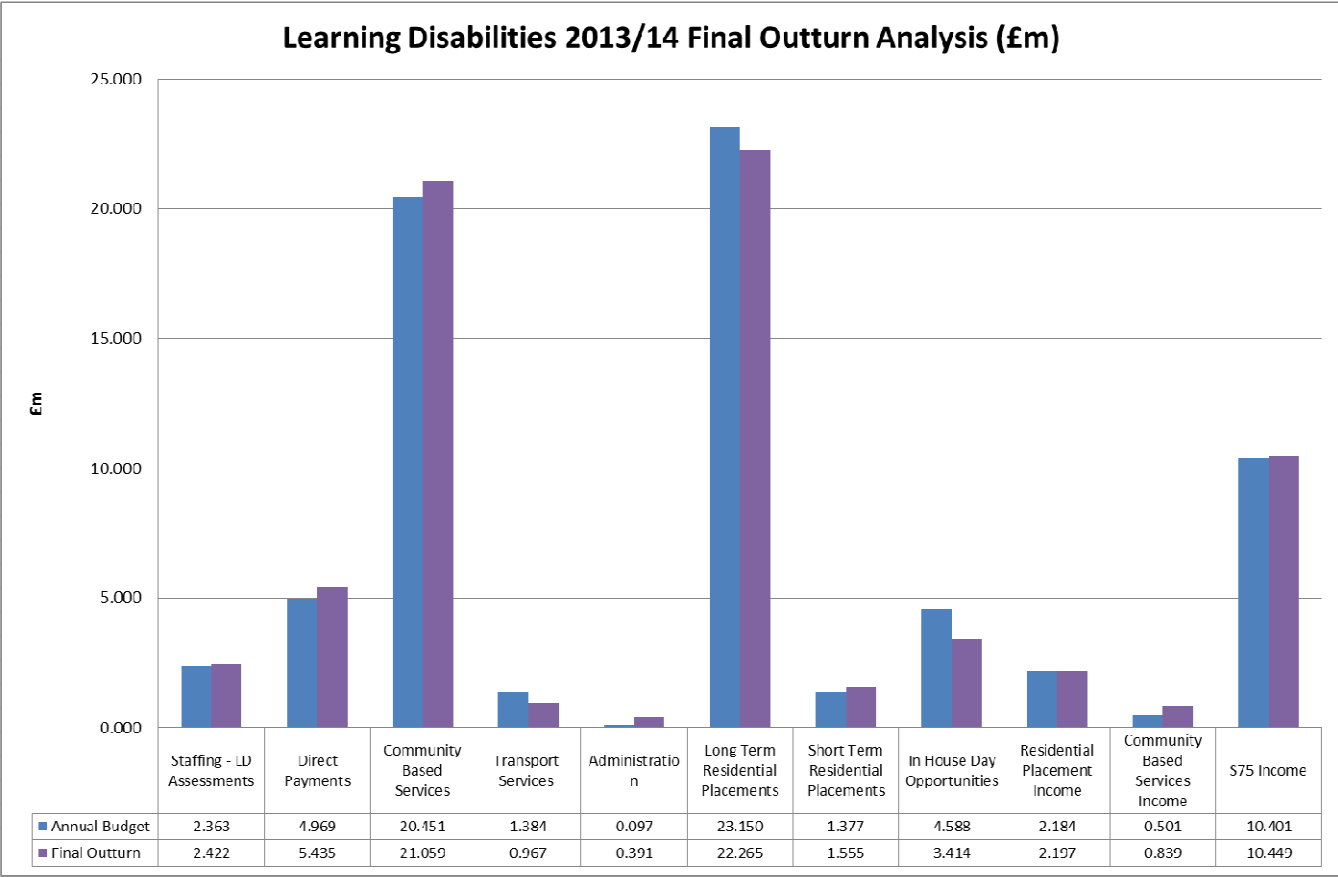


Figure 4 – Learning Disabilities Outturn 2013/14

Staffing

The service has reported an overspend in its staffing budget of £0.059 million. Staffing budgets are closely monitored with vacancies being maintained where practical. The reported overspend is due to the use of temporary agency staff where the service is unable to fill vacancies.

Direct Payments

Spend in relation to direct payments was £0.466 million over budget. This is mostly due to the upward movement in the use of Direct Payments particularly amongst new service users who look to have services delivered in a more flexible way to suit their needs. This is an ongoing area of demand and budget pressure.

Community Based Services

Community Based Services include Community Supported Living, Homecare, Adults Supporting Adults and Housing Related Support. The service continues to see pressure and was overspent by £0.608m in 2013/14. This is due to a number of cases which would normally have gone into Long Term Residential Care being delivered via supported living. As a result some budget virements will be required in 2014-15 to redress this within Learning Disability Budgets. There are also a small number of disputed ordinary residency

cases relating to 2013/14 and previous years which are just being resolved which will result in a financial liability, therefore a provision has been made within the accounts to cover these costs.

Housing Related Support contracts were transferred from Public Health to Learning Disability for existing cases in 2013/14. There has been reduction in costs as legacy cases have reduced over time. Homecare, Adult supporting Adult and Day care costs were also less than budgeted due to reductions in high cost packages and lower than anticipated growth.

Transport Services

Transport Services are underspent as a result of existing contracts being reviewed as they reached their contract end dates. Those services where contracts are ending are then being provided using either contract extensions or by alternative provision at a lower cost.

Administration

Administration costs increased in 2013/14 as a result of a one-off exercise undertaken by an independent evaluator to assess quality of the services currently provided within Learning Disabilities.

Long Term Residential Placements

Long Term Placement costs were £0.885m below budget in 2013/14. The reductions in costs are due to a number of factors.

Work has been on-going to break down historic residential cost prices to identify each element of that care cost. This has allowed the authority to challenge historical high cost placements which has resulted in lower costs for some historical packages of care.

A mini tender panel has also been introduced for tenders for specific packages of care. This will achieve an annual saving of £550k per annum to be realised in 2014/15. As a result the costs related to those packages have impacted the Learning Disabilities budget later than would otherwise have been expected, causing only part year costs in 2013/14.

A number of new cases which would normally have been provided via a long term residential placement have instead been met through supported living packages. This requires a budget virement in 2014-15.

Short Term Residential Placements

Short Term residential placements has seen an overspend of £0.178 million. This is due to an increased take up of short term placements.

Residential Placement & Community Based Services Income

The service has seen additional levels of income due to an increase in cost recovery from other local authorities. The service also continues to increase the rate of income collection with the proportion of total debt collected being above the national average.

In House Day Opportunities Services

In-house Day Opportunities have underspent by £1.296m. This is attributable to a fall off-in demand for in-house services as well as the efficiency work being completed.

Mental Health

The Mental Health service is run on behalf of the Council by the Lincolnshire Partnership Foundation Trust by way of a Section 75 agreement. The agreement was reviewed in 2012 with a profile of savings targets agreed over a four year cycle. The agreement has resulted in a saving to the authority of £1.650 million in the last three years with a further saving of £0.725 million in 2014/15. The service delivered a balanced budget in 2013/14 of £7.063 million.

Integrated Community Equipment Service (ICES)

The Integrated Community Equipment Service (ICES) is provided via a Section 75 pooled fund agreement in partnership with Lincolnshire Community Health Services NHs Trust, Lincolnshire Partnership NHS Foundation Trust, and United Lincolnshire Hospitals NHS Trust.

The service reported an overspend of £0.548 million against a total pooled fund of £5.389 million of which the net value for Lincolnshire County Council is £1.700 million. The overspend is due a significant growth in equipment ordered for service users across both health and social care over the recent years. Across the partnership there has been growth in both the number of service users (26,000 in 2013/14 compared to 24,000 in 2012/13) and equipment orders across both health and adult care, where average monthly spend has increased by 10%.

Work is ongoing to mitigate the financial impact of the increases by reducing fixed costs and reviewing the catalogue of equipment that is available to service users.

Negotiations between the provider and the Partnership were held in November 2013 which resulted in the management fee costs being reduced from £61,000 a month to £20,000 which will result in an annual saving of £0.490 million. In addition the price of the top five pieces of equipment were reduced, though delivery and collection prices were increased across the board; it is anticipated that this will increase delivery and collection costs by £0.080 million a year which will still see an overall saving to the partnership of around £0.410 million in 2014/15

Infrastructure

The infrastructure budget includes expenditure in relation to the two Assistant Directors (one of which is jointly funded by NHS partners) along with individual Heads of Service covering Operational Services for OP/PD, Learning Disability, Policy and Service Development, Performance, Workforce Development and Quality, and Safeguarding. Contracting functions were transferred to Procurement Lincolnshire in 2012/13

The infrastructure budget reported an underspend of £0.280 million for 2013/14. There are a number of areas included within the service that reported underspends including Performance Team, Policy and Development Team, Finance and Safeguarding and is mostly as a result of lower than expected staffing and administration costs

This reinforces the view of Adult Care spending less on overheads and staffing than other local authorities both nationally and regionally.

Capital

Adult Care spent a total of £0.821 million against a net budget of £0.766 million. Projects included £275,000 as a final stage payment following the completion of the development of the Barratt Court Extra Care Scheme which was built in partnership with East Lindsey District Council and the Waterloo Housing Association, an additional £0.300 million investment in Lincolnshire telecare services and £0.238 million invested in the ABACUS payments system to allow it to process direct payments.

A further strategic review of the Adult Care Capital Strategy has been completed describing the level of capital funding that will fund specific programmes from 2014/15 onwards.

Investment Plan	2014/15
Extra Care Housing	£7,542,100
Telecare/Telehealth	£181,400
Health and Safety	£20,000
Minor Improvements	£30,000
Disabled Facilities Grant	£500,000
Community Support Development Fund	£250,000
Sustainability Review	£1,000,000
TOTAL	£9,523,500

Figure 5 – Adult Care Investment Plan

2. Conclusion

The Adult Care outturn is £142.708 million, an under-spend of £1.346 million on the final budget of £142.054 million. This is the second year in succession that Adult Care has achieved an underspend position which reinforces the view that Adult Care in Lincolnshire is one of the lowest funded Adult Care departments, spending less on 'overheads', staffing and pay grades than other local authorities both nationally and regionally and that Adult Care spends the least or second least amount on nearly all types of social care service commissioned when compared with all regional authorities whilst delivering excellent services.

3. Consultation

a) Policy Proofing Actions Required

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	None

5. Background Papers

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

This report was written by Steven Houchin, who can be contacted on 01522 554293 or Steven.Houchin@lincolnshire.gov.uk.

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

Report to:	Adults Scrutiny Committee
Date:	4 June 2014
Subject:	Adults Scrutiny Committee Work Programme

Summary:

This report enables the Adults Scrutiny Committee to consider its work programme for its forthcoming meetings, which is attached at Appendix A.

Actions Required:

To consider and comment on the work programme as set out in Appendix A to this report.

1. Background

Current Work Programme

The current work programme for the Committee is attached at Appendix A to this report.

Forward Plan

There are currently no items in the Council's forward plan, which fall within the remit of the Adults Scrutiny Committee.

Scrutiny Activity Definitions

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

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

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

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

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

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

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

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

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

2. Conclusion

The Committee is invited to consider its work programme.

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

Appendix A	Adults Scrutiny Committee Work Programme
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4. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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

ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Chairman: Councillor Hugo Marfleet

Vice Chairman: Councillor Rosanne Kirk

4 June 2014		
Item	Contributor	Purpose
Carers Strategy	Peta Hill, Business Manager, Lincolnshire Carers and Young Carers Partnership Ltd Emma Krasinska, Commissioning Manager Policy & Development Adult Care	Status Report
Wellbeing Service	Tony McGinty, Assistant Director of Public Health	Update Report
Case Management Partnership Programme	Judith Hetherington-Smith, Chief Information Officer and Commissioning Officer	Update Report
Impact of Ageing Population on Economy and Greater Lincolnshire Local Enterprise Partnership	Andrew Brooks, Employment and Skills Team Leader.	Status Report
Adult Care Budget Outturn – 2013-2014	David Laws, Head of Finance, Adult Care and Public Health	Update Report

24 July (2pm) OR 30 July 2014		
Item	Contributor	Purpose
Lincolnshire Health and Care	To be confirmed	Pre-Decision Scrutiny (<i>To be confirmed</i>)
Adult Social Care Outcome Framework Benchmarking	Emma Scarth, Head of Performance, Quality and Workforce Development	Performance Scrutiny
Adult Care – Quarter 4 Performance Report and Customer Satisfaction Report	Emma Scarth, Head of Performance, Quality and Workforce Development	Performance Scrutiny
Impact of Care Bill and Funding Reforms	Pete Sidgwick, Assistant Director, Adult Care	Update Report
Extra Care Housing	Kevin Kendall, Chief Property Officer.	Status Report
Re-Commissioning of Direct Payment Support Service	Richard Collins, Head of Policy and Development	Pre-Decision Scrutiny (Executive Councillor Decision – 8 August 2014)
Use of Residential Care in Lincolnshire (<i>Provisional Item</i>)	Nigel Sheriden	Status Report

24 September 2014		
Item	Contributor	Purpose
Mental Health Prevention Services	Paul Jackman, Associate Director of Strategic Partnerships, Lincolnshire Partnership NHS Foundation Trust Justin Hackney, Assistant Director, Joint Commissioning, Mental Health and Learning Disability	Status Report

24 September 2014		
Item	Contributor	Purpose
Adult Care – Quarter 1 Performance Report and Customer Satisfaction Report	Emma Scarth, Head of Performance, Quality and Workforce Development	Performance Scrutiny

26 November 2014		
Item	Contributor	Purpose
Adult Care – Quarter 2 Performance Report and Customer Satisfaction Report	Emma Scarth, Head of Performance, Quality and Workforce Development	Performance Scrutiny

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

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