



County Offices
Newland
Lincoln
LN1 1YL

21 November 2017

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 29 November 2017 at 10.00 am in Committee Room Three, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the 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 and Community Wellbeing Scrutiny Committee (11 Members of the Council)

Councillors C E H Marfleet (Chairman), Mrs E J Sneath (Vice-Chairman), M T Fido, R J Kendrick, P M Key, Mrs J E Killey, Mrs C J Lawton, A P Maughan, C E Reid, M A Whittington and 1 Conservative Vacancy

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 29 NOVEMBER 2017**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting of the Adults and Community Wellbeing Scrutiny Committee held on 6 September 2017	5 - 14
4	Announcements by the Chairman, Executive Councillor for Adult Care, Health and Children's Services and Executive Director of Adult Care and Community Wellbeing	
5	Health and Wellbeing Board's Housing, Health and Care Delivery Group Update <i>(A report by Lisa Loy, Housing for Independence Manager, which provides an update on the Housing, Health and Care Delivery Group (HHCDG) and the wider Housing for Independence (Hfi) work)</i>	15 - 24
6	Care Quality Commission Update <i>(To consider a report from Greg Rielly, Inspection Manager, Adult Social Care Directorate, Care Quality Commission – the national regulator of health and social care services. The report provides an overview for the Committee on the Care Quality Commission's activities in relation to adult social care services in Lincolnshire, where the Commission is the regulator)</i>	To Follow
7	2017/18 Adult Care and Community Wellbeing Quarter 2 - Themed Performance Report: Carers Service <i>(To receive a report by Theo Jarratt, Interim County Manager for Performance, Quality and Information, which provides the Quarter 2 position statement and narrative on performance measures relating to Carers Services in Lincolnshire)</i>	25 - 36
8	Adult Care and Community Wellbeing Local Account 2016-17 <i>(To receive a report by Julie Green, Information and Systems Officer, which provides the Committee with both a draft summary and the full version of the Adult Care and Community Wellbeing Local Account 2016-17 ('The Local Account'))</i>	37 - 142
9	Lincolnshire Safeguarding Boards Scrutiny Sub Group Update <i>(To receive a report by Catherine Wilman, Democratic Services Officer, which provides the Committee with an update on the activity of the Lincolnshire Safeguarding Boards Scrutiny Sub Group)</i>	143 - 150

10 Adults and Community Wellbeing Scrutiny Committee Work Programme

151 - 154

(A report by Simon Evans, Health Scrutiny Officer, in connection with the Committee's work programme, which is reviewed at each meeting. Members of the Committee are encouraged to highlight items that could be included for consideration)

Democratic Services Officer Contact Details

Name: **Catherine Wilman**

Direct Dial **01522 553788**

E Mail Address catherine.wilman@lincolnshire.gov.uk

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 AND COMMUNITY WELLBEING SCRUTINY COMMITTEE 6 SEPTEMBER 2017

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), M T Fido, R J Kendrick, P M Key, Mrs C J Lawton, A P Maughan, C E Reid and S R Dodds

Councillor Mrs P A Bradwell attended the meeting as an observer

Officers in attendance:-

Andrea Brown (Democratic Services Officer), Michelle Colbourne (Area Manager - Hospital Teams and Customer Services Centre), Alex Craig (Commercial and Procurement Manager - People Services), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Steve Houchin (Head of Finance (Adult Care)), Theo Jarratt (County Manager - Performance, Quality and Development), Karen Shooter (County Domestic Abuse Manager) and Amy Smithson (Commissioning Officer)

14 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors M A Whittington and Mrs J E Killey.

The Chief Executive reported that, under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor S R Dodds to the Committee in place of Councillor Mrs J E Killey for this meeting only.

It was also reported that Councillor B M Dobson had stood down from the Committee and that there was a current vacancy on the Committee as a result.

15 WELCOME

The Chairman welcomed the Committee following the summer break and introduced Matthew Akintoye, a recently appointed Trainee Solicitor within Legal Services, who was spending two weeks with Democratic Services.

The Chairman advised that he had authorised an urgent item to be considered by the Committee. Item 9 – *Domestic Abuse Support Services Re-procurement* had been brought forward for consideration and circulated to all Members. An early decision on the matter would assist the procurement process and enable a new contract to be awarded and implemented by 1 April 2018. Early consideration would allow the Executive Councillor to make a decision on 15 September 2017. It was proposed,

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE 6 SEPTEMBER 2017

and agreed, to consider this item after item 7 on the agenda, prior to the Work Programme.

16 DECLARATIONS OF MEMBERS' INTERESTS

In relation to Item 9 – *Domestic Abuse Support Services Re-Procurement*, Councillor A P Maughan advised that West Lindsey Domestic Abuse Services (WLDAS) was a client of the accountancy firm of which he was employed. Councillor Maughan advised that he would remain in the meeting but would not take part in the discussion.

There were no further declarations of Member's Interests at this point in the proceedings.

17 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE HELD ON 26 JULY 2017

RESOLVED

That the minutes of the Adults and Community Wellbeing Scrutiny Committee held on 26 July 2017 be agreed as a correct record and signed by the Chairman.

18 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR FOR ADULT CARE, HEALTH AND CHILDREN'S SERVICES AND EXECUTIVE DIRECTOR OF ADULT CARE AND COMMUNITY WELLBEING

The Executive Director for Adult Care and Community Wellbeing advised the Committee that the first meeting of the Housing, Health and Care Delivery Group had taken place and that an update report would be presented to the Committee at its meeting in November. Councillor Mrs C J Lawton advised that she had attended the meeting as the representative for South Holland District Council and confirmed that it had been both a worthwhile and good meeting.

There were no announcements by the Chairman or the Executive Councillor for Adult Care, Health and Children's Services.

19 2017/18 ADULT CARE AND COMMUNITY WELLBEING QUARTER 1 THEMED PERFORMANCE REPORT

Consideration was given to a report by the Executive Director of Adult Care and Community Wellbeing which provided an update on 2017/18 Q1 performance of the Adult Care Business Plan measures within the four Commissioning Strategies.

Theo Jarratt (County Manager – Performance, Quality and Development) introduced the report and explained that this report had been submitted to the Committee prior to the workshop arranged to take place after the meeting of the Committee in October 2017. The aim of the workshop was to provide further understanding of the national

reporting requirements for the Directorate and to shape future areas of performance focus for this Committee.

The report had, therefore, been themed around Hospital Services and focussed on the following areas:-

- The major impact on Lincolnshire residents;
- The prime government priority area for Health and Social Care; and
- The priority area for the Council and its NHS partners in terms of budget and activity.

Michelle Colbourne (Area Manager – Hospital Teams and Customer Service Centre) was invited to introduce the section on Hospital Services which was pertinent to the theme of this meeting.

The Chairman invited the Committee to ask questions on this section of the report and, during discussion, the following points were noted:-

- Demand on hospital teams had increased and, as identified on page 12 of the agenda, 7609 new requests for support from the Council following discharge from hospital had been made. This had increased on the previous year by 700 requests;
- It was clarified that intermediate care was nursing and therapy support, provided by the NHS, and reablement care was social care provided by the council;
- Performance of the reablement services provided by Allied Healthcare (commissioned by Lincolnshire County Council (LCC)) and Lincolnshire Community Health Services (LCHS) NHS Trust (commissioned by the Clinical Commissioning Groups (CCGs)) was discussed. It was advised that the main reason for the lower performance of LCHS was the shortage of nursing staff, occupational therapists and physiotherapists. Despite previous suggestions to the CCGs to consider a pooled-budget commissioning arrangement with LCC this had been declined. The Committee asked that a referral be made to Councillor Mrs S Woolley (Executive Councillor for NHS Liaison and Chairman of the Lincolnshire Health and Wellbeing Board) to consider if this matter could be pursued by the Health and Wellbeing Board;
- It was reported that Lincolnshire required 250 nurses to be able to cover basic service provision but this was near impossible in the current climate;
- It was expected that CCGs would ask Adult Social Care to arrange homecare and residential care on their behalf. A report would be presented to the Committee in early 2018 giving further information;
- Clinical evidence suggested that if a person stayed at home 90 days after discharge from hospital then it was likely that they would remain at home hence the significance of the national performance measurement of "People Still at Home 91 days after Reablement";

The County Manager – Performance, Quality and Development continued to present the report where it was reported that Delayed Transfers of Care (DTOC) was expected to receive national attention and ministerial interest over the winter period therefore it was suggested to add this to the Work Programme as a regular item.

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE 6 SEPTEMBER 2017

The Committee was given a demonstration of the LG Inform website which provided details and figures of the DTOC figures for each authority. It was reported, however, that figures would only appear if they had been signed off in the hospitals. Members were encouraged to look at the site and, in particular Stoke and Cumbria by way of a comparison with Lincolnshire. <http://lginform.local.gov.uk/reports/view/lga-research/quick-view-dtoc-summary-delayed-days-for-a-single-authority-1?mod-area=E10000019&modify-report=Apply>

During discussion, the following points were noted:-

- The provision of convalescent facilities was suggested as a method of alleviating pressure on DTOC figures within the county;
- Analysis undertaken during the development of the Lincolnshire Health and Care (LHAC) programme had found that if people lived close to a hospital then they would utilise the services there but if they did not live close by they would find alternative provision, suggesting that the availability of a service would predetermine it's use;
- The statistics given were based on the registered home address and were attributable to the GP with which patients were registered. Should the patient leave Lincolnshire and attend a hospital out-of-county, it was confirmed that the money would follow that patient, particularly for cases of specialist surgery; and
- It was confirmed that Grantham Hospital remained an Acute Hospital at this time.

RESOLVED

1. That the report and comments be noted;
2. That the Lincolnshire Health and Wellbeing Board be asked to investigate the possibility of a pooled-budget commissioning arrangement between the Clinical Commissioning Groups and Lincolnshire County Council in relation to reablement services; and
3. That Delayed Transfers of Care (DTOC) be added to the Committee's Work Programme as a regular item.

20 ADULT CARE & COMMUNITY WELLBEING 2017/18 OUTTURN PROJECTION

Consideration was given to a report by the Executive Director of Adult Care and Community Wellbeing which provided an opportunity for the Committee to consider the budget outturn projection for 2017/18 for Adult Care and Community Wellbeing.

Steve Houchin (Head of Finance (Adult Care and Community Wellbeing)) introduced the report which covered five key commissioning strategies within Adult Care:-

- Adult Frailty and Long Term Conditions;
- Specialist Services (Mental Health, Autism and Learning Disability);
- Safeguarding Adults;

- Carers; and
- Community Wellbeing

The net budget of Adult Care & Community Wellbeing (AC&CW) was £183.066m and despite being at an early stage in the financial year, it was estimated that AC&CW was likely to balance its budget at the end of 2017/18 based on the current information available up to 31 July 2017. The Committee noted that this would be the sixth year in succession where Adult Care & Community Wellbeing had managed services within its budget allocation.

Members were invited to ask questions, during which the following points were noted:-

- The Government was expected to produce a green paper on the future funding of social care. The Commission on Care and Support, led by Andrew Dilnot, had previously proposed raising the means tested capital threshold for contributions to social care from £23,250 to £100,000 to protect inheritance. A further ceiling of £35,000 for lifetime care costs had also been included. It was expected that Government would be looking at how to cover the cost of adult social care, with insurance schemes and increased taxation as some of the options being considered;
- The increase in homecare capacity was anticipated to have a knock-on effect on DTOC reductions which was a positive outcome for the council;
- Individual business cases were implemented where a person required a large scale adaption and the Council were asked to fund the work;
- Concern was noted in relation to the balance between the human position and the financial position of each individual case and the relationship between the families and social workers as a result. It was acknowledged that there were many complex issues to consider and that, of course, parents strive for the very best for their children but the Committee was reminded that it was national Government which dictated what families were eligible for, not the Council; and
- Work was currently ongoing to bring agencies together where cases crossed over into other areas, for example domestic abuse cases which were not going through the criminal justice system.

RESOLVED

That the budget outturn projection for 2017/18 be noted.

At 11.30am, Councillor P M Key left the meeting.

21 STRATEGIC MARKET SUPPORT PARTNER PROCUREMENT

Consideration was given to a report by the Executive Director of Adult Care and Community Wellbeing which invited the Committee to consider a report due for decision by the Executive Councillor for Adult Care, Health and Children's Services which sought approval for a change in commissioning arrangements.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
6 SEPTEMBER 2017**

At 11.34am, Councillor P M Key re-entered the meeting.

Alex Craig (Commercial and Procurement Manager – People Services) and Michelle Colbourne (Area Manager – Hospital Teams and Customer Service Centre) introduced the report and gave a presentation to the Committee which covered the following points:-

- Summary – the Council had in place a number of grant agreements directly supporting the care market; the agreements had been in place for over two years and had shown excellent results overall; and the recommendation was to establish a formal contract for these services and to broaden the scope of the work;
- Context – a contract would be established to deliver vital market functions for Adults Social Care services; offer workforce and skills support; supports the Council to meet its obligations under the Care Act 2014; and continue the Care Home Trusted Assessors (CHTA) service;
- Background –existing Workforce Development grant success; success in securing additional funding; and over 1000 bed days saved relating to the Care Home Trusted Assessor programme;
- Challenges – continuing pressures across Health and Social care; improving the profile of care work as a career; and strengthening links with health workforce for better career pathways;
- What outcomes we are trying to achieve – greater support and resource provision; improved recruitment and retention; and a service more capable of meeting changing and increasing need;
- What we are looking for from the provider – countywide provision; comprehensive and high quality training solution; strategic coordination with key bodies; promotion of Social Care as a career; enhanced support to the Health and Care system; and strategic partnership working with the Council;
- Proposed model;
- Tender process and contracting – regulation details; Article 77; and a PIN which was published on 25th July 2017;
- Timeline;
- Other aspects – contract length; transition and mobilisation; and contract go live date of 1st April 2018; and
- Conclusion – through a procurement exercise, the Council would establish a formal, sustainable, service which would build on the success of the prior grant agreement and provide vital support to the local market for Adult Social services.

It was explained to the Committee that care home assessments in hospitals were undertaken to ensure that a particular care home continued to meet the patient's needs. The Care Home Trusted Assessor would undertake that assessment on behalf of the care home, if they agreed. This had sped up the process and, as a result, had saved 1000 bed days in 2016/17.

During discussion, the following points were noted:-

- The Department of Health had published a report in August 2017 which included a number of good practice sites. The Committee was pleased to note that Lincolnshire appeared in the top three of 400 sites which were assessed;
- Grant funding was used to develop a number of other activities but once these services had shown some viability, it would be appropriate for Adult Care and Community Wellbeing to convert them into a contract state. The Committee agreed that it was beneficial to have a legally binding contract in place for services wherever possible;
- It would be possible for a care provider out-of-county to challenge a decision of the Trusted Assessor as they would not be part of LINCA and therefore would not have built a relationship with the assessor. It was costly to do this independently but the Committee noted that some providers do prefer to do this themselves;
- The NHS also insisted upon three quotes for this type of care which resulted in a 3-5 day delay. The Trusted Assessor model was therefore being promoted to the NHS to persuade them to also use this model;
- Provisions within the regulations stated that providers must have certain structures in place to be considered for the contract. These structures could be quite prescriptive to ensure the best provision was sought;
- The importance of the preferred provider having knowledge of the local community and organisations was also thought to be essential.

Councillor S R Dodds left the meeting at 11.56am.

The Committee asked that an update be provided on the procurement process at an appropriate time.

RESOLVED

1. That the recommendations to the Executive Councillor for Adult Care, Health and Children's Services, within Appendix 1 to the Strategic Market Support Partner Procurement report, be supported; and
2. That the Executive Councillor for Adult Care, Health and Children's Services be advised that the Committee explored the differences between a grant and a contractual arrangement; the trusted assessor role; and the importance of the provider having knowledge of the local community and organisations.

At 12.00pm, Councillor S R Dodds re-entered the meeting.

22 DOMESTIC ABUSE SUPPORT SERVICES RE-PROCUREMENT

Consideration was given to an urgent report from the Executive Director of Adult Care and Community Wellbeing which invited the Committee to consider Domestic Abuse Support Services and was to be considered by the Executive Councillor for Adult Care, Health and Children's Services on 15 September 2017.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
6 SEPTEMBER 2017**

Alex Craig (Commercial and Procurement Manager, People Services) introduced the report and gave a presentation to the Committee which included the following information:-

- Current Contracts including services, providers and budgets;
- Re-procurement Proposal and Procurement Model;
- Alternatives considered – negotiation of a revised contract with the current provider or to do nothing;
- Recommendations that the Executive Councillor approves the recommissioning of Domestic Abuse Support Services; approves that procurement be undertaken to deliver contracts for each element; and delegates authority to the Executive Director of Adult Care and Community Wellbeing and the Executive Councillor for Adult Care, Health and Children's Services to determine the final form of the procurement and contract; and
- Reason for the recommendations – appointment of a single provider for Outreach Services countywide; a holistic countywide approach to the service based on risk; and an opportunity to enhance services.

The Chairman also welcomed Karen Shooter (County Domestic Abuse Manager) and Amy Smithson (Commissioning Officer) to the meeting.

During discussion, the following points were noted:-

- It was asked if the preferred provider would be expected to work to the Signs of Safety model and be more closely aligned with the police and children's services. It was agreed that, although this was already alluded to within the specification, it could be made more explicit and specifically included;
- The Committee sought clarification on the links to the Sexual Assault Referral Centre (SARC), operated by Lincolnshire Partnership NHS Foundation Trust, and the importance of multi-agency working in this area;
- There was also a tool utilised by the service to identify when a perpetrator was posing as a victim;
- The Committee felt it necessary to work with the perpetrators in order to break cycles often involved in domestic abuse cases and suggested that consideration be given in the future to align any contract for the perpetrator programme to the domestic abuse support service contract;
- It was also acknowledged that some residents, originally from other countries, did not realise that their actions were unacceptable in the United Kingdom and therefore education in relation to cultural change was key within these communities.

RESOLVED

1. That the recommendations to the Executive Councillor for Adult Care, Health and Children's Services, within Appendix 1 to the Domestic Abuse Support Services Re-Procurement report, be fully supported; and
2. That the Executive Councillor for Adult Care, Health and Children's Services be advised that the Committee suggested that future consideration be given to the alignment of any contract for the perpetrator programme to the domestic abuse support services contract.

23 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME

Consideration was given to a report by Simon Evans (Health Scrutiny Officer) which provided the Committee with an opportunity to consider its work programme for the forthcoming year.

Simon Evans (Health Scrutiny Officer) introduced the report and confirmed that no requests had been received for additions to the October agenda prior to the meeting

Discussions during the meeting had resulted in the following amendments to the Work Programme:-

1. Remove *Domestic Abuse Support Services – Procurement* report, listed for October due to the urgent consideration of this item at this meeting;
2. Add *Delayed Transfers of Care (DTC)* as a regular item for each meeting of the Committee; and
3. Table *Strategic Market Support Partner Procurement Process Update* for an appropriate meeting which would be advised by relevant officers.

Further to the email sent on 14 August 2017, Members were reminded that an Adults and Community Wellbeing Performance Workshop would be held following the next meeting of the Committee on 25 October 2017. The purpose of the workshop was to gain further detailed understanding of the performance measures used in Adult Care and Community Wellbeing, including national performance reporting requirements and also the Better Care Fund (BCF). This workshop was intended to assist the Committee in its future consideration of performance reporting.

RESOLVED

That the Adults and Community Wellbeing Scrutiny Committee Work Programme, with the amendments noted above, be agreed.

The meeting closed at 12.26 pm

This page is intentionally left blank

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	29 November 2017
Subject:	Health and Wellbeing Board's Housing, Health and Care Delivery Group Update

Summary:

This report provides an update on the Housing, Health and Care Delivery Group (HHCDG) and the wider Housing for Independence (Hfl) work.

The vision for Hfl is evolving with the principal aim of integrating housing, health and care whilst supporting a vision for joined up services that are focused on the individual. The aim of Hfl is to help residents remain at home for longer, and therefore, reduce the need for hospital and care admission to avoid unnecessary costs. Work streams include the Joint Strategic Needs Assessment (JSNA) and the modernisation of Disabled Facilities Grants (DFGs).

Actions Required:

To note the progress to date.

1. Background

Having access to good housing throughout life is inextricably linked to better health and health outcomes. An individual's physical and mental health is significantly affected if they living in:

- A cold, damp or unhealthy environment
- A home that doesn't meet their needs due to risks, such as overcrowding or being inappropriate for someone who may be disabled or elderly
- Precarious circumstances and/or are homeless.

The role of housing as a wider determinant of health has long been recognised; having the right home environment protects and improves a person's overall health and wellbeing, and prevents physical and mental ill health as it enables vulnerable people to:

- Manage their own health and care needs, including long term conditions
- Live independently in their own home for as long as possible

- Move on from homelessness or another traumatic life event
- Access and sustain education, training and employment.

The 2014 Care Act now requires closer cooperation between health, housing and care services to address the wider determinants of health including housing, to deliver whole system outcome based support which meets individual needs, which:

- Delays or reduces the need for primary and social care
- Prevents hospital admissions
- Enables timely discharge from hospital, and prevents the need for re-admission.

Evidence in the Housing and Health Joint Strategic Needs Assessment (JSNA) Topic (published June 2017) finds that in Lincolnshire:

- The total population aged 65 and over with a limiting long term illness, whose day to day activities are limited, is projected to rise by 41% by 2030, this is slightly above the national average (Source: POPPI).
- There are 13,563 individuals or households on council house waiting lists or in temporary accommodation waiting for suitable accommodation. The highest waiting lists are in Boston, Lincoln and South Kesteven (Source: ONS 2015).
- In 2014/15, falls were the cause of 9% of emergency hospital admissions for people aged 65+, and 12% among people aged 80+. In total there were 3,119 emergency admissions for people aged 65+ as a result of a fall.
- Poor or inappropriate housing design is a contributing factor in individuals having a fall. Analysis of hospital episode statistics between 2011/12 and 2014/15 shows three quarters of falls occurred at the person's home.
- An estimated 33,204 households (10.6%) are in fuel poverty under the Low Income-High Cost definition (Source: Department of Energy & Climate Change 2016).

<http://www.research-lincs.org.uk/jsna-Housing.aspx>

Housing, Health and Care Delivery Group

The purpose of the HHCDG is to provide strategic direction and governance to the wider Housing for Independence (Hfi) agenda for Lincolnshire in an integrated and collaborative manner. The establishment of the Delivery Group has been supported by the District Housing Network (DHN). The DHN helped to shape and develop the Terms of Reference (ToR) and governance arrangements for the HHCDG.

Objectives

The key objectives of the HHCDG are to:

- Support the Health and Wellbeing Board (HWB) to develop and adopt strategies that integrate housing need into the wider health and wellbeing agenda.

- Be responsible for the Housing and Health JSNA topic and contribute to the delivery of the Joint Health and Wellbeing Strategy (JHWS).
- Develop and lead on implementing a fully integrated Housing and Health Memorandum of Understanding (MOU).
- Support the modernisation of Disability Facilities Grants (DFG) in Lincolnshire.
- Agree priority work streams to address key housing issues impacting Lincolnshire, such as delayed transfer of care (DToC).
- Explore future pooled funding arrangements to secure best value for 2018/19.
- Assist the people of Lincolnshire in retaining their independence through the effective integration of housing and health concerns and solutions.

Governance & Accountability

The HHCDG will report directly to the HWB which will include responsibility for regular reporting to relevant district committees, health forums and LCC's Adult and Community Wellbeing Scrutiny Committee. The HWB meets quarterly and will receive updates from the HHCDG in line with reporting mechanisms and/or requests by the HWB.

Progress to date:

The HHCDG held its first meeting on the 5 September 2017.

Reports presented at the first meeting included:

- DFG Performance and Data update;
- Housing and Health JSNA review.

Housing and Health JSNA - The HHCDG agreed to be responsible for the continual review and development of the Housing and Health JSNA topic. A workshop has been organised and key stakeholders would be invited. A date is set for January 2018.

Better Care Fund (BCF) - As required nationally, Lincolnshire's Better Care Fund (BCF) Plan was submitted on behalf of the County's health and social care system leaders in September 2017;

New adaptations policy to support the BCF objectives

See further details in the attached appendix

DFG - The entire DFG funding of £5,291,137 allocated to Lincolnshire by DCLG for 2017/18 was pass ported to the seven District Councils in June 2017.

DFG- Performance, activity and expenditure. Agreement from the HHCDG that we would progress to capture this via the Mosaic system. A detailed project plan is in development to understand the roles and responsibilities, and to meet the milestones of this objective in a timely manner.

DFG - Procurement & Legal. A firm understanding and working relationship with the Commercial Team has been established with a clear understanding of how to progress. We have a greater understanding of what we can do on a countywide basis to support a smoother, sleeker DFG process.

Further detailed information can be found on the following topics with-in the appendix.

- Hospital Housing Link Worker
- Hospital Discharge and Delayed Transfer of Care (DTCOC).
- Crisis Housing – Mental Health links
- Extra Care
- Lincolnshire Homeless Strategy 2017-2021
- ACTion Lincs – Social Impact Bond
- LCC internal Housing Activities working Group.
- The Extra Care Sponsoring Group (ECSG)

2. Conclusion

Housing is complicated and hard to navigate; housing is very broad topic from bricks and mortar to planning and environment. These all impact on residents and vulnerable groups we provide services for. The importance of housing has never been so critical both locally and nationally. It is a high profile subject in central government which is leading to opportunities to look at solutions for current housing concerns.

The establishment of the HHCDG has been very timely, and early indication is that it has been a welcomed strategic group who have the opportunity to provide guidance and collective support to Lincolnshire's integration agenda.

As relationships continue to develop the opportunities for true partnership working will support modernisation of services whilst exploring joint funding of services all to benefit for the residents of Lincolnshire.

3. Consultation

- a) **Have Risks and Impact Analysis been carried out??** No
- b) **Risks and Impact Analysis** N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Housing Health and Care Progress Report

5. Background Papers

This report was written by Lisa Loy, who can be contacted on 01522 554697 or lisa.loy@lincolnshire.gov.uk

Housing Health and Care Progress Report

Action	Updates
Housing Health and Care Delivery Group. (HHCDG)	<p>The first meeting was on the 5 September 2017. The Terms of Reference (ToR) has been agreed in collaboration with the District Housing Network (DHN).</p> <p>Reports presented at the first meeting included:</p> <ul style="list-style-type: none"> • DFG Performance and Data update; • Housing and Health JSNA review. <p>Information Items:</p> <ul style="list-style-type: none"> • Housing Advisors Programme Application. <p>Action: A joint application to the Housing Advisors Programme has been submitted by the District Housing Network.</p> <p>The next HHCDG meeting is arranged for 21 November 2017, with a bi-monthly arrangement going forward.</p>
Housing and Health JSNA	<p>A report was presented to the HHCDG. The group were asked to:</p> <ul style="list-style-type: none"> • Agree to be responsible for the continual review and development of the Housing and Health JSNA topic; • Confirm and agree the approach for the annual review; • Agree a month in which an annual review of this topic should take place; • Ensure the review has a relevant nominated person representing each service or area including social care and health. <p>Action: The group agreed that a workshop would be organised and key stakeholders would be invited. A date is set for January 2018.</p>
Better Care Fund (BCF)	<p>The funding forms part of enhanced investment in a 'Housing for Independence' (Hfi) programme.</p> <ul style="list-style-type: none"> • As required nationally, Lincolnshire's Better Care Fund (BCF) Plan was submitted on behalf of the County's health and social care system leaders in September 2017; • Hfi seeks to utilize the objectives of the BCF to support Lincolnshire's wider Hfi outcomes.

Action	Updates
New adaptations policy to support the BCF objectives.	<p>Each District Council is working towards making amendments to the policy in order to ensure the DFG adaption policy is current and able to work within the legal boundaries of legislation attached to DFG.</p> <ul style="list-style-type: none"> • We have our first agreed policy from North Kesteven District Council (NKDC); • South Kesteven District Council (SKDC) are presenting their new policy 12 October 2017. <p>Both the above polices include:</p> <ul style="list-style-type: none"> • Safe and Secure Grants; • Hospital Discharge Grants; • Fast Track adaptations.
DFG - Funding	<ul style="list-style-type: none"> • The entire DFG funding of £5,291,137 allocated to Lincolnshire by DCLG for 2017/18 was pass ported to the seven District Councils in June 2017; • The inclusion of DFG funding within the BCF, and in particular the expansion of such funding, has created the opportunity to make stronger connections between multiple sources of funding, thereby securing improved housing options addressing housing, social care and health needs.
DFG- Performance, activity and expenditure.	<p>A report was presented to the HHCDG. The group were asked to:</p> <ul style="list-style-type: none"> • Review the appraisal of options regarding how we can capture - Performance, activity and expenditure (And agree the most suitable one); • Confirm all stakeholders will provide assistance and support in the development and submission of data in order to develop the best option; • Agree to provide quarterly reports to the Health and Wellbeing Board (HWB). <p>Action:</p> <p>The Moving Forward with DFG group to work collaboratively with the Hfl manager to develop and create a local data collection system with a vision to go live in Mosaic in April 2018.</p> <ul style="list-style-type: none"> • A detailed project plan is in development to understand the roles and responsibilities, and to meet the milestones of this objective.

Action	Updates
DFG - Procurement & Legal	<p>A firm understanding and working relationship with the Commercial Team has been established.</p> <ul style="list-style-type: none"> • Active work and participation from 6 out of 7 District Councils; • District Position Statement completed for 6 out of 7 District Councils; • Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis completed into different procurement approaches; • Procurement options appraisal paper for DFGs with rationale; • Legal support sought in order to finalise the individual Council Contract Procedure Rules. <p>We have a greater understanding of what we can do on a countywide basis to support a smoother, sleeker DFG process.</p>
Hospital Housing Link Worker	<ul style="list-style-type: none"> • A 12 month pilot has been agreed. The worker will be the link between the hospital, patient and housing provider to ensure a joined up approach enabling a smooth, safe discharge and continuation of care to avoid re-admittance to hospital; • Co-production of a job description and advert. Interviews were conducted in partnership between Lincolnshire County Council (LCC) and District Councils; • The appointed person was due to start in October; this has been delayed until November 2017.
Hospital Discharge and Delayed Transfer of Care (DToC).	<ul style="list-style-type: none"> • Proactive work underway to see how the DFG budget can support DToC cases; • Draft policy for Hospital Discharge Grants has been agreed in one District and waiting for confirmation in another, with a positive appetite from other districts to demonstrate how the DFG grant can support DToC; • The first complex DToC case, which can be supported using the DFG budget, is hosting a multi-agency meeting in September 2017 to start the process and capture results; • A topic for concern is the volume of hoarding cases, and the lack of any understanding to the scale of the problem and any long term solutions.

Action	Updates
Crisis Housing – Mental Health links	<p>Concerns about the under occupancy and utilisation of both mental health crisis houses in Lincolnshire led to a review of the service.</p> <ul style="list-style-type: none"> • On-going bed occupancy information is shared with an extended team to monitor levels; • Working closely with the project manager of the Multi Agency Mental Health Crisis Service Review to ensure any developments and linkages are captured; • Housing links have been developed with the Mental Health Crisis Care Concordant. The result is District Councils now have a representative; • Hfl manager is actively participating and supporting a Mental Health Crisis Care Concordant workshop to review the current concordant and ensure that Hfl is embedded.
Extra Care	<p>Collaborative work is under way between LCC and CoLC to understand the opportunities in a joint venture for extra care housing, using funding already secured for use. The vision is a collaborative deal would secure the best outcomes for the residents of Lincolnshire. A presentation to the Senior Leadership group has taken place.</p>
Lincolnshire Homeless Strategy 2017-2021	<p>This is due for a formal launch early January 2018. Local Housing Authorities have a statutory duty to have one in place. For many years, the seven Lincolnshire Housing Authorities have collaborated to achieve this, with a lot of success and additional investment in Lincolnshire as a result.</p> <p>In order to demonstrate collaboration and integrated working the Homelessness strategy group is looking for LCC to become a signatory to the Lincolnshire Homelessness Strategy.</p> <p>The strategy is been launched with a "Delivery Plan" which is hoping to use the HHCDG as the governance and oversight board to report progress.</p>

Action	Updates
<p>ACTion Lincs – Social Impact Bond to Tackle Entrenched Rough Sleeping Across Lincolnshire</p>	<p>The ACTion Lincs project launched in September 2017 and will support 120 of the most entrenched and vulnerable homeless individuals intensively for a three and a half year period.</p> <p>The model adopts a housing first approach, and will be delivered through genuine collaboration and partnership. Delivered by a team of specialists including a seconded drug and alcohol recovery worker (Addaction) and a seconded mental health practitioner (LPFT)</p> <p>Crucially, once someone is accepted onto the program, unlike traditional service models they will remain part of the program and support will be provided in any setting whether that be the street, hospital, prison or home.</p>
<p>LCC internal Housing Activities Working Group.</p>	<p>We understand that the housing arena is complicated and hard to navigate; housing is very broad topic from the bricks and mortar to planning and environment. LCC is responsible for number of housing activities and contributes to support services looking after the most vulnerable population.</p> <p>Benefits of the Working group</p> <ul style="list-style-type: none"> •Enabling a single LCC housing voice when working with Districts on all housing related matters, e.g. with the Districts Housing Network or Housing, Health & care delivery group •Enabling coordination within LCC when delivering solutions, e.g. Extra Care and LD could be jointly developed in some cases •Advising on developing demand planning system potentially via mosaic, including child to adult •Sharing procurement information to enable more coordinated procurement of suppliers within LCC and externally with NHS to maximise supplier performance and value, e.g. mental health care, LCC use the same providers from different contacts in some case •Advising on developing a whole system based approach to housing •Ensure that LCC has a consistent and collaborative approach to consultations and responses such as "The Supported Housing funding"

Action	Updates
<p>The Extra Care Sponsoring Group (ECSG)</p>	<p>The ECSG began in 2014 as a forum for ensuring both political and senior officer oversight of the then Extra Care programme.</p> <p>Since then the Council has developed a Property Company, the 'One Public Estate' has gathered pace, the Better Care Fund subsumed Disabled Facilities Grants (DFG) in 2015/16 and, most recently the Health and Wellbeing Board has succeeded in creating a housing health and care delivery group with the active involvement of all seven Lincolnshire Districts.</p> <p>It has been agreed that the ECSG will reform and become the primary housing forum for the County Council. This forum will have the same membership as ECSG but with the addition of a representation from Children's Services, Finance and Community Safety and Adult Care and Community Wellbeing. Its remit will thus be extended and re-drafted terms of reference will be produced for the newly constituted group to agree.</p>

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	29 November 2017
Subject:	2017/18 Adult Care and Community Wellbeing Quarter 2 - Themed Performance Report: Carers Service

Summary:

This report gives a Quarter 2 position statement and narrative on performance measures relating to Carers Services in Lincolnshire. It gives some context to the aim of the service and the factors affecting performance in this key area. Officers from the relevant operational area and performance team will attend the meeting, to enable the committee to gain further understanding.

Case Studies of carers stories are attached at Appendix A

A full summary of the Adult Care and Community Wellbeing Corporate Business Plan measures as at Q2 is attached as Appendix B of this report for information.

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report

1. Background

'Carer' isn't always a helpful term. Most people see themselves as a wife, or husband, son or daughter, parent or grandchild. Caring can come upon you without you quite realising what is changing. While it can be a natural and rewarding phase of life to look after the people we care about when they are ill or struggling – when it becomes long-term, it can also be isolating, throwing life out of balance, causing stress and affecting wellbeing if not addressed. For many, caring without help and support can feel overwhelming.

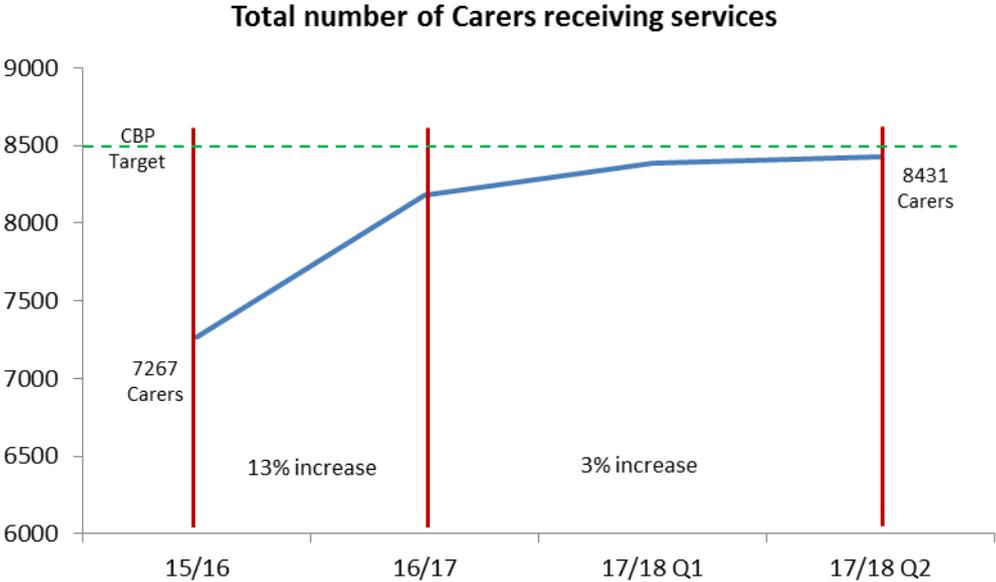
In 2016, Lincolnshire County Council commissioned a brand new Lincolnshire Carers Service, introducing the charity organisation Carers FIRST to the county to work alongside Serco, who manage the Carers Team at the Customer Service Centre. Together with Lincolnshire County Council's Children's Services, who now support young carers through the in-house Early Help team, we form the Lincolnshire Carers Service. Our Carers Commissioning Strategy 2016-2018 set out a clear commitment to improve **Early Help** and reach out to those who look

after someone else. We have worked in **Collaboration** with many other agencies to offer **Assurance** that our services are good quality. There has been investment in **Workforce Development** for the Carers Service staff.

The Lincolnshire Picture

The total number of carers receiving services from Lincolnshire County Council / the Carers Service has risen by 16% from 7267 in 2015/16 to 8431 in Quarter 2 of 2017/18. The Council Business Plan measure target is 8500.

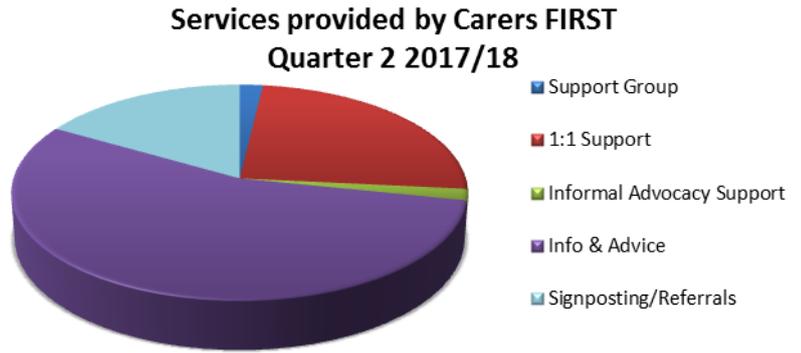
79,262 Lincolnshire residents reported that they were an unpaid carer on the 2011 census. Using population projections based on this figure, Lincolnshire County Council is providing services to 11% of carers in the county in 2017.



The way in which services are provided to carers has shifted towards Information & Advice and away from Direct Payments (where the carer takes their allocated Personal Budget as a payment and purchases services themselves) and managed Personal Budgets (where Lincolnshire County Council retains control of the Personal Budget and purchases services on behalf of the carer).

Prior to the Care Act 2014 (implemented April 2015), carers were given a small value Direct Payment and a named professional from one of a number of Providers that made up the Carers Service. When the contract with Carers FIRST commenced, those carers with a named professional from the incumbent providers were transferred to Carers FIRST.

1847 individual carers received services from Carers FIRST during Quarter 2 of 2017/18. This chart shows the services provided. 179 carers were supported by the Carers FIRST Benefits Advisor during the period.



All Personal Budgets to carers are now provided as a Direct Payment from the Carers Service. Although there is a reduction in the number of carers receiving a Direct Payment the budget forecast does not show underspend. A needs-led, eligibility criteria and strength-based approach to assessing and supporting carers has led to fewer, more targeted, higher value Personal Budget awards.

The Biennial Survey of Adult Carers in England (SACE)

The latest statutory Carers survey was carried out between November and December 2016 with carers who were known to the Council. The survey is the first to be carried out since the introduction of the Care Act in 2015 and the shift in approach to assessing and supporting carers. As a result key performance measures derived from this survey have proved to be lower than previous years across the country. Lincolnshire scoring slightly lower in comparison with the regional average and the average of 16 demographically similar counties (CIPFA). In summary;

	Lincolnshire	East Midlands Average	CIPFA Average
Carers reported quality of Life	7.4	7.5	7.7
% Carers Satisfied with services	37%	38%	39%
% carers finding it easy to find information	59%	62%	64%

To act on the feedback and to inform the work of the Lincolnshire Carers Service, Lincolnshire County Council will survey carers annually with effect from 2017/18 to enable us to better track how services and strategic plans for Health & Social Care perform.

Investment and Moving Forward

The Better Care Fund is being used to fund a number of projects. The desired outcome is for greater awareness of carers and their role across Lincolnshire. The aim is for more referrals to the Carers Service and more support to those who need it.

Investment areas are:

- Additional carer support workers based in the community
- Work with pharmacies to help identify carers earlier
- Provision of advice and support to employees to recognise and support carers in the workplace
- Support carers to remain in or return to employment or education
- Promote and influence the identification and support to carers within the Integrated Neighbourhood Working arrangements
- Develop and implement a Memorandum of Understanding with Health through the Integrated Neighbourhood Working strategic group and System Executive Team.

No single person or organisation can improve the quality of the carer's experience on their own. Everyone who provides a service and commissioners need to play their part.

It will take time for some of the initiatives and efforts to make a difference and measures may need to change to enable us to identify areas where there are achievements and those less successful areas that require a targeted strategic or operational focus.

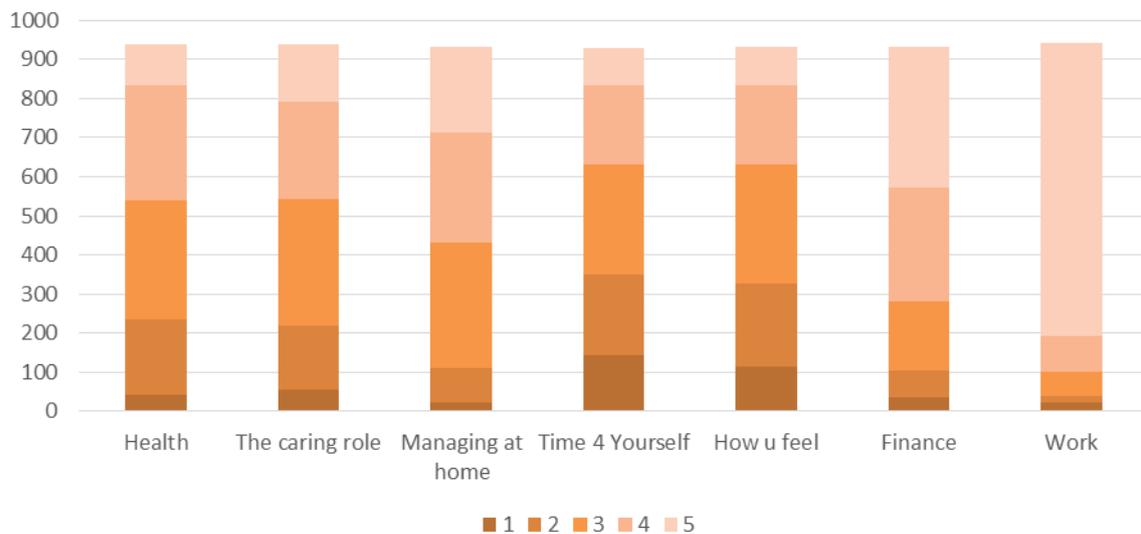
Carers FIRST & SERCO

Carers FIRST use a Carers Outcome Star to assess carer's needs. The star rates the carers experience in seven areas.

In conversation, the assessor and carer score each area from 1 – as bad as it can be to 5, as good as it can be.

The following table shows the results from 951 initial Outcome Stars undertaken during 2017. Darker shades denote that carers are struggling more in that area.

Lincolnshire Carers Star data 2017



It can be seen that Time for Yourself and How You Feel are the areas in which more carers reported the greatest concern. Work is not a major cause for concern for most of these carers. However, it is worth noting that 60% of respondents to the Carers Survey and 54% of carers in receipt of services from Lincolnshire County Council in Quarter 2 are over the age of 65. An Employment for Carers Project is underway to work with local employers to ensure that working age carers are adequately supported to balance their work and caring roles.

The use of the Carers Outcome Star is an example of how the service can record, monitor and report trends and themes and inform strategic planning. Over the next two years the trends will be monitored to identify which interventions have the greatest positive effects on carers.

During Quarter 2 2017/18 the Serco Customer Service Centre received 1849 calls from carers and completed 195 carers assessments (Serco data). Fully tested reports are not yet available from the Lincolnshire County Council system to give the numbers of carer assessments and personal budgets. All carers who contact CSC are offered the universal service from Carers FIRST which includes access to specialist information & advice, benefits check, peer support groups and the What's on Guide.

In the same period, Carers FIRST received 790 referrals. 458 of these went on to receive an assessment. 160 of these subsequently received a Personal Budget (Carers FIRST data).

Carers FIRST deliver a programme of publicity activity to raise awareness of carers, their rights and to promote the Carers Service. The range of activities include; network meetings with organisations like Healthwatch, Neighbourhood teams, CCG, Patient Council, Age UK, Schools/Colleges, Pharmacies and What's on Guides.

The raising of awareness has already resulted in more carers being identified by Adult Care when completing an assessment of the needs of the person who is cared for. This had the effect of reducing the percentage of carers supported to delay the care and support for the person they care for (Council Business Plan measure.)

Governance and Assurance

Arrangements for governance and assurance monitor the delivery of the Carers Commissioning Strategy 2016-18 which was developed from the themes in the Joint Carers Strategy 2014-18. The Council Business Plan measures reflect the national performance framework.

Contract monitoring takes place quarterly and service reviews of the Serco carers service and Carers FIRST have been completed. There are no performance concerns and the reviews, whilst they did not reveal any significant concerns, provided a forum to identify opportunities to further develop and improve the service going forward.

The Commissioning Strategy annual delivery plan is monitored through a Steering Group with representatives from Providers', Children's Services, Commissioners, Performance and Quality & Assurance, Commercial Team.

Operational quality assurance practice audits take place monthly and are attended by representatives from Commissioning, Carers FIRST, Serco, Adult Care lead professional, Quality Assurance. This is a qualitative approach to develop common approaches to practice to ensure consistency. It also provides insight into wider

system practice, procedures or customer experiences and offers opportunities to inform.

A Corporate audit assurance of Providers' workforce learning & development plan is being undertaken at the time of writing this report.

Overall the framework is delivering a strong collaborative approach to providing quality services with a culture of being open, honest and proactive to improve carers' experience

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Carers Service Case Studies shown in Appendix A. The summary report of Council Business Plan measure performance is attached in Appendix B for information

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Carers Service Case Studies
Appendix B	Summary report of Council Business Plan measures

5. Background Papers

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

This report was written by Theo Jarratt, Interim County Manager for Performance, Quality and Information who can be contacted on or 01522 55177 or Theo.Jarratt@lincolnshire.gov.uk

Making a Difference

Case study I

A couple who have benefited from the Lincolnshire Carers Service are Denise and Richard from the Spalding area.

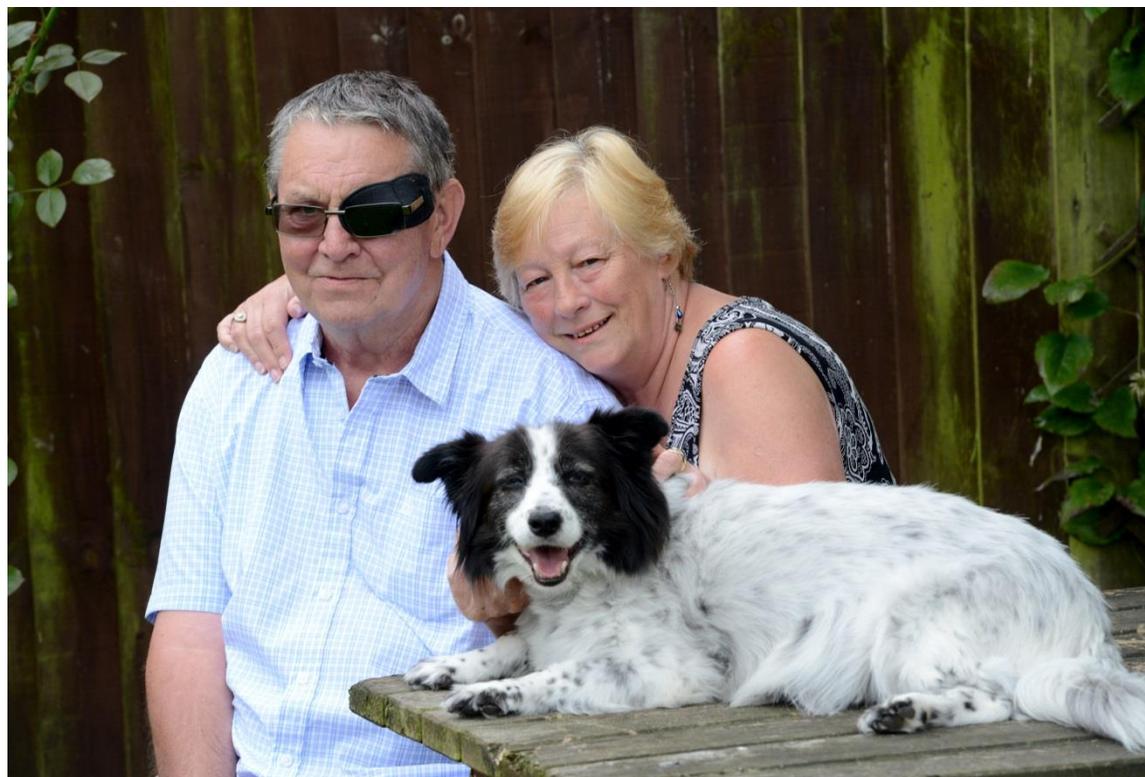
Denise has cared for her husband, Richard, for three years following a serious stroke, leaving him with a number of care needs. Denise herself has a number of serious health issues, impacting on her own energy and mobility levels. Denise also supports her elderly parents, who live in a care home in Milton Keynes, whom she likes to visit every fortnight.

When Richard broke his arm, following a fall, Denise realised she was struggling to cope. The responding Community Paramedic told Denise about the Lincolnshire Carers Service, who could be of help.

Denise decided to get in touch. A Carer's Assessment was booked in with one of the Carers FIRST support and assessment co-ordinators. Denise was able to talk about her caring role, her own health worries and the exhausting pressures of driving a round trip to Milton Keynes to see her parents.

Although they have neighbours who help them, leaving Richard for any length of time was a worry for Denise. A 'Lifeline' pendant was put in place for her husband by the Wellbeing Service. Now Denise feels more confident to leave Richard for the day when visiting her parents.

The consequences of providing care for Richard combined with her own ill-health and other caring responsibilities meant Denise was increasingly unable to maintain their own home environment, which was in turn having an adverse impact on her own wellbeing. To help Denise feel less exhausted and relieve some pressure, she was awarded a Carer's Personal Budget, to provide practical help around the home and in the garden.



Richard was also concerned that the couple might not be receiving the correct level of pension benefits, and asked for some help. The Carers FIRST worker arranged for the couple to meet Carers FIRST's specialist Benefits Advisor, who carried out an initial telephone benefits check. This very knowledgeable and passionate Benefits Advisor quickly realised that something was wrong, and that he needed to see Denise and Richard in person to discuss their benefits and check their award notices.

With the consent of Denise and Richard, the Advisor contacted the Department of Work and Pensions (DWP) to discuss their case and resolve the outstanding issues. As a result of his expert intervention and advocacy, a new award and back payment was made to the couple by the DWP. The advisor concluded his work with a home visit to confirm that the final award notice from the DWP was correct.

Overall Denise and Richard have been delighted with the excellent support they have received from Carers FIRST. Richard said: "The service has been excellent, it has changed everything for us", while Denise's advice to other carers is: "Don't hesitate to contact the service, don't think they can't help you".

Case study 2

My role as a carer started some 8years ago at the age of 46 +when my wife was diagnosed with a pars fracture of her LS vertebrae. In short, the hooks that hold the nerves in place on her spine in this area are damaged; this in turn exposes the nerves to be aggravated causing severe pain in her lower back and throughout her legs.

The result of this is not paralysis but extreme difficulty with mobility. In addition to this, she is diagnosed with ME, FND (functional nerve disorder) fibro myalgia, lymphedema and other associated issues.

We both worked in a professional environment enjoying the fruits of our labourhow things can change???

My life is now a 24hr a day care provider, standard and Constant day to day chores, constantly tending to my wife's needs (washing, bathing, cooking, help moving, administering pills and potions etc. etc. etc.) and only getting out of the house when outside agency carers arrive for 3 hours, 3 times a week. This time is spent shopping, collecting prescriptions, dog walking, house maintenance and any and all other things that also require my attention. In addition, bringing up two stepsons with all the grief that can cause.... In short, racing around, rushing and generally getting stressed as I need to get to my wife before carers leave ... a constant battle against the clock whilst only getting 4-5 hours sleep, if lucky per night.

I've been doing this for a number of years which had begun to take its toll on me without me realising. Constantly tired, snappy, irritable, stressed. Not leaving the house was sending me stir crazy, became quite insular, verging on, if not depressed and constantly on edge and venting all this on the people I loved, my family.... My life has been put on hold, constantly looking out for all around me, the weight of the world on my shoulders, and regularly, too regularly, shouting out what about ME I'd forgotten and ignored that all important person that didn't need help but did the typical man thing and coped.....badly.

Introducing the Adult Care Service

I can't honestly remember who contacted who, was I referred, did I contact them or they me, but what I do know I'm glad it happened, and here's why.

I was appointed an advisor who after a telephone interview, and like a dog with a bone, breaking through the "no man is a mountain" scenario got an open, honest and frank overview of the reality the effects of my situation were having on me....

An Emergency Response Service was initiated that in short, should anything happen to me whilst out and about happen, a simple call to central number initiates things like contacting carers, house entry, dietary and medication requirements etc. This was tailored to my situation and once put into place was a huge relief, I immediately relaxed and felt less stressed about the burden I'd always felt when leaving the house.

It may not sound a big deal, but it worked for me !!!

After the initial review and subsequent calls, I was asked a question ??? If I had the option, what would the best thing for me to get "me time" be, or get some relief from the strains I was feeling??

My response was anything, but years ago I played golf at a very competitive level, had a social life, got exercise and totally relaxed and had something to look forward too, good days but in the past.....

Further discussions, budget application, and subsequent approval, I had access to a fund that allowed me to play golf on a semi regular basis without worrying about care cover for my wife etc.

Result for me was dramatic, time away from the 24hr toil of the job I was doing, something to look forward too, some sort of social life and more importantly an outlet to relax and enjoy life again.

I truly believe this service saved my sanity, sense of wellbeing, arguably my marriage, certainly relationship with my boys and other family members and can't thank them enough.

Advice for those in a similar situation, remember this is a service to help YOU as a carer, and they have been the only service I have been in contact with that do actually HELP Be open, honest and swallow your pride and accept the help on offer....

Advice to the carers service, try and talk to the spouse, or person cared for as a matter of course, they may give a more honest appraisal of the situation from their point of view, it certainly helped in my case.

I don't leave reviews normally, this service worked and I'll say it again, thank you.

2017/18 Quarter 2 - Adult Care & Community Wellbeing Overview

produced by the Adult Care Performance & Intelligence Team

		2016/17	2017/18			Trend vs. 2016/17	CBP Alert Target tolerance of +/- 5% pts
		Actual	Q2 Actual	Q2 Target	Year End Forecast		
Community Wellbeing							
	% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months PHOF 2.15iii latest data June 2017	36.0%	34.9%	40.0%		↓	Not achieved
	% of people aged 40 to 74 offered and received an NHS health check PHOF 2.22iv latest data June 2017	59.7%	59.9%	55.0%		↑	Achieved
	Chlamydia diagnoses per 100,000 15-24 year old PHOF 3.02 latest data March 2017	1,941	1,869	2045		↓	Not achieved
	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	-	348	400		-	Not achieved
	Older people supported by the Wellbeing Service to maintain their independence	89.4%	91.6%	85.0%		↑	Achieved
Safeguarding							
S1	% of people who report that they feel safe ASCOF 4B **SURVEY MEASURE**	79%	-	94%		Not reported until Q4	
S2	% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate, family or friend	100%	100%	100%	-	↔	Achieved
S3	% of safeguarding enquiries where the 'Source of Risk' is a service provider - i.e. social care support SAC SG3d	14%	17%	16%	-	↑	Achieved
S4	% of completed (and substantiated) safeguarding enquiries where the risk was reduced or removed	79%	100%	65%	-	↑	Exceeds
Specialist Adult Services							
SAS1	% of adults with a learning disability (or autism) who live in their own home or with their family ASCOF 1G	77%	78%	76%	-	↑	Achieved
SAS2	% of adults in contact with secondary mental health services living independently, with or without support ASCOF 1H	71%	70%	62%	-	↓	Exceeds
SAS3	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	48%	47%	48%	-	↓	Achieved
SAS4	% of people in receipt of long term support who have been reviewed in the period (learning disability, 18+ plus mental health, 18-64)	88%	47%	48%	94%	↑	Achieved
SAS5	% of learning disability clients who are 'very happy' with the care and support they receive ASCOF 3A **SURVEY MEASURE**	78%	-	81%		Not reported until Q4	
Carers							
C1	Percentage of carers who receive a direct payment ASCOF 1C (2b)	81%	70%	85%	-	↓	Not achieved
C2	Carer-reported quality of life ASCOF 1D **SURVEY MEASURE**	7.4 out of 12	-	8.0 out of 12		Not reported in 2017/18	
C3	% of carers who have been included or consulted in discussions about the person they care for ASCOF 3C **SURVEY MEASURE**	64%	-	71%		Not reported in 2017/18	
C4	Carers supported to delay the care and support for the person they care for	65%	61%	75%	-	↓	Not achieved
C5	% of carers who find it easy to find information about services ASCOF 3D(ii) **SURVEY MEASURE**	59%	-	66%		Not reported in 2017/18	
C6	Total number of carers (caring for Adults) supported in the last 12 months Above expressed as a rate per 100,000 population (18 to 64)	8,180 1,375	8,431 1,417	8,565 1,440	-	↑	Achieved
Adult Frailty & Long Term Conditions							
AF1	Permanent admissions to residential and nursing care homes, aged 65+ ASCOF 2A(ii) numerator **Better Care Fund**	1,067	388	565	775	↓	Exceeds
AF2	% of requests for support for new clients, where the outcome was universal services/ signposted to other services	59%	n/a	67%		In-year reporting in development	
AF3	% of people who report that they have control over their daily life ASCOF 1B **SURVEY MEASURE**	80%	-	81%		Not reported until Q4	
AF4	% of clients in receipt of long term support who receive a direct payment ASCOF 1C (2a) **AMENDED - now just Adult Frailty clients**	34%	36%	28%	36	↑	Achieved
AF5	% of people in receipt of long term support who have been reviewed in the period **AMENDED - now just Adult Frailty clients**	77%	44%	47%	88%	↑	Achieved

This page is intentionally left blank

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	29 November 2017
Subject:	Adult Care and Community Wellbeing Local Account 2016-17

Summary:

This item provides Committee members with both a draft summary and the full version of the Adult Care and Community Wellbeing Local Account 2016-17 ('the Local Account') - attached respectively at Appendices A and B.

The summary version is being produced to enable the Local Account to be more accessible for members of the public. Sections of this summary have been developed using infographics and it is intended to utilise these graphics to promote the account on social media.

It is presented to members of Adults and Community Wellbeing Scrutiny Committee to enable them to influence the content and format of the summary document. This is so that their constituents are able to access a version of the Local Account which succinctly gives information on the performance of the Adult Care and Community Wellbeing service in Lincolnshire.

The intention is to upload the summary report once its content and format have been agreed.

The full version of the Local Account is now available on Adult Care's web pages on Lincolnshire County Council's (LCC's) website. There have been a limited number of 'hard' copies printed (50) – these will be distributed to key personnel in the Council and partner organisations.

Actions Required:

Members of Adults and Community Wellbeing Scrutiny Committee are asked to consider the full version and give their views on how that information can be best summarised into a shorter summary document for sharing with the public. The draft summary document is attached at Appendix A.

In particular this is with reference to how the document could best be presented to fulfil the objective of informing members of the public on the performance of the Council in Adult Care and Community Wellbeing.

1. Background

The Local Account was introduced by the Government to inform local residents of the successes, challenges and priorities within their local Adult Care and Community Wellbeing service.

In Lincolnshire, the Local Account is an important part of our commitment to being transparent with the people in our community. It details how Adult Care and Community Wellbeing has performed over the last 12 months and demonstrates how our services are meeting the needs of our customers.

2. Conclusion

The Local Account is a key document via which we can report our performance and achievements to the people of Lincolnshire.

3. Consultation

a) Policy Proofing Actions Required

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Care and Community Wellbeing Local Account – Draft Summary document
Appendix B	Adult Care and Community Wellbeing Local Account – Full document *

* Owing to the size of the document, Appendix B has only been printed for Committee members and Officers. An electronic copy is available to view at: <http://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=550&MId=4889&Ver=4>

5. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
The Care Act 2017	Legal Services
Adult Social Care Outcomes Framework 2016-17	Adult Care Performance Team
2016-17 annual Adult Social Care Survey	Adult Care Performance Team
2016-17 Touchstone surveys	Adult Care Quality Assurance Team
Public Health Outcomes Framework 2016-19	Public Health Intelligence Team

This report was written by Julie Green, Information and Systems Officer, who can be contacted on 01522 552998 or Julie.Green@lincolnshire.gov.uk.



Lincolnshire County Council

Adult Care and Community Wellbeing

**Local Account Summary
2016-17**

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.



Cllr Mrs Patricia Bradwell

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

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.



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's 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:

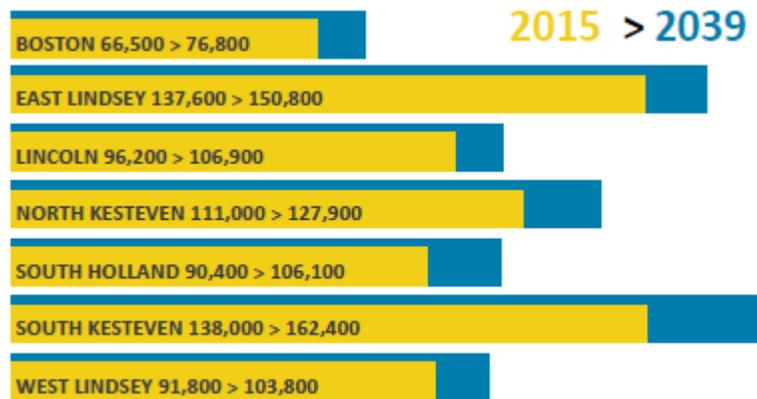
- what Adult Care and Community Wellbeing is, what we do, and who we do this for
- how much we spend on adult care and community wellbeing
- how many people we help
- what people and their carers have told us about our care and support
- how we are changing the way we work
- about the services we are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

What is Adult Care and Community Wellbeing?

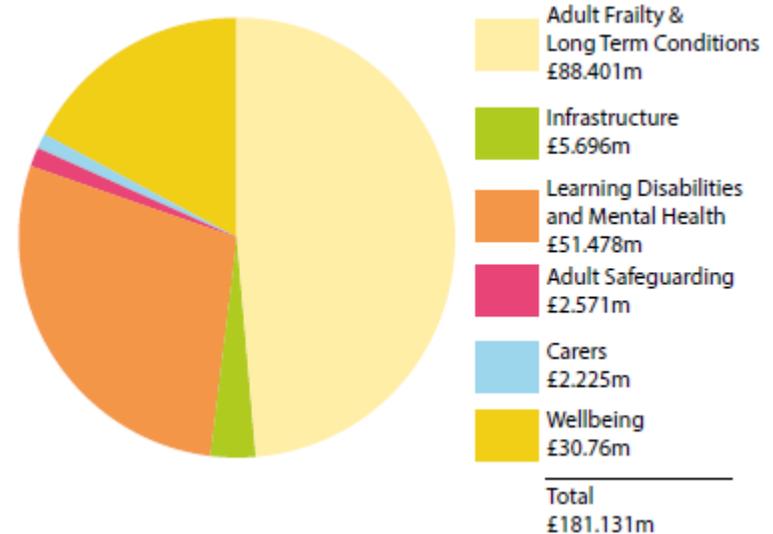
In the past year, Adult Care and the Public Health Division have been brought together to create a new directorate called Adult Care and Community Wellbeing. This reflects our focus on helping people to stay as healthy and independent as possible at all stages of their life.

Population distribution by district and projected change over 25 years

2015 > 2039



Adult Care and Community Wellbeing net expenditure 2016-17



Adult Frailty and Long Term Conditions

Adult Frailty and Long Term Conditions services assess the needs of, and then arrange support for, older people (over 65 years) and adults of working age with a physical disability. 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.

Most people who receive care are over 65 and this is where a large proportion of the directorate's budget is spent.

65%
of people
who received
a service were
aged over
65



Home-based reablement service

Our reablement service is a good example of short-term (up to 6 weeks) transitional care, which is provided 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.

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.

Learning Disability Services

People with a learning disability can have support for their social care needs. We work in partnership with the NHS to provide care to individuals with eligible need in Lincolnshire.

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 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.

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.



Independent Advocacy

People who need support in getting their voice heard and being understood can have an advocate to help them. 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.

Transforming Care

There is now a national commitment to reduce the over reliance on NHS inpatient treatment for people with learning disabilities or autism. We are supporting this 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 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 partnership. So far, the plan has resulted in;

- Development of a locally produced autism training presentation for professionals and parents
- 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

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

Lincolnshire Carers Service

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 million.

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.

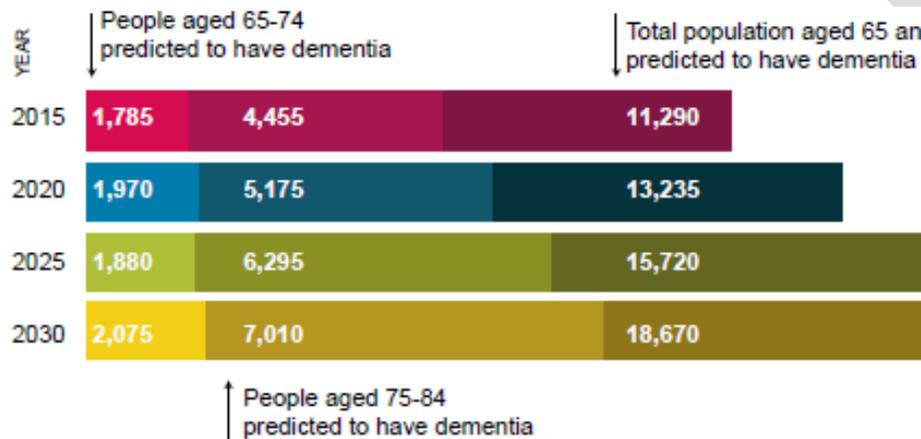
The Lincolnshire Carers Service provides an open offer of support to any carer in the county; this is free and made up of

information and advice, support for dealing with professionals, benefits advice, links to support groups, what's on guides and an emergency response plan for carers and others to follow.



Dementia

Lincolnshire County Council has continued to work with its partners to develop and improve support available to people with dementia and their families. This is important as the numbers of people with dementia is predicted to rise.



The Dementia Family Support Service (DFSS) is 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.

Lincolnshire County Council has supported the development of a network of local Dementia Action Alliances which cover all districts of the county. These forums allow local businesses, councils, NHS and other groups to get together to make improvements for people with dementia in their area, with the objective of making the county dementia friendly.

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.

Mental Health Services

People who have social care needs due to their mental health can be supported by the council. Lincolnshire Partnership NHS Foundation Trust (LPFT) act on behalf of the council to assess the needs and provide support to 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 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 assesses needs and helps people to access services to meet them. It also provides advocacy and wellbeing support to people with sensory impairments.

There are currently 3,675 people registered as having a sensory impairment in Lincolnshire. In total 1,325 referrals were received by Lincolnshire Sensory Services during 2016-17.

One You

Lincolnshire County Council is supporting the NHS *One You* campaign, aimed at helping residents decrease their chances of becoming seriously ill later in life due to lifestyle choices. The current picture for Lincolnshire residents shows that

- 2.5** The average number of portions of fruit eaten per day by adults in Lincolnshire (2015)
- 2.4** The average number of portions of vegetables eaten per day by adults in Lincolnshire (2015)
- 32.2%** Proportion of adults not taking 150 minutes or more moderate exercise per week (2015)
- 17.7%** Proportion of persons aged 18 + who are smokers (2015)
- 179.2** Avoidable deaths per 100,000 population (2013-15)



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.

Wellbeing service

The Wellbeing Service started in Lincolnshire on 1 April 2014. It is designed to promote confidence in living independently for people who need a small amount of support, but would not be eligible for social care. 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 people 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, indicating that the service proved effective in keeping people independent.

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

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. 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.

10,164 people used Telecare services in 2016-17

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. Our provider of these services is **Addaction** who have worked with us to change the way we look at treatment services with a new single point of contact that can be used by anyone.

**To access services or make a referral contact
0800 304 7021**

Individual recovery plans are developed for each client in treatment 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.

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

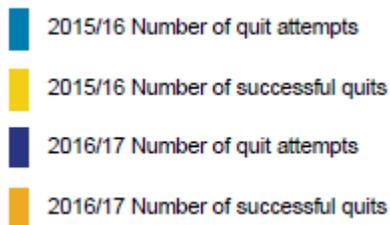
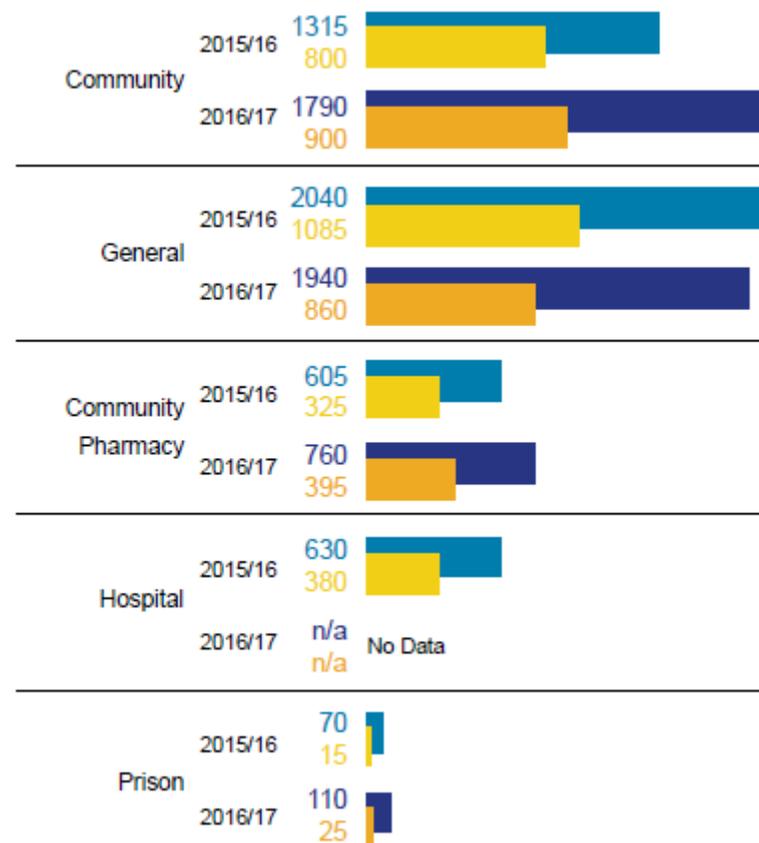
Smoking Cessation Service

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%.

Quit attempts 2015/16 and 2016/17



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.

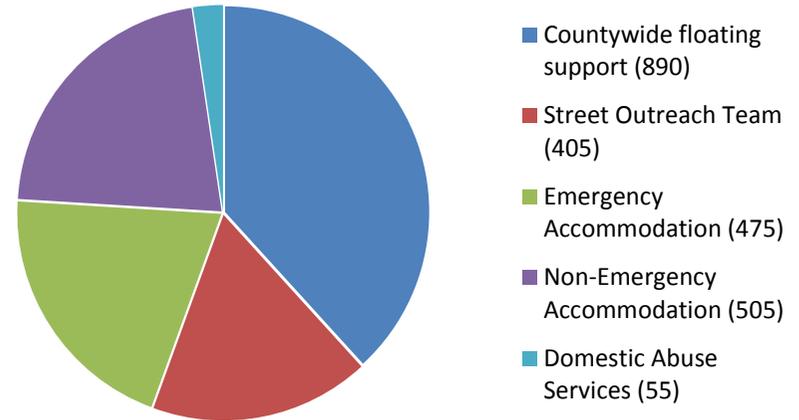
Services are provided by a range of providers, which provide emergency and non-emergency accommodation, floating support, street outreach, domestic abuse services and also crisis housing for people with mental health problems.

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.

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.

Number of accepted referrals by service type



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.

Safeguarding adults

Safeguarding Adults is everyone’s responsibility, 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:

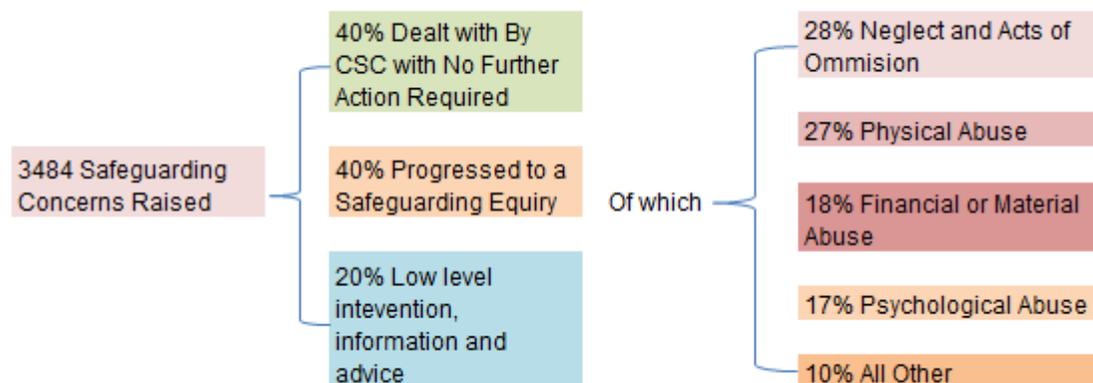
- has needs for care and support (regardless of whether these needs are being met)
- and is experiencing, or is at risk of, abuse or neglect

- 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.

LCC works in partnership with other organisations to achieve this through LSAB, the Lincolnshire Safeguarding Adults Board. www.lincolnshire.gov.uk/lsab

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.

Safeguarding concerns raised and what happened afterwards



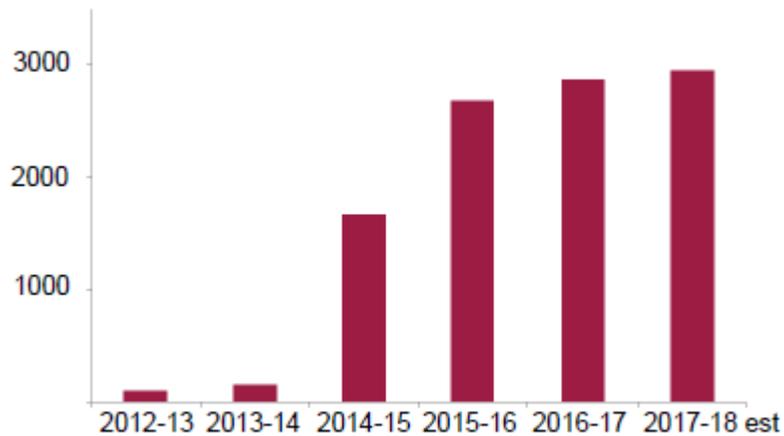
Deprivation of Liberty Safeguards (DoLS)

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.

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. The chart shows the number of assessments and reviews over the last five years.





Lincolnshire County Council

Adult Care and Community Wellbeing

**Local Account
2016-17**

Contents

Introducing the Local Account

Foreword	4
Introduction	5
Key facts	6
Equality and diversity	9

1. About Adult Care and Community Wellbeing

What is Adult Care and Community Wellbeing?	11
Adult Care	11
Public Health	12
Who we provide Adult Care for	13
What we spent in 2016-17	16
What we plan to spend in 2017-18	17
Better Care Funding	18

2. What are our services and how have they developed?

Information and Advice	21
Personalisation	23
Personal Budgets and Direct Payments	24
Adult Frailty and Long Term Conditions	26
Learning Disability Services	28
Delivering the Autism Strategy	31
Independent Advocacy	32
Lincolnshire Carers Service	33
Transition into Adulthood	35
Dementia	36
Mental Health Services	38
Lincolnshire Sensory Services	39

3. Prevention and Wellbeing

One You	41
Wellbeing service	42
Telecare	43
Substance misuse services	44
Smoking Cessation Service	45
Housing for Independence	46
NHS Health Checks	48

4. How are we keeping people safe?

Safeguarding adults	50
Lincolnshire Safeguarding Adults Board	51
Deprivation of Liberty Safeguards (DoLS)	53

5. Working with others

Healthwatch	56
Neighbourhood Teams	57
Lincolnshire Care Association (LinCA)	58

6. How have we performed?

Measuring our performance and improving our services	60
Surveys	62
Feedback	63
How we assure quality of services	65
What are we doing to improve the way we work?	69

7. More information

Glossary of terms	71
Sources of Data used in the Local Account 2016-17	81
Contact details	82
Other useful contacts	82

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



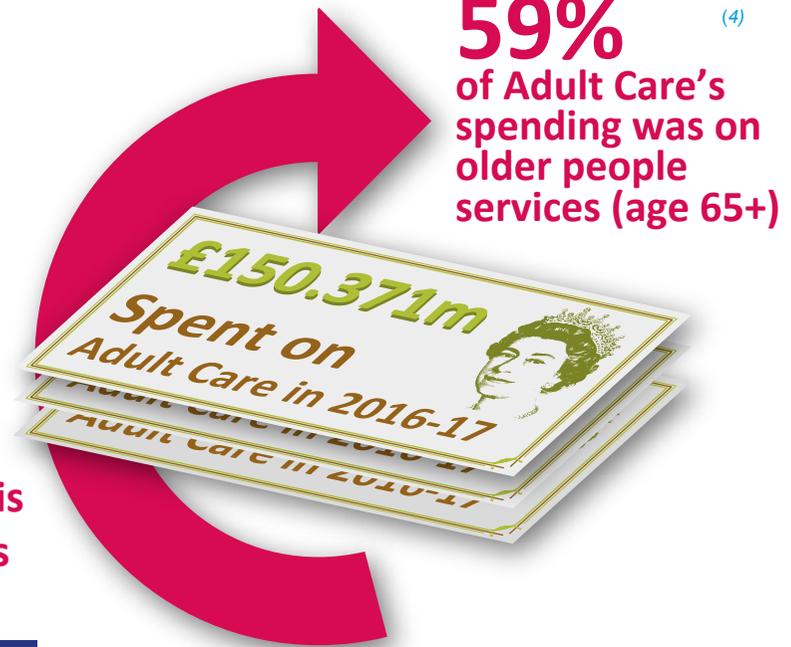
762,140 ⁽¹⁾
people live
in Lincolnshire



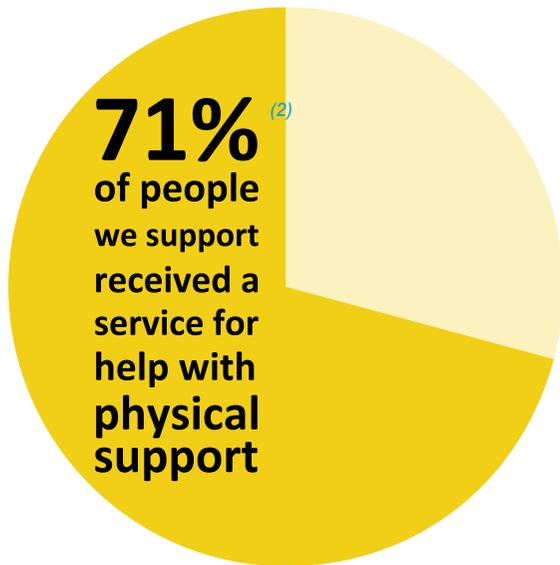
83% ⁽²⁾
of the population
are over 16 years



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

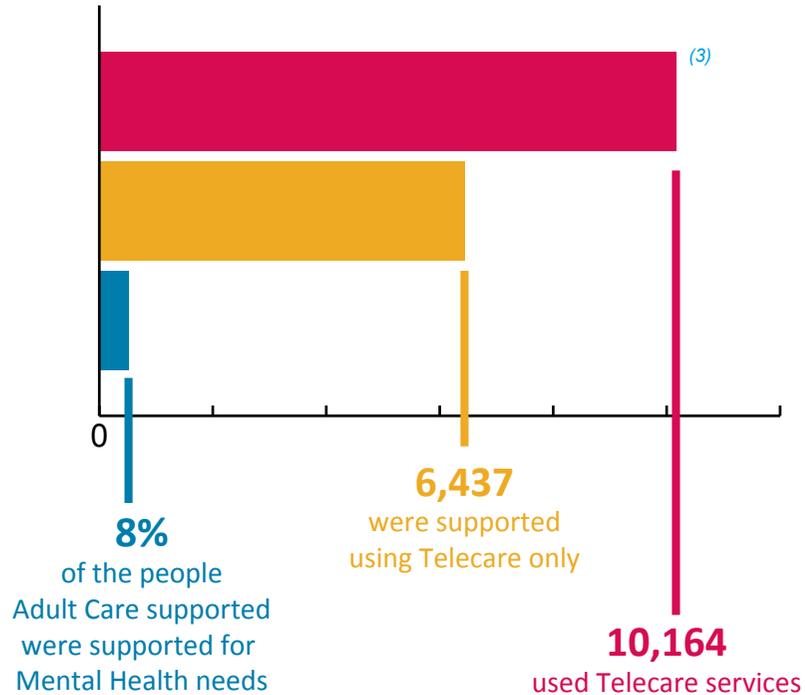


12,160
people received
a service from us ⁽¹⁾

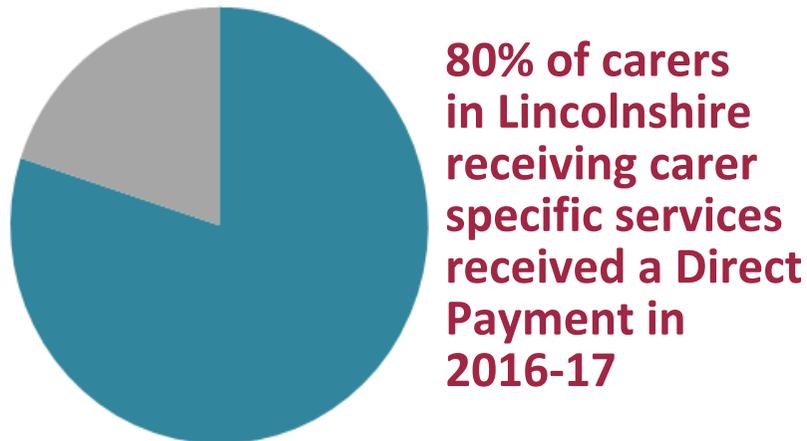
65% ⁽²⁾
of people
who received
a service were
aged over **65**



Key facts



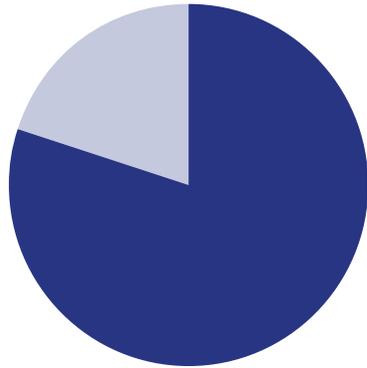
4,769 ⁽³⁾
people received home care
 77.2% of people seen by *reablement* went on to live independently with no on-going services



2,903 ⁽²⁾
people received equipment

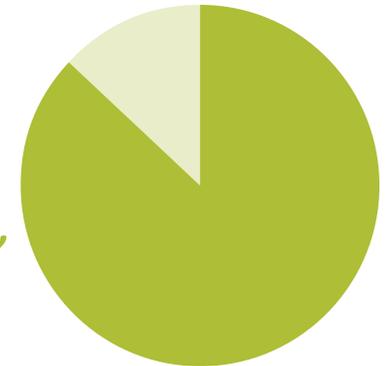


Key facts



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



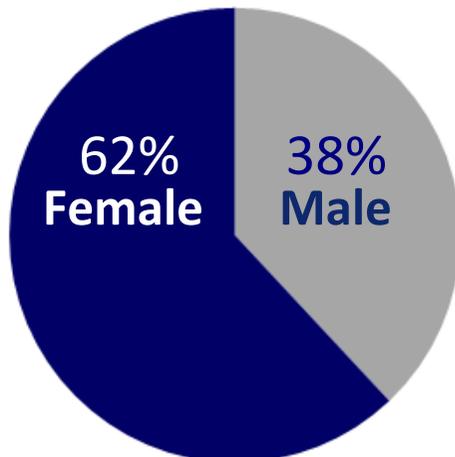
Equality and diversity

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

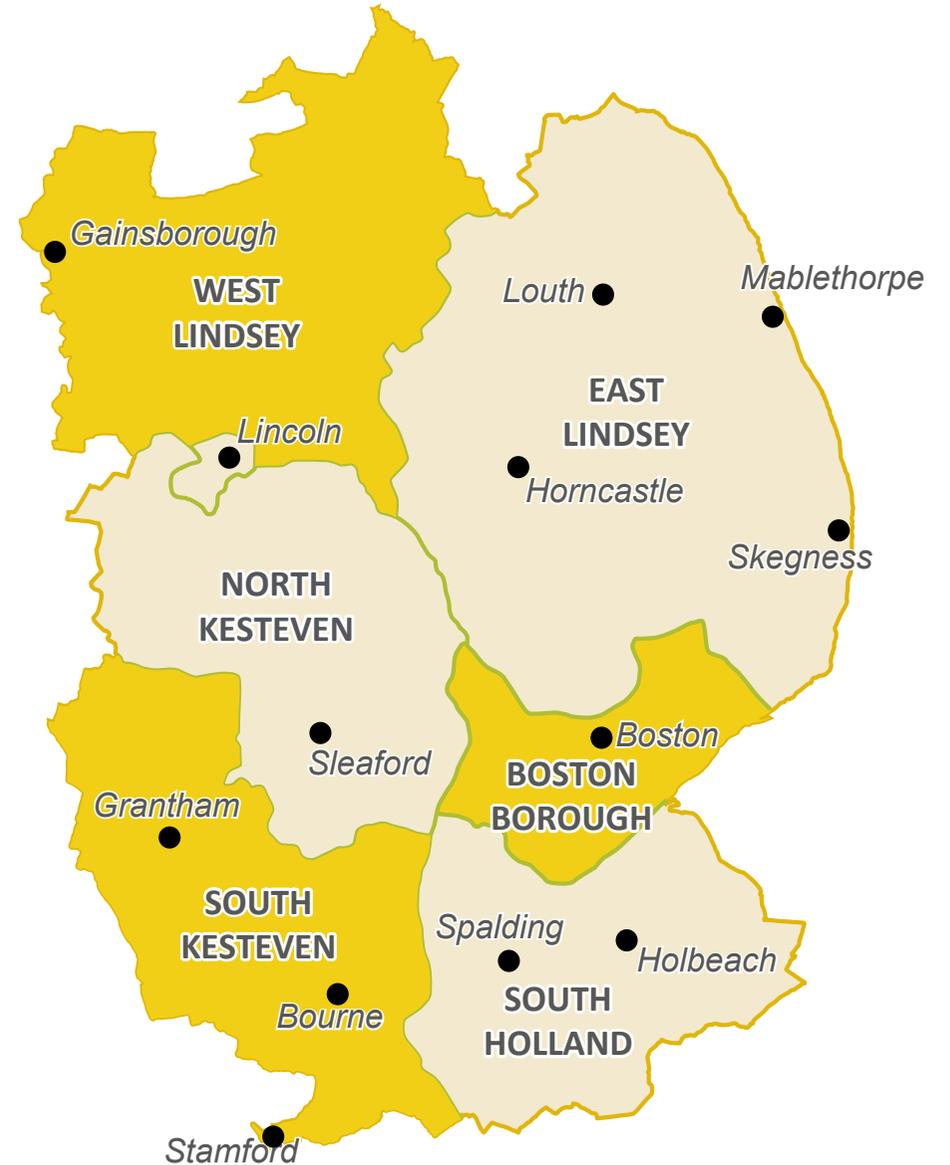


Who we provide Adult Care for

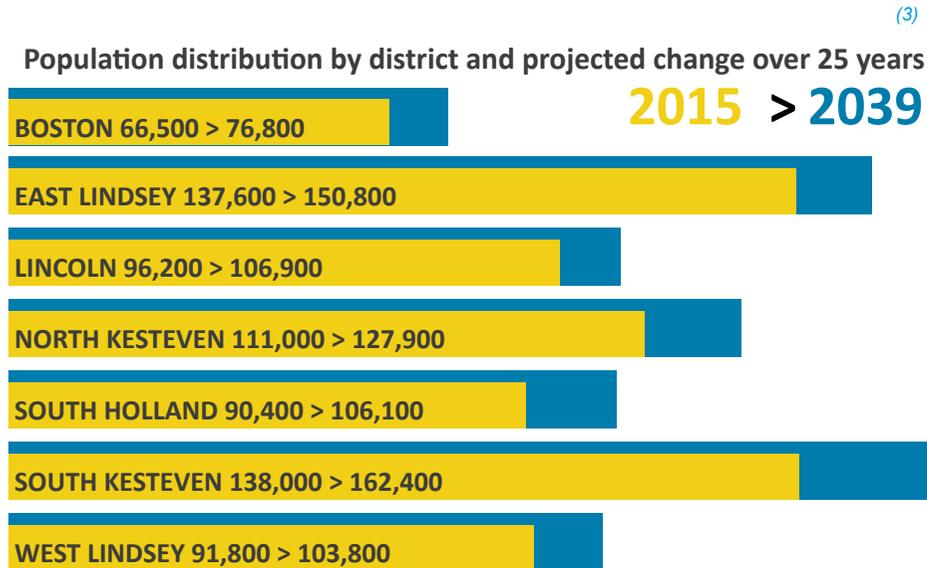
Lincolnshire is situated in the East Midlands region. It is a *two-tier authority* area comprising of Lincolnshire County Council and seven district councils: Boston Borough, City of Lincoln, East Lindsey, North Kesteven, South Holland, South Kesteven, and West Lindsey.

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⁾



Page 71



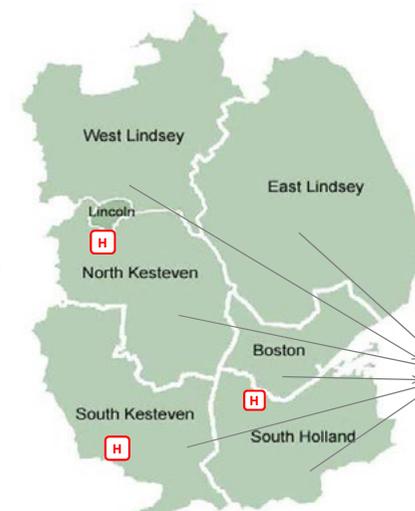


Short & Long Term Support (SALT): Customer Pathways and Outcomes - 2016/17

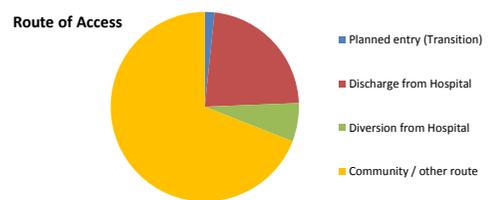


Short Term Support - NEW CLIENTS

Customers



Requests for Support



Social Care

Requests from NEW Clients	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)

Sequel to Request	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

Sequel to Reablement	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	Count
Concluded	2,435
Not concluded	195

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

Page 72

Adult Population: 594,466



Intermediate Care

Requests from Hospital*	670	-30%
-------------------------	-----	------

Support Organisation

Support Organisation	Count	Percentage	Trend
NHS Rehabilitation Service	220	33%	▼
Adult Care Reablement	450	67%	▲

Situation 91 days after discharge from hospital

Situation 91 days after discharge from hospital	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

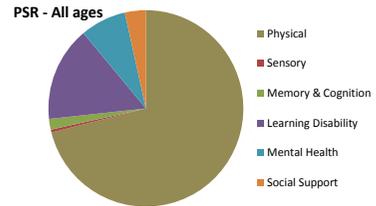


Long Term Support

Services (All Adults)

LTS001a - In Year

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

Residential Care	4,195	34%	2%	▲
------------------	-------	-----	----	---

Community Services	7,965	66%	7%	▲
--------------------	-------	-----	----	---

LTS001b - Current on 31 Mar

Long Term Support	9,630	11%	▲
-------------------	-------	-----	---

Residential Care	3,530	37%	12%	▲
------------------	-------	-----	-----	---

Community Services	6,100	63%	10%	▲
--------------------	-------	-----	-----	---

of which:

Direct Payments	2,325	32%	▲
-----------------	-------	-----	---

Services (Learning Disabilities 18-64)

LTS004 - In Year

Long Term Support	1,670	8%	▲
-------------------	-------	----	---

by Employment Status

In Paid	75	4%	▲
---------	----	----	---

Not in Paid	1,595	96%	▲
-------------	-------	-----	---

by Accommodation Type

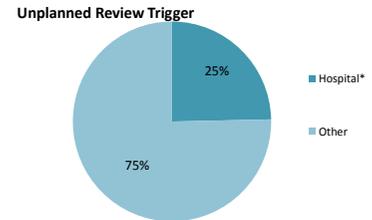
Settled	1,285	77%	12%	▲
---------	-------	-----	-----	---

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%

Unsettled	380	23%	-3%	▼
-----------	-----	-----	-----	---

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

Unplanned	3,080	-39%	▼
-----------	-------	------	---

LTS002

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

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%	▼

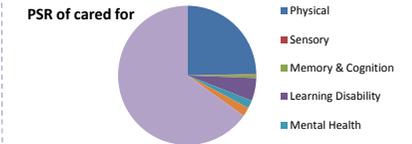
LTS002b

Move to Res Care	140	2%	▼
------------------	-----	----	---

Services (Carers)

LTS003 - In Year

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	

No Direct Support	1,165	14%	▲
-------------------	-------	-----	---

Advice & Info only	5,780	71%	▲
--------------------	-------	-----	---

Commissioned Support	-	0%	▼
----------------------	---	----	---

Personal Budgets	1,235	15%	▼
------------------	-------	-----	---

of which:

Direct Payments	990	12%	-59%	▼
-----------------	-----	-----	------	---

and support involving cared for

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

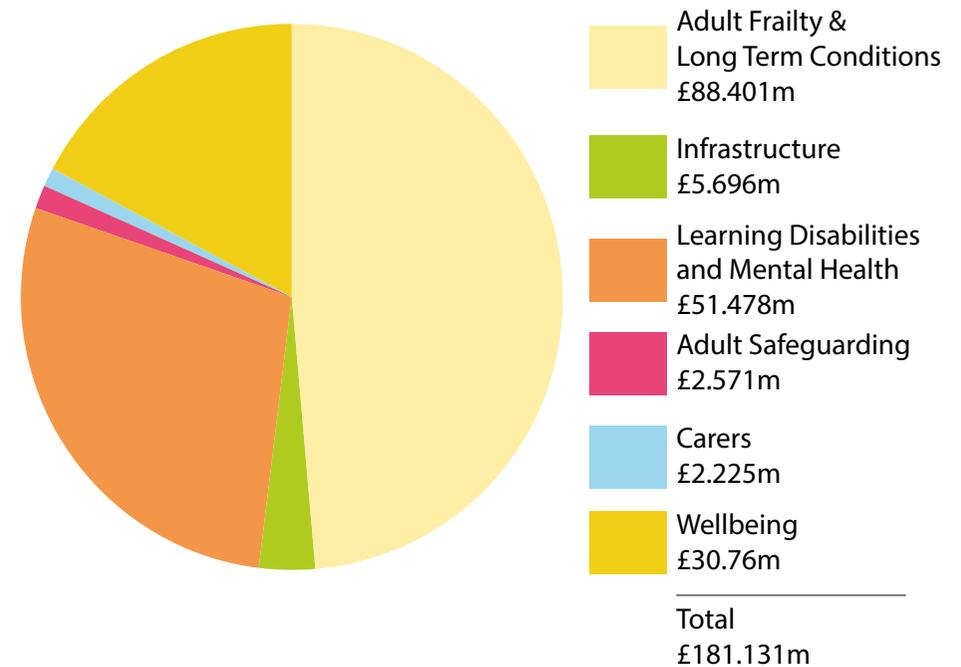
Adult Care spent £150.4m in 2016-17 with a total budget for Adult Care and Community Wellbeing of £181m.⁽⁴⁾

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 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.

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



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*

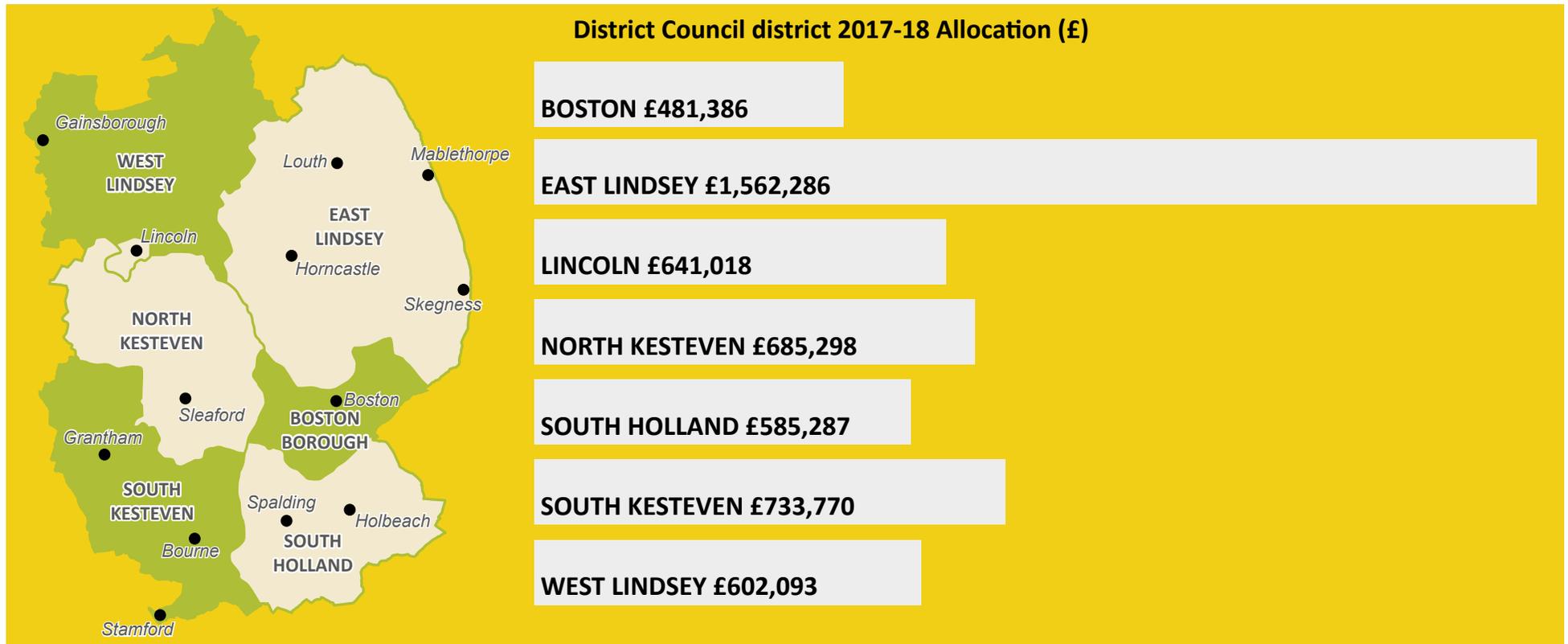
budgets for *Learning Disabilities*, *CAMHS* and *Community Equipment* plus 'aligned' Mental Health funds from the same organisations. Priorities for Lincolnshire include Non Elective Admissions (NEA) and *Delayed Transfers of Care (DTC)* as these cause financial pressures particularly to NHS partners.

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

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⁾

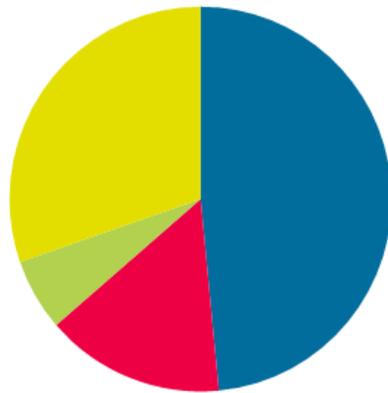
% of carers who find it easy to find information about services

2014-15 **65%**

2016-17 **59%**

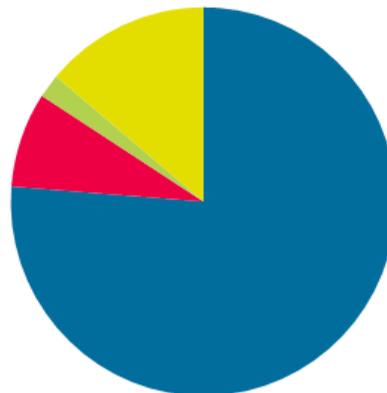


(10) Adult Frailty and Long Term Conditions survey (263 respondents) responding to the question "How easy was it to find information?"



- 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.

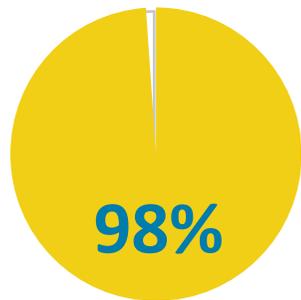
A personal budget is a sum of money allocated as a result of an assessment of needs. It is made up of the amount it would cost to meet a person’s agreed support needs. If requested, the money can be paid directly to the person so that they can arrange their own care and support (this is known as a direct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

Page 82

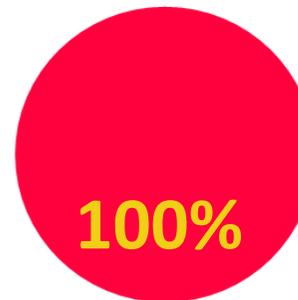
Number of people in receipt of long-term support who received self-directed support and Direct Payments in 2016-17:⁽⁹⁾



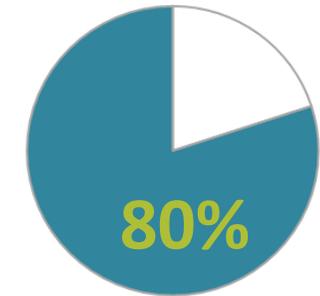
Proportion of adults receiving long-term support who received self-directed support



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 arrange 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⁾

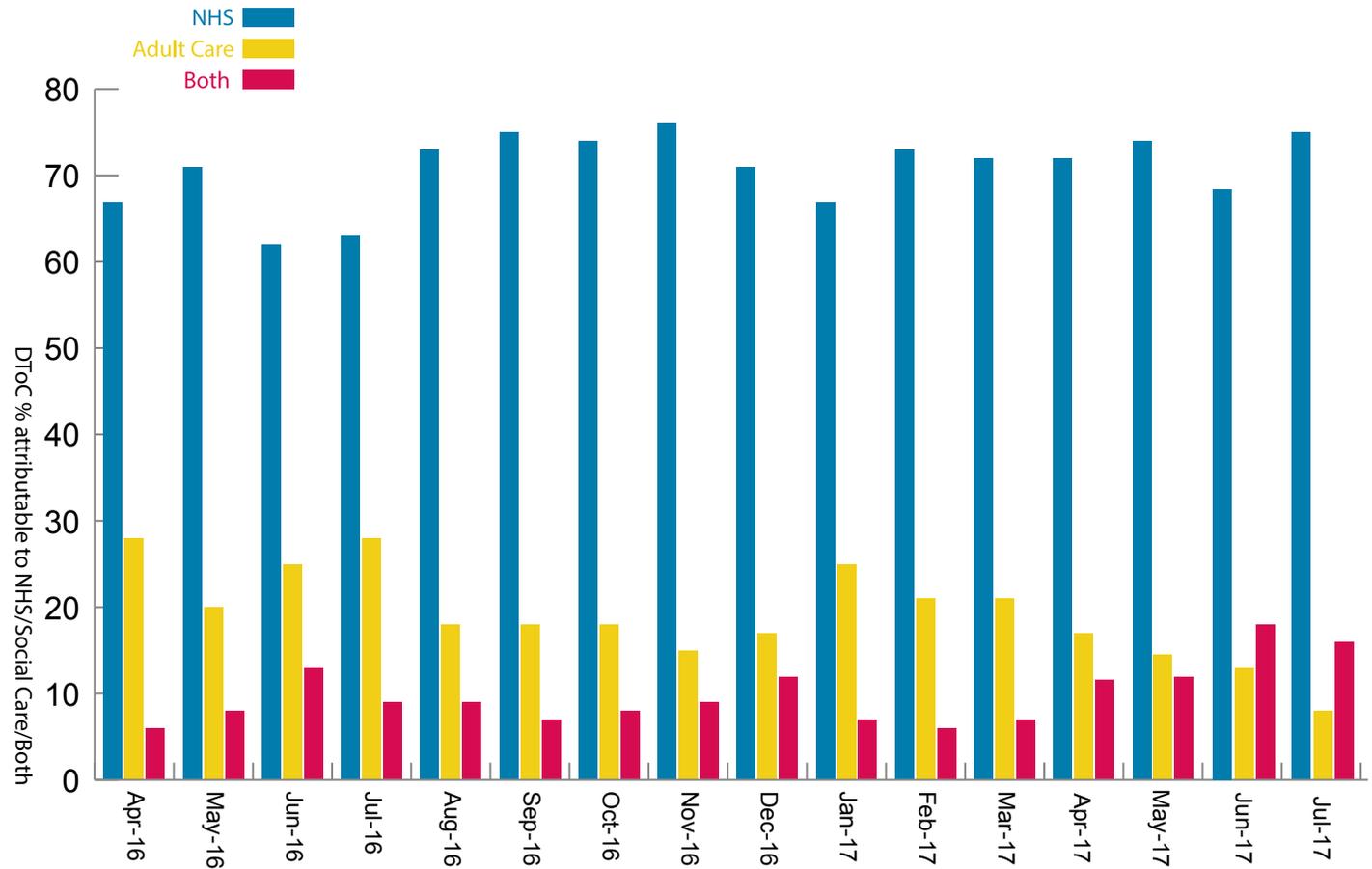


Supporting discharges from hospital

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.

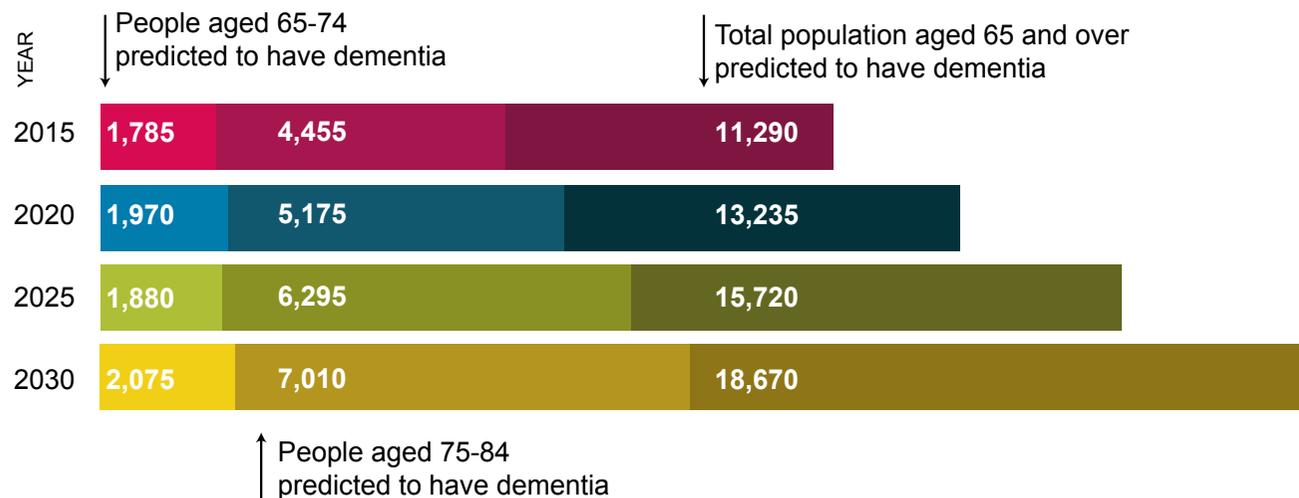
For further information regarding IPC visit www.england.nhs.uk/ipc/ipc-areas

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.

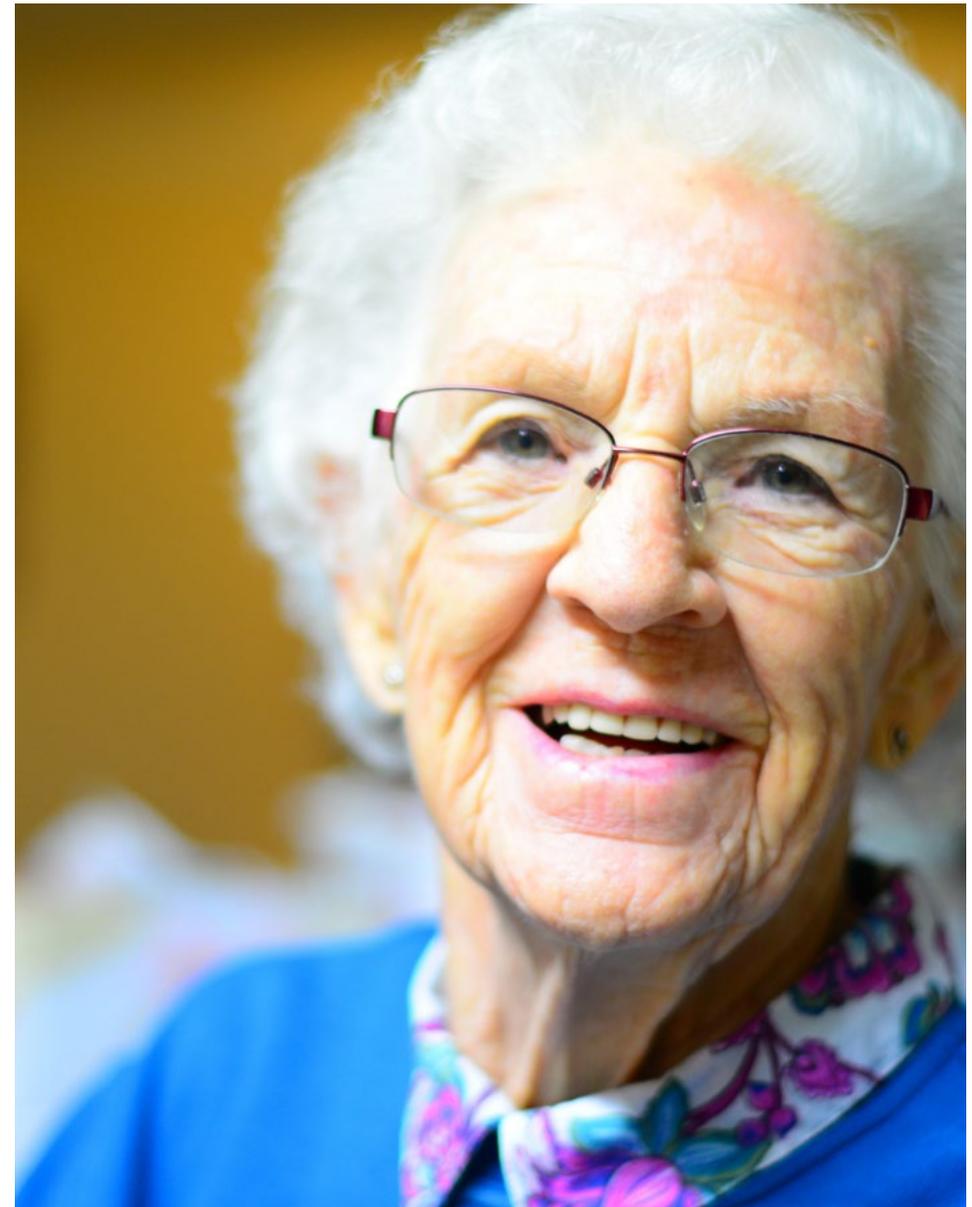
The Wellbeing Service started in Lincolnshire on 1 April 2014. The service is designed to promote confidence in living independently and ensures we are compliant with the Care Act 2014.

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%



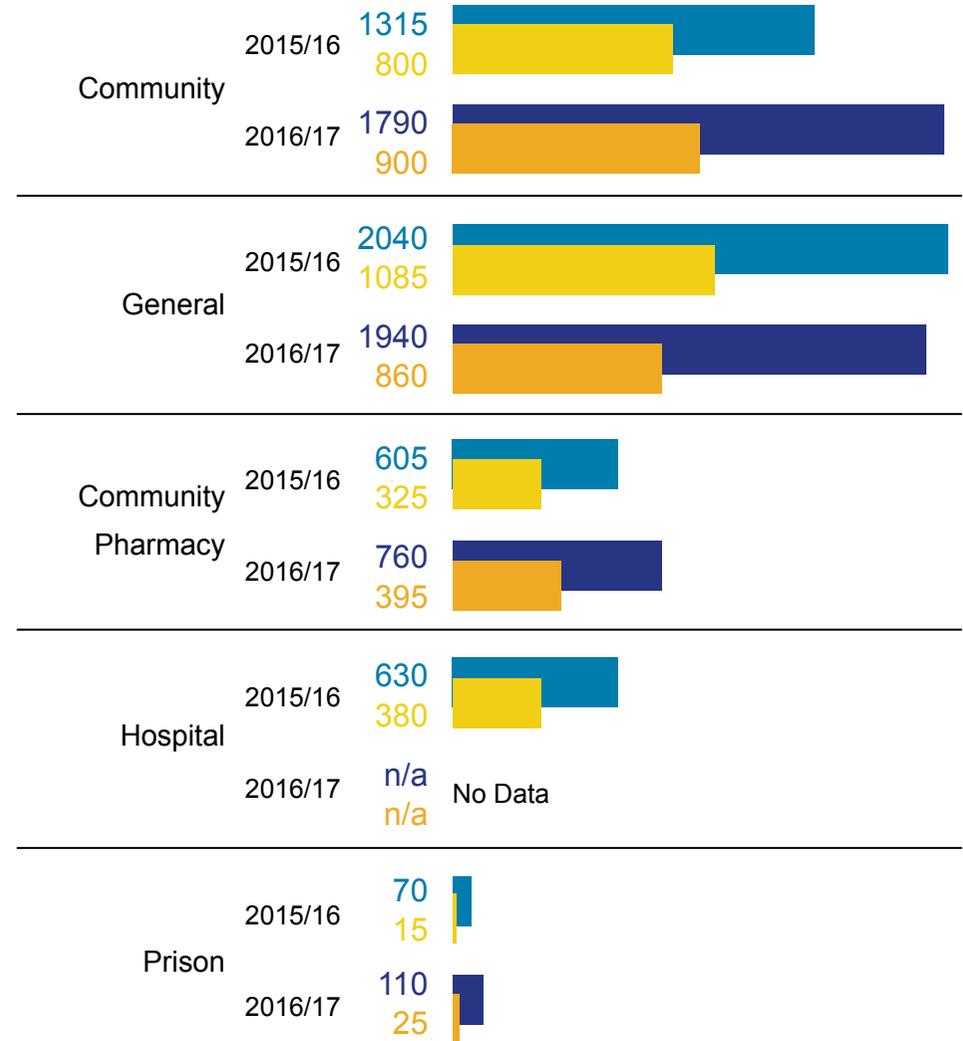
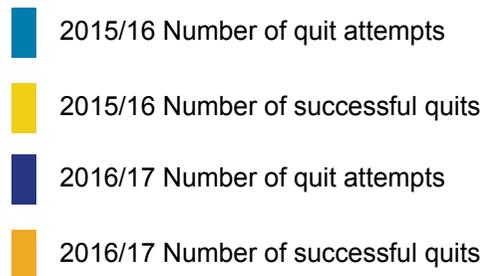
Smoking Cessation Service

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%.

Page 103





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.

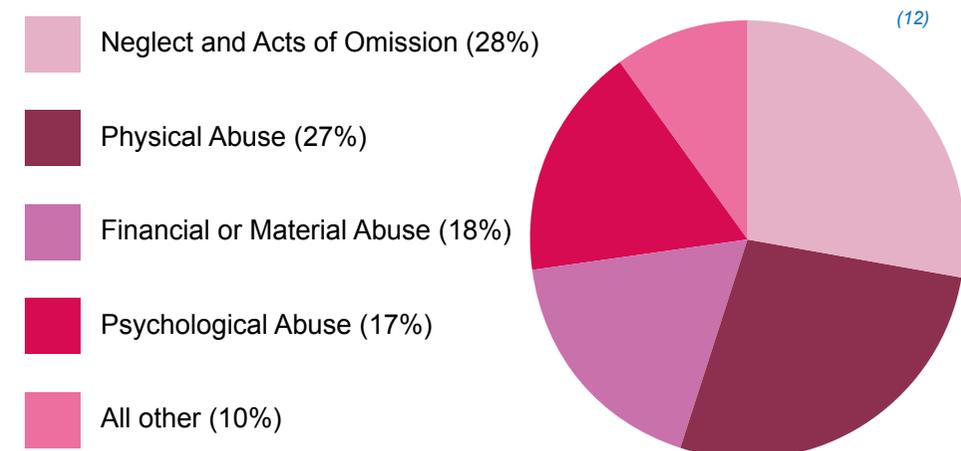
Types of abuse outlined in the Care Act 2014 include:

- 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?

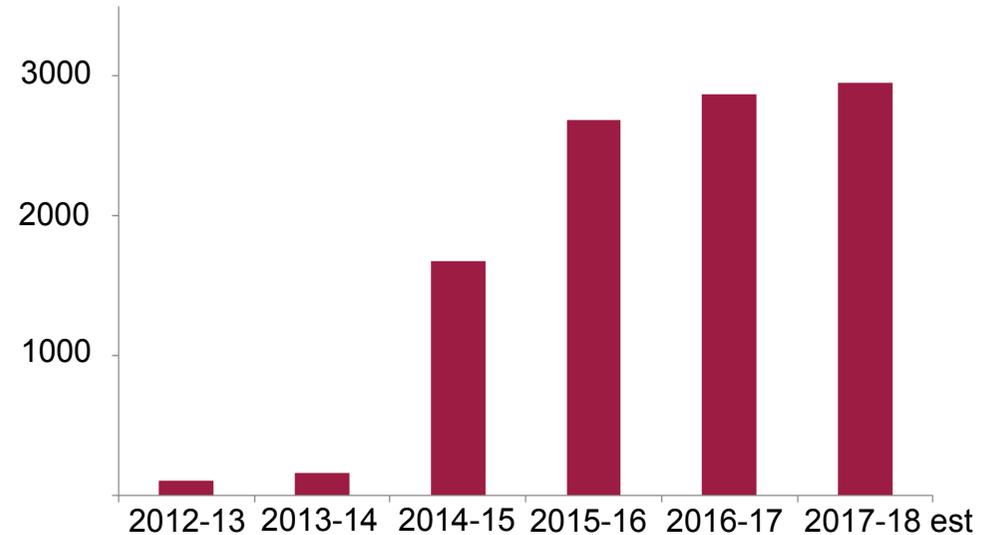
In 2016-17 we received 2,868 DoLS applications relating to 2,522 people. The majority of these people had Dementia.⁽¹⁷⁾

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.

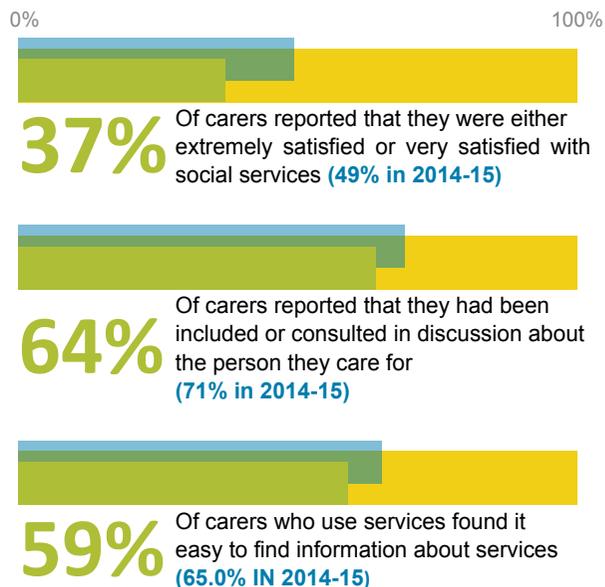


Surveys

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:



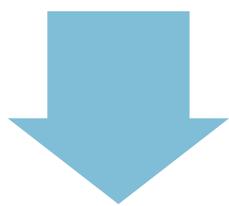
According to the Adult Social Care annual survey:





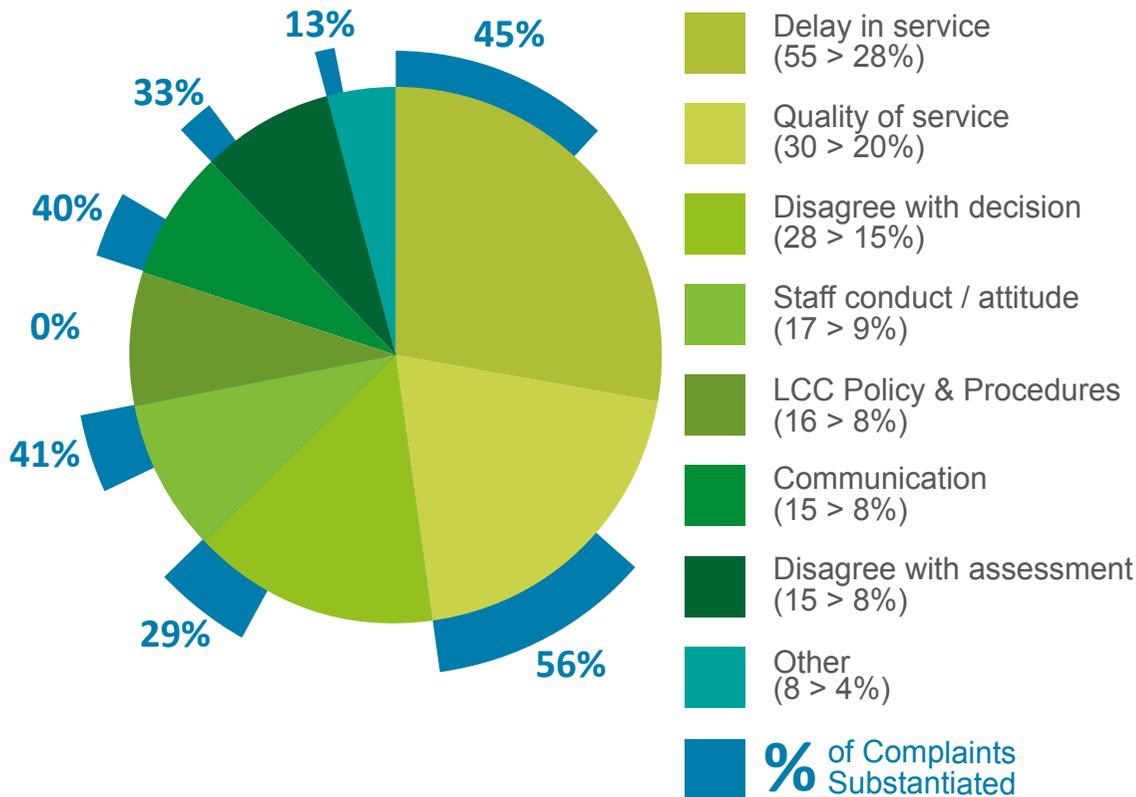
Feedback

35%⁽³⁾
LOWER
THAN 2015-16

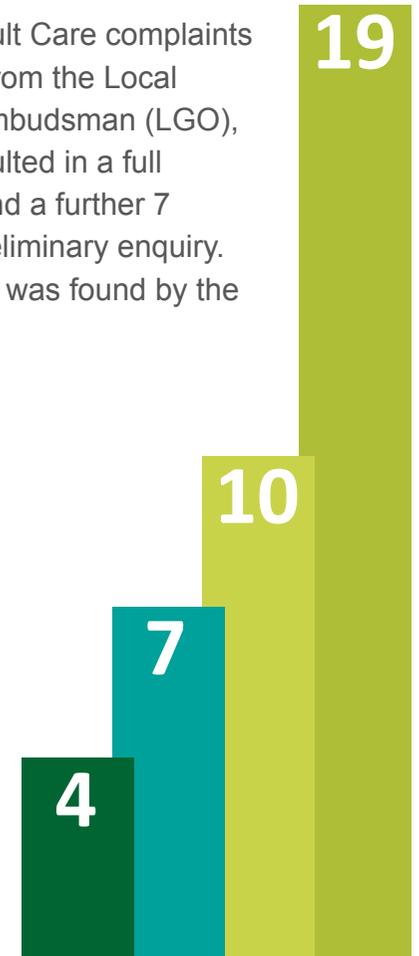


193 complaints received
by adult care during 2016-17

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

This page is intentionally left blank

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	29 November 2017
Subject:	Lincolnshire Safeguarding Boards Scrutiny Sub-Group – Update

Summary:

This report enables the Adults and Community Wellbeing Scrutiny Committee to have an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, in particular the Sub-Group's consideration of adult safeguarding matters. The draft minutes of the last meeting of the Scrutiny Sub-Group held on 26 September 2017 are attached.

Actions Required:

That the draft minutes of the meeting of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, held on 26 September 2017, be endorsed.

1. Background

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

The last meeting of the Sub-Group was held on 26 September 2017 and the draft minutes are attached at Appendix A to this report. As the remit of the Adults and Community Wellbeing Scrutiny Committee includes adult safeguarding, the Committee is requested to focus on those minutes of the Sub-Group, which are relevant to this remit.

2. Conclusion

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

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Minutes of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group held on 26 September 2017

5. Background Papers

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

This report was written by Catherine Wilman, who can be contacted on 01522 553788 or catherine.wilman@lincolnshire.gov.uk



**LINCOLNSHIRE SAFEGUARDING
BOARDS SCRUTINY SUB-GROUP
26 SEPTEMBER 2017**

PRESENT:

Lincolnshire County Council: Councillors S R Dodds, R L Foulkes, Mrs C J Lawton and R Wootten

District Council: District Councillor Mrs S Waring

Representative appointed by Police and Crime Commissioner: Marc Jones

Also in attendance:-

Chris Cook (Independent Chairman of the Lincolnshire Safeguarding Children Board), Barry Earnshaw (Independent Chairman, Lincolnshire Safeguarding Adults Board), Simon Evans (Health Scrutiny Officer), David Hair (Member Services Manager), Clare Rowley (Lincolnshire Safeguarding Children Board Business Manager) and Sue Wilson (Lincolnshire Safeguarding Children Board Policy and Audit Officer).

1 ELECTION OF CHAIRMAN

The Sub-Group was invited to nominate a County Council member of the Sub-Group to serve as Chairman for the Council year. Councillor S R Dodds was nominated and seconded and there were no other nominations.

RESOLVED

That Councillor S R Dodds be duly elected as Chairman of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group for the Council year 2017/18.

COUNCILLOR S R DODDS IN THE CHAIR

Councillor Dodds introduced herself and invited all those present to also introduce themselves to the meeting.

2 ELECTION OF VICE-CHAIRMAN

The Chairman invited nominations for the role of Vice-Chairman of the Scrutiny Sub-Group for the Council year 2017/18. Councillor R L Foulkes was nominated and seconded and there were no other nominations.

2

**LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP
26 SEPTEMBER 2017**

RESOLVED

That Councillor R L Foulkes be duly elected as Vice-Chairman of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group for the Council year 2017/18.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

It was reported that apologies for absence had been received from Councillors Mrs W Bowkett and A P Maughan, Janice Spencer, Assistant Director, Children's Services and from David Culy, Lincolnshire Safeguarding Adults Board Business Manager.

It was also reported that Marc Jones, Police and Crime Commissioner for Lincolnshire, would be the Police and Crime Commissioner representative for this meeting in place of Malcolm Burch, Chief Executive, Lincolnshire Police and Crime Commissioner's Office.

4 DECLARATIONS OF MEMBERS' INTERESTS

None were reported.

5 MINUTES OF THE MEETING OF THE LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP HELD ON 28 MARCH 2017

The meeting considered the minutes of the meeting held on 28 March 2017. It was recognised that the only member present on 28 March was Councillor S R Dodds. Councillor Dodds confirmed that the minutes were a correct record.

6 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB GROUP INTRODUCTION AND TERMS OF REFERENCE

A report outlining the Sub-Group's role and Terms of Reference was presented by Simon Evans, Health Scrutiny Officer. The report highlighted the key focus of the Sub-Group to scrutinise the effectiveness of both the Adults and Children Boards and to satisfy itself that agencies were working together effectively to achieve clear goals. It was confirmed that minutes from meetings of the Sub-Group would subsequently be presented to the relevant County Council scrutiny committee as part of the published agenda for that meeting.

The membership of the Sub-Group was discussed and it was confirmed that a representative from a local NHS organisation had been nominated and that Mr Andrew Burton, South West Lincolnshire CCG, would be in attendance from the next meeting. It was also confirmed that efforts were still underway to identify a Foster Carer representative for the Sub-Group.

The value of the Sub-Group was recognised by those present and the unique nature of the Sub-Group within the world of scrutiny. The existence and flagship nature of the Sub-Group was welcomed by the Chairs of both the safeguarding boards.

LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP
26 SEPTEMBER 2017

Part of the role of members of the Sub-Group was to attend meetings of the two safeguarding boards. The importance of this activity was discussed and the clear benefit of being able to see the boards in action and to report back on board activity to the Sub-Group.

RESOLVED

The Sub-Group noted its Terms of Reference.

7 INTRODUCTION TO THE LINCOLNSHIRE SAFEGUARDING CHILDREN BOARD (LSCB)

The Sub-Group received a presentation from Clare Rowley, Lincolnshire Safeguarding Children Board Business Manager and Chris Cook, Independent Chair of the Lincolnshire Safeguarding Children Board.

The presentation outlined the multi-agency membership of the Board and its overarching role to ensure that multi-agency services were effectively co-ordinated to safeguard all children in Lincolnshire. In addition to the many links already made by the Board it was confirmed that new links had been established with the Lincolnshire Football Association in light of recent national safeguarding cases that had been reported. It was recognised that maintaining a successful multi-agency approach was an on-going challenge but that through hard work and good communication this was achievable.

The role of the LSCB was explained in more detail and key functions highlighted were;

- Developing policies and procedures for safeguarding and promoting the welfare of children in Lincolnshire.
- Communicating to persons and bodies in Lincolnshire the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so.
- Monitoring and evaluating the effectiveness of what is done by the authority and their Board partners individually and collectively.
- Participating in the planning of services for children in Lincolnshire.
- Undertaking reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

National and local objectives for the period 2016-18 were set out including four specific local objectives to address Child Sexual Exploitation and emerging themes of abuse, to enhance the emotional wellbeing of young people, to promote healthy relationships and to work innovatively to reduce risk taking behaviours.

The meeting then considered the structure of the LSCB including the overarching Strategic Management Group and the Operational Delivery Group and the six subsidiary bodies that considered specific areas of child safeguarding. The challenge of maintaining proper separation between strategic and operational activity was recognised with some occasional overlap considered inevitable.

LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP 26 SEPTEMBER 2017

Members of the Sub-Group queried how the LSCB and its various structures were addressing emerging forms of abuse. Members were advised that both the Education Sub-Group and the Child Exploitation Sub-Group addressed concerns around 'virtual' abuse. In terms of PREVENT, the anti-radicalisation agenda, there were members of the PREVENT steering group sitting on a number of the Board structures and the work of the E-Safety Officer within schools was discussed. It was suggested that the E-Safety officer should be invited to a future meeting of the Sub-Group to describe their role and impact.

The presentation concluded with a look ahead to the future work of the LSCB and key priorities were;

- Budget setting for 2018/2019
- Business Planning for 2018-2021
- Audit Plan
- Policy Reviews
- Review of Multi-Agency Child Exploitation model.

The Sub-Group agreed that looked-after children were a group at potentially greatest risk and the Sub-Group was advised that discussions were already under-way between the LSCB Business Manager and the Corporate Parenting Manager about developing even stronger links in the future. The Sub-Group thanked both presenters for a very informative presentation.

8 INTRODUCTION TO THE LINCOLNSHIRE SAFEGUARDING ADULTS BOARD (LSAB)

The Sub-Group received a presentation from Barry Earnshaw, Independent Chair of the Lincolnshire Safeguarding Adults Board.

The Sub-Group was advised that the LSAB was relatively new compared to the LSCB and that it had only come into existence as part of the recommendations within the Care Act 2014. The Care Act 2014 had defined an adult at risk if they;

- had needs for care and support (whether or not the local authority is meeting any of those needs) and;
- was experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs was unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The Care Act 2014 had also set out the three key core duties of an adults safeguarding board;

- To publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this.
- To publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan.
- To conduct any Safeguarding Adults Review.

LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP
26 SEPTEMBER 2017

The multi-agency nature of the LSAB was outlined along with the key roles played by Lincolnshire Police, the NHS and the County Council in promoting adult safeguarding across Lincolnshire. The LSAB structure was explained in more detail. In addition to the overarching Board, five subsidiary bodies existed below the Board itself to carry out the various adult safeguarding responsibilities.

The LSAB had itself established six strategic aims;

- Community: Improve public awareness of adult safeguarding
- Making Safeguarding Personal: Embed choice and control
- Collaboration: Improve cross partner information sharing
- Assurance: Confirm what we do makes a difference
- Workforce: Ensure a competent and capable workforce
- Prevention: Empowering people to safeguard themselves and others – promoting personal responsibility

Looking ahead reference was made to some of the emerging challenges within adult safeguarding including modern day slavery, PREVENT, domestic abuse, suicide and self-harm, self-neglect including hoarding and cyber-crime.

The Sub-Group recognised modern day slavery as a serious issue which had received considerable media attention following a recent major court case involving criminal activity in Lincolnshire. It was confirmed that there would be a review of the recent criminal convictions related to modern day slavery in the Lincolnshire area and that lessons learned and good practice established would be published to assist other police forces and local authorities locally and across the country.

Cyber-crime and scams were discussed and the risk to those who were already socially isolated. The Sub-Group highlighted the importance of public services continuing to offer face-to-face interaction to members of the public as this might be one of the only opportunities some people had for regular human interaction. The Sub-Group was advised that the Public Health team was currently exploring this issue and what could be done to improve the situation. It was also mentioned that as part of the STP (Sustainability and Transformation Plan) in Lincolnshire, the Neighbourhood Teams were piloting a 'self-care' approach in the Gainsborough area.

The safeguarding challenges faced by those adults with mental health conditions were also raised by members of the Sub-Group who were interested to know more about how mental health was factored into the safeguarding approach. The Sub-Group was advised that representatives from LPFT (Lincolnshire Partnership NHS Foundation Trust – provider of specialist health services for people with learning disabilities and mental health problems) featured on both safeguarding boards. Reference was also made to the 'Toxic Trio' of domestic abuse, mental ill-health and substance abuse and how a combination of some or all of these factors presented a challenge both for adults and children's safeguarding.

The presentation concluded with a look ahead to future priorities in addition to the strategic aims and priorities set out above and these included;

6

**LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP
26 SEPTEMBER 2017**

- A review of front-end systems and processes
- Peer Review; Scrutiny, Challenge and Assurance role in respect of CQC Reports and STP;
- New LSAB Strategy 2018/19 – 2021/22;
- Sustainable SAB funding; supporting regional and national developments.

The Sub-Group was advised that the LSAB Annual Report 2016/17 had just been finalised and would be presented to the next meeting of the Sub-Group following approval at the LSAB meeting on 27 September 2017.

9 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB GROUP -
DATES OF MEETINGS AND WORK PROGRAMME

The Sub-Group considered a report outlining its future Work Programme which featured a list of standard items for each meeting. A revised list of standard items was agreed as follows;

- Key messages from the LSAB
- Safeguarding Adult Reviews
- Key messages from LSCB
- Serious Case Reviews
- Policy and Audit update

It was agreed that dates of meetings for the forthcoming year would be finalised shortly following discussions between the Chairman of the Sub-Group and the Health Scrutiny Officer. Volunteers from the Sub-Group would also be sought to attend the meetings of the LSCB and LSAB.

RESOLVED

That the Work Programme of the Sub-Group be noted and that dates of future meetings be established and circulated shortly.

The meeting closed at 11.55 am

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	29 November 2017
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

This item enables the Committee to consider its work programme, which is reviewed at each meeting. Members of the Committee are encouraged to highlight items that could be included for consideration.

Actions Required:

The Committee is invited to review, consider and comment on the work programme; and highlight any additional scrutiny activity which could be included for consideration in the work programme.

1. Background

The content of the Committee's work programme is set out below: -

29 November 2017 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Health and Wellbeing Board's Housing, Health and Care Delivery Group	Tony McGinty, Acting Director of Public Health Lisa Loy, Housing For Independence Manager
Care Quality Commission Update	Greg Rielly, Interim Inspection Manager, Adult Social Care Directorate, Care Quality Commission
2017/18 Adult Care and Community Wellbeing Quarter 2 - Themed Performance Report: Carers Service	Theo Jarratt, County Manager, Performance Quality and Information Jane Mason, County Manager, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Local Account 2016/17	Theo Jarratt, County Manager, Performance Quality and Information

29 November 2017 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Lincolnshire Safeguarding Boards Scrutiny Sub-Group - 26 September 2017	Democratic Services

10 January 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing - Budget Monitoring Report	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget Proposals 2018/19	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing
IT Overview for Adult Care (including Mosaic)	Emma Scarth, Strategic Programme Lead, Mosaic
Telecare – General Overview of Provision	Robin Bellamy, Wellbeing Commissioning Manager
Telehealth – NHS Provision	<i>NHS contributors to be confirmed</i>
Overview of Procurement and Contracts in Adult Care and Community Wellbeing	Alina Hackney, Head of Commercial and Procurement – People Services, Commercial Team
Prevention of Ill-Health	Tony McGinty, Acting Director of Public Health
Stop Smoking Services – Procurement (<i>Pre-Decision Scrutiny – Decision Date to be advised</i>)	Philip Garner, Health Improvement Programme Manager

14 February 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
2017/18 Adult Care and Community Wellbeing Quarter 3 - Themed Performance – Assessments and Review of Assessments	Theo Jarratt, County Manager, Performance Quality and Information
Residential and Nursing Care Fee Levels - Adult Care	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

14 February 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - 15 January 2018	Democratic Services

11 April 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Annual Report of the Director of Public Health	Director of Public Health

30 May 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - 16 April 2018	Democratic Services

Other Potential Items for Inclusion in Work Programme

- Transforming Care – Learning Disabilities.
- National Carers Strategy
- The Role of Community Hospitals in the Health and Care System.
- Joint Commissioning Arrangements.

2. Conclusion

Members of the Committee are invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

3. Consultation

a) Have Risks and Impact Analysis been carried out? - Not Applicable

b) Risks and Impact Analysis - Not Applicable

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

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

This page is intentionally left blank