County Offices
Newland
Lincoln
LN1 1YL

28 August 2018

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 5 September 2018 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Keith Ireland
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, Mrs P Cooper, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, A P Maughan, Mrs M J Overton MBE, C E Reid and M A Whittington

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 5 SEPTEMBER 2018

9	**Lincolnshire Safeguarding Boards Scrutiny Sub-Group - Update** *(To receive a report by Democratic Services which enables the Committee to have an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, in particular the Sub-Groups consideration of adult safeguarding matters. The Committee is also provided with the opportunity to consider the draft minutes of the last meeting of the Scrutiny Sub-Group held on 9 July 2018)*	139 - 146
10	**Adults and Community Wellbeing Scrutiny Committee Work Programme** *(To receive a report by Simon Evans, Health Scrutiny Officer, which provides the Committee with an opportunity to consider its work programme)*	147 - 152

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

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

Contact details set out above.

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

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
4 JULY 2018

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), R J Kendrick, Mrs J E Killey, Mrs C J Lawton, A P Maughan and M A Whittington.

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Helen Glover (Principal Lawyer, Adult Care and Health Team), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Cheryl Hall (Democratic Services Officer), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Theo Jarratt (County Manager, Performance Quality and Development), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions) and Emma Scarth (Strategic Programme Lead for Mosaic).

10 APOLOGIES FOR ABSENCE/REPLACEMENT COUNCILLORS

Apologies for absence were received from Councillors Mrs P A Bradwell (Executive Councillor for Adult Care, Health and Children's Services), Mrs P Cooper, M T Fido, Mrs M J Overton MBE and C E Reid.

11 DECLARATIONS OF COUNCILLORS' INTERESTS

Councillor M A Whittington advised of his wife's role as a care assistant for a care provider, which provided services outside of Lincolnshire.

12 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE HELD ON 30 MAY 2018

RESOLVED

That the minutes of the meeting of the Adults and Community Wellbeing Scrutiny Committee held on 30 May 2018 be approved.

13 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman was pleased to announce that Canwick House Care Home had recently been awarded two prestigious national awards for two inspiring projects at the Care Home Awards on 27 June 2018.

14 HOMECARE CUSTOMER EXPERIENCE SURVEY 2017/18

Consideration was given to a report by Carolyn Nice (Assistant Director, Adult Frailty and Long Term Conditions) and Emma Scarth (Strategic Programme Lead for Mosaic), which presented the findings of a survey conducted by the Quality Assurance team into the customer experience of people who use the Council-commissioned homecare. Alina Hackney (Senior Strategic Commercial and Procurement Manager – People Services) supported the presentation of the item.

The survey had explored the people's experience with care staff, the planning and communication of their visit and their provider's office and leadership.

It was noted that the Council's commissioned homecare was used by 2,800 adults of all ages with eligible care needs. Over 65,000 homecare visits were made each week across the county by independent providers.

The survey, which had been undertaken between November 2017 and January 2018, had gathered the views of a representative sample of people who had received this homecare. The Customer Service Survey summary of responses report was attached at Appendix A to the Committee's report.

The Committee was provided with an opportunity to ask questions, where the following points were noted: -

- The Committee explored ways in which the performance of *Planning and Communication* could be improved, particularly improvements to notifications of staffing changes and times of visits. Furthermore, it was recognised that this was a difficult area to improve, as there were often extenuating circumstances such a sickness, which could not be foreseen and prepared for. The County Council was undertaking work with providers on how this area could be improved, which could be achieved via IT solutions;
- It was confirmed that during the winter period, particularly during the heavy snowfall, all service users had received their care support;
- It was confirmed that providers operated an Electronic Call Monitoring system, which helped improve the quality of care provided at home;
- It was advised that part of the Better Care Fund had been used to improve recruitment across the care sector. It was also confirmed that staff retention was monitored through contract Key Performance Indicators (KPIs), along with other performance measures concerning the workforce; and
- It was advised that the sample of people who had used the service and completed the survey was a random selection of service users. The views of family members were also sought through the survey.

RESOLVED

That the findings of the Homecare Customer Experience Survey 2017/18 and the comments of the Committee be noted.

15 PAYMENT ARRANGEMENTS FOR RESIDENTIAL CARE AND RESIDENTIAL CARE WITH NURSING

Consideration was given to a report by Carolyn Nice (Assistant Director Adult Frailty and Long Term Conditions)), which invited the Committee to consider a report on Payment Arrangements for Residential Care and Residential Care with Nursing, which was due to be determined by the Executive Councillor for Adult Care, Health and Children's Services on 10 July 2018. It was advised that the views of the Committee would be reported to the Executive Councillor, as part of her consideration of the item.

The Assistant Director (Adult Frailties and Long Term Conditions) advised that the Executive Councillor's report presented the outcome of a review of the Council's payment arrangements for residential care and residential care with nursing following findings and recommendations made by the Local Government and Social Care Ombudsman.

The report also sought a decision from the Executive Councillor on whether to accept the recommendations of the Ombudsman and change the payment arrangements to provide for no involvement in the collection of payments of Third Party Contributions or implement a modified form of its current payment arrangements for Third Party Contributions and Resident Contributions subject to variations being made to the Council's contract.

In response to a question, the Committee was advised that the review of the payment arrangements, referred to in option (c) as detailed in the Executive Councillor's report, was part of the usual contract process, and would be due to take place in 2020/21 in any event. The Committee was further advised that a review of the payment arrangements might be necessary in advance of 2020/21, for example in response to revised legislation or exceptional circumstances. Following this advice, the Committee agreed to suggest that the wording of option (c) might be revised to reflect the possibility that a review of the payment arrangements might take place in advance of 2020/21.

The Committee was given a further explanation of the legal position on statutory guidance, as set out in paragraph 5 of Appendix A to the report, and acknowledged that a cogent reason for departure from the statutory guidance had been set out in Appendix B to the report.

The Committee was provided with an opportunity to ask questions, where the following points were noted: -

- Other local authorities had adopted a variety of approaches to their payment arrangements for residential care and residential care with nursing;
- It was confirmed that the Ombudsman's report related to a single complaint and this should be borne in mind within the context of the overall number of service users;

- There had been no increase in complaints similar to the one that had led to the Local Government and Social Care Ombudsman report, since the publication of the report by the Ombudsman on 11 January 2018;
- The expected publication of the Government Green Paper on Care and Support for Older People in the autumn of 2018 might impact on the national policy and the legislative position.

RESOLVED

That support be given to recommendations (1) and (3), as set out in the report. Of the three options in recommendation (2), the Committee recorded its support for option (c) and suggested that the wording might be revised to reflect the possibility that a review of the payment arrangements might take place in advance of 2020/21.

16 ADULT CARE AND COMMUNITY WELLBEING QUARTER 4 2017/18 PERFORMANCE REPORT

Consideration was given to a report by Theo Jarratt (County Manager, Performance Quality and Development), presented performance against the Council Business Plan targets for the Directorate as at the end of Quarter 3 2017/18.

A summary of performance against target for the year 2017-18 had been provided at Appendix A to the report. A full analysis of each indicator over the year had also been provided at Appendix B to the report. The County Manager, Performance Quality and Development presented the performance information to the Committee.

The report demonstrated that for the Adult Care and Community Wellbeing Council Business Plan measures in 2017/18: Nine had exceeded the target; ten had achieved the target or were within an agreed tolerance; six had not achieved the target or performed within the tolerance range allowed.

The Committee was advised that for some measures, it would be the final report of performance, as a revised set of Council Business Plan measures to reflect the Directorate's priorities had been agreed for 2018/19. Performance against the revised set of measures would start to be reported to the Committee from Quarter 1 at the meeting on 5 September 2018. The changes in the measures would be circulated via email.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- *Performance of carers who find it easy to find information about services* – the Committee was advised that there were a range of projects exploring ways in which the performance of this measure could be improved;
- *Performance of alcohol users that left drug treatment successfully who do not present to treatment within six months* – it was confirmed that there had been a change in provider and it was noted that despite the target not being achieved, there had recently been an improvement in performance;

- It was requested that the Committee received information on the number of young carers supported by Carers First, Serco and Lincolnshire County Council;
- The Committee recognised the importance of the role of informal carers;
- *Safeguarding cases supported by an advocate* – it was commented that the target of 100% had been achieved consistently over 2017/18 and it was therefore queried whether it was necessary for this target to continue to be reported. Officers agreed to take forward this comment;
- It was queried what national support for the Public Health function that was available. In response, the Committee was advised that the question would be put to the Director of Public Health and his response would be circulated via email;
- The Committee was advised that Adult Care had seen a 4% increase in activity. It was advised that there was a graphic, which demonstrated where the 4% increase in activity could be seen. It was suggested that this could be presented as part of the next performance report.

RESOLVED

That the Adult Care and Community Wellbeing Quarter 4 2017/18 Performance Report and the Committee's comments be noted.

17 ADULT FRAILTY AND LONG TERM CONDITIONS REVIEW PERFORMANCE

Consideration was given to a report by Theo Jarratt (County Manager, Performance Quality and Development) and Emma Scarth (Strategic Programme Lead for Mosaic), which invited the Committee to note the improved performance on Reviews for Adult Frailty and Long Term Conditions and provided an update on the outturn position.

The Committee was advised that the year-end performance for 2017/18 had shown that 86.1% of Adult Frailty and Long Term Conditions customers had had their needs reviewed during 2017/18. In total 4,004 customers out of 4,469 had had their needs reviewed during this period. This had represented a significant improvement on the previous year 2016/17 where 77% of customers had been reviewed.

The improved performance had been achieved despite the service facing a number of challenges during 2017/18 including the implementation of Mosaic, which whilst now working effectively did initially take time to bed in.

The Committee was provided with an opportunity to ask questions, where the following points were noted: -

- Performance data about reviews would be a standing item at meetings in area teams so that they would be aware of the challenge and the achievement in completing the work in order to meet the targets;
- It was confirmed that the target was set at 100%. However, it was recognised that it would not necessarily be possible to achieve this target, owing to

circumstances outside of the Council's control. A list of potential reasons was cited. However, it was hoped that the County Council could further improve on its performance;

- The introduction of Mosaic had made improvements to the way in which reviews were recorded on the system and it was now easier for the Council to track progress with reviews.

RESOLVED

That that improved performance on the completion of reviews and the continued focus on reviews for 2018/19 be noted.

18 ADULT CARE AND COMMUNITY WELLBEING 2017/18 FINAL OUTTURN

A report by Steve Houchin (Head of Finance, Adult Care and Community Wellbeing) was considered which invited the Committee to note the final budget outturn for 2017/18.

The report presented budgetary information on the following service areas for 2017/18: Adult Frailty and Long Term Conditions; Specialist Adult Services; Community Wellbeing; Carers; Safeguarding Adults; Better Care Fund; and Capital.

The Head of Finance, Adult Care and Community Wellbeing advised that the Adult Care and Community Wellbeing final outturn for 2017/18 was £206.960m, an under-spend of £1.483m against a budget of £208.443m. It was reported that this was the sixth year in succession that Adult Care and Community Wellbeing had remained within its budgeted allocation. The Committee expressed its gratitude to all those officers involved in ensuring Adult Care remained within budget.

In response to a question, it was confirmed that any recurrent cost pressures had been included within Adult Care's base budget. Furthermore, the Committee was advised that the Head of Finance, Adult Care and Community Wellbeing, in conjunction with officers from the service area, continually reviewed budgets to monitor performance throughout the year.

The Committee was also advised that the Mental Capacity (Amendment) Bill, which covered Deprivation of Liberty, had received its first reading in the House of Lords on 3 July 2018. It was confirmed that officers would follow the progress of the Bill through its various Parliamentary stages.

RESOLVED

That the final Adult Care budget outturn for 2017/18 be noted.

19 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

A report by Simon Evans (Health Scrutiny Officer) was considered, which enabled the Committee to consider its work programme for the coming months.

It was advised that on 3 July 2018, the Executive had made a decision on the *Commercialisation and Commissioning Strategies* and as a result, the Committee was asked to consider making arrangements to consider the commissioning strategies in the following five areas during the autumn:

- Specialist Adult Services;
- Carers;
- Adult Frailty, Long Term Conditions and Physical Disability;
- Adult Safeguarding; and
- Wellbeing.

It was noted that there were 14 commissioning strategies across the Council, five of which were in the remit of the Committee.

The Committee suggested that it considered: Specialist Adult Services; Carers; and Adult Safeguarding at its meeting scheduled for 5 September 2018 and Adult Frailty, Long Term Conditions and Physical Disability; and Wellbeing at its meeting on 10 October 2018.

RESOLVED

That the work programme, as set out in the report, be noted.

The meeting closed at 12.15 pm.

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Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**5 September 2018**
Subject:	**Specialist Adult Services Commissioning Strategy 2018-2021**

Summary:

Lincolnshire County Council is a Commissioning Council and is organised in line with 17 Commissioning Strategies. These Commissioning Strategies are in different stages of readiness. This report has been produced to provide the Adult and Community Wellbeing Scrutiny Committee with details of the current Specialist Adult Services Commissioning Strategy 2018-2021.

Actions Required:

To note the content of the current Specialist Adult Services Commissioning Strategy and to provide feedback that can be considered by the Council's Executive.

1. Background

Specialist Adult Services – Adult Care and Wellbeing

Specialist Adult Services commission Adult Social Care (ASC) for Adults with Learning Disability and/or Autism aged 18+ and Adults with Mental Health needs aged 18 to 64. For those people who are eligible for ASC, and financial support, a care and support plan identifying the outcomes to be achieved will be developed alongside a personal budget to fund the care and support needed.

Our aim, simply put is to provide people with choice and opportunity and more control over who provides their care, what it is and the funds to be used. From an organisational perspective this strategy represents a joint undertaking with NHS partners.

The Specialist Adult Services Joint Delivery Board (JDB) which is co-chaired by the Assistant Director Specialist Adult Services (Lincolnshire County Council) and the Executive Nurse (South West Lincolnshire CCG) has oversight of the relevant joint commissioning arrangements including Lincolnshire's Transforming Care Plan and the Lincolnshire All Age Autism Strategy. The JDB is also currently overseeing a review of Lincolnshire's Mental Health Strategy. These more detailed documents

provide wider information on the broad range of joint commissioning activities we work on with key stakeholders.

Joint Commissioning Arrangements

Joint commissioning arrangements are often facilitated by a lead commissioner and are underpinned by legal agreements, known as Section 75 agreements. These allow the costs associated with commissioning services and assessments to be shared across agencies, benefitting service users from more joined up provision with reduced "system" duplication. Further details of the Section 75 agreements are provided within Section 5 of the full technical version of the strategy.

Co-production

The needs and priorities within the Specialist Adult Services Commissioning Strategy have been identified through a range of engagement activities with key stakeholders.

An easy read version of the Commissioning Strategy has been produced with the support of the Learning Disability and Autism Partnership Boards, a copy of which is provided at Appendix A. The Easy Read version of the strategy is the public facing document that summarises the identified priorities and aims.

A more detailed technical version of the commissioning strategy has also been produced which is aimed predominately for internal communication within the County Council to aid understanding of the matters presenting and the mechanism through which joint commissioning arrangements are facilitated. A copy of the Full Technical Version of the Strategy is provided at Appendix B.

Key issues presenting

Demographic growth and rising complexity of needs are generating a need for increased capacity in the residential, nursing and community services markets.

Ongoing price increases in provider cost bases linked to the national living wage and sleep-in costs have been compounded by recruitment and retention difficulties in some key professional groups including Nursing and some of the care sectors.

The challenges ahead are therefore closely linked to Market Management activities in addition to incremental increases in projected budget requirement.

Priorities for the year ahead

In order that we are well placed to meet these challenges the priorities for the year ahead are:

- Sustaining outcomes and Value for Money (VfM) which includes a further strengthening of joint commissioning and the associated renegotiation of risk share arrangements with NHS agencies;

- Changing the balance of services commissioned as well as developing wider partnership working;

- Utilising capital investment in housing to reduce future revenue costs as well as building additional capacity in the market.

- Increasing the numbers of service users in employment, volunteering or other vocational activities;

- Tendering and re-tendering contracts including Shared Lives and external Day Services (Aligned to developing a new operational model for in-house day opportunities that focuses on strength based approaches).

2. Conclusion

A Commissioning Strategy has been developed by lead commissioners which now needs, to be formally considered by the Council's Executive informed by comments and feedback from the Adults and Community Wellbeing Scrutiny Committee.

3. Consultation

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

No

b) Risks and Impact Analysis

The commissioning strategy and related activities are considered as part of the wider Council's Risk Management Framework and Audit Cycle. The areas of commissioning responsibility are also considered via peer review.

A supplementary risk and impact analysis in relation to this commissioning strategy will also be completed once feedback is received from scrutiny.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Specialist Adult Services Commissioning Strategy 2018-21 Easy Read Version
Appendix B	Specialist Adult Services Commissioning Strategy 2018-21 Full Technical Version

5. Background Papers

Document title	Where the document can be viewed
Lincolnshire Transforming Care Plan	West Lincolnshire Clinical Commissioning Group Web site www.lincolnshirewestccg.nhs.uk/about-us/transforming-care-in-lincolnshire
Lincolnshire All Age Autism Strategy	LCC Web Site www.lincolnshire.gov.uk/residents/adult-care/about-us/strategies-policies-and-plans/all-age-autism-strategy/114447.article

This report was written by Justin Hackney, who can be contacted on 01522 554259 or justin.hackney@lincolnshire.gov.uk

SPECIALIST ADULT SERVICES COMMISSIONING STRATEGY

2018-21

Easy Read Version

Lincolnshire COUNTY COUNCIL

Working for a better future

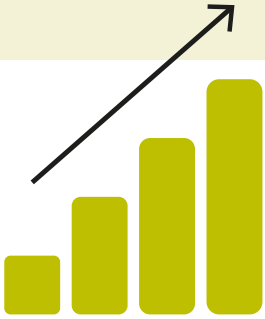
This strategy sets out how we will organize care and support services for people with learning disabilities, autism and mental health problems and carers, who have eligible needs. It is for people aged 18 and over.

We want to help people to have more say about their care and support and to make the most of what they can do for themselves.

The Joint Delivery Board will make sure the strategy joins up with other plans like the Transforming Care Plan and the Autism Strategy.

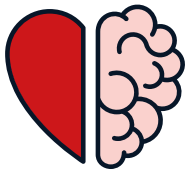
We have looked at what the Government says should be done and what the Council says is important. We have listened to people and family carers and to organisations that provide services.

We have thought about what the health and wellbeing of people in Lincolnshire will be in the future and have looked at what services are working well and what could be improved.



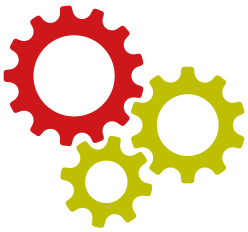
Our Priorities

People from the Learning Disability and Autism Partnerships and the Mental Health Partnership Group helped us decide what is most important for people.

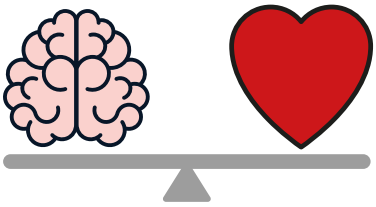


Good physical and mental health and wellbeing

A better quality of life



Independence and control over their day-to-day life



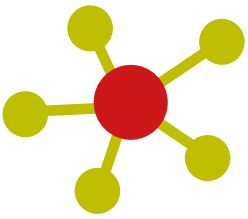
Mental and physical health treated equally

Good feelings about the care and support people receive

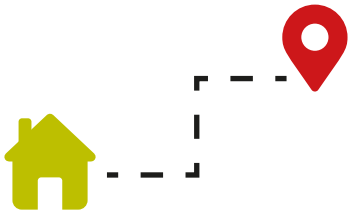
Help to move from children's services to adult services

More chances to find paid or voluntary work

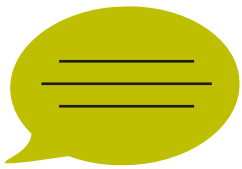
More choice of accommodation



The chance to make friendships and meet their own needs



To use normal community services closer to home



To have a say about the things they want to achieve

On pages 10 and 11 of the full report are the things we will do to make this happen. We will look at what we are doing every year to decide how well the plan is working.

Our Aims

We will work closely with our partners in the NHS to:

Keep people safe from harm

Following the abuse suffered by people at Winterbourne View hospital in 2011, like other Councils we have a plan for very good care closer to home for people with very complex needs. You can read our Transforming Care plan at:

https://southwestlincolnshireccg.nhs.uk/about-us/key-documents/1418-transforming-care-plan-draft-easy-read-nov2017

Martin's Story

Martin used to live in a special hospital. He said he wanted to be in his own home. Meeting Martin's care needs in the community is not easy, but he can now choose to do things other people take for granted.

Promote Parity of Esteem

'Parity of Esteem' means physical and mental health being treated equally and people being able to be a full part of the community and have their needs met.

Having the chance of a job or voluntary work is important. We have used money given by the Health and Wellbeing Board to try out a new type of support called Step Forward. We did this by working with a network of local colleges.

Step Forward Pilot

MW, a person with a learning disability, found it hard to find a job, partly because there was no public transport between his home and work. Step Forward helped him to secure a job with a company that also offers him accommodation.

Parity of Esteem

We have also:

Put in place an **All Age Autism Strategy**, jointly with people with autism. This is now being **refreshed** and brought up to date.

With our partners in the NHS we are looking at how to **improve Mental Health Crisis Services** and reviewing the Adult Mental Health Strategy.

7

Over the past 7 years we have given money to the Mental Health Promotion fund which is managed by Lincolnshire Partnership Foundation Trust (LPFT). We gave £375,000 to the fund in 2017/18.

This money is used to support the Managed Care Network - a range of people and groups which help people manage their own mental health condition and prevent it worsening.

Managed Care Network

TB says; my friend told me about StartaFresh, Everyone there made me feel so welcome. I have done and passed various courses organised by Startafresh. Every week I volunteer at StartaFresh with the cooking and I also volunteer at the Mums and Tots group. StartaFresh, helped me turn my life around.

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SPECIALIST ADULT SERVICES COMMISSIONING STRATEGY 2018-21

Specialist Adult Services Commissioning Strategy

1. Summary Overview

Specialist Adult Services commission Adult Social Care (ASC) for Adults with Learning Disability and/or Autism aged 18+ and Adults with Mental Health needs aged 18 to 64. For those people who are eligible for ASC, and financial support, a care and support plan identifying the outcomes to be achieved will be developed alongside a personal budget to fund the care and support needed.

Our aim, simply put is to provide people with choice and opportunity and more control over who provides their care, what it is and the funds to be used.

From an organisational perspective this strategy represents a joint undertaking with NHS partners.

The Specialist Adult Services Joint Delivery Board (JDB) which is co-chaired by the Assistant Director Specialist Adult Services (LCC) and the Executive Nurse (South West Lincolnshire CCG) has oversight of the relevant joint commissioning arrangements including the **Lincolnshire's Transforming Care Plan** and the **Lincolnshire All Age Autism Strategy**. The JDB is also currently overseeing a review of Lincolnshire's Mental Health Strategy. These detail our joint priorities and should be read alongside this overarching document.

Joint commissioning arrangements are often facilitated by a lead commissioner and are underpinned by legal agreements, known as Section 75 agreements, these allow the costs associated with commissioning services and assessments to be shared across agencies, benefitting service users from more joined up provision with reduced "system" duplication. Further details of the section 75 agreements are provided within section 5 of this strategy.

Demographic growth and rising complexity of needs are generating a need for increased capacity in the residential, nursing and community services markets. Ongoing price increases in provider cost bases linked to the national living wage, sleep-in costs have been compounded by recruitment and retention difficulties in some key professional groups including Nursing and some of the care sectors.

In order that we are well placed to meet these challenges the priorities for the year ahead are:

1. Sustaining outcomes and Value for Money (VfM) which includes a further strengthening of joint commissioning and the associated renegotiation of risk share arrangements with NHS agencies;
2. Changing the balance of services commissioned as well as developing wider partnership working;
3. Utilising capital investment in housing to reduce future revenue costs as well as building additional capacity in the market.
4. Increasing the numbers of service users in employment, volunteering or other vocational activities;
5. Tendering and re-tendering contracts including Shared Lives and external Day Services (Aligned to developing a new operational model for in-house day opportunities that focuses on strength based approaches).

2. How have "Needs" and “Priorities” been established and agreed

Commissioners rely upon a number of sources of intelligence. The following are important sources that help shape our strategy and commissioning intentions:

- **National and Local Policy**: National policy including legislation, statutory guidance and national strategies inform all of our commissioning activities. The County Council’s leading party’s manifesto is also an important point of reference alongside the County Council’s Business Plan and other County Council Commissioning Strategies that are relevant to Adults with a Learning Disability, Autism or Mental illness;

- **Engagement Activities with Service Users and Carers**: The voice of the consumer and co-production define our approach to strategy and service development. Managers meet regularly with people with Learning Disability, Autism and or Mental Health problems to listen to what is important to them and to share details of commissioning activity being planned and in progress. We also have links with carers groups to hear their views on commissioning arrangements and how they can be improved further;

- **Engagement Activities with Providers of Services and other commissioners**: It is important to consider the views of existing and potential providers when developing commissioning strategies, procurement plans and specific tenders. We have regular meetings with LPFT and Lincolnshire Care Association (LinCA) who represent many Adult Social Care providers. We also meet directly with care providers to listen to their views through targeted market engagement activities. This is supplemented by formal contract management discussions supported by the Council's commercial team. In addition we discuss joint commissioning priorities with our commissioning partners in the NHS at the Joint Delivery Board and at other forums;

- **JSNA**: The Joint Strategic Needs Assessment also underpins our work The Lincolnshire JSNA includes a chapter on Learning Disability, Mental Health and for the first time now also includes a chapter on the topic of Autism. Gaps in needs and commissioning priorities are also identified within the JSNA. Further details can be found at **http://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx**

- **Specific Needs Assessment activities**: In addition to the JSNA specific needs assessments have also been completed with the support of public health for both Learning Disability and Mental Health services previously which provide a good source or reference to inform commissioning decisions. Bespoke reviews are completed to consider what is already being commissioned and how outcomes can be improved.

3. Priority Outcomes

To inform the development of this Commissioning Strategy, the Specialist Adult Services commissioning team met with representatives of the Lincolnshire All Age Autism Partnership, the Learning Disability Partnership, the Lincolnshire Mental Health Forum as well as with family carers. The purpose of these meetings was to ensure we heard directly from the representatives what outcomes are most important to them. Provided below is a summary of those Priority Outcomes:

- Maintain or improve Health and Wellbeing;
- Enhanced quality of life and care for people with learning disability autism and or mental illness;
- Maintained or improved levels of Independence and control;
- Parity of Esteem – In particular reduced inequality of life expectancy;
- People should have a positive experience of care;
- Improved Transition to Adulthood;
- Increased Employment and/or vocational opportunities;
- Increased affordable housing options within the community;
- Friendships and self-care opportunities facilitated via community capacity building;
- Improved access to universal support including reduced need for transport.
- Continue to meet with service users and carers to identify the priority outcomes they which to achieve.

Appendix One - provides details of the key commissioning actions that have been included within this strategy which will contribute to achieving the commissioning priorities and outcomes identified above. These key commissioning actions will be reviewed each year and updated as necessary.

4. AIMS OF OUR COMMISSIONING APPROACH

The approach adopted in Specialist Adult Services is Joint Commissioning. This means that we work directly with health partners and those people in need of care and support as well as their families and carers to identify the best way to meet needs and outcomes. We also work together with other commissioners and providers of services to ensure people receive a joined up experience of care that reduces duplication of effort and delivers value for money. Provided below are a number of examples of how this joint commissioning approach delivers improved outcomes:

Keeping people safe from harm

A Panorama investigation broadcast on television in 2011, exposed the terrible physical and psychological abuse suffered by people with learning disabilities and challenging behaviour at the Winterbourne View hospital. Transforming Care: A National response to Winterbourne View Hospital provided a Government pledge to move people with Learning Disability and/or Autism, inappropriately placed or retained in in-patient facilities, into alternative support within the community.

Local Clinical Commissioning Groups (CCG's) in partnership with Adult Social Care (ASC) and other key partners were asked to develop local Transforming Care Partnerships and develop and implement Transforming Care Plans. Where it is safe to do so, people formerly in inpatient care are now supported in alternative community based care arrangements. More information on the Lincolnshire Transforming Care Plan can be found at ***http://southwestlincolnshireccg.nhs.uk/about-us/transforming-care-in-lincolnshire.***

Case Study – Martin's Story

Martin was in specialist inpatient care for 6 years and 11 months, he had been in 3 different inpatient hospitals during this period. Martin had been admitted to hospital as he had difficulties with his Mental Health and Wellbeing. Prior to the Transforming Care agenda professionals generally thought that inpatient care was the best place to meet his needs. However the NHS teams responsible for Martin's care were struggling to manage his needs in the specialist hospital. The Lincolnshire Transforming Care team encouraged professional to think about how Martin's needs could be met in a different way. By listening to what Martin wanted to achieve and planning to meet Martin's needs in the community using the Care Treatment Review (CTR) process his care team managed to bring about positive change. Martin had explained that he wanted to be in his own home in the community for Christmas so with this in mind his care team worked hard to bring forward his discharge date from hospital and to get the arrangements in the community ready for him. Martin was home for Christmas. Whilst managing his care needs in the community is still challenging Martin does now have the opportunity to do many other things we all may take for granted. Since his discharge from hospital Martin has also been on holiday.

Parity of Esteem

National research has confirmed that People with Mental Health problems, Learning Disability and /or Autism are more likely to have *poorer outcomes* in life than people without these conditions. In particular the average life expectancy of people with a Mental Illness, Learning Disability and/or Autism is lower than that of the general population. Other negative outcomes could include but are not limited to ill health, social isolation and/or unemployment.

This may be as a direct consequence of their condition(s) but also attributable to wider determinants including difficulties in accessing services. This could include mainstream public services, such as primary and secondary healthcare and education, as well as other general services in the business and community sector, including public transport, shops and leisure facilities.

The ambition of this strategy is to seek to reduce these inequalities and to enable those people who need support to live fulfilling and rewarding lives within a society that accepts and understands them whilst also helping them to make the most of their talents. This ambition is often referred to as "Parity of Esteem".

Case Study- Step Forward Pilot

Following a successful bid for funding from Lincolnshire Health and Wellbeing Board Specialist Adult Services commissioners commissioned an employment support pilot called Step Forward from local colleges. MW – had moderate learning disabilities and was referred to the Step Forward programme from the Job Centre to get one to one help and support to find work and improve his self-confidence. Initially MW was looking for retail positions but it soon became clear to everyone working with him that his bubbly personality and natural ease around people he would be suited to a more outgoing role. He completed his work experience placement at Sleaford football club and came away with glowing feedback. He would have been able to stay on longer but he had had minor surgery on his knee which made cycling to the club difficult. MW did though successfully use public transport to attend interviews and appointments despite this being difficult for him because of where he lived. Applications were sent to Butlin's and Fantasy Island because if he could find work with accommodation this would alleviate his travel issues. MW secured work with PGL. We are in e-mail contact and the last time we heard from him he was fine but missing mum & dad. MW was someone that was held back by circumstances beyond his control so looking for a

job that would solve his difficulties and suit his outgoing friendly personality was the key to him gaining success and reaching his goal.

Specialist Adult Services are also working with other key stakeholders to improve Parity of Esteem. We have already worked with the Lincolnshire Autism Partnership Board to develop the **Lincolnshire All Age Autism Strategy** which includes actions to improve access to universal services. An update to that strategy is also now being progressed.

In addition we are currently working with CCG lead commissioners and other partners to review Lincolnshire's Mental Health Crisis Services and we are assisting CCG lead commissioners with a review of the Lincolnshire Adult Mental Health Strategy. A key joint commissioning priority is the prevention of mental illness.

We are also committed to supporting more people with such conditions to be more resilient in the community. To this end the Managed Care Network exists as a patchwork of small 3rd sector providers, many run by people with mental health, or autism or learning disability operating across Lincolnshire.

Case Study – Manged Care Network:

My name is TB; I have lived in Stamford all my life. I am married to TB and have 2 children and 5 grand-children I used to work for a company that manufactured wool. I worked in the packing department and then I moved on to work with the ambulance service. My friend told me about StartaFresh, I was not too sure about it at first as I thought it was to do with the church but she reassured me it was a separate group so I decided to give it a go. When I got there everyone made me feel so welcome I decided to continue to come to the weekly sessions. Even though I was very nervous I decided to sign up for some courses and I am very glad I did. I have done and passed "Food Safety in Catering". I have also passed "Communication Skills" and "First Aid". I still take part in the various courses organised by Startafresh, I am currently doing a "skills for life" course with Adult Learning and really enjoying it. Thanks to StartaFresh it made me have more confidence in myself and makes me feel good about myself again. It has helped me get involved in volunteering. Every week I volunteer at StartaFresh with the cooking and I also volunteer at the Mums and Tots group at the church. It's all thanks to StartaFresh, it helped me turn my life around.

Independence, Choice and Control

For those people who need support from Adult Social Care and are eligible, the person will be supported via the Adult Care assessment and care management team to identify their needs and the person's own desired outcomes. A personal budget will be calculated and established to fund the activities or services necessary to meet the agreed needs. A financial assessment will also be completed to establish whether the person should fund part or all of their care.

The person (or a third party acting on their behalf) may choose to take the Personal Budget via a Direct Payment and procure services directly. Alternatively people can ask the Council to commission services to meet agreed needs on their behalf. Personal budgets and direct payments help to promote people's independence and allows them more choice and control over how their care and support needs are met.

In Lincolnshire Specialist Adult Service Commissioners (LCC) worked with commissioners in the Lincolnshire CCG's to bid to become a Personal Health Budget Demonstrator Site. Lincolnshire were one of only 9 local sites nationally that were selected. Lincolnshire CCG's provide people with the opportunity to take their health funding and combine it with Adult

Social Care funding so it can be managed in one place. This gives people more flexibility, control and choice about how their needs are met. Further details on personalisation can be found at **https://www.thinklocalactpersonal.org.uk**

Case Study: Personalised Care and Support

A fifty year old gentleman living in the east of the county with severe and enduring mental health issues which he has had since childhood, he had always lived with his mother who was his main carer. Unfortunately his mother had to go into long term residential accommodation. With support from LPFT he was able to maintain the tenancy on the property he shared with his mother. He was also able to access a direct payment which he used to buy day care at the same residential home in which his mother was living. The day centre provides transport and he helps other residents in a volunteering role which serves to reduce the cost of the day care. Through this he is able to keep regular contact with his mother, have social inclusion provided by other attendees and staff, contribute to the centre through his volunteering and have his main meal provided Monday to Friday. This ensures that appropriate and adequate dietary intake is maintained, levels of anxiety are reduced and social isolation minimised.

5. Learning Disability Section 75 Agreement

How it works

The Learning Disability Section 75 agreement is a joint commissioning agreement between Lincolnshire County Council (LCC) and the four Lincolnshire Clinical Commissioning Groups (CCG's). Through this agreement the Council acts as the lead commissioner for both Adult Social Care (ASC) and Continuing Health Care (CHC) for relevant adults 18+ with a Learning Disability and or Autism.

The Council and the 4 CCG's contribute funding to a pooled budget managed by LCC. The pooled budget funds an integrated assessment and care management team made up of nurses and social care professionals. This integrated team complete assessments and reviews of people's care needs and if people are eligible for care and support a personal budget and/or personal health budget will be developed.

The Council acts as lead commissioner and host for the pooled budget and the integrated assessment & care management team, this means that the Council and the 4 Lincs CCG's can share the associated transaction costs and avoid duplication of functions. The CCG's also benefit for the Council's commissioning, procurement and contract management expertise. From a service user perspective they get a more joined up service with one key worker supporting them with their Care and Support Plan. The provider market also benefit from these arrangements as they only need to work with one lead commissioner rather than the 5 different commissioning agencies that are party to the Section 75 agreement.

What we Commission

Outlined in Table 1 below are details of the projected number of people that will need to be supported by different service types as at the 31 March each year. In summary people are supported either in Residential and Nursing Care or by community based services. It should be noted that some people may be in receipt of more than one type of community based service.

Table 1: Estimate of number of people supported by Service Type

Projected Service Users by Service Type	Projected 31 March 2018	% of Total	Projected 31 March 2019	Projected 31 March 2020	Projected 31 March 2021	Projected 31 March 2022	Projected Growth by 31 March 2022	% Increase
Residential and Nursing	493	22%	498	503	508	513	20	4%
DP	586	26%	661	736	811	886	300	51%
CSL	766	34%	817	868	919	970	204	27%
Shared Lives	38	2%	TBC	TBC	TBC	TBC	TBC	TBC
External Day Services	168	8%	178	188	198	208	40	24%
Transport	172	8%	172	172	172	172	0	0%

These projections suggest that the demand for services is expected to increase over the next four years. In particular the demand for community based services including Community Supported Living (CSL), Direct Payments and External Day Care are expected to increase at a greater rate than Residential and Nursing Care.

Complexity of Demand

What the table above does not show but our information is telling us is that demand is not only increasing in volume but it is also increasing in complexity. This is for a number of reasons including but not limited to the Transforming Care agenda, more young people with complex needs transitioning to Adult Care, people with disabilities living longer and developing multiple long-term conditions and more people being diagnosed with Autism and challenging behaviour.

Changes in the complexity of demand, means that existing services will need to adapt in order to meet future needs. For example some service users may have specialised needs that may require providers to employ workers with specific qualifications and experience. This could mean that providers need to recruit additional people with these skills and/or train or re-train existing employees.

Costs of services

With complexity and demand increasing these two factors alone will mean a need for increases to funding.
To add to this the cost of services are also increasing. This is being driven by a number of factors including but not limited to the following points:

- **Recruitment and Retention costs**: Market intelligence has confirmed that the care sector has high turnover rates of staff which is impacting on the cost of recruitment but also retention. Other employment sectors are often recruiting from the same communities for example the retail sector. This competition for labour is likely to drive wages upwards if the care sector is to successfully secure and retain additional workers;

- **Cost of Wages**: The ongoing increases to the National Living Wage (NLW) are increasing the costs of services to providers and commissioners. Changes to guidance on "sleep-in" arrangements may also have significant additional cost implications. In addition there are also increased costs associated with the national requirement to offer all employees a pension;

- **Cost of Capital**: Our market engagement activity with our providers has confirmed that the cost of borrowing continues to be a significant issue. Many providers are now owned by investment funds who are seeking a return for their investors. A number of previously privately owned providers have also sold their businesses to other companies who are also now seeking a financial return;

- **Inflation**: wider inflation is also adding to the cost of services. For example the cost of utilities including gas, electric and water continue to increase as do the cost of wider commodities including petrol and food.

The combined impact of the increases in the volume of demand, complexity of demand and increases in the cost of services means that we expect that the funding required to meet future care needs will also increase significantly. Outlined in table 2 below is the projected gross budget requirement by category of service for the next four years. This suggests that the budget requirement is expected to increase by nearly £15m (22%) by 2021/22.

Table 2: Projection of Gross Budget Requirement by Category of Service

Gross Spend/ Projected Budget by Service Type	17/18 Projected Outturn	% of Total Gross Spend	Projected Budget Requirement 2018/19	Projected Budget Requirement 2019/20	Projected Budget Requirement 2020/21	Projected Budget Requirement 2021/22	Projected Increase by 2021/22	% Increase
Residential and Nursing	28,205,165	41%	29,594,197	30,804,412	32,033,703	32,795,805	4,590,640	16%
DP	9,119,315	13%	9,628,377	10,154,153	10,697,109	11,202,537	2,083,222	23%
CSL	25,150,962	37%	27,089,084	29,132,065	31,284,870	32,904,324	7,753,362	31%
Shared Lives	615,859	1%	628,176	640,740	653,554	666,626	50,767	8%
Day Services	1,438,782	2%	1,510,769	1,585,059	1,661,717	1,732,274	293,492	20%
Transport	898,804	1%	907,792	916,870	926,039	935,299	36,495	4%
Admin	40,000	0%	40,400	40,804	41,212	41,624	1,624	4%
Field Staffing	2,559,637	4%	2,585,233	2,611,086	2,637,197	2,663,569	103,932	4%
Total LD Section 75	68,028,524	100%	71,984,028	75,885,188	79,935,401	82,942,058	14,913,534	22%

What are the other Issues?

Residential and Nursing Care

Whilst we will usually seek to support people in community based placements, some people's needs will still be best met within Residential or Nursing Care services and therefore this will continue to be an important market to retain and develop. Overall we do not expect to see a big increase in the commissioning of Residential and Nursing Care for Adults with a Learning Disability or Autism. Projections in table one above suggest that net growth will be in region of 20 placements or (4%) to 513 by 31 March 2022.

Our market management intelligence tells us that there are still a number of vacant Learning Disability residential beds in Lincolnshire (roughly 10% vacancy rate). Unfortunately these vacant beds are not always suitable for the people we need to commission care for as their needs are more complex. We also know that there is increasing competition for Lincolnshire beds as the costs of care in Lincolnshire are relatively low in comparison to other parts of the country. It is therefore very important that we are able to secure an adequate proportion of the market of the right type of residential and nursing care. For this reason we are reviewing the usual costs that we pay for Residential Care but we also want to explore new ways of commissioning these services going forward. Appendix One provides more details on these key commissioning actions.

Where ever possible and where people have not specifically asked for an out of area placement we seek to secure services from providers based in Lincolnshire. We have a relatively consolidated relationship with residential care providers with 69% of our overall placements with 10 key providers. This does aid relationship and contract management activities but we will want to reduce our dependency on some providers over the next four years to decrease our exposure to associated market risks.

People Supported in the Community

We will usually seek to support people with community based services helping them retain their place in local communities in a home of their own. This fits with the Council's approach of promoting independence, choice and control. Our aim over the next four years is to change the balance of care. This means we want to support a greater proportion of people in community based placements as this is generally what people want, it's also what national and local policy confirms we should be aiming to do.

However there are a number of challenges that will need to be addressed in order to achieve this ambition. In particular Table 1 above projects an increase in projected demand for community based services over the next four year. This includes a projected 51% increase in demand for Direct Payments, 27% increase in demand for Community Supported Living and a 24% increase for External Day Services. Demand for Shared Lives services and transport services are also expected to grow but projections are still under discussion at the time of writing this Strategy.

Increasing the supply of care workers: Arguably this is the most significant challenge over the next four years as, even if there is funding available, providers and direct payment service users may not be able to recruit and retain adequate numbers or quality of carers to meet their care needs. We will continue to work closely with the Council's Strategic Support Provider LiNCA, and wider partners to develop a workforce plan.

Promoting Direct Payments: The take up of direct payments by service users is good within Specialist Adult Services with 47% of people choosing to take their personal budget as a direct payment. However we want to continue to promote direct payments as a key way to increase independence, choice & control and value for money. Ensuring information & advice, systems, processes and support services are robust is key to maintaining rates of direct payments.

Accommodation: Nationally and locally there is a recognised shortage of affordable housing. Whilst the Council is not currently responsible for providing or funding housing it recognises this as a strategic issue for Lincolnshire. The Council has therefore established governance arrangements with district Councils and other housing partners to develop a Lincolnshire Accommodation Strategy. This problem affects people with care and support needs as well as the wider population. The shortfall in suitable and affordable accommodation (which includes such options as 'Shared Lives') is therefore becoming a key concern for service users and commissioners. To reduce the demand for inpatient and residential care and to ensure service users can be supported to live in the community Specialist Adult Services commissioners will work with the stakeholders above to develop a specific accommodation plan for Specialist Adult Services.

Support to Family Carers: The Council recognises the importance of family carers to the lives of service users but also to the wider care system. As such carer's services in Lincolnshire will need to be developed further given the projected growth in demand for

care. In particular targeted support for aging carers and support to carers of young adults are priorities. We will continue to work with the lead carers commissioner and carers groups in this respect;

Financial Risk Share

A key reason why the Learning Disability Section 75 agreement between the Council and the 4 Lincolnshire CCG's has worked so effectively is because there has been a shared approach to associated risks and in particular financial risk.

Whilst a new section 75 agreement has been successfully re-negotiated for 2017-18 further negotiations are still in progress to update the risk share agreement for 2018-19 and explore opportunities for wider joint commissioning.

6. Lincolnshire NHS Partnership Foundation Trust (LPFT) Section 75 Agreement

How it works

The Lincolnshire Partnership NHS Foundation Trust (LPFT) Section 75 agreement is a joint commissioning agreement between LCC and LPFT. Through this agreement the Council delegated key commissioning activities including the Assessment and Care Management function for Adult Social Care for people with Mental Health needs aged 18 to 64, the management of a community care fund, operation of the Manged Care Network that prevents the need for Mental Health services as well as other related mental health related functions.

LPFT are also the main provider of Secondary Mental Health Care services in Lincolnshire which are separately commissioned by Lincolnshire CCG's. This allows LPFT to manage demand for Mental Health Services for the people of Lincolnshire in a more joined up way which we believe reduces overall demand for Mental Health related care and support as well as providing a better experience of care for service users.

What we Commission

Table three below provides a 2017-18 analysis of the gross budget and projected spend for the Mental Health related services that Specialist Adult Services commission.

Table Three – Adult Mental Health Related Gross Budget and Projected Spend

Category of Mental Health related Commissioning	Gross Budget 2017-18 £	Projected Gross Spend 2017-18 £	Projected Over/Under spend £
Staffing including Day Time AMHP provision	1,353,000	1,353,000	0
Residential Care	2,887,000	2,887,000	0
Direct Payments	1,481,000	1,481,000	0
Community Services non-direct payments	93,000	93,000	0
Other spend	54,000	54,000	0
Sub-Total Assessment and Care Management related	5,868,000	5,868,000	0
Manage Care Network	375,000	375,000	0
Best Interest Assessments - DOL's	1,309,870	1,309,870	0
Sub-Total Other Section 75 services	1,684,870	1,684,870	0
Section 12 Doctors Assessments - DOL's	429,500	490,000	60,500
Grand Total	7,982,370	8,042,870	60,500

The largest element of Mental Health related spend by Specialist Adult Services is in respect to Adult Social Care related activities within the Section 75 agreement. This is funded from the Mental Health 18-64 Section 75 budget. The existing agreement contains a risk share agreement that commits LPFT to manage the services within the budget envelope with and overspend being their responsibility. Table 4 below provides a projection of the number of people to be supported via the core services over coming years.

Table Four – Projection of Section 75 Core Service Activity

Category of Mental Health related Commissioning	Projected number of service users as at 31 March 2018	Projected number of service users as at 31 March 2019	Projected number of service users as at 31 March 2020	Projected number of service users as at 31 March 2021
Residential Care	143	145	149	151
Direct Payments	239	243	248	253
Community Services non-direct payments	5	5	5	5
Grand Total	387	393	402	409

In addition to the above core services the section 75 agreement also facilitates a payment of £375k of Better Care Fund (BCF) for the Managed Care Network (MCN).

The final area of spend with LPFT facilitated by the Section 75 agreement relates to Best Interest Assessments and assessments by 'Section 12 Doctors'. These are required to support the Council's decision about whether a Deprivation of Liberty should be authorised or not. A decision cannot be progressed without a Best Interest Assessment.

What are the Key Commissioning issues

The majority of issues that were identified within the Learning Disability Section 75 section of this strategy are also applicable to the Mental Health Section 75 agreement with LPFT. The commissioning priorities identified at Appendix One should therefore be considered relevant to both agreements. The issues identified below are more specific to the LPFT agreement:

Core Services

Specialist Adult Services commissioners and the Adult Care finance team are currently working with LPFT to complete a financial audit of reported funding pressures. They are also working with LPFT to review the existing projections of expected service users as LPFT feel demand may increase by more than the current estimates. The renegotiation of the funding envelope and projected demand will be a commissioning priority for 2018-19 and future years.

Deprivation of Liberty Safeguards (DoLS)

On 19/03/14 the Supreme Court handed down a judgment in the case of P (by his litigation friend the Official Solicitor) v Cheshire West and Chester Council and Anor [2014] UKSC 19 (19th March 2014). The judgment is significant as it deals with the criteria for deciding whether the living arrangements for a person who lacks capacity to consent to those arrangements amounts to a deprivation of liberty. Essentially it states that all deprivations of liberty **must** be authorised.

In the financial year 2013-14 Lincolnshire County Council received 171 requests to Authorise a Deprivation of Liberty. However post the Cheshire West judgement and therefore the change in law more people fall within the scope of DOLS and as such requests for authorisations have increased. At the time of writing this strategy LCC is projecting a need to consider over 3,200 DoLs applications or reviews in 2017-18.

In order to consider authorising a deprivation of liberty, the authorised signatories employed by the Council need to consider a number of assessments completed by other professionals. These include the Best Interest Assessments completed via LPFT and the Mental Capacity Assessments completed by the Section 12 Doctors. Following the huge increase in demand for DoLs applications the Council has agreed additional budget for an interim period to manage this increased demand.

However the Law commission have indicated that they will review legislation and issue new guidance at some point in the future. At this time the date for this is unclear and therefore there is ongoing pressure on Local Authorities to meet the increased demands until that point. Whilst Lincolnshire is doing well in manging this demand in comparison to some other authorities having an adequate number of Best Interest Assessors, Section 12 doctors and authorised signatories is an ongoing challenge.

Managed Care Network (MCN)

The MCN has been evaluated on a number of occasions with a consistent message that the initiatives supported do help to reduce demand on higher tier services.

In recent meetings with Autism Partnership representatives a similar preventative service network for Adult with Autism was also proposed. It is the intention of Specialist Adult Services commissioners to seek to secure funding for a pilot initiative in 2018-19. The aim of the initiative would be to seek to delay or prevent some of the predicted increase in demand for Adult Social Care.

Appendix One

Specialist Adult Services key commissioning actions supporting the delivery of the Commissioning Strategy

Key Commissioning Actions	By When
Renegotiate Section 75 risk share agreements: Renegotiate risk share agreements with CCG's and LPFT respectively in relation to existing section 75 agreements including revised annual financial contributions. Negotiations to include consideration of possible options for expanding lead commissioner arrangements were these offer potential benefits.	Annually
Work with Adult Carer's Market Support provider to develop an external workforce development plan for specialist adult services: Providing a steer to LinCA oversee the development of an external workforce plan to include targets for recruitment and retention for service types and geographical patches across Lincolnshire. LinCA to work with market to embed and deliver the plan to secure adequate volume and quality of staff. This to include an analysis of future training needs for certain types of care.	31 March 2019 and then review annually
Implement usual costs for LD/MH Residential Care 2018 to 2021: Following the recent agreement of updated usual cost model for Learning Disability and Mental Health residential care the new rates need to be implemented with providers and agree where each placement fits within the new banding structure. Also complete residual negotiations and develop longer term action plan for those placements outside of usual cost model.	31 March 2019
Develop block contract options for residential care: Develop options paper on how best to develop block contract beds in order to secure additional capacity within market share protected for Lincolnshire usage. Including exploration of use of capital to reduce future revenue costs.	30 September 2019
Develop a Specialist Adult Service accommodation plan: As part of the wider Lincolnshire Accommodation Strategy partnership working work with public health and corporate leads to develop a clear plan for accommodation for transforming care and wider specialist adult services service users. This to include proposals for extra care and supported living options.	31 March 2019
Continue to increase direct payments: Continue to promote personalised care and strength based work in care and support plans and target further increases in the number of people taking their personal budget as a direct payment.	Annually
Re-specify and tender shared lives contract: Linked to the above accommodation strategy review and tender for a new shared lives contract with the view to significant increase in shared lives usage by 31 March 2021	31 Jan 2019

Re-specify and tender external Day Services for Learning Disability: Need to develop revised usual cost model for external day care, update service specification and tender new framework contract	31 Dec 2019
Agree and implement a new operating model For In-House Day Services: Further to phase one of the modernisation of in-house day services we will now review and implement a new operating model for our in-house day services that allows greater use of the buildings by the wider community, offering opportunities for increased access out of hours, moving away from single client group usage but with a clear focus on building on individual and community strengths to improve outcomes. This action will also link to increasing employment and volunteering opportunities for Adults.	31 March 2019
Develop and Implement a program of support for increased Employment: Work with partners to develop a program of initiatives aimed at increasing the number of eligible service users with a Learning Disability, Autism and/or Mental Illness into employment and other vocational opportunities	31 March 2021
Seek support and funding to develop a Managed Care Network for Adults with Autism: Develop business case and bid for funding to develop targeted MCN for Autism.	31 March 2019
Influence lead commissioner for Carer's Services to develop wider offer of support for Specialist Adult Services: This to include plan to address needs of aging carers, support more carers to remain or return to employment, support to family to retain caring role for young adults for longer post transition.	31 March 2020
Health and Wellbeing Offer: Influence Public Health commissioners to develop a clear Health and Wellbeing offer for Adults with a Learning Disability, Autism and or Mental Health needs	31 March 2019
Review Transitions Protocol: Work with Young People, their Parents and Carers and Children's Services to review the existing Transitions protocol and relaunch with clears pathways, processes, procedures including information and guidance.	31 March 2019
Manage increasing demand for DoLs until Law Commission review complete: To continue manage risk of increasing demand	Review annually

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Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**5 September 2018**
Subject:	**Adult Safeguarding Commissioning Strategy**

Summary:

Lincolnshire County Council is a Commissioning Council and is organised in line with 17 Commissioning Strategies. These Commissioning Strategies are in different stages of readiness. This report has been produced to provide the Adults and Community Wellbeing Scrutiny Committee with details of the current Adult Safeguarding Commissioning Strategy. The report also provides information on the key strategic aims recently identified in the Lincolnshire Safeguarding Adults Board (LSAB) Strategy which will be considered when the Council refreshes the Adult Safeguarding Commissioning Strategy in 2019.

Actions Required:

To note the content of the current Adult Safeguarding Commissioning Strategy and to provide feedback that can be considered by the Council's Executive.

1. Background

The Care Act

The Care Act 2014 provides the legal framework for adult safeguarding, setting out the responsibilities of local authorities and their partners. In summary it places a duty on Local Authorities to establish Safeguarding Adults Boards and also stipulates local authorities' responsibilities and those with whom they work, to protect adults at risk of abuse or neglect.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;

- promote an approach that concentrates on improving life for the adults concerned;

- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;

- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and

- address what has caused the abuse or neglect.

Adult Safeguarding Commissioning Strategy

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Each organisation must take responsibility for their contribution to the prevention of adult abuse or neglect and where it does occur, respond appropriately, recognising that adults have the right to be able to determine what happens.

The Adult Safeguarding Commissioning Strategy sets out how Lincolnshire County Council approaches Safeguarding Adults working in partnership with the Lincolnshire Safeguarding Adults Board (LSAB). The Commissioning Strategy was produced in 2015-16 but is scheduled to be refreshed in 2019 following on from the recent publication of the LSAB most recent Strategic Plan.

Lincolnshire Safeguarding Adults Board (LSAB)

The Care Act details the statutory requirement to have a Safeguarding Adults Board and that the Board has three primary functions:

- It must publish a strategic plan that sets out how it will meet its main objectives, and what the members will do to achieve these objectives. The plan must be developed with local community involvement and the Safeguarding Adults Board must consult the Local Health watch organisation.

- The Safeguarding Adults Board must publish an annual report detailing what it has done during the year to achieve its main objectives and to implement its strategic plan. The report should include what each member organisation has done to implement the strategy, as well as detailing the findings of any Safeguarding Adults Reviews, whether completed or on-going.

- It must conduct Safeguarding Adult Reviews in line with Care Act criteria, examining interaction between partner agencies and identifying key learning and service improvements.

The LSAB has an independent chair with Board membership including Adult Care and other statutory and voluntary partners. The Board has recently published a new strategic plan that sets out the key strategic aims that all partners will work together to achieve. These are:

- Prevention and Early Help
- Service User and Carer Engagement
- Quality and Assurance

A copy of the LSAB Strategic Plan can be accessed via the LSAB website.

2. Conclusion

A Commissioning Strategy has been developed by lead commissioners, which needs to be formally agreed by the Council's Executive. A refreshed version of the strategy will be produced in 2019 in consideration of the LSAB Strategy 2018-21 and in line with feedback from the Scrutiny Committee and the Council's Executive.

3. Consultation

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

No

b) Risks and Impact Analysis

The commissioning strategy is considered as part of the wider Council's Risk Management Framework and Audit cycle. The areas of commissioning responsibility are also considered via peer review.

A supplementary risk and impact analysis in relation to this commissioning strategy will also be completed once feedback has been received from the Scrutiny Committee.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Safeguarding Commissioning Strategy

5. Background Papers

Document title	Where the document can be viewed
Lincolnshire Safeguarding Adults Board Strategic Plan 2018-21	LSAB Website www.lincolnshire.gov.uk/lsab/the-lsab/127496.article

This report was written by Justin Hackney, who can be contacted on 01522 - 554259 or justin.hackney@lincolnshire.gov.uk.

Adult Safeguarding Commissioning Strategy

Lincolnshire COUNTY COUNCIL

Working for a better future

Contents

Adult Safeguarding
What it is and why it matters

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.

Organisations should always promote an adult's wellbeing in their safeguarding arrangements. People have complex lives and being safe is only one of the things they want for themselves. Professionals should work with the adult to establish what being safe means to them and how that can be best achieved.

We know adult safeguarding is not a substitute for:

- providers' responsibilities to provide safe and high quality care and support;
- commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- the Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action; and
- the core duties of the police to prevent and detect crime and protect life and property.

Each organisation must take responsibility for their contribution to the prevention of adult abuse or neglect and where it does occur, respond appropriately, recognising that adults have the right to be able to determine what happens.

Beyond this though, we will work hard to ensure not just a co-ordinated approach to adult safeguarding in Lincolnshire, but also a strong collective effort to improve, learn and evolve.

Cllr Mrs Patricia Bradwell, Deputy Leader, Lincolnshire County Council, Executive Councillor for Adult Care, Children's Services and Health Services

Glen Garrod, Director of Adult Social Services, Lincolnshire County Council

Elaine Baylis, Independent Chair for the Lincolnshire Safeguarding Adults Board

Executive Summary

Harm can occur in a variety of ways and in a variety of settings. Harm can be intentional and unintentional.

The aims of adult safeguarding are to:

- stop abuse or neglect wherever possible;
- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;
- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult; and
- address what has caused the abuse or neglect.

In order to achieve these aims in Lincolnshire, we have and we will continue to:

- ensure that everyone, both individuals and organisations, are clear about their roles and responsibilities;
- create strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect;
- support the development of a positive learning environment across these partnerships and at all levels within them to help break down cultures that are risk-averse and seek to scapegoat or blame practitioners;
- enable access to mainstream community resources such as accessible leisure facilities, safe town centres and community groups that can reduce the social and physical isolation which in itself may increase the risk of abuse or neglect; and
- improve our response to safeguarding concerns deriving from either poor quality or inadequacy of service provision, including patient safety in the health sector.

We know that abuse can manifest itself in a number of ways; for example:

- **Physical abuse** – Including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.182
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

National Context

The Care Act, which was mandatory from the 1st April 2015, states that safeguarding duties apply to an adult who:

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

The local authority statutory adult safeguarding duties apply to all adults with care and support needs regardless of whether those needs are being met by the council, regardless of whether the adult has mental capacity or not, and regardless of the setting, other than prisons and approved premises where prison governors and National Offender Management Service (NOMS) respectively have responsibility. However, senior representatives of those services may sit on the Safeguarding Adults Board and play an important role in the strategic development of adult safeguarding locally. Additionally, they may ask for advice from the local authority when faced with a safeguarding issue that they are finding particularly challenging.

Six key principles which underpin all Adult Safeguarding work and assist Partner Organisations and Safeguarding Adults Boards more widely, by using them to examine the local arrangements:

1. **Empowerment** – People being supported and encouraged to make their own decisions and informed consent.

   "I am asked what I want as the outcomes from the safeguarding process and my wishes directly inform what happens next."

2. **Prevention** – It is better to take action before harm occurs.

   "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

3. **Proportionality** – The least intrusive response appropriate to the risk presented.

   "I am confident that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

4. **Protection** – Support and representation for those in greatest need.

   "I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent I want."

5. **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

   "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

6. **Accountability** – Accountability and transparency in delivering safeguarding.

   "I understand the role of everyone involved in my life and so do they."

Performance & Budgets

Budget for the Safeguarding Adults Strategy

The total budget in 2015/16 for the safeguarding team, is shared out across the following teams:

- Adult Safeguarding Team
- Adults Emergency Duty Team (EDT),
- DoLS Team
- The total budget is £3,255.543, this includes £1.9 million for the Deprivation of Liberty Safeguards.

Safeguarding Performance Report – Summary 2015/16

This report includes all the activity and performance data relating to Adult Safeguarding. The information is largely based on the statutory requirements for the Safeguarding Adults Return (SAR) which is submitted to the Department of Health on an annual basis. This summary page gives an overview of what is currently happening in Adult Safeguarding, summarises the key performance metrics and includes some general figures and highlights some interesting trends. For more information, please go to www.gov.uk/government/statistics/safeguarding-adults-england-2014-15-experimental-statistics

1. **Safeguarding Outcomes Measure Pilot Study -**The Care Act 2014 states that a high quality service must be one which keeps people safe from harm. There was a call for evidence from the Health of Social Care Information Centre (HSCIC) for whether adults at risk felt safer after having a safeguarding investigation. Currently there are no national safeguarding outcome measures and benchmarking with other councils is not possible due to the lack of data. The pilot study will help us understand how we are performing and whether more resources are needed for effective safeguarding.

2. **Safeguarding File Audits** – Every month the senior members of the Adult Safeguarding Team are assigned 2 case files at random to audit/review. Each case is scored on the following areas:

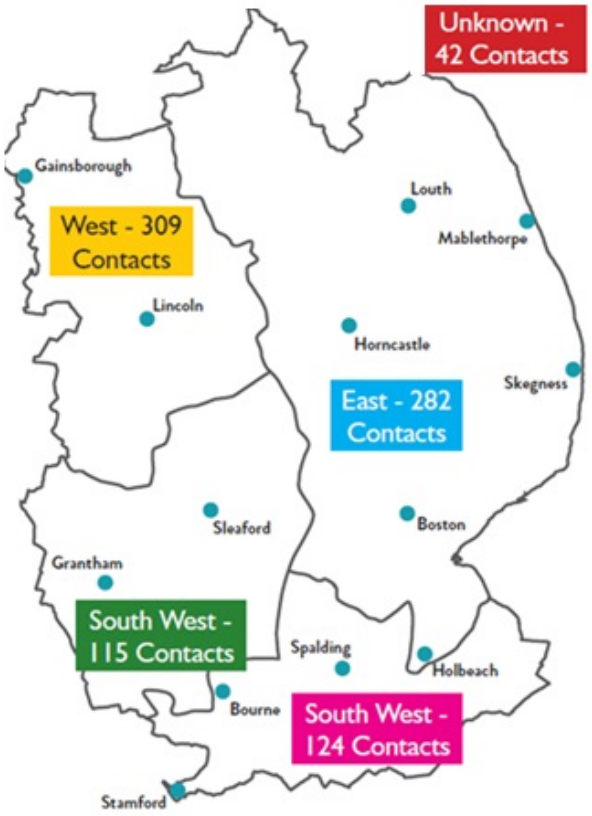
    - Empowerment
    - Protection
    - Prevention
    - Proportionality
    - Partnership Working
    - Accountability
    - Valuing Diversity
    - Safeguarding Children
    - Timeliness
    - Recording

    41 file audits have been completed for between April and June, of these 83% were graded overall as either "outstanding" or "good". The results of the audits are used in supervision to focus discussion with the Safeguarding Team colleagues and to highlight any training or developmental needs.

3. **Performance Measures (November 2015)**

    - % of Safeguarding Strategy Discussions held within 5 working days of referral is currently at 98%.
    - % of Safeguarding investigation assessments completed within 28 days is currently at 74%, which is below the target of 75%.
    - % of completed Safeguarding referrals where the result of management action taken is risk reduced or removed is at 61%, which is below target.

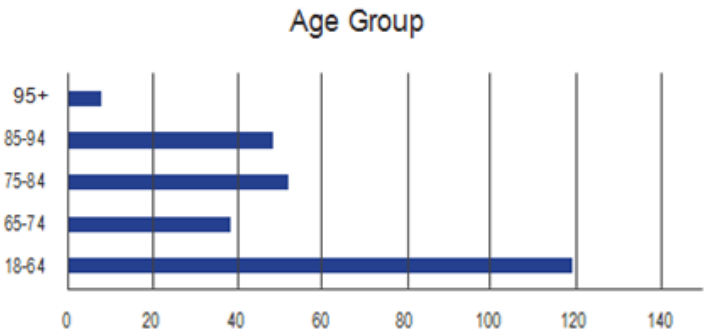
4. Activity between April and June 2015

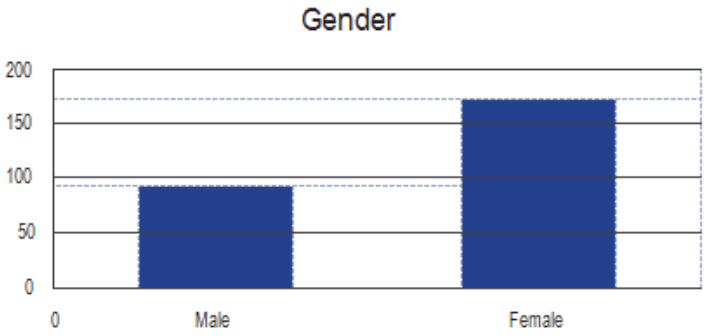


In November 2008 there were 413 contacts received at the Customer Service Centre. The prediction is by the end of 2016 we will have had approximately 3,500 contacts. The mandatory guidance published to support the Care Act requires the local authority to make enquiries, or cause others to do so, if they reasonably suspect that an adult who has care and support needs (even though the local authority is not meeting those needs) is at risk of abuse and neglect. The scope of that enquiry, who leads it and its nature, will be dependent on the particular circumstances. It will usually start with the individual who is the subject of concern and the next steps will to some extent depend on their wishes. The local authority are responsible for undertaking safeguarding enquiries (referrals) as well as assuring ourselves of the ones that we ask others to do on our behalf (notifications).

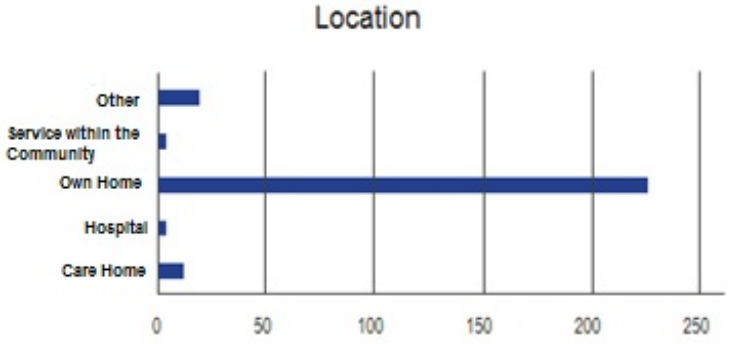
Referrals

Referrals received are where the safeguarding team are leading the enquiry. There has been a 9% increase from 2014/15.

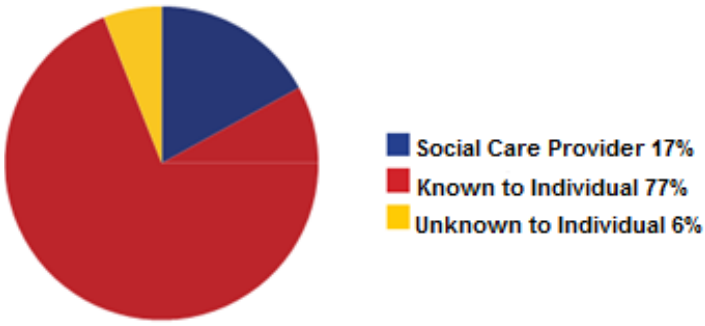


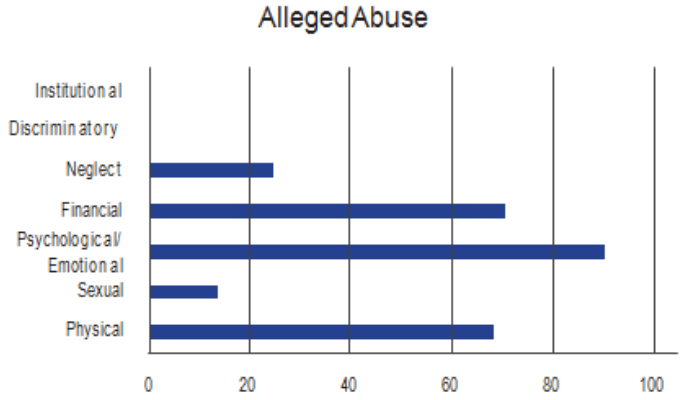


Referrals received where the alleged abuse is in the person's own home has increased to 86% from the previous year figure of 75%.



Was the alleged perpetrator known to the individual?

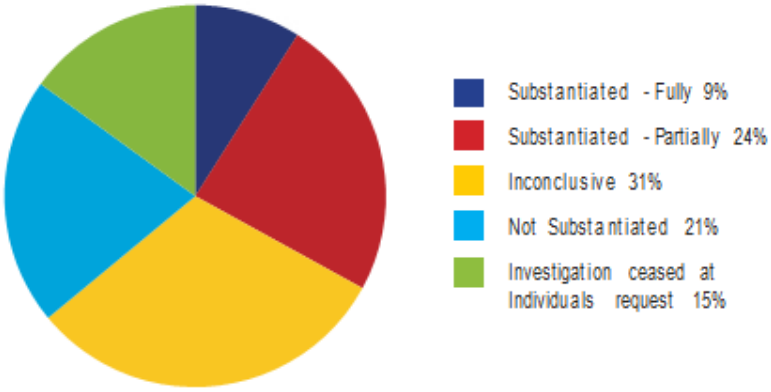




Alleged Abuse Types

This year there has been a change to the profile of abuse type with an increase in alleged emotional, financial and sexual abuse and a decrease in alleged neglect by 35%.

Conclusion



Source of Referral

The number of 'referrals' received from families, friends or neighbours continues to increase. No matter who we receive a referral from, we now have to use the same 6 objectives as outlined in the mandatory guidance:

1. Establish the facts
2. Ascertain the clients views and wishes
3. Assess the needs of the adult for protection, support and redress and how they might be met
4. Protect from the abuse and neglect, in accordance with the wishes of the adult
5. Make decision as to what follow-up action should be taken with regard to the person or organisation responsible for the abuse or neglect
6. Enable the adult to achieve resolution and recovery

Advocacy

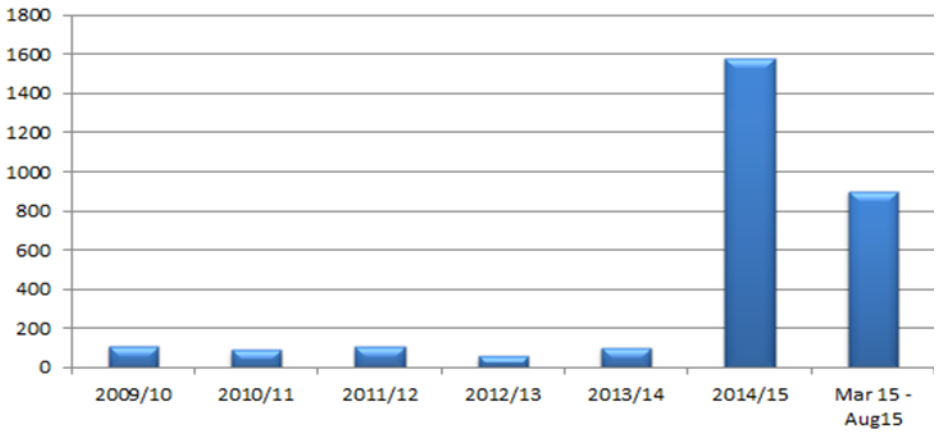
In 2014/15 100% of people who lacked capacity were supported by an advocate.

Deprivation of Liberty Safeguards (DoLS) Overview

These safeguards aim to ensure that those individuals who lack capacity and are residing in a care home, hospital or other supported living environments are not subject to overly restrictive measures (which might deprive them of their liberty) in their day to day lives.

On average we receive 206 new DoLS per month. We also have to review all of these assessments at least annually.

Numbers of DoLS Applications received to date



A legal test case, the "Cheshire West" Judgement has caused issues for all local authorities, significantly increasing the number of DoLS applications to the local authorities. The Law Commission have recently published a consultation document which ended in November 2015 which is systematically reviewing the Deprivation of Liberty process. We are awaiting the outcome of this consultation.

The Priorities: what is the national research telling us?

a. Adult Safeguarding must be built on empowerment – or listening to the adult's voice. Without this, safeguarding is experienced as safety at the expense of other qualities of life, such as self-determination and the right to family life.

b. Everyone must help to empower individuals, but safeguarding decisions should be taken by the individual concerned. People wanted help with options, information and support. However, they wanted to retain control and make their own choices. This may mean the risk of abuse or neglect does not entirely go away.

c. Safeguarding adults is not like child protection. Adults do not want to be treated like children and do not want a system that was designed for children.

d. The participation/representation and advocacy for people who lack capacity to speak for themselves is also important.

The Local Government Association (LGA) and the Association of Directors of Social Services (ADASS) have sponsored an initiative called Making Safeguarding Personal (MSP).

Making Safeguarding Personal is a shift from **"a process supported by conversations"** to **"a series of conversations supported by a process"**. It puts the person more in control of what happens next and prioritises what they want to achieve.

National research has found, through peer challenges and other work that without a person centred approach:

- Whilst they appreciate the work of individual staff, people tend to feel driven through a process in safeguarding. At best they are involved rather than in control, at worst they are lucky if they are kept informed about what professionals are doing.

- Some people want access to some form of justice or resolution, such as through criminal or civil law, or restorative justice, or through knowing that some form of disciplinary or other action has been taken. They may feel disappointed or let down if this does not happen.

- Some people have no wish for any formal proceedings to be pursued and may be distressed when this happens without their knowledge or agreement.

- Our performance measures tend to centre on such things as decisions about whether abuse was substantiated or not and what was done as a result: often additional services or monitoring.

- Whilst most people do want to be safer, other things may be as, or more, important such as maintaining relationships.

These themes echo the messages in the report of the Department of Health consultation exercise in 2009 in respect of the 'No Secrets' guidance. (www.gov.uk/government/publications/no-secrets-guidance-on-protecting-vulnerable-adults-in-care)

Here people who used safeguarding services said that they wanted to be listened to and to make choices and not to be treated like children. Their experience of how it felt throughout safeguarding intervention was as important as the end outcomes.

Legally, Safeguarding must respect the autonomy and independence of individuals as well as their right to family life.

In the context of the Human Rights Act, Article 8; Lord Justice Munby, speaking about people who are vulnerable or incapacitated, states

'The fundamental point is that public authority decision-making must engage appropriately and meaningfully. The State's obligations under Article 8 are not merely substantive; they are also procedural. Those affected must be allowed to participate effectively in the decision making process. It is simply unacceptable – and an actionable breach of Article 8 – for adult social care to decide, without reference to P and her carers, what is to be done and then merely to tell them – to "share" with them – the decision.'

What Price Dignity? Keynote address by Lord Justice Munby to the LGA Community Care Conference: Protecting Liberties (14 July 2010)

Case Studies in Lincolnshire

Mrs A, who was in her 40's, was referred into Adult Safeguarding because a medical professional believed that his patient was being abused both emotionally and financially by her son. A worker was allocated and talked to the woman about her circumstances, in particular, her relationship with her son and what from her point of view were the issues. It became apparent that the son was verbally abusing his mother and that he was taking money from her even when she could not afford to give him the cash. The woman explained that this had been occurring for some time and that she felt powerless to stop the abuse. The safeguarding officer spent time with the woman focussing on what she could do to stop her son abusing her both financially and emotionally. As the abuse had been occurring for a number of years, the parent had accepted that being treated in this manner would be how her life would be, but the officer was able to highlight to her that she had rights that her son was violating. The officer talked through how she could self -protect from her son, how she could prevent herself from giving her son money and reiterated that if a criminal offence occurred then she should and could ring the Police.

A referral in connection with allegation of medicines mismanagement was received. As the provider of the service had a proven track record in conducting their own enquiries, the local authority agreed the scope and nature of the investigation with the company, who then reported back openly and honestly how the omission occurred. The provider having established the facts and identified the issues was able to assure the local authority that medicines were now managed appropriately and that individuals were safe from any potential harm.

It was alleged that a carer took money from the individual she cared for. Although the individual who was cared for did not want the matter to progress, in reality it had to, as the local authority was concerned that as the carer visited a number of properties, which meant that potentially other individuals could be at risk from him if the matter was not formally investigated. It was also in the best interest of the worker who had, had the allegations made against them to be formally looked into so that the matter could be dealt with in an open and transparent manner.

An elderly woman who because of her medical issues was incapable at times to make informed decisions in her life. She was considered to be at high risk of neglecting herself and the property she was living in was considered to be unfit for habitation. Having suffered hyperthermia during a particularly cold spell, she was eventually assessed as being unable to fully understand the risks that she was exposing herself to and so an application was made to the Court to admit her to a residential setting so that she was safe; this was granted. Within a few months the woman became more capable in her decision making the local authority worked with her on what was now is in her best interests.

These cases highlight the length and breadth of cases that come into the safeguarding team.

Making Safeguarding Personal in Lincolnshire

This action plan shows what we have done so far and what we are planning to do.

Task	Detail	Progress	Timescale
Information about safeguarding for people	To raise awareness in communities.	An LSAB leaflet Safeguarding Adults in Lincolnshire, What is adult abuse and how to report it? Has been designed and published. The MSP principles are included in the information: What will we do to help the adult at risk?	Completed
Benchmark progress on MSP.	Benchmark progress on Making Safeguarding Personal and plan against other Council's that have been assessed by Bournemouth University.	In December 2015, the DASS requested that the County Manager in Adult Care "Implement Making Safeguarding Personal" This will be achieved by "performance reporting evidencing Making Safeguarding Personal in practice, the right measure and support he DASS and the Lincolnshire Safeguarding Adults Board to deliver a collective approach to Making Safeguarding Personal. Evidence of outcome – "the use of surveys will help enrich the evidence base. Achieve Silver standard in Making Safeguarding Personal.	Oct 16
Information sharing agreements	Information sharing protocols underpin effective multi-agency working. LCC require assurance that staff are briefed on the basic principles of information sharing legislation and requirements. That the protocols are effectively supporting practice, assessment and support/care planning.	The LSAB Business Manager is working on information sharing protocols for the Board.	Mar 16
Investigating one or more responses to safeguarding	Identify 'champions' within the Assessment & Care Management teams and Safeguarding team to establish a task & finish group to identify and if appropriate trial responses or produce business cases.	Dependencies: LSAB multi-agency policy & procedure has been published, LCC Adult Care procedures need to be completed and agreed by AC DMT. Review action once the internal procedures have been finalised and endorsed.	Mar 16
Introducing MSP into the current process, practice, service model and performance metrics	It is recommended that further work is undertaken on the outcome measures and indicators to explore how the current recording and reporting (qualitative and quantitative) can be used or improved to measure outcomes prior to the new mandatory ASCOF.	The Safeguarding Surveys project began on the 1st September 2015 with the aim of capturing the experiences of people who have been through the safeguarding experience to ascertain if they feel safer as a result. Overall the feedback received on the surveys has been very positive. Quality Assurance colleagues will continue to monitor the surveys for the foreseeable future as they give us a good indication on how we are 'tailoring our service to the clients needs' and making safeguarding personal for them as individuals. Adult Care quality standards reflect making safeguarding personal and assist the workforce to work with the client in an open and transparent way.	Mar 16
Internal working procedures	Using the diagrams 1A and 1B on pages 250-252 of the statutory guidance flesh them out with local information, roles, responsibilities and accountabilities as a starting point for developing local policies.	Proposed draft LCC procedures titled Making Safeguarding Personal socialised with key managers and feedback received. Revised procedures being prepared by Lead Professional. Requirements for Mosaic produced. Detailed guidance and plan will be required to implement the procedures.	May 16

Policy and Scrutiny

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**5 September 2018**
Subject:	**Lincolnshire County Council Adult Care Winter Plan**

Summary:

Lincolnshire County Council works with colleagues from across the health and care system throughout the year to ensure the flow of people through the hospitals and community is maintained. The pressure on the system over the winter period very often increases and as a result additional focus is placed on bolstering our support over this period. Winter monies and additional funding are normally made available via the Department of Health and Social Care which are targeted towards supporting the system during this period. This year, in consultation and partnership with colleagues and organisations from across the health and care system, Lincolnshire County Council will further explore, support and deliver:

- A Rapid Response service to support admission avoidance and timely discharge from hospital.
- Implement specific support for care homes, including the deployment of telemedicine and direct access to other urgent care services via clinical assessment
- The County Council will work with our reablement and home care providers to increase capacity across the County in line with demand.

This focus is aimed at continued work with health providers and commissioners to develop the High Impact Change Model. This is the "best practice model" which has been gathered from various systems across the country where impact and improvements have been evidenced. (See Appendix A)

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee is asked to consider the proposed approach to winter pressures as set out in this report and offer its comments.

1. Background

As advised in the summary, Adult Care and other colleagues produce organisational Winter Plans as well as System Winter Plans on a yearly basis to ensure patient flow through the hospitals. The focus of the plan is to ensure that the system in Lincolnshire is able to respond and manage the increased demand and pressure which the winter period historically brings. Through the learning from previous years, the evidence base of the High Impact Model regional and national learning, Lincolnshire will be providing additional focus to several key areas as well as continuing with the good work already in situ.

Early Discharge Planning

We will work with our colleagues across the system to promote and support early discharge notification. This will ensure that discharge planning is a priority for all people admitted to hospital and that we are building a personalised approach as opposed to the traditional linear process. The aim of this is to provide robust, early planning for people wanting to return back to their local community/home as soon as possible. In order for this to be successful system wide ownership for people is needed with community services pulling people out and acute services focusing on discharge planning from the point of admission.

Adult Care will begin discharge planning as soon as we are aware a person requires Adult Care assessment / advice / support for discharge. Our partners need to refer people as soon as possible to enable a timely return home. Barriers to discharge will be discussed at the daily hub meetings (referred to as red to green meetings) which are supported by Adult Care. There is an escalation process within each organisation to enable barriers to be addressed and overcome in a timely way so any impact to the person will be minimised.

Joint working and communication are key to providing a positive experience for people and their families as well as supporting people to return home. Due to the complexity of lifestyles, health and disability we need to ensure that we are concurrently planning whilst the person is receiving their treatment to make sure they can be discharged as soon as they are fit for transfer.

Multi-Agency Discharge Hubs and Integrated Neighbourhood Working

Adult Care will jointly lead the multi-agency discharge hubs to ensure a joint and integrated assessment leading to an agreed discharge pathway. Any complex cases will be discussed to ensure that a timely solution is found and the patient is discharged in a safe way. This planning will happen in conjunction and parallel to any treatment plans where Adult Care are notified early that this support is needed.

The hubs are based on each of the acute sites in Lincolnshire as well as Peterborough Hospital. The hubs comprise of Acute Nursing Staff, Adult Care Staff, Lincolnshire Community Health Services NHS Trust (LCHS) staff and

Lincolnshire Partnership NHS Foundation Trust (LPFT) support. In addition to this Carers First Care Home Trusted Assessors and Allied Reablement are part of the core team with other organisations using the hub to support people as and when needed e.g. Women's Aid/St Barnabas etc.

Home First / Discharge to Assess

Adult Care will use the nationally recommended *Discharge to Assess* process to ensure maximisation of re-ablement capacity. Capacity will be flexed where possible to meet demand and alternatives explored in a timely way to ensure effective patient flow. There are a number of elements to this:

Allied Healthcare will work in collaboration with LCHS to provide short term re-ablement in people's homes to facilitate discharges and avoid hospital admissions. Allied Healthcare will work with LCHS to maximise their ability to support as many people as possible with their combined community based rehabilitation and re-ablement resources.

To avoid unnecessary bureaucracy hospital wards can make simple restarts of care directly with providers if there is no change in a person's need. Adult Care will work with community health providers to support the transitional care pathways ensuring early safe discharges. Adult Care will provide alternative interim placements in care homes if home care support is unavailable.

This approach means that people are able to access short term intensive support which promotes recovery and independence. At the end of this period of re-ablement and recovery care can be assessed for the long term and in many cases people are re-abled to independence.

Seven-Day Services

Adult Care staff working in acute hospitals are all on five in seven day working contracts. Staff are rota'd to work over seven days as required to meet the demands on each of the three United Lincolnshire Hospitals NHS Trust (ULHT) sites and support patient flow. Members of the Brokerage team work Saturdays and, at times of high pressure, on a Sunday. Lincolnshire County Council Emergency Duty Team will provide cover out of hours and have the Clinical Assessment Service to support in emergency situations.

To enable Lincolnshire County Council staff to do this successfully Home Care, re-ablement and Care Home providers all work over seven days prioritising hospital discharges and avoiding hospital admissions.

Trusted Assessors

Care Home Trusted Assessors are employed via Lincolnshire Care Association (LINCA) to bridge the relationship between hospital and care home. Their role is to

ensure a timely transfer from hospital to care home and ensure people are going to the right place at the right time. This project has been running for several years and has had a significant and positive impact for people. As a result there is both regional and national interest in this programme with other health and care systems following Lincolnshire's lead.

As a result of the success of this programme Lincolnshire County Council and the Better Care Fund have provided the resource for these posts to continue. They are delivering a better experience to the people who need residential/nursing support at the time they leave hospital, whilst reducing the number of bed days within the system.

Focus on Choice

The Transfer of Care policy is in the process of being agreed and it will be in place and implemented by September 2018. This is a policy used by the NHS within the hospitals (acute and non-acute) to ensure that people are supported to leave hospital in a timely way. This provides clear guidance on the options available to people if their place of choice is unavailable and supports staff and the people they are working with to explore interim or alternative options.

Enhancing Health in Care Homes

Adult Care will continue to work with health to support people living in care homes. There is joint work across the system to explore how we can make best use of our resources to ensure our Care Homes are delivering the highest quality of care possible. Nursing Care is a challenge nationally and locally and Lincolnshire County Council have been working with LINCA, health providers and Clinical Commissioning Groups to look at how we can make best use of our limited and valuable resource.

In addition work is ongoing to launch a medicines management policy which supports the access to the right medication at the right time and removes some of challenges in place e.g. paracetamol prescriptions etc.

A bid has been led and submitted by Lincolnshire County Council and LINCA along with health partners to access NHS Digital funds to support care homes with access to secure NHS mail to promote information sharing. The purpose of this is to include our providers, where appropriate, in the information sharing which is necessary to support people to be in their own homes. Our understanding is that we have been successful in this, but are waiting for the official agreement to get the work underway from NHS Digital.

Systems to Monitor Patient Flow

Adult Care will engage with ULHT, LCHS, LPFT and external partners to monitor how the hospital system is working. In addition to this there is the Urgent and

Emergency Care Board as well as various forums which explore, examine, consider and address performance within the system.

A patient tracker which lists all medically fit for discharge (MFFD) patients is updated by Adult Care several times a day with discharge planning details and shared with ULHT and LCHS. This tracker is used across the system to provide a single version of the data to ensure all organisations understand what is needed to support people to return home.

Performance on Delayed Discharges *(*see Appendix B)

The impact of the actions highlighted in this report will be shown in the performance measure Delayed Transfers of Care, which shows those delays in total and then split by those caused by Health, Social Care or jointly. The overall figure is used to measure our success in the Better Care Fund plan. The validated performance data is published by NHS England every month – however the Council and its partners monitor local performance weekly. The latest published data is shown in Appendix B to this report. Highlights from this data are:

Lincolnshire Headline figures:

- This month's social care Delayed Transfers of Care figure (June 2018) was down to 217 compared to last months (May 2018 – 250). Health's was also down (June 2018 – 1316 and May 2018 – 1528)
- This month's overall Delayed Transfers of Care figure was down to 1942 (June 2018) compared to June 2017 (2351).
- The number of delayed days for social care was 217, which represents a 31.1% decrease over the last year (June 2017 –315).
- 11.2% of delays were attributable to social care, which is down from 13.4% in June 2017, and also down on last month (May 2018 – 11.7%).
- Joint delays have increased from 358 in May 2018 to 409 in June, with the majority (370) being due to awaiting care package in home. Further work is being led by Lincolnshire County Council to understand this and improve the position.

Flu Planning

- Flu vaccinations will be provided via a voucher system for care home, home care and Lincolnshire County Council front line staff.
- The programme will commence in September 2018

Lincolnshire County Council Internal Winter Overview

- Adult Care will review on a weekly basis or more frequently when the flow and pressures require, including:-

    - ♦ Hospital staffing

- Reablement capacity
- Home Care capacity
- Block bed capacity
- Flow into the community

Key Public Messages

Adult Care will assist in coordinating, via the Council's Communications Team, all essential public information and wellbeing key messages.

Contact Details

Re-ablement - Allied Healthcare Referral - 01775 760283 - 7am -10pm - seven days and Bank Holidays. Weekends and Bank Holidays contact if an immediate start is required.

Lincolnshire County Council Adult Care Customer Services Centre - 01522 782155
Lincolnshire County Council Emergency Duty Team (out of hours) - 01522 782333

Hospital Social Work Teams

Lincoln County Hospital - 01522 573109, seven days and Bank Holidays

Pilgrim Hospital - 01205 445341, seven days and Bank Holidays

Grantham Hospital - 01476 464353, Monday to Saturday and Bank Holidays

A hospital manager will be on call over weekends and Bank Holidays.

A senior management rota is in place to deal with urgent situations and offer support at weekends and Bank Holidays.

Contingency plans are in place to cover extreme weather, staff shortages and Black Alerts from the hospitals.

Emergency Planning - 01522 582220

Lincolnshire County Council Escalation Process

Area Manager: Michelle Colbourne Tel: 01522 550746
michelle.colbourne@lincolnshire.gov.uk

County Manager: Tracy Perrett Tel: 01522 554375
tracy.perrett@lincolnshire.gov.uk

County Manager (Operations Manager when Tracy is unavailable): Paul Bassett Tel: 01522 552211 paul.bassett@lincolnshire.gov.uk

Assistant Director: Carolyn Nice Tel: 01522 553762
carolyn.nice@lincolnshire.gov.uk

2. Conclusion

The focus now is to plan as a system to be ready for winter ensuring that as a local authority and a health and social care system we have robust plans in place. The Lincolnshire system is working together to tackle the many challenges we face this winter and minimise the effects of winter on providing good Health and Care for the people of Lincolnshire.

3. Consultation

This is not subject to 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	High Impact Change Model – Managing Transfers of Care Between Hospital and Home
Appendix B	Delayed Transfers of Care Figures

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 Tracy Perrett, who can be contacted on 01522 554375 or Tracy.Perrett@lincolnshire.gov.uk.

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Local Government Association

Department of Health

directors of adass adult social services

NHS England

High impact change model

Managing transfers of care between hospital and home

A self-assessment tool for local health and care systems

Contents

1.Introduction

This model was developed by strategic system partners including the Local Government Association (LGA), the Association of Directors of Adult Social Services (ADASS), NHS England, the Department of Health (DH), the Emergency Care Improvement Programme (ECIP), Monitor and the Trust Development Authority (now NHSi) during 2015.

It builds on lessons learnt from practice and promotes a new approach to system resilience, moving away from a focus solely on winter pressures to a year-round approach to supporting timely hospital discharge. Whilst acknowledging that there is no simple solution to creating an effective and efficient care and health system, this model signals a commitment to work together to identify what can be done to improve current ways of working. The model was endorsed in a joint meeting between local government leaders and secretaries of state for health and for communities and local government in October 2015.

2. Purpose of the model

This high impact change model aims to focus support on helping local system partners minimise unnecessary hospital stays and to encourage them to consider new interventions for future winters.

It offers a practical approach to supporting local health and care systems to manage patient flow and discharge and can be used to self-assess how local care and health systems are working now, and to reflect on, and plan for, action they can take to reduce delays throughout the year.

The model identifies eight system changes which will have the greatest impact on reducing delayed discharge:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes.

3. Principles

This model is not designed to be a performance management tool. Instead, it takes as its starting point a recognition that even the best performing systems will be experiencing challenges in relation to hospital discharge.

The model is underpinned by a sector-led improvement approach which emphasises the importance of triangulating both hard and soft types of data to tease out local stories within a culture of openness and trust. This model supports genuine, honest reflection and discussion between trusted colleagues within local health and care systems and includes a suggested action plan so that decisions arising from conversations using the model can be implemented across the year.

4. The model

Change 1

Early discharge planning. In elective care, planning should begin before admission. In emergency/ unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.

Change 2

Systems to monitor patient flow. Robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand) and to plan services around the individual.

Change 3

Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector. Coordinated discharge planning based on joint assessment processes and protocols and on shared and agreed responsibilities, promotes effective discharge and positive outcomes for patients.

Change 4

Home first/discharge to assess. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5

Seven-day service. Effective joint 24/7 working improves the flow of people through the system and across the interface between health and social care meaning that services are more responsive to people's needs.

Change 6

Trusted assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7

Focus on choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options. The voluntary and community sector can be a real help to patients in supporting them to explore their choices and reach decisions about their future care.

Change 8

Enhancing health in care homes. Offering people joined-up, coordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

4. The model

High impact changes that can reduce delayed transfers of care between hospital and home

Change 1

Early discharge planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within 48 hours.

Not yet established	Plans in place	Established	Mature	Exemplary
Early discharge planning in the community for elective admissions is not yet in place	Clinical commissioning group (CCG) and adult social care (ASC) commissioners are discussing how community and primary care coordinate early discharge planning	Joint pre-admission discharge planning is in place in primary care	GPs and District Nurses lead the discussions about early discharge planning for elective admissions	Early discharge planning occurs for all planned admissions by an integrated community health and social care team
Discharge planning does not start in A&E	Plans are in place to develop discharge planning in A&E for emergency admissions	Emergency admissions have a provisional discharge date set in within 48 hours	Emergency admissions have discharge dates set which whole hospital are committed to delivering	Evidence shows X per cent patients go home on date agreed on admission

4. The model

Change 2

Systems to monitor patient flow. Robust patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Not yet established	Plans in place	Established	Mature	Exemplary
No relationship between demand and capacity in care pathways	Analysis of demand underway to calculate capacity needed for each care pathway	Policy agreed and plan in place to match capacity to care pathway demand	Capacity usually matches demand along the care pathway	Capacity always matches demand along the whole care pathway
Capacity available not related to current demand	Analysis of demand variations underway to identify current variations	Analysis completed and practice change rolled out across trust and in community	Capacity usually matches demand 24/7 to match real variation	Capacity always matches demand 24/7 reflecting real variations
Bottlenecks occur regularly in the trust and in the community	Analysis of causes of bottlenecks underway and practice changes being designed	Analysis completed and practice changes being put in place and evaluated	Bottlenecks rarely occur and are quickly tackled when they do	There are no bottlenecks caused by process or supply failure
There is no ability to increase capacity when admissions increase – tipping point reached quickly	Analysis of admissions variation ongoing with capacity increase plans being developed	Staff understand the need to increase capacity when admissions increase	Capacity is usually automatically increased when admissions increase	Capacity is always automatically increased when admissions increase
Staff do not understand the relationship between poor patient flow and senior clinical decision making and support	Staff training in place to ensure understanding of the need to increase senior clinical capacity	Staff understand the need to increase senior clinical support when necessary	Senior clinical decision making support is usually available and increased when necessary	Senior clinical decision making support available and increased automatically when necessary to carry out assessment and reviews 24/7

4. The model

Change 3

Multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector. Coordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients.

Not yet established	Plans in place	Established	Mature	Exemplary
Separate discharge planning processes in place	Discussion ongoing to create integrated health and ASC discharge teams	Joint NHS and ASC discharge team in place	Joint teams trust each other's assessments and discharge plans	Integrated teams using single assessment and discharge process
No daily multidisciplinary team meeting in place	Discussion to introduce MDTs on all wards with trust and community health and ASC	Daily MDT attended by ASC, voluntary sector and community health	Integrated teams cover all MDTs including community health provision to pull patients out	Integrated service supports MDTs using joint assessment and discharge processes
Continuing Health Care assessments carried out in hospital and taking "too" long	Discussion between CCG and trust to establish discharge to assess arrangements	Discharge to assess arrangements in place with care sector and community health providers	CHC and complex assessments done outside hospital in people's homes/extra care or reablement beds	Fully integrated discharge to assess arrangements in place for all complex discharges

4. The model

Change 4

Home first/discharge to assess. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow

Not yet established	Plans in place	Established	Mature	Exemplary
People are still assessed for care on an acute hospital ward	Nursing capacity in community being created to do complex assessments in the community	People usually return home with reablement support for assessment	People return home with reablement support from integrated team	All patients return home for assessment and reablement after being declared fit for discharge
People enter residential /nursing care too early in their care career	Systems analysing which people can go home instead of into care – plans for self funder advice	People usually only enter a care/nursing home when their needs cannot be met through care at home	Most people return home for assessment before making a decision about future care	People always return home whenever possible supported by integrated health and social care support
People wait in hospital to be assessed by care home staff	Work being done to identify homes less responsive to assess people quickly	Care homes assess people usually within 48 hours	Care homes usually assess people in hospital within 24 hours	Care homes accept previous residents trusting trust /ASC staff assessment and always carry out new assessments within 24 hours

4. The model

Change 5

Seven-day service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Not yet established	Plans in place	Established	Mature	Exemplary
Discharge and social care teams assess and organise care during office hours five days a week	Plan to move to seven day working being drawn up	Health and social care teams working to new seven day working patterns	Health and social care teams providing seven day working	Seamless provision of care regardless of time of day or week
OOHs emergency teams provide non office hours and weekend support	New contracts and rotas for health and social care staff being drawn up and negotiated	New contracts agreed and in place	New staffing rotas and contracts in place across all disciplines	New staffing rotas and contracts in place and working seamlessly
Care services only assess and start new care Monday to Friday	Negotiations with care providers to assess and restart care at weekends	Staff ask and expect care providers to assess at weekends	Most care providers assess and restart care at weekends	All care providers assess and restart care 24/7
Diagnostics, pharmacy and patient transport only available Monday to Friday	Hospital departments have plans in place to open in the evenings and at weekends	Hospital departments open 24/7 whenever possible	Whole system commitment usually enabling care to restart within 24 hours, seven days a week	Whole system commitment enabling care always to restart within 24 hours, seven days a week

4. The model

Change 6

Trusted assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Not yet established	Plans in place	Established	Mature	Exemplary
Assessments done separately by health and social care	Plan for training of health and social care staff	Assessments done by different organisations accepted and resources committed	Discharge and social care teams assessing on behalf of health and social care	Integrated assessment teams committing joint pooled resources
Multiple assessments requested from different professionals	One assessment form/ system being discussed	One assessment format agreed between organisations /professions	Single assessment in place	Resources from pooled budget accessed by single assessment without separate organisational sign off
Care providers insist on assessing for the service or home	Care providers discussing joint approach of assessing on each other's behalf	Care providers share responsibility of assessment	Some care providers assess on each other's behalf and commit to care provision	Single assessment for care accepted and done by all care providers in system

4. The model

Change 7

Focus on choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Not yet established	Plans in place	Established	Mature	Exemplary
No advice or information available at admission	Draft pre-admission leaflet and information being prepared	Admission advice and information leaflets in place and being used	Patients and relatives aware that they need to decide about discharge quickly	Patients and relatives planning for discharge from point of admission
No choice protocol in place	Choice protocol being written or updated to reduce seven days	New choice protocol implemented and understood by staff	Choice protocol used proactively to challenge people	All staff understand choice and can discuss discharge proactively
No voluntary sector provision in place to support self-funders	Health and social care commissioners co-designing contracts with voluntary sectors	Voluntary sector provision in place in the trust proving advice and information	Voluntary sector provision integrated in discharge teams to support people home from hospital	Voluntary sector fully integrated as part of health and social care team both in the trust and the community

4. The model

Change 8

Enhancing health in care homes. Offering people joined-up, coordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Not yet established	Plans in place	Established	Mature	Exemplary
Care homes unsupported by local community and primary care	CCG and ASC commissioners working with care providers to identify need	Community and primary care support provided to care homes on request	Care homes manage the increased acuity in the care home	Care homes integrated into the whole health and social care community and primary care support
High numbers of referrals to A&E from care homes especially in evenings and at weekends	Specific high referring care homes identified and plans in place to address	Dedicated intensive support to high referring homes in place	No unnecessary admissions from care homes at weekends	No variation in the flow of people from care homes into hospital during the week
Evidence of poor health indicators in Care Quality Commission (CQC) inspections	Analysis of poor care identifies homes where extra support and training needed	Quality and safeguarding plans in place to support care homes	Community health and social care teams working proactively to improve quality in care homes	Care home CQC ratings reflect high quality care

4. The model

Action planning template

Impact change	Where are you now?	What do you need to do?	When will it be done by?	How will you know it has been successful?
Early discharge planning				
Systems to monitor patient flow				
Multi-disciplinary, multi-agency discharge teams (including voluntary and community sector)				
Home First Discharge to Assess				
Seven-day services				
Trusted assessors				
Focus on choice				
Enhancing health in care homes				

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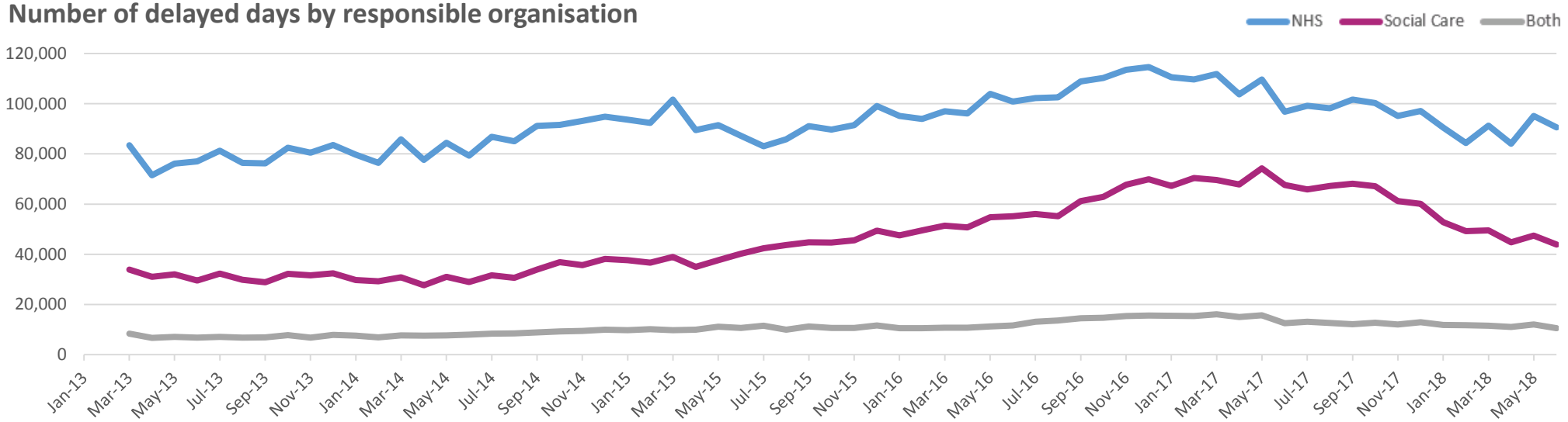
For a copy in Braille, larger print or audio,
please contact us on 020 7664 3000.
We consider requests on an individual basis.

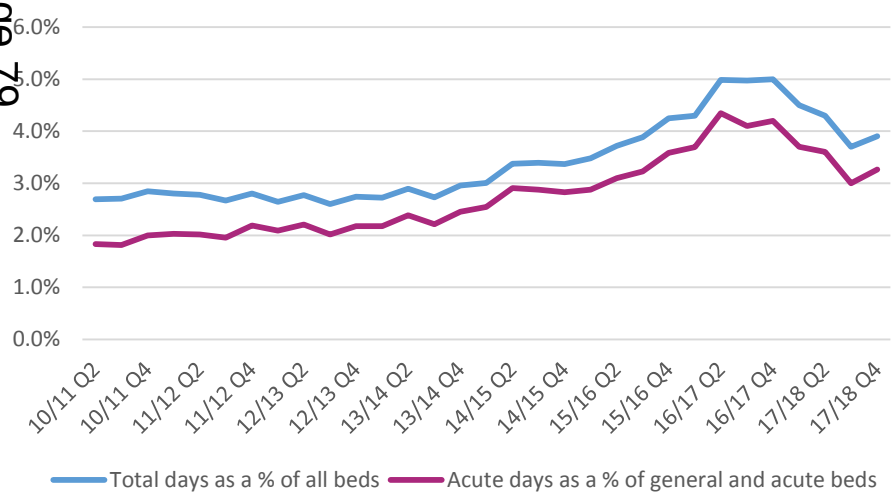
REF 25.1

Delayed transfers of care | Overview

Number of delayed days by responsible organisation



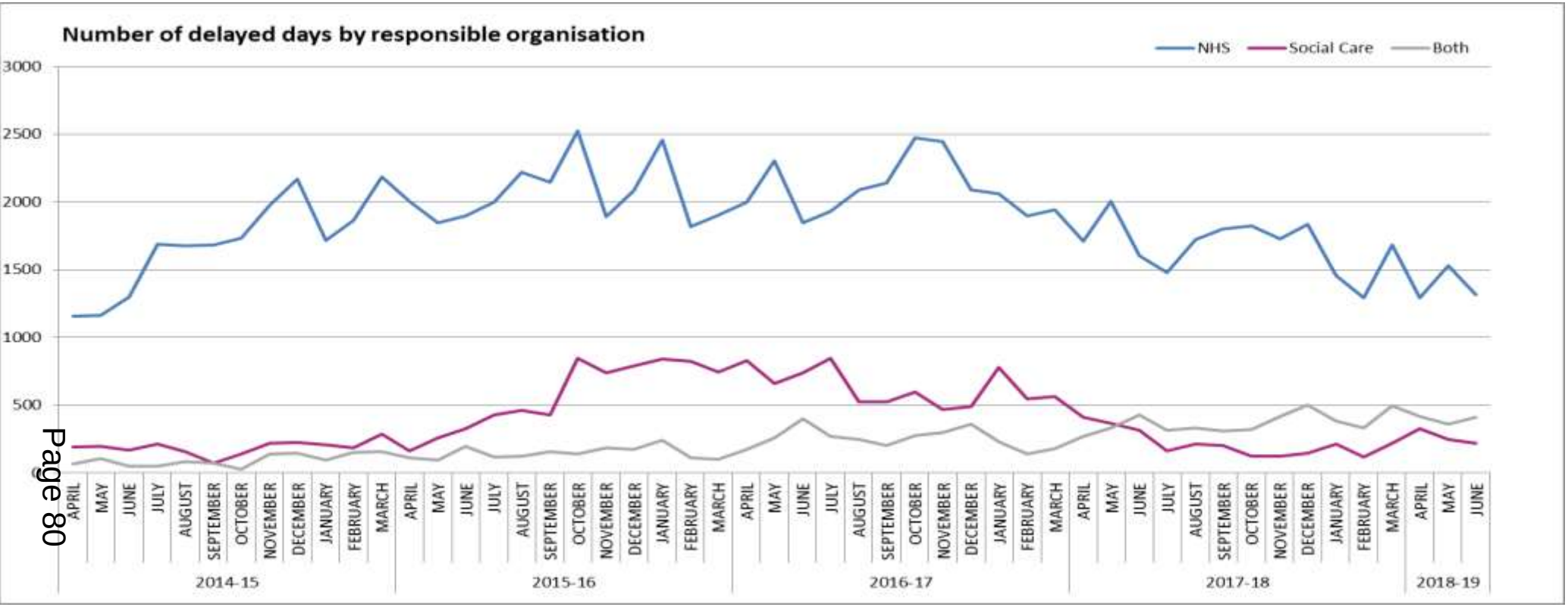
Number of delayed days as % of available beds



		June 18	June 17	Change
Total	Number of delayed days, of which	134,326	177,881	-24.5%
	…attributable to NHS	84,124	98,217	-14.3%
	…attributable to social care	40,209	66,938	-39.9%
	… attributable to both sectors	9,993	12,726	-21.8%
		June 18	June 17	Change
	Number of DTOC beds, of which	4,478	5,929	-24.5%
	…attributable to NHS	2,804	3,274	-14.4%
	…attributable to social care	1,340	2,231	-39.9%
	…attributable to both sectors	333	424	-21.5%

62.6%	of all delayed days were attributed to the NHS (June-18)	**27.1%**	of these were due to patients awaiting further non-acute NHS care
29.9%	of all delayed days were attributed to social care (June-18)	**36.2%**	of these were due to patients awaiting care package in their own home

Lincolnshire days delayed – June 2018



		Jun-18	Jun-17	Change
Total	Number of delayed days, of which	1,942	2,351	-17.4%
	…attributable to NHS	1,316	1,606	-18.1%
	…attributable to social care	217	315	-31.1%
	… attributable to both sectors	409	430	-4.9%
		Jun-18	Jun-17	Change
	Number of DTOC beds, of which	65	78	-17.4%
	…attributable to NHS	44	54	-18.1%
	…attributable to social care	7	11	-31.1%
	…attributable to both sectors	14	14	-4.9%

67.8%	of all delayed days were attributed to the NHS (June-18)	**29.3%**	of these were due to awaiting **further non acute nhs** care
11.2%	of all delayed days were attributed to social care (June-18)	**62.7%**	of these were due to **awaiting care package in their own home**

Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**5 September 2018**
Subject:	**Adult Care and Community Wellbeing Quarter 1 2018/19 Performance Report**

Summary:

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 1 2018/19.

A summary of performance against target for the year has been provided in Appendix A of this report.

A full analysis of each indicator over the year has been provided in Appendix B of this report.

The report features the Directorate's Council Business Plan measures agreed for the 2018/19 and 2019/20 financial years. Where there have been changes such as a new measure or an amendment to an existing measure, this has been highlighted in the summary. The measures now making up the Council Business Plan set are felt to best reflect the impact of the work of the directorate.

Actions Required:

The Committee is requested to consider and comment on the Quarter 1 performance of the Directorate.

1. Background

The report constitutes a first look at performance against the agreed Council Business Plan measures for the 2018–2020 period. It shows the latest performance data available for each of the measures, if this is not performance as at end June 2018, the time period for the data is shown clearly in the summary. This new set of Council Business Plan performance measures has been designed to reflect the impact of the work of Adult Care and Community Wellbeing across its five commissioning strategy areas. In order to allow the Committee to discuss the new set of measures, the approach of focusing in more detail on one area of performance in the Quarterly performance report will commence from the Quarter 2 report.

As in previous performance reports to the Committee, a one-page summary has been provided as Appendix A to this report – this shows at a glance the status against target for each measure.

In summary, this report demonstrates that at the end of Quarter 1 2018/19 for Adult Care and Community Wellbeing Council Business Plan measures:

- 5 have exceeded the target
- 10 have achieved the target or are within an agreed tolerance
- 5 have not achieved the target or performed within the tolerance range
- 6 do not yet have data for Q1 2018 – this is due to new measures with a time lag in data being available

More detail, including commentary from owners on the performance, benchmarking and comparison with other areas is provided in Appendix B. This includes activity to improve performance in each measure, where appropriate. This has been provided to the Committee to illustrate a full and detailed picture of performance.

For each of the five commissioning strategy areas, the key features of this report are:

Public Health

The set of measures for Public Health has been more expanded to better reflect the breadth of work in this division. There are four new measures relating to:

- Housing Related Support
- Smoking Services
- Wellbeing Service outcomes – replaces previous wellbeing measure
- Community Equipment Services

As some of these services commenced at the start of the financial year, there is not yet data to populate Q1 performance.

Performance of the alcohol rehabilitation service has continued the trajectory of improvement seen throughout 2017/18 – however it is short of the 40% target.

Safeguarding

A reduced set of measures now includes a focus on outcomes after the conclusion of a safeguarding enquiry – for this measure, the Quarter 1 target was not met – this was due to a change in the screening process.

Specialist Adult Services

Changes to the measures in this commissioning strategy have been limited to introducing a separate measure for reviews of clients with mental health social care needs. The Council is now working with Lincolnshire Partnership NHS Foundation Trust to co-ordinate the undertaking of the outstanding reviews which should bring performance back on track for Quarter 2.

Carers

The measures for this commissioning strategy have been amended to more closely measure the achievement of the aims of the strategy. The new measures introduced cover the social contact of carers and those carers who have had a review of their needs.

The number of carers supported in Lincolnshire has continued to rise. However due to an increase in the official population figures for the county, when expressed as a rate, this measure falls just below target.

Adult Frailty and Long Term Conditions

This strategy area retains some key measures and introduces three new or amended measures.

- New requests for support resulting in no ongoing or low level support
- People reporting that services give them control over their life
- Reablement leading to no ongoing or low level support

The direct payments measure has had an ambitious target set for 2018/19 – which carries on an upward trajectory of performance from previous years. Whilst an increased number of older people have taken up a direct payment in Quarter 1, the proportion is lower than Quarter 4 due to an increased number of people in the denominator.

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Council Business Plan information shown in Appendix A.

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	Quarter 1 Adult Care & Community Wellbeing Performance Summary
Appendix B	Quarter 1 Adult Care & Community Wellbeing Full Performance Analysis

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 Theo Jarratt, who can be contacted on 01522 555177 or theo.jarratt@lincolnshire.gov.uk

Appendix A

2018/19 Quarter 1 - Adult Care & Community Wellbeing Overview

		2017/18	2018/19				
		Actual	Q1	Target	Forecast	Trend vs. 2017/18	CBP Alert Tolerance: +/- 5% pts
Public Health							
	% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months **PHOF 2.15iii**	36%	**37%** Mar-18	40%		↑	Not achieved
	% of people aged 40 to 74 offered and received an NHS health check **PHOF 2.22iv**	60%	**61%** Mar-18	55%		↑	Achieved
	Chlamydia diagnoses per 100,000 15-24 year old **PHOF 3.02**	2,232	**2,281** Dec-17	2,045		↑	Exceeds
	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	1,258	**187**	150		↑	Exceeds
NEW	Older people supported by the Wellbeing Service to improve their outcomes	-		Performance has a 1 quarter lag for reporting			n/a
NEW	People successfully supported to stop smoking	-		Performance has a 1 quarter lag for reporting			n/a
NEW	People accessing Housing related support that are successfully supported to access and maintain their settled accomodation	-	**97%**	90%			Exceeds
NEW	Percentage of emergency & urgent deliveries & collections completed on time within ICES	-		Performance has a 1 quarter lag for reporting			n/a
Safeguarding							
	% 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
NEW	% of safeguarding enquiries where the 'Source of Risk' is a service provider - i.e. social care support **SAC SG3d**		**59%**	31%			Not Achieved
NEW	Concluded enquiries where the desired outcomes were fully or partially achieved		**98%**	95%			Achieved
Specialist Adult Services							
	% of adults with a learning disability (or autism) who live in their own home or with their family **ASCOF 1G**	77%	**77%**	79%		↔	Achieved
	% of adults in contact with secondary mental health services living independently, with or without support **ASCOF 1H**	71%	**77%**	75%		↑	Achieved
	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	52%	**50%**	48%		↓	Achieved
	% of adults with a learning disability in receipt of long term support who have been reviewed in the period	91%	**25%**	24%	100%	↑	Achieved
NEW	% of adults aged 18 to 64 with a mental health need in receipt of long term support who have been reviewed in the period	78%	**11%**	24%	44%	↓	Not achieved
Carers							
	% of carers who have been included or consulted in discussions about the person they care for **ASCOF 3C** **SURVEY MEASURE**	58%		Annual measure: Reported in Q4			n/a
	Number of carers (caring for Adults) supported in the last 12 months - above expressed as a rate per 100,000 population (18 to 64)	9,875 1,662	**10,006** **1,640**	10,550 1,730	-	↓	Not achieved
NEW	Carers who reported they had as much social contact as they would like **SURVEY MEASURE**	33%		Annual measure: Reported in Q4			n/a
NEW	Carers who have received a review of their needs in the last 12 months	92%	**87%**	85%		↓	Achieved
Adult Frailty & Long Term Conditions							
	Permanent admissions to residential and nursing care homes, aged 65+ **ASCOF 2A(ii) numerator** **Better Care Fund**	1,020	**125**	288	500	↑	Exceeds
	% of clients in receipt of long term support who receive a direct payment **ASCOF 1C (2a)**	35%	**34%**	40%		↑	Not achieved
	% of people in receipt of long term support who have been reviewed in the period	86%	**29%**	23%	100%	↑	Exceeds
NEW	% of requests for support for new clients, where the outcome was no support or support of a lower level	93%	**96%**	93%		↓	Achieved
NEW	People who report that services help them have control over their daily life **SURVEY MEASURE**	92%		Annual measure: Reported in Q4			n/a
NEW	% of people with a concluded episode of reablement who subsequently require no ongoing support or support of a lower level **ASCOF 2D**	98%	**98%**	95%		↑	Achieved

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Health and Wellbeing is improved

Enhance the quality of life for people with care and support needs

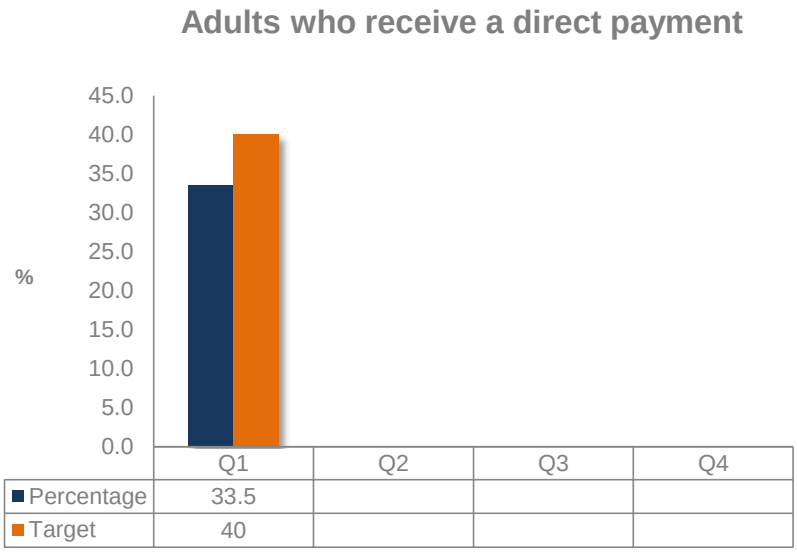
Adults who receive a direct payment

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

Not achieved

33.5
%
Quarter 1 June 2018

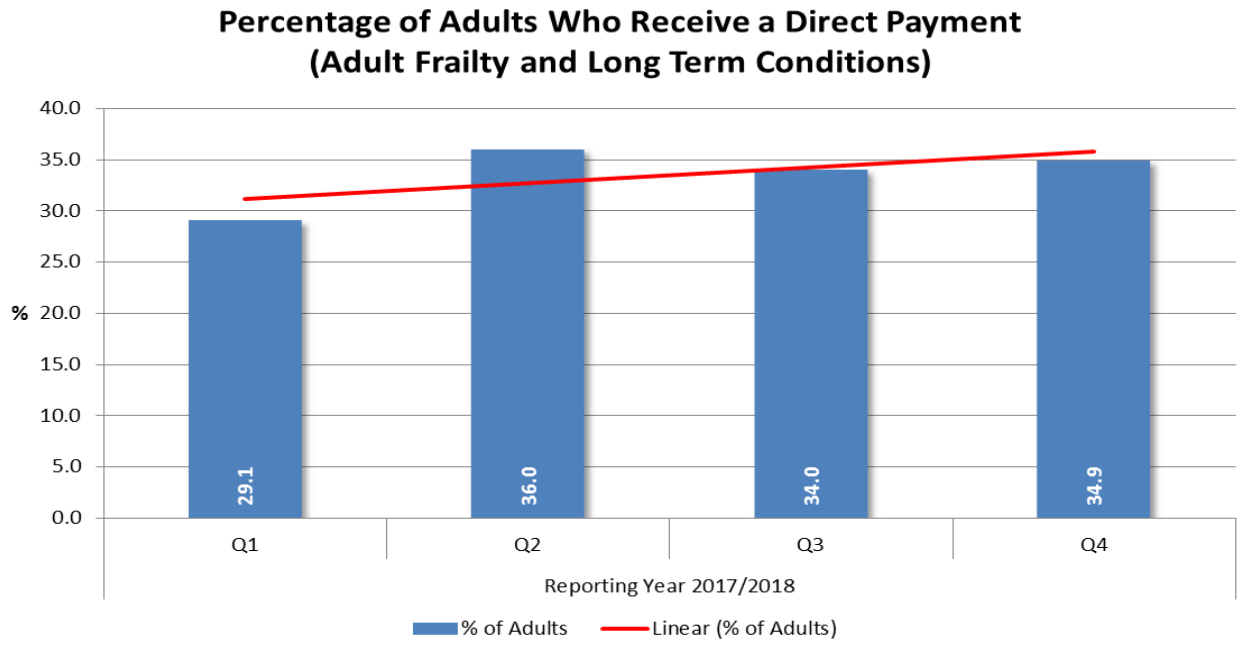
40
%
Target for June 2018



About the latest performance

The target for this measure has not been achieved for this quarter. Greater focus will be given to Area teams to ensure Direct Payments are fully explored with adults of all ages. The delays in processing financial assessments will also impact on the turnaround time for accessing direct payments, which could have contributed to the low percentage of adults receiving direct payments. We expect to see an improvement in performance moving into Quarter 2.

Further details



About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2017/18 we have set a revised target of 40% for the 2018/19 reporting year.

About the target range

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

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Health and Wellbeing is improved

Enhance the quality of life for people with care and support needs

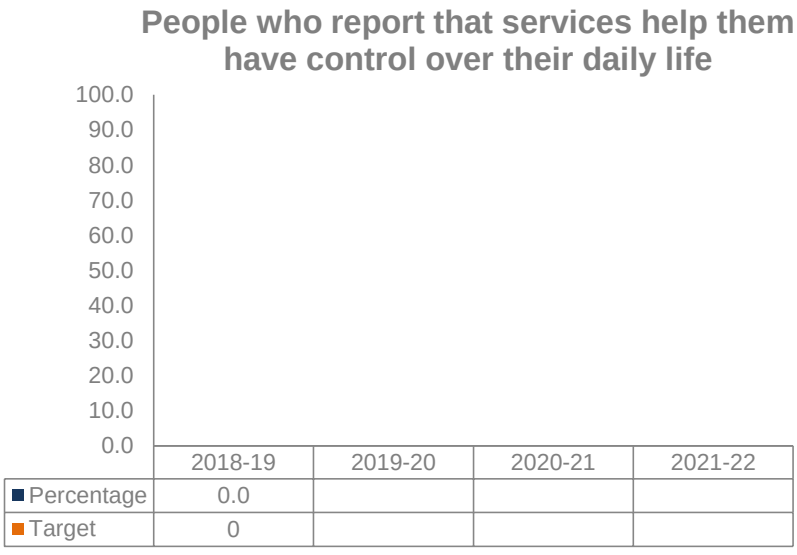
People who report that services help them have control over their daily life

A self-reported measure from the annual Adult Social Care client Survey (ASCS) which determines whether services help people to have control over their daily lives. This has replaced the Adult Social Care Outcomes Framework (ASCOF) measure from the same survey previously reported in the Council Business Plan which asked about general feeling about control, which is not an effective way to determine the impact of support provided. A higher percentage indicates a better performance.
Numerator: The number of people in the denominator answering 'Yes'.
Denominator: The number of people answering the question: 'Do care and support services help you in having control over your daily life?'
A higher percentage indicates a better performance.

Data not available

April 2018-March 2019

Target for April 2018-March 2019



About the latest performance

This is a new measure in the 2018-2020 Council Business Plan; it is reported annually and so data will not be available until Quarter 4 2018/19.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set to 95% which will maintain our current level of performance.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

This data is reported to NHS-Digital annually and should be available for all councils at the end of the summer each year.

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Health and Wellbeing is improved

Delay and reduce the need for care and support

Permanent admissions to residential and nursing care homes aged 65+

The number of Lincolnshire County Council funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.
This is a Adult Social Care Outcomes Framework (ASCOF) 2a part 2 and reported in the Better Care Fund (BCF).
A smaller number of people permanently admitted to residential and nursing homes indicates a better performance.

Achieved

125

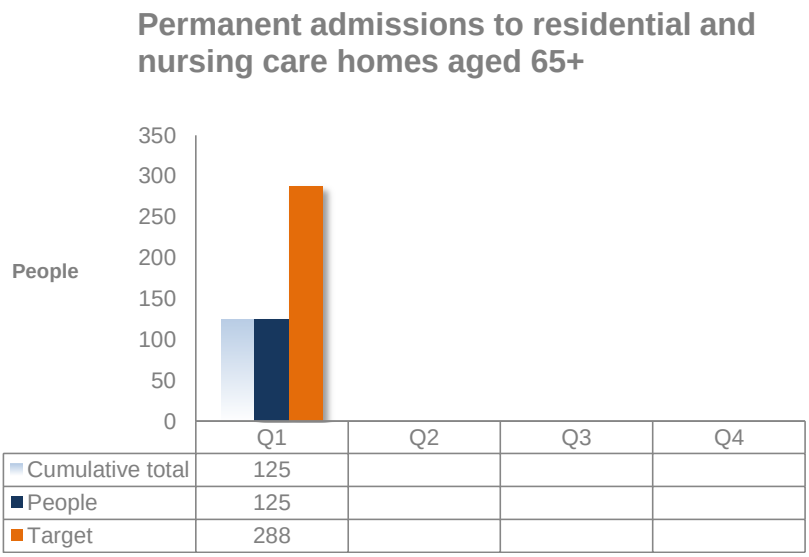
People

Cumulative Actual as at June 2018

288

People

Cumulative Target as at June 2018

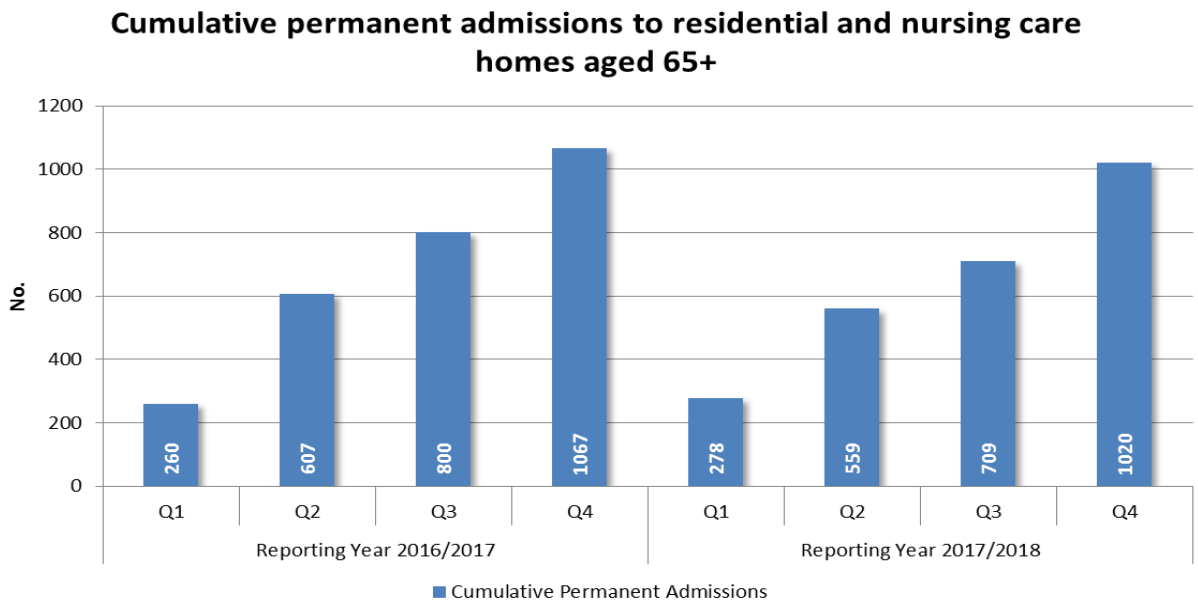


	Q1	Q2	Q3	Q4
Cumulative total	125			
People	125			
Target	288			

About the latest performance

The number of new admissions to care homes is unusually low in Quarter 1, and is exceeding target by 163. Approximately 80% of the new admissions are from new clients, with the remaining transferring from long term community services. The low number of admissions may be due to delays in processing financial assessments and this will be better understood by quarter 2.

Further details



About the target

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

About the target range

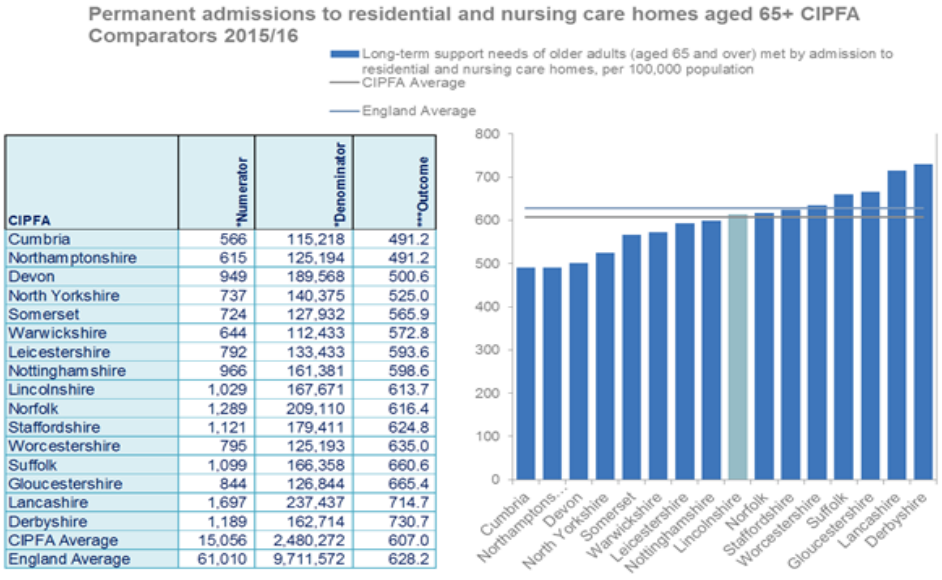
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

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

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



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

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Delay and reduce the need for care and support

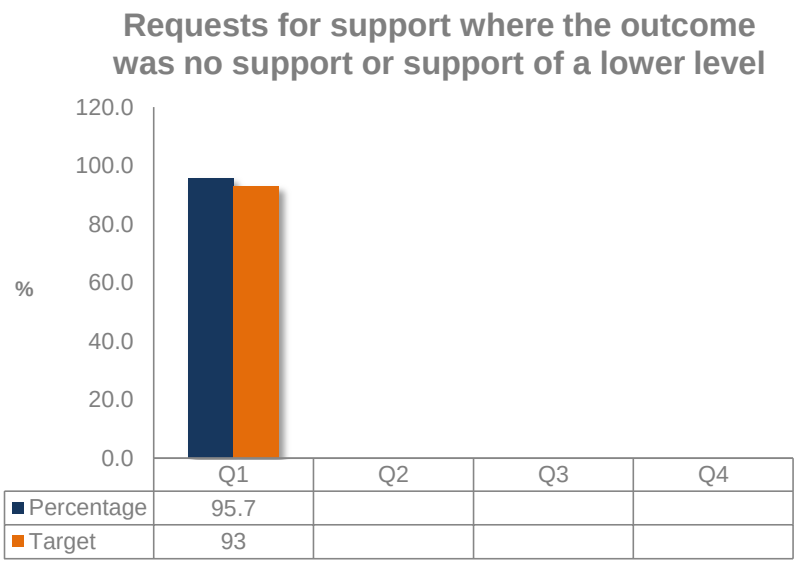
Requests for support for new clients, where the outcome was no support or support of a lower level

For all distinct requests for support from new clients aged 65 or over, the proportion where the outcome to the request was no support or support of a lower level. New clients are defined as people who were not receiving long term funded support at the time of the request. This is another demand management measure which monitors the number / proportion of people who approach the council and are signposted away from more intensive support. This measure will come directly from the SALT requests table for people aged 65+ (STS001 table 2), and as such is underpinned by statutory guidance for recording and reporting. A higher percentage indicates a better performance.

Achieved

95.7
%
Quarter 1 June 2018

93
%
Target for June 2018



About the latest performance

This is new measure which monitors the percentage of people who approach the council and are signposted away from more intensive support. The target for quarter 1 has been exceeded with an outturn of 95.7% against a 93% target and demonstrates customers are being signposted to alternative solutions before paid services.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set to 93% which will maintain our current level of performance.

About the target range

A target range for this measure is set at +/- 2 percentage points - the tolerance level is lower than other measures because any more than a 2% adverse variance from the target would equate to several hundred extra people accessing intensive services.

About benchmarking

Benchmarking is available for all councils from the SALT return at the end of the summer each year and will be added when it becomes available.

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Health and Wellbeing is improved

Delay and reduce the need for care and support

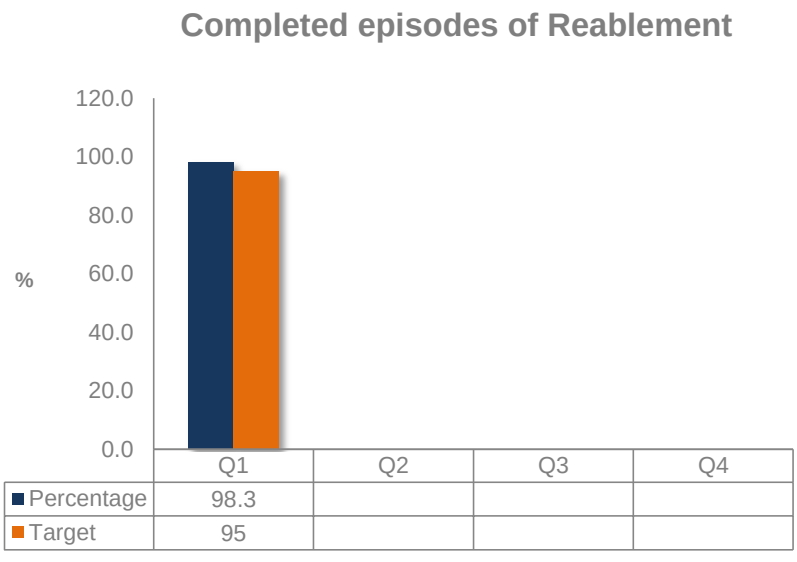
Completed episodes of Reablement

Reablement is an early intervention for vulnerable people to help them restore their independence, accessed before a formal assessment of need. This is a key part of demand management for Adult Care and Community Wellbeing. Positive outcomes for those people who use the service are a good measure of the effectiveness of the intervention and help to delay or reduce the need for longer term funded support from the authority. The measure is the annual ASCOF 2D measure, so is underpinned by national guidance for recording and reporting. A higher percentage of completed episodes of Reablement indicates a better performance.
Numerator: Of the episodes in the denominator, the number where the outcome to Reablement was: "Ongoing Low Level Support" or "Short Term Support (Other)" or "No Services Provided - Universal Services/Signposted to Other Services" or "No Services Provided - No identified needs".
Denominator: Number of new clients who had completed an episode of short-term support to maximise independence (aka Reablement) in the period. (SALT STS002a)

Achieved

98.3
%
Quarter 1 June 2018

95
%
Target for June 2018



About the latest performance

The target for this new measure has been achieved in Quarter 1. Allied is the provider that delivers the Reablement service on behalf of Lincolnshire County Council; they continue to work closely with Adult Care and health colleagues to facilitate timely discharge from hospitals across the area. The target achieved demonstrates the skills of the team to reable service users to their full potential.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set to 95%, based on CIPFA comparator averages. Our aim is to maintain this level of performance.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Since this measure is an ASCOF measure, benchmarking is available each year in the Summer. Based on 16/17 data, Lincolnshire is the best performing authority in its CIPFA comparator group, reporting 98% in that year. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Ensure that people have a positive experience of care and support

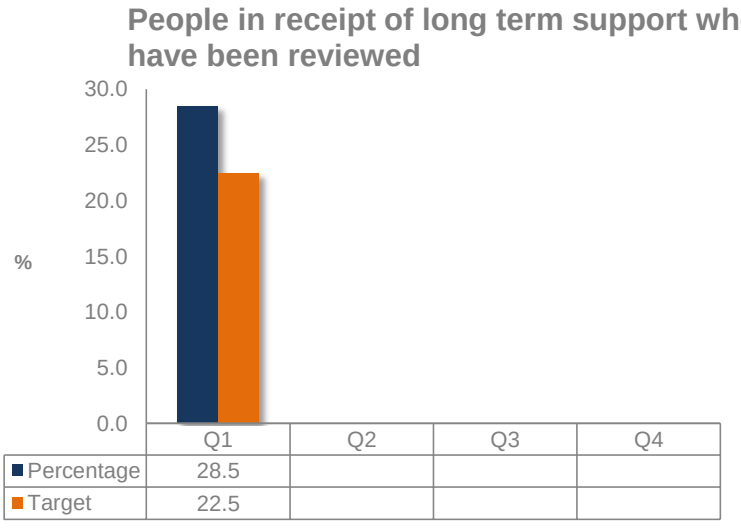
People in receipt of long term support who have been reviewed

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.
Numerator: For adults in the denominator, those that have received an assessment or review of their needs in the year.
Denominator: Number of current Adult Frailty and long term conditions (Older people and physical disability) service users receiving long term support in the community or in residential care for 12 months or more.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of people that have been reviewed indicates a better performance.

Achieved

28.5
%
Cumulative Actual as at June 2018

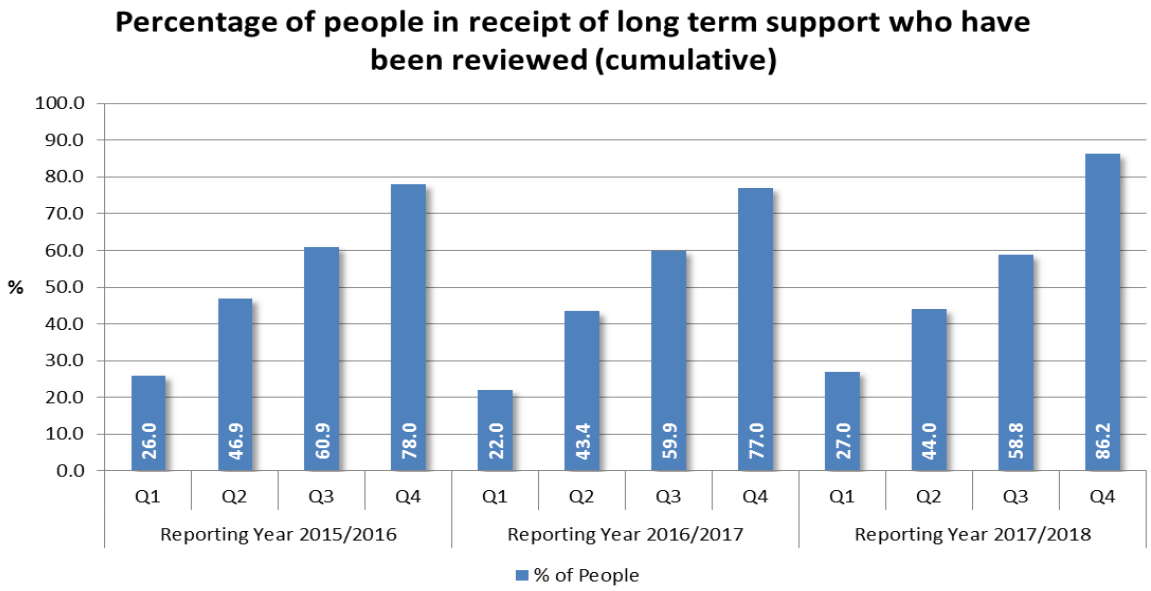
22.5
%
Cumulative Target as at June 2018

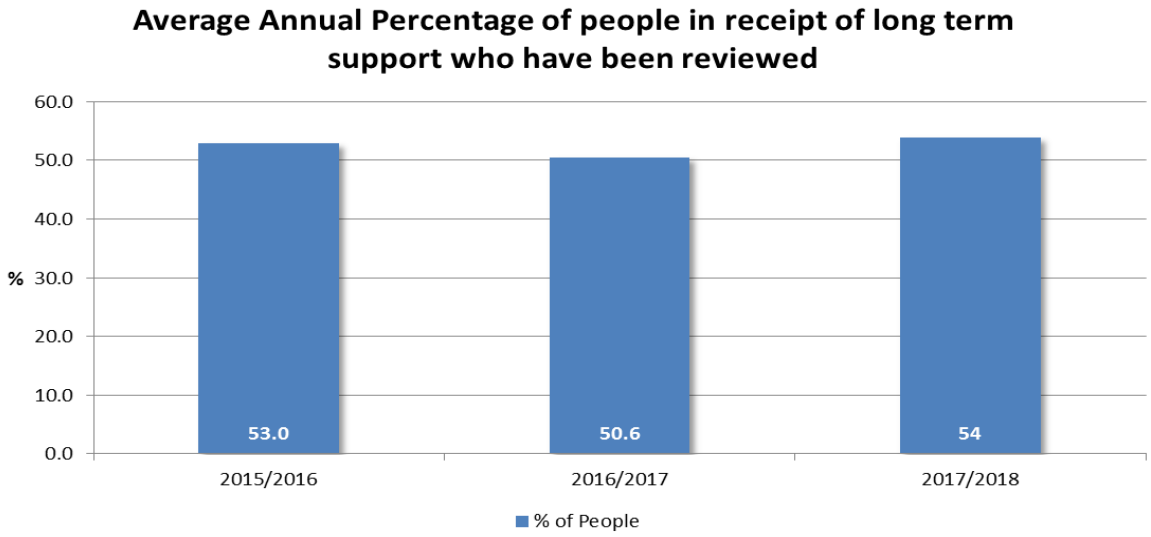


About the latest performance

The target has been exceeded on quarter 1 with 28.5% of people in receipt of long term support already reviewed this financial year. This is a positive move in the right direction and we will continue to ensure the focus is maintained.

Further details





About the target

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

About the target range

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

About benchmarking

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

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Health and Wellbeing is improved

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

Carers supported in the last 12 months

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

Not achieved

1,640

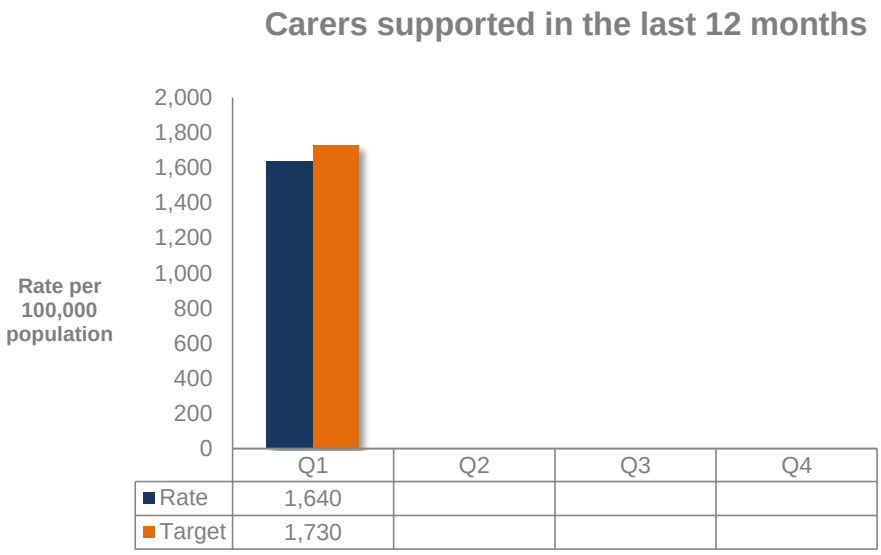
Rate per 100,000 population

Quarter 1 June 2018

1,730

Rate per 100,000 population

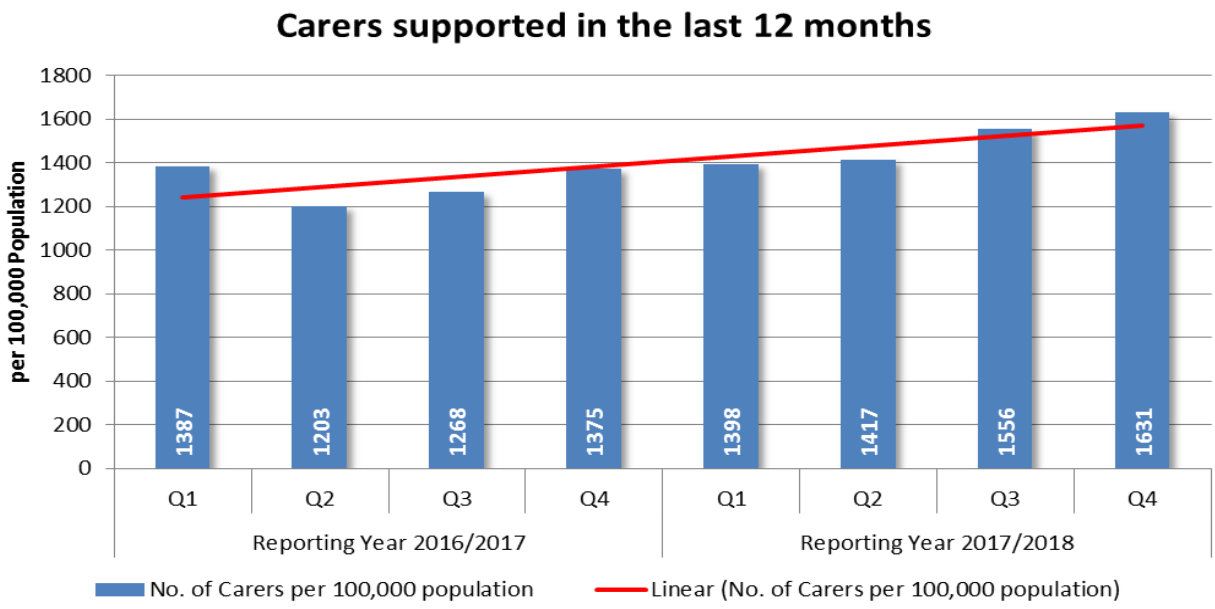
Target for June 2018



About the latest performance

In the 12 month period up to 30 June 2018 over ten thousand (10,006) carers of adults have been supported by the Carers Service and Adult Care. This is an increase of 317 carers compared to the 2017/2018 end of year figure. This figure does not include any data from Children's Services and as such does not include parent carers or young carers. 1,108 (11.1%) carers have received a Personal Budget as a Direct Payment. 642 (6.4%) cared-for adults have been provided with short term respite services to allow their carer to take a break. 8256 (82.5%) carers have received information and advice, including those supported by Carers FIRST's universal offer. Note - the target for this financial year has been increased to 1,730 carers supported per 100,000 over 18 population which equates to a target of approximately 500 additional carers supported by the end of the year. The denominator for this target (Lincolnshire's over 18 population) has increased to 6.1. This is based on the latest over 18 population estimate for 2018 (606,565 - source: Office of National Statistics).

Further details



About the target

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

About the target range

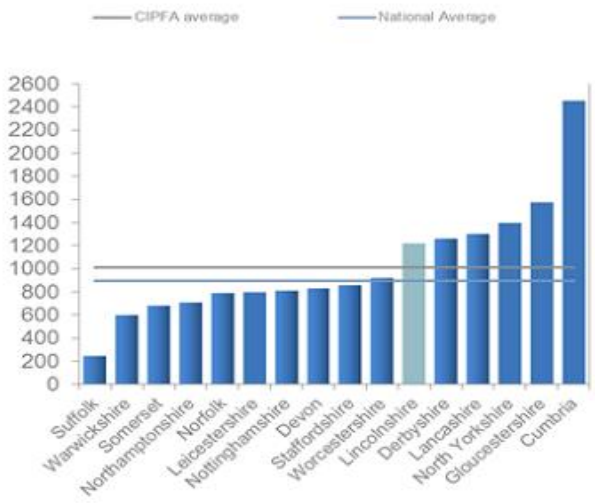
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

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

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



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

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Health and Wellbeing is improved

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

Carers who said they had as much social contact as they would like

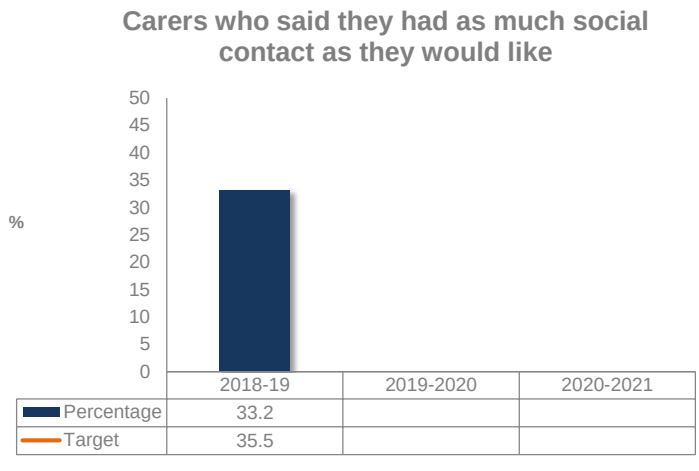
There is a clear link between loneliness and poor mental and physical health. The vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure draws on self-reported levels of social contact in the statutory Survey of Adult Carers in England (SACE), as an indicator of social isolation.
Numerator: Of those carers that responded to the question, the number responding: 'I have as much social contact as I want'
Denominator: In the Survey of Adult Carers in England (SACE), the number of carers that responded to the question:
"By thinking about social contact you've had with people you like, which statement best describes your present social situation?"
- I have as much social contact as I want
- I have some social contact but not enough
- I have little social contact and I feel isolated

A higher percentage indicates a better performance.

Not achieved

33.2
%
Quarter 1 June 2018

35.5
%
Target for June 2018



	2018-19	2019-2020	2020-2021
Percentage	33.2		
Target	35.5		

About the latest performance

This is a new measure for 2018/2019. The most recent data is based on a non-statutory Survey of Adult Carers undertaken at the end of 2017; official performance figures will be reported in Quarter 4 of the 2018/19 reporting year.
There is a clear link between loneliness and poor mental and physical health. The vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure draws on self-reported levels of social contact in the statutory Survey of Adult Carers in England (SACE), as an indicator of social isolation. 33.2% of carers reported that they had 'as much social contact as I want with people who I like'. The Quarter 1 target of 35.5 is the England average taken from the 2016/2017 Survey of Adult Carers in England.

Further details

This is a new measure for the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure is set at 35%. This is based on the national average for 2016/17.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Benchmarking is available on an annual basis from the ASCOF outturns (end of the summer for March year end figures). Based on 16/17 figures, 32% of carers in Lincolnshire reported having as much social contact as they wanted. This was the same as the regional average, but below the average for our comparator (and similarly rural) authorities, which was 34%. The national average was 35%.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

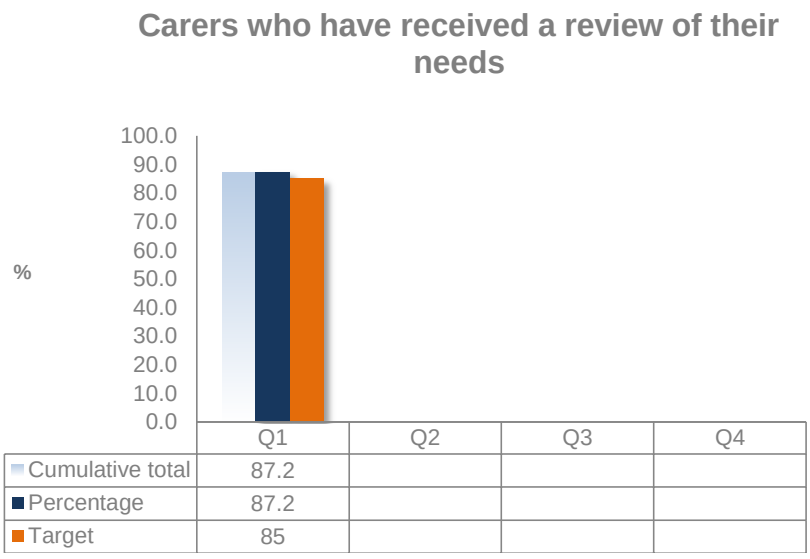
Carers who have received a review of their needs

This measure monitors whether carers, who were eligible for support under the Care Act 2014 and who received funded direct support, received their annual review of needs as per their entitlement. The measure is based on the carers table (LTS003) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

Achieved

87.2
%
Quarter 1 June 2018

85
%
Target for June 2018



About the latest performance

This is a new measure for 2018/2019. This measure monitors whether carers, who were eligible for support under the Care Act 2014 and who received funded direct support, received their annual review of needs as per their entitlement. The measure is based on the carers table (LTS003) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting. Of the 1108 carers who received funded direct support (Personal Budget as a Direct Payment), 966 (87.2%) received an assessment or review in the period. 805 (83.3%) of these were Carer's assessments/reviews performed by the Carers Service. 161 (16.7%) of these were joint assessments/reviews undertaken by an Adult Care Practitioner.

Further details

This is a new measure for the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set to 85%. The baseline for this new measure is 70% and so this is an aspirational target.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Benchmarking is available for this measure from the SALT return on an annual basis. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

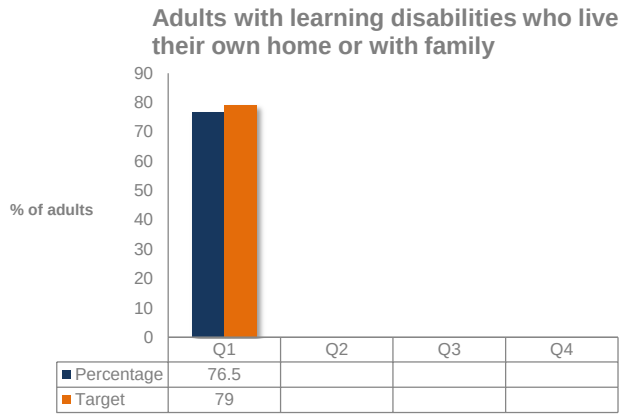
Adults with learning disabilities who live in their own home or with family

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

Achieved

76.5
% of adults
Quarter 1 June 2018

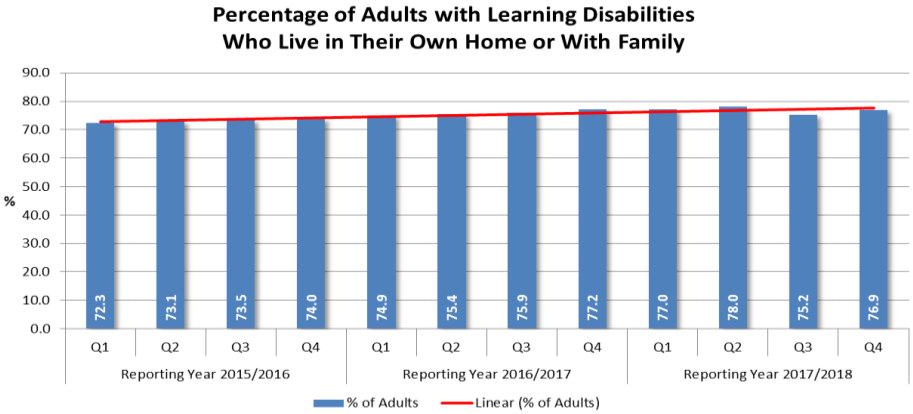
79
% of adults
Target for June 2018

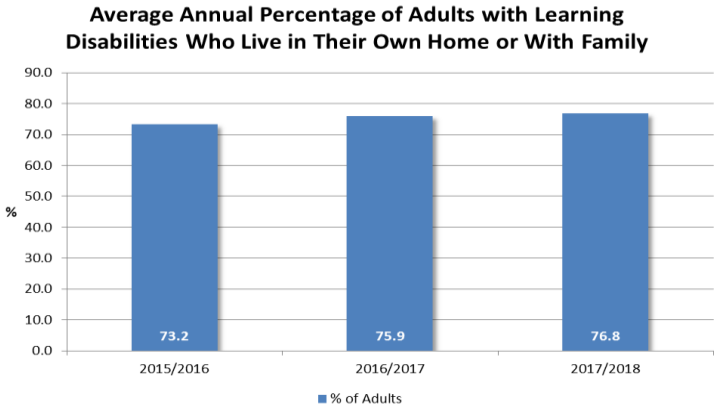


About the latest performance

2018/19 has an increased aspirational target of 79% (an increase of 3 percentage points on the 2017/18 target of 76%). Performance is within tolerance for this measure. Of the 421 service users who were identified as living in unsettled accommodation, 99.8% are in either Residential or Nursing care. The remaining 0.2% are living in acute or long stay hospital settings or are in temporary accommodation (which is a reduction from 0.7% in the previous quarter).

Further details





About the target

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

About the target range

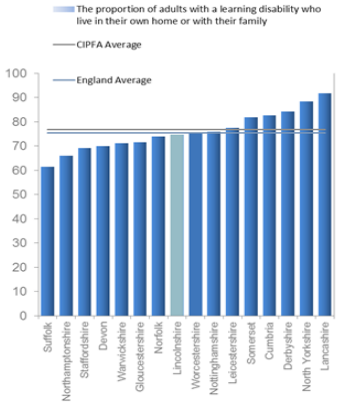
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

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

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



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

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

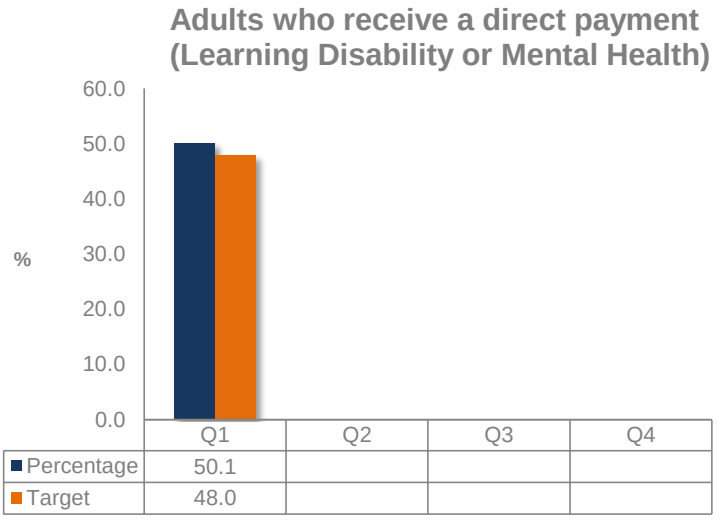
Adults who receive a direct payment (Learning Disability or Mental Health)

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

Achieved

50.1
%
Quarter 1 June 2018

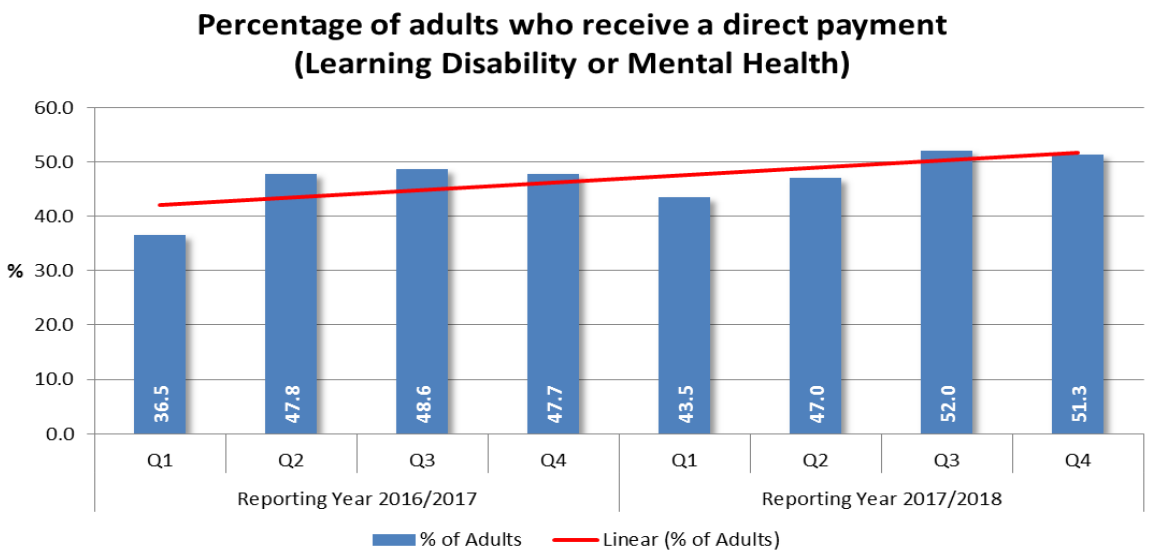
48.0
%
Target for June 2018



About the latest performance

This measure has achieved the target for quarter 1, though performance has decreased by a small margin. Looking at the cohorts individually:
Learning Disability - 41.8% (610) of clients in the community take their Personal Budget as a Direct Payment.
Mental Health - 91.2% (268) of clients in the community take their Personal Budget as a Direct Payment.
Direct Payments allow our clients to self-direct and purchase their own care leading to greater personalisation.

Further details



About the target

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

About the target range

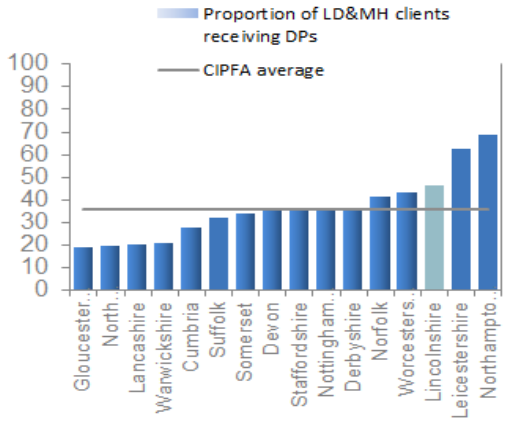
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

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

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

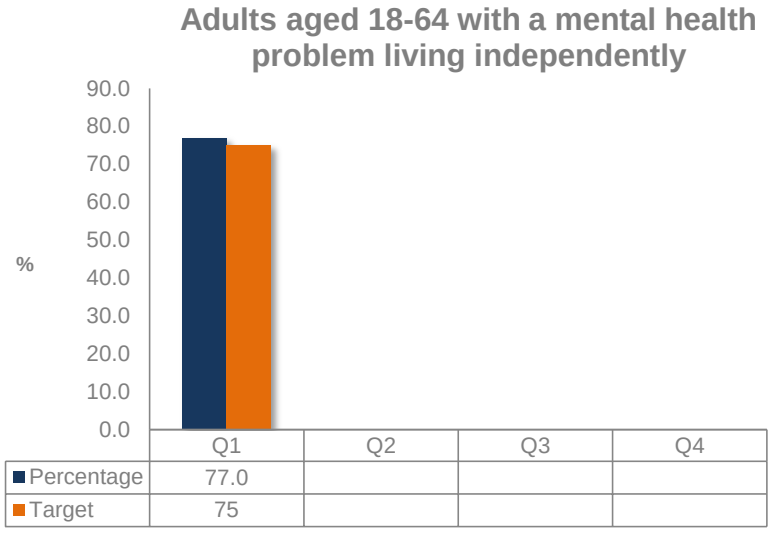
Adults aged 18-64 with a mental health problem living independently

This measure has been adapted from an Adult Social Care Outcomes Framework national measure, ASCOF 1H, which identifies all mental health clients aged 18 to 69 in contact with secondary mental health services on the Care programme Approach (CPA) who are living independently. The measure to be reported in the Council Business Plan is a subset of the national measure - mental health clients aged 18 to 64 who are also receiving long term funded support from the authority. These clients are supported by the Lincolnshire Partnership Foundation Trust (LPFT) under a S75 agreement whereby the authority delegates responsibility of service provision to the mental health trust. This is a contract measure with the Trust and only these clients in the national measure can be influenced under the contract, making it more meaningful. Since this is a local measure, there will no longer be a 3 month time lag waiting for the official publication of the MHMDS (Mental Health Monthly Data Set) submission.

Achieved

77.0
%
Quarter 1 June 2018

75
%
Target for June 2018



About the latest performance

During the last quarter this target has been consistently achieved with over three quarters of those in receipt of social care are living independently.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The target for this measure has been set at 75% - this is based on the care setting of Lincolnshire County Council funded clients, and the expectation that we should aim to maximise the independence and security of tenure for clients in the community.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Direct comparisons with other published benchmarking data is not possible for this measure. Although the source data is submitted in the Mental Health Minimum Dataset on a quarterly basis, this is for all clients on the Care Programme Approach (CPA) in contact with secondary mental health services, not just those that are also receiving funded social care support. The benchmarking information for ASCOF 1H relates to all CPA clients and is included as a indication of performance only.

Lincolnshire COUNTY COUNCIL Working for a better future

Health and Wellbeing is improved

People have a positive experience of care

Adults with a learning disability in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a learning disability, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

Achieved

24.7

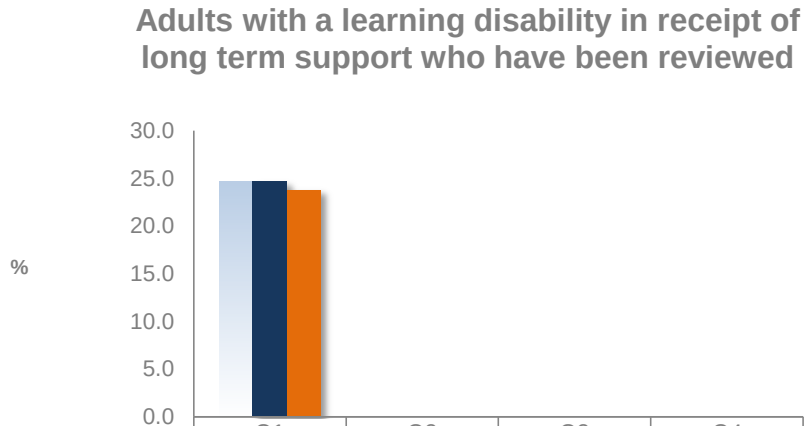
%

Quarter 1 June 2018

23.8

%

Target for June 2018



	Q1	Q2	Q3	Q4
Cumulative total	24.7			
Percentage	24.7			
Target	23.8			

About the latest performance

This measure has changed for 2018/2019 and is reporting on Adults with a Learning Disability (LD) only. 448 reviews of Adults with a Learning Disability have been undertaken between 1 April 2018 and 30 June 2018. The denominator (1814) is the number of current LD clients who have been in receipt of long term support for 12 months or more at 30 March 2018. This is the cohort of Adults with a Learning Disability who will require a review of their support during the 2018/2019 financial year. 24.7% of required reviews have taken place in the first quarter which is a good start to the performance year.

Further details

This is new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Benchmarking from the statutory SALT collection is possible at an aggregated level, that is for all clients supported by Adult Care for 12 months or more where a review has taken place. However, it can not be disaggregated by client category. The figures provided are therefore an indication of general review performance for all ages and client groups. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People have a positive experience of care

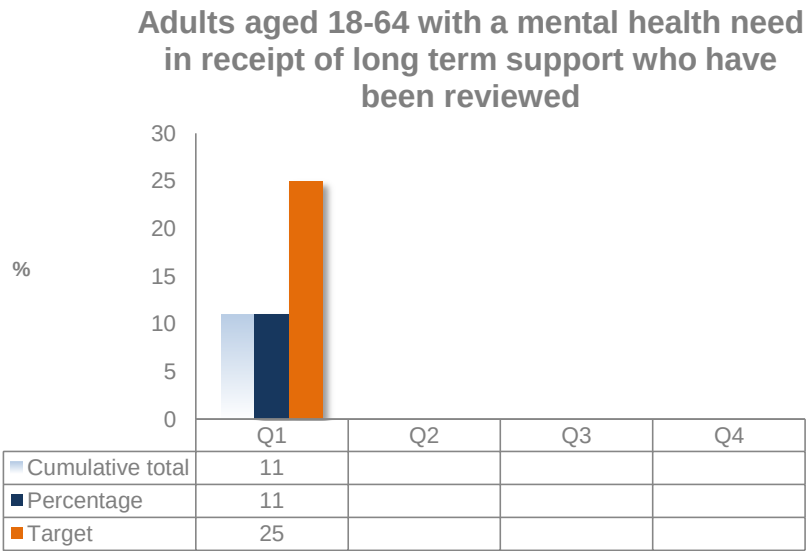
Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a mental health need, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

Not achieved

11
%
Quarter 1 June 2018

25
%
Target for June 2018



About the latest performance

The first quarter is 11% against a target 25%. However, activity is being coordinated to undertake the outstanding reviews which will be back on track within the next quarter.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore no historical information is available.

About the target

The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Benchmarking from the statutory SALT collection is possible at an aggregated level, that is for all clients supported by Adult Care for 12 months or more where a review has taken place. However, it can not be disaggregated by client category. The figures provided are therefore an indication of general review performance for all ages and client groups. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Communities are safe and protected

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

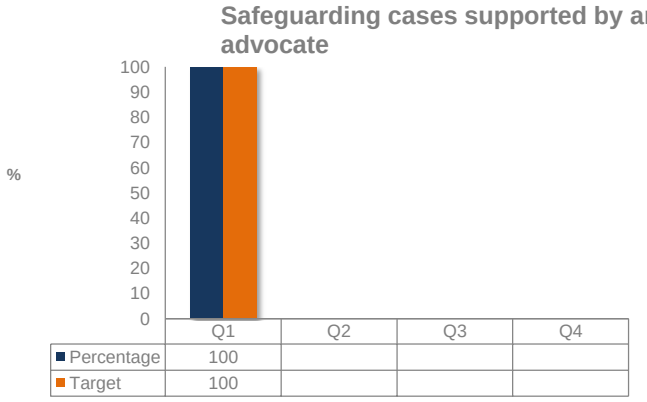
Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.
An advocate can include:-
* An Independent Mental Health Advocate (IMHA);
* An Independent Mental Capacity Advocate (IMCA); or
* Non-statutory advocate, family member or friends.
Numerator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend
Denominator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the period, where the person at risk lacks Mental Capacity
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of cases supported by an advocate indicates a better performance.

Achieved

100
%
Quarter 1 June 2018

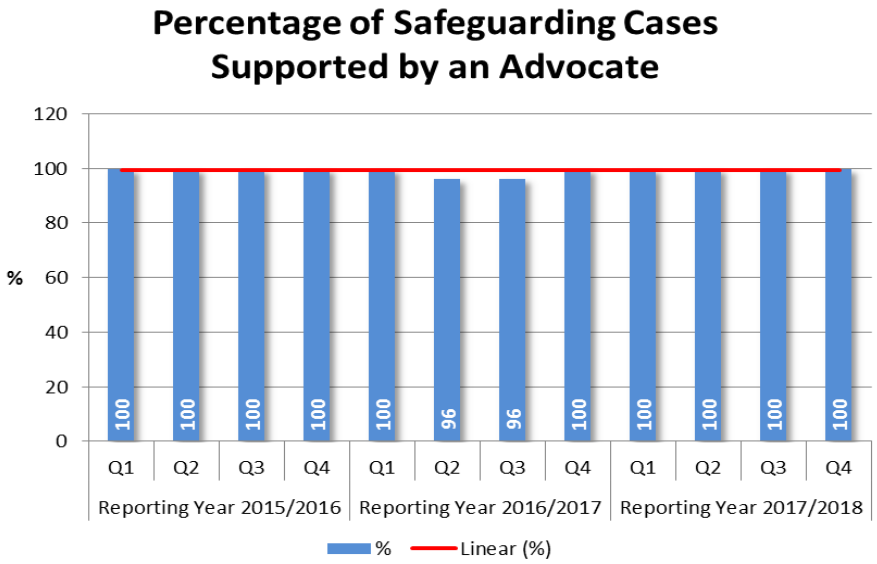
100
%
Target for June 2018

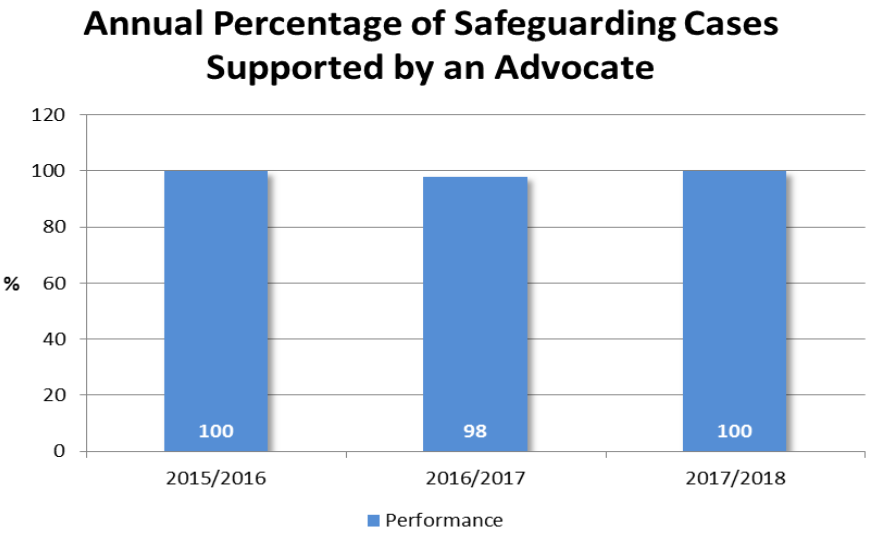


About the latest performance

Based on the available data performance in this area continues to be strong. This remains an important measure to ensure we are offering personalisation and control.

Further details





About the target

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

About the target range

This measure has a target range of - 5 percentage points based on tolerances used by Department of Health

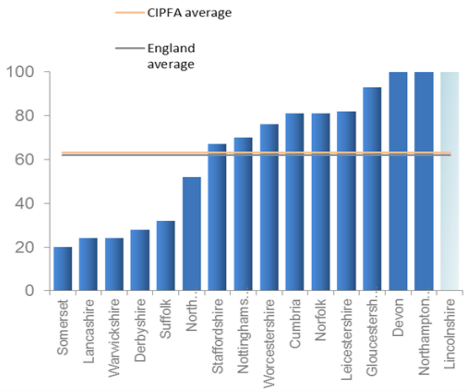
About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Safeguarding cases supported by an advocate 2015/16.

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

*Supported by advocate
**Total S42 enquiries where person lacked capacity
***% Safeguarding cases supported by an advocate



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

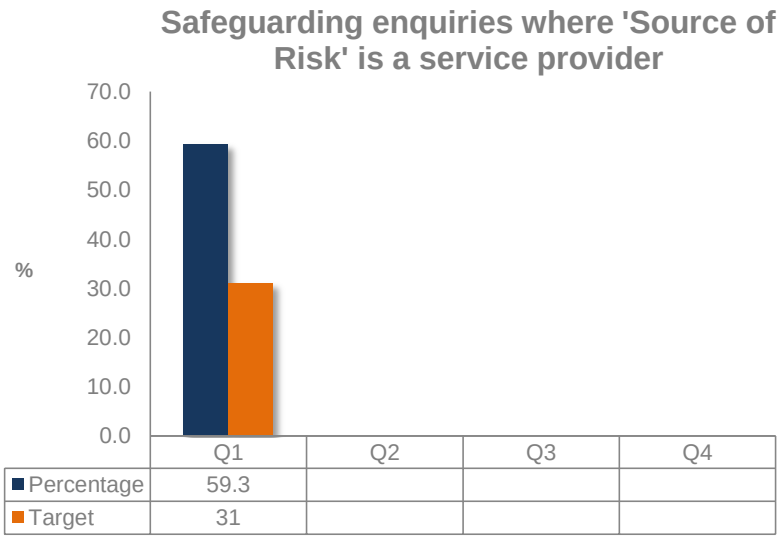
Safeguarding enquiries where the 'Source of Risk' is a service provider

This measure records the proportion of safeguarding enquiries concluded where a risk was identified and the 'source of risk' was a 'service provider'. This provides a good gauge of the quality of care provision and the extent to which vulnerable people and professionals feel they are able to raise concerns when necessary, and work to resolve them.
Numerator: The number of S42 ('Section 42' under the Care Act 2014) safeguarding enquiries concluded in the period and where risk was identified, and the source of risk was a service provider.
Denominator: The total number of S42 safeguarding enquiries concluded in the period where risk was identified.
A lower percentage indicates a better performance.

Not achieved

59.3
%
Quarter 1 June 2018

31
%
Target for June 2018



About the latest performance

There is a increase in the number of cases entering the numerator for this measure due to a change in the screening process. This will enable us to capture data more accurately at different stages of the process. We are monitoring the data closely to ensure its accuracy.

Further details

The definition of this measure has been revised in Quarter 1 of the 2018-2020 Council Business Plan to enable benchmarking with other authorities; historical data is no longer comparable.

About the target

The target is set to 34% based on CIPFA comparator group averages.

About the target range

This measure has a target range of +/-5 percentage points.

About benchmarking

Benchmarking data is available for all councils in England in the summer following the annual submission of the Safeguarding Adults Collection (SAC). The most recent benchmarking data will be published by NHS Digital in late summer 2018 and will be added when it becomes available.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Making safeguarding personal

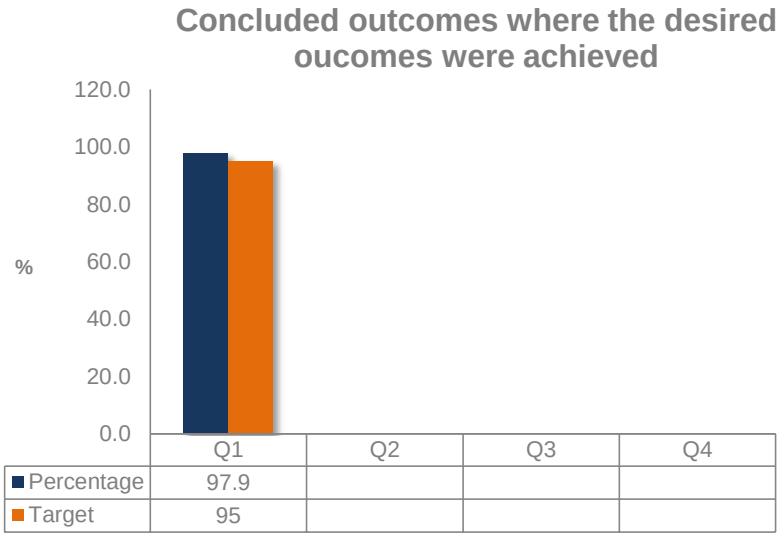
Concluded enquiries where the desired outcomes were achieved

This measure records the proportion of concluded enquiries ('Section 42' under the Care Act 2014 and other), where the desired outcomes were fully or partially achieved. This measure is a key element of the Making Safeguarding Personal (MSP) national agenda, and monitors the effectiveness of Safeguarding interventions where desired outcomes were expressed and met. The figures are taken directly from the Safeguarding Adults Collection, and is therefore underpinned by statutory guidance on recording and reporting.
Numerator: The number of concluded enquiries in the denominator where the person's desired outcome was fully or partially achieved.
Denominator: The total number of S42 safeguarding enquiries concluded in the period where the person or their representative was asked about and expressed their desired outcomes.
A higher percentage indicates a better performance.

Achieved

97.9
%
Quarter 1 June 2018

95
%
Target for June 2018



About the latest performance

Based on the available data we are currently achieving the target. Quality assurance work is being planned to look the effectiveness of interventions and repeat referrals.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical data is not available

About the target

The target for this measure has been set to 95%. This comes from the CIPFA comparator group average for 2016/2017 based on incomplete voluntary submissions from Councils.

About the target range

This measure has a target range of +/-5 percentage points.

About benchmarking

There will be no benchmarking available until the end of the Summer 2018. This is because the relevant table and associated data collection was not made mandatory until 2017/18, and will be reported for the first time in 2018.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are supported to live healthier lifestyles

Percentage of alcohol users that left drug treatment successfully

This measure tracks the percentage of people who leave alcohol treatment successfully and did not re-present to treatment within 6 months. Data is reported with a 3 month (1 quarter) lag.
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. In light of recent changes to the national Public Health Outcome Framework (PHOF) the wording and definition of this measure has changed with effect from Quarter 2 2016/2017, from 'People referred for alcohol treatment completing treatment in a planned way' to 'Percentage of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months'. This aligns to the wording and definition of the PHOF indicator.
The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in the 'Protecting the public' commissioning strategy.
Numerator:
Number of successful completions
National Drug Treatment Monitoring System (NDTMS)

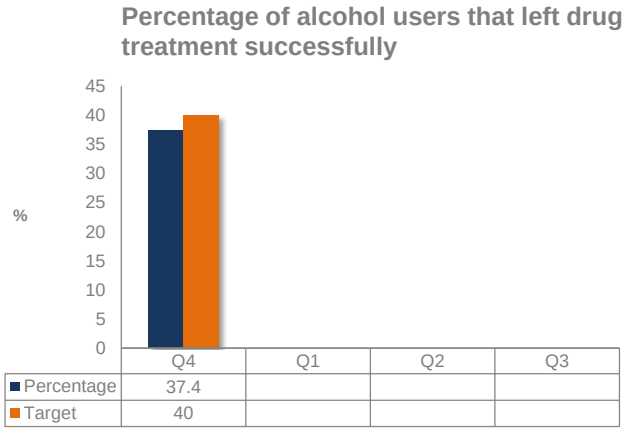
Denominator:
Number of completions
National Drug Treatment Monitoring System (NDTMS)

A higher percentage of alcohol users that do not re-present for treatment within 6 months indicates a better performance.

Improving but not achieved

37.4
%
Quarter 4 March 2018

40
%
Target for March 2018

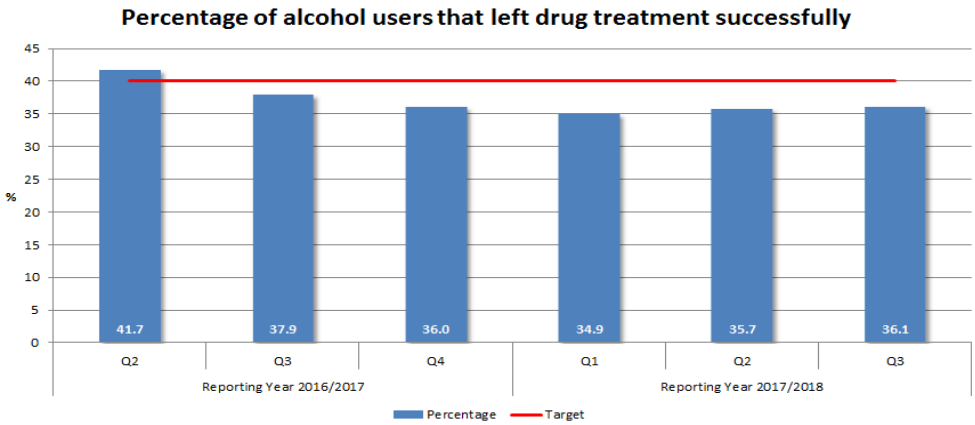


About the latest performance

Performance has increased from 36.1 to 37.4 during quarter 4 of 2017/18 and although this trend continues upwards, it is still short of the 40 percent target. The service is running at capacity but the smaller contract cannot generate the outcomes seen prior to retendering, workers are carrying very high caseloads to prevent the need for a waiting list but this allows less time for each client resulting in lower successful outcomes. The reduced numbers in treatment also results in a greater percentage of clients being in the most chaotic group, these clients are more likely to go through treatment several times before reaching long term recovery which also puts strain on successful completion rates. The service continues to work towards the 40 percent target but it is likely to stabilise around the current performance level.

Further details

The definition for this measure was revised in Q2 of the 2016/17 reporting period, therefore data prior to this is not available for comparison.



About the target

A target of 40% has been set from Q2 2016/2017 to reflect the revised wording and definition of this measure.

About the target range

The target range for this measure is between 38% and 42% (of people who leave alcohol treatment in a planned and successful way). This is based on an expectation of fluctuation in performance across the year.

About benchmarking

Benchmarking data is not available for this measure.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

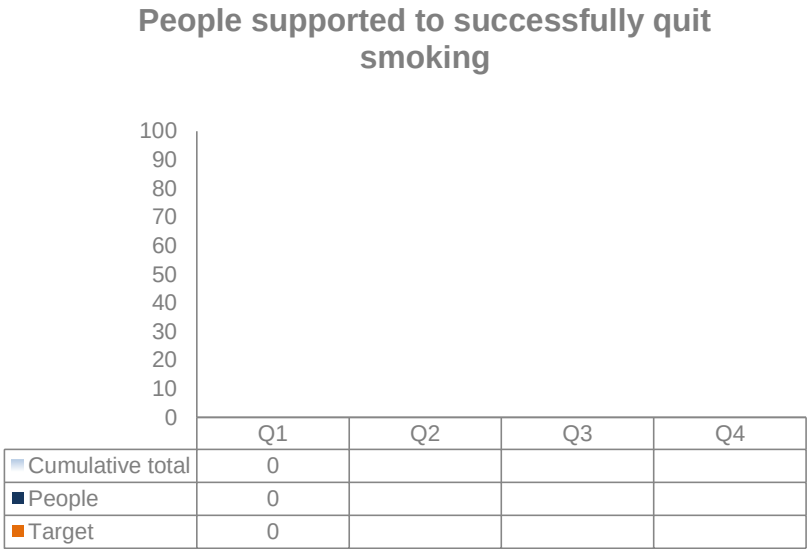
People are supported to live healthier lifestyles

People supported to successfully quit smoking

This measure identifies all those people who are supported to quit smoking by stop smoking and tobacco control services. These services raise awareness about the harms of tobacco and encourage and support smokers to quit smoking. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year. A higher percentage of people supported to successfully quit smoking indicates a better performance.

Data not available

Not reported in Quarter 1



About the latest performance

This measure is reported with a 1 Quarter lag, therefore performance will be reported for the first time in Quarter 2.

Further details

This is a new measure to the 2018/2020 Council Business Plan therefore historical information is not available.

About the target

Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF) which measures a number of population level outcomes regarding smoking. Target is aligned to the Key Performance Indicator within the contract which is considerably higher than baseline performance level.

About the target range

The target range for this measure has been set to +/-5%.

About benchmarking

Statistics on NHS Stop Smoking Services are published by NHS Digital on a quarterly basis. This provides details from all local authority areas which provide data returns and so allows for regular benchmarking of stop smoking services. In 2016/17 Lincolnshire performance was mid point amongst comparator areas (ranked 8th of 16). This equates to 2,300 successful quitters at a rate of 48% (of all those who set a quit date). This is slightly below the comparator average (50.1%) as well as England (50.7%) and the East Midlands (53.2%).

Lincolnshire COUNTY COUNCIL Working for a better future

Health and Wellbeing is improved

Peoples' health and wellbeing is improved

People aged 40 to 74 offered and received an NHS health check

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Checks are important to identify early signs of poor health leading to opportunities for early interventions.
This measure tracks the cumulative percentage (see Further Details) of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check between 2013/14 to 2017/18 (5 year cycle). So for example performance reported at Q2 2016/2017 is cumulative from April 2013 to 30th September 2016.

Numerator:
Number of people aged 40-74 eligible for an NHS Health Check who received an NHS health check in the financial year
(Integrated Performance Measures Monitoring Return (IPMR_1), NHS England)

Denominator:
Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the financial year
(Integrated Performance Measures Monitoring Return (IPMR_1), NHS England)

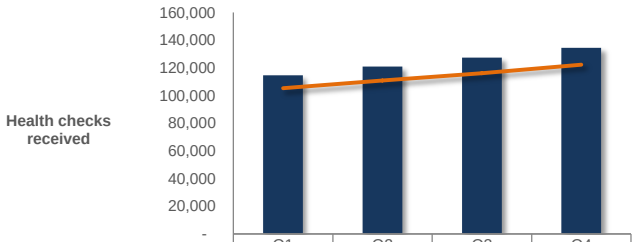
A higher percentage of people who were offered and received an NHS health check indicates a better performance.

Achieved

134,394
Health checks received
Quarter 4 March 2018

122,196
Health checks received
Target for March 2018

People aged 40 to 74 offered and received an NHS health check

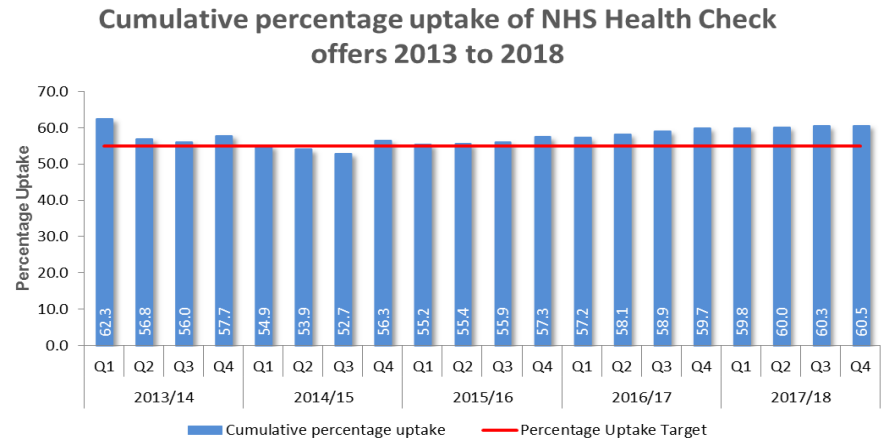


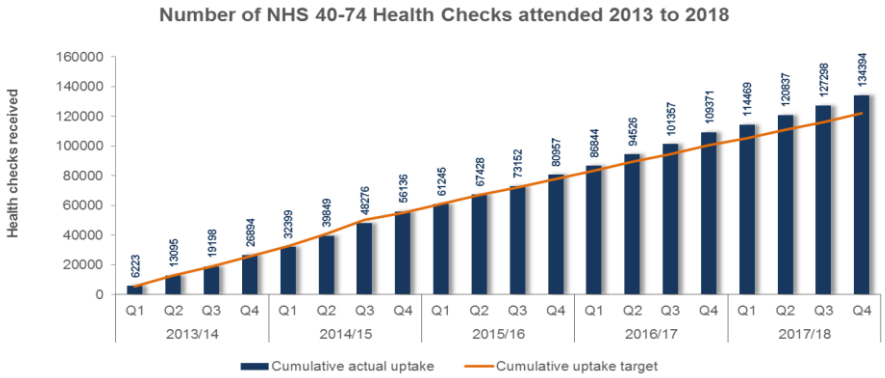
	Q1	Q2	Q3	Q4
Cumulative health check total	114,469	120,837	127,298	134,394
Cumulative health check target	105,200	110,736	116,095	122,196

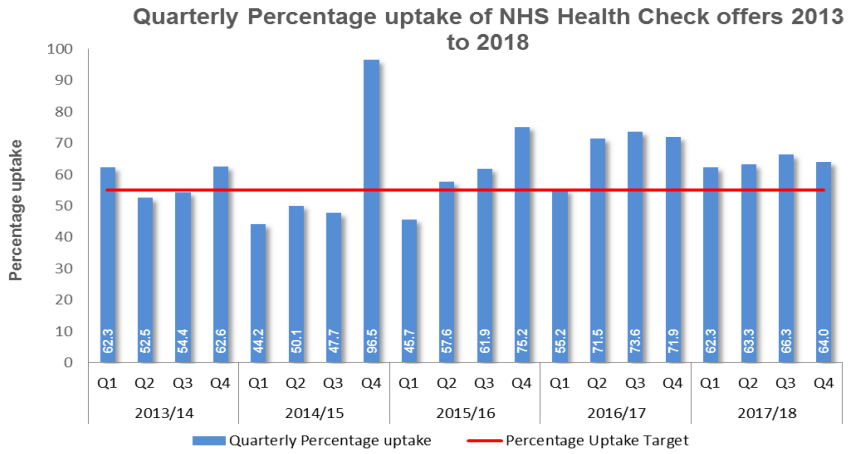
About the latest performance

This measures the number of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check between 2013/14 to 2017/18 (5 year cycle). Please see Further Details for the cumulative percentage. Providers have met the initial 5 year cycle target and the 'uptake to offer' percentages continue to improve. Performance will continue to be monitored to ensure the progress made in the first 5 year cycle continues from 2018 onwards.

Further details







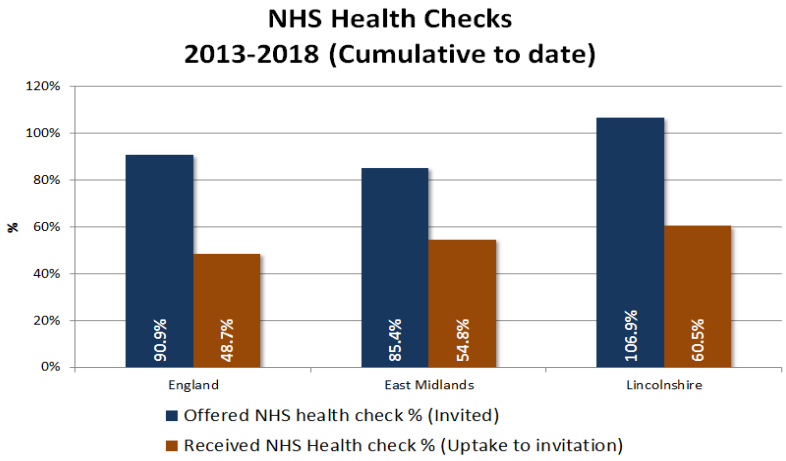
About the target

The target has been set to ensure our programme exceeds the national average and is in line with regional performance.

About the target range

The target range for this measure is between 50% and 60%, this is based on an expectation of fluctuation in performance across the year

About benchmarking



	England	East Midlands	Lincolnshire
Offered NHS health check % (Invited)	90.9%	85.4%	106.9%
Received NHS Health check % (Uptake to invitation)	48.7%	54.8%	60.5%

Numbers for those offered NHS health checks are subject to change on an annual basis. PHE methodology dictates that the number of people offered an NHS health check is applied to the full 5 year activity; as the numbers of people offered an NHS health check are lower than in previous years, to date Lincolnshire's performance is reported as over 100%

Health and Wellbeing is improved

Peoples' health and wellbeing is improved

Chlamydia diagnoses

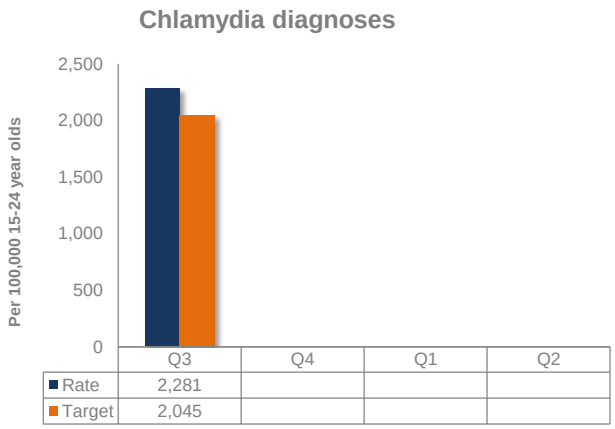
Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence. Data is reported with a 6 month (2 quarter) lag. A higher rate of chlamydia diagnoses indicates a better performance.
Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia.

Numerator:
The number of people aged 15-24 diagnosed with chlamydia
(http://www.chlamydiascreening.nhs.uk/ps/data.asp)
Denominator:
Resident population aged 15-24
(Office of National Statistics)

Achieved

2,281
Per 100,000 15-24 year olds
Quarter 3 December 2017

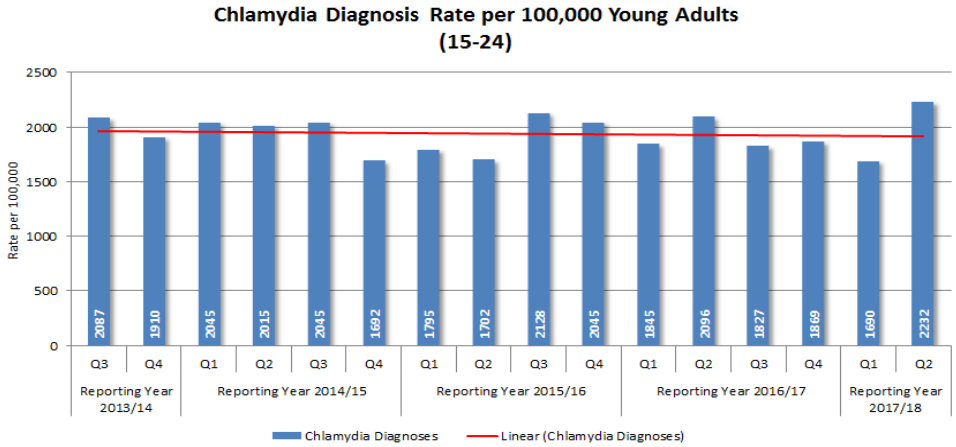
2,045
Per 100,000 15-24 year olds
Target for December 2017



About the latest performance

The data is published nationally 6 months in arrears so reflects performance in the third quarter of 2017-18. The performance in this quarter again exceeded expectations. Service Credits were in place from June 2017 and work that has been done by Lincolnshire Integrated Sexual Health Services (LISH) to improve their performance is welcomed and has been effective. Lincolnshire is ranked 3rd out of 16 Comparator Local Authorities for the Detection Rate Indicator. Performance exceeded the England and East Midlands rates. Positive test results remain high at 11% (target 8%) suggesting the services remain well targeted. The Public Health England (PHE) Regional Advisor for Sexual Health has advised that the positivity rate should be the main quality.
Relationships with their contracted General Practitioner's and Pharmacies, as well as their sub-contracted outreach provider, to improve and promote the chlamydia testing offer are ongoing. Online testing remains very popular and has the highest positivity rate indicating this service is well targeted and LISH are being encouraged to increase their online offer.

Further details



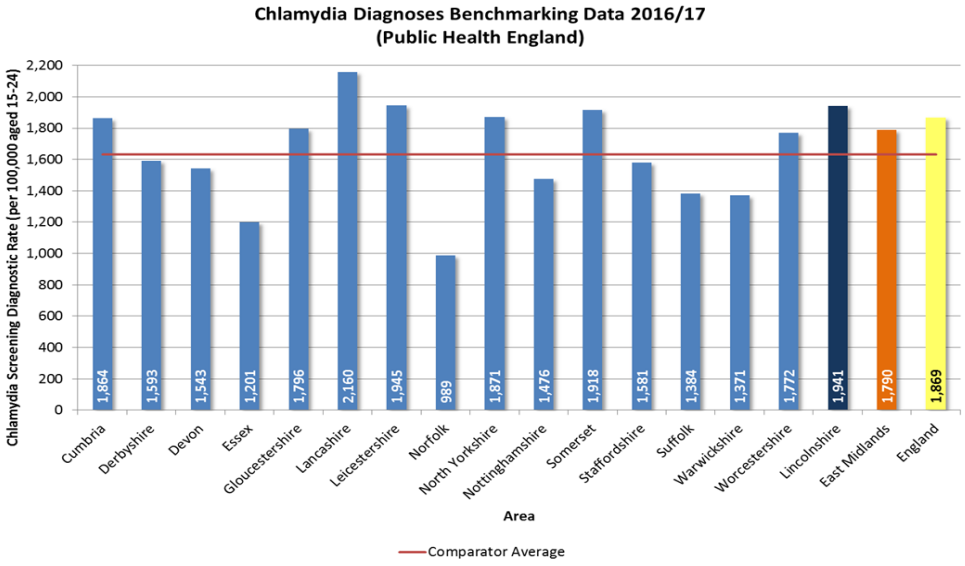
About the target

The target of 2,045 has been set for 2017/18 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if so, whether it is due to a general decline in chlamydia within the population at large.

About the target range

The target range for this measure is between 2004 and 2086, this is based on an expectation of fluctuation in performance across the year.

About benchmarking



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Work with others to promote community wellbeing

Number of frontline staff and volunteers trained in Making Every Contact Count (MECC)

This measure records the number of Health and Social Care frontline staff and volunteers who receive training to offer brief advice to service users; they are also trained in referring people to the appropriate services in order to make positive changes to their health and wellbeing, both mentally and physically. The training completed by staff and volunteers will either be face-to-face training or e-learning. The aim of this measure is to ensure that Health and Social care staff and volunteers 'Make Every Contact Count' (MECC). A higher number of Health and Social care staff trained indicates a better performance.

Achieved

187

staff and volunteers trained

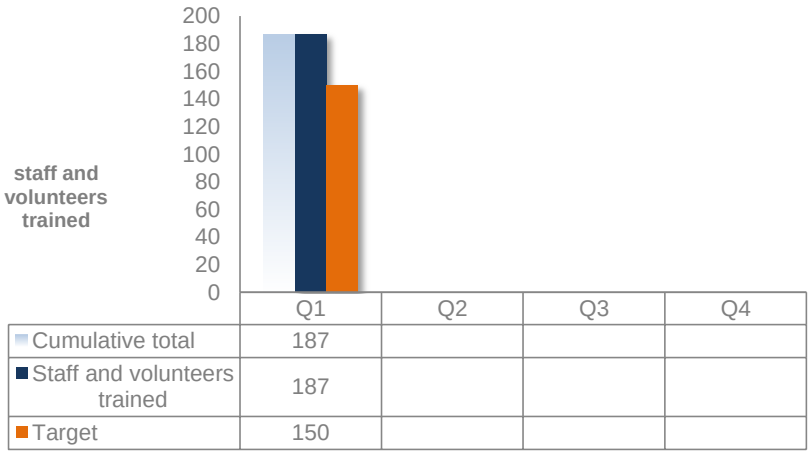
Cumulative as at Quarter 1 June 2018

150

staff and volunteers trained

Cumulative Target for June 2018

Frontline staff and volunteers trained in Making Every Contact Count (MECC)



	Q1	Q2	Q3	Q4
Cumulative total	187			
Staff and volunteers trained	187			
Target	150			

About the latest performance

This measures the number of staff and volunteers working in health and care related services who have received Making Every Contact Count training. This training enables service providers to deliver healthy lifestyle advice and signposting information to clients. By the end of Quarter 1, 187 individuals have been trained.

Further details

The purpose of MECC is to provide a flexible training vehicle whose content and roll out can change to reflect changing needs; subsequently historical information will only be provided when it is directly comparable to current performance.

About the target

The annual cumulative target has been calculated based on activity on the MECC programme in 2016 – 2017 and inflated from 800 in 2016-17 to 1000 in 2017-18, due to increased staff capacity and redesign of the programme delivery. The quarterly targets have been set to reflect the work plan; Q1, 150; Q2, 250; Q3, 300; Q4, 300.

About the target range

An intuitive target range of +/- 5% has been set.

About benchmarking

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

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

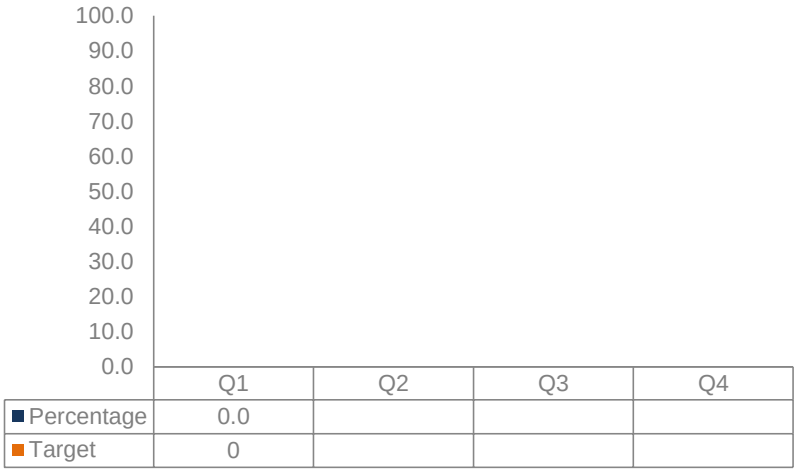
People are able to live life to the full and maximise their independence

People supported to improve their outcomes

This measure identifies the percentage of people exiting the Wellbeing Service who demonstrated overall improvements across the outcomes they identified when entering the service. There are eight outcomes which the service focuses on and these are around supporting people to Manage Money, Participation, Social Contact, Physical Health, Mental Health and Wellbeing, Substance Misuse, Independence and Staying Safe. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.
Numerator: The number of service users exiting the service with a higher Exit Score than Entry Score
Denominator: The total number of service users exiting the service.
A higher percentage of people supported to improve their outcomes indicates a better performance.

Data not available

Not reported in Quarter 1



About the latest performance

This measure is reported with a 1 Quarter lag, therefore performance will be reported for the first time in Quarter 2.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

By reducing and delaying escalation of individuals into more costly care services, the wellbeing service enables users to maintain and enhance their independence for longer. This measure supports and monitors the effectiveness of the service and supports the Council to meet its Care Act responsibilities regarding prevention. The measure is aligned to a crucial KPI in the newly commissioned Wellbeing Service.

About the target range

The target range for this measure has been set to +/-5 percentage points.

About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

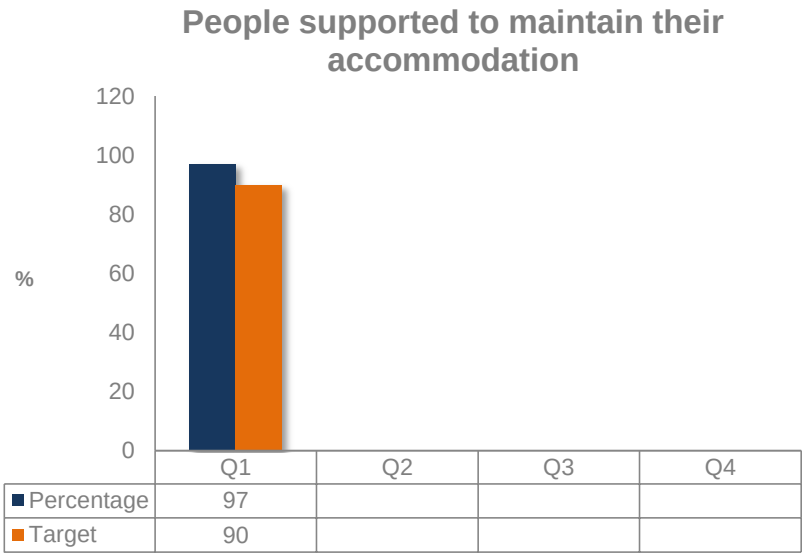
People supported to maintain their accommodation

This measure captures the overall improvement in outcomes achieved by people accessing housing related support services following on from their contact with the service. A individual will self-report improvements in self harm and reduction in medication, reduced dependency on substance misuse avoiding harm to others.
Numerator: Number of clients whose 'need' score has improved by at least 1 point.
Denominator: All needs highlighted by clients during their contact with services.

Achieved

97
%
Quarter 1 June 2018

90
%
Target for June 2018



About the latest performance

The Housing Related Support Services are exceeding target on this outcome measure for the people accessing their services. This means that 97 percent of needs that service users of housing related support services identify as a barrier for them maintaining accommodation/living independently are successfully reduced during their support period.

Further details

This is a new measure to the Council Business Plan 2018/2019, therefore historical data is not available.

About the target

Housing related support services help people to access and maintain accommodation in order to prevent them from needing more costly forms of support. This measure is crucial to ensure service quality, assessing needs highlighted versus needs met for all people accessing services.It also supports the Council to meet its Care Act responsibilities regarding prevention and supports wider Public Health Outcome Framework (PHOF) outcomes regarding housing. The target is aligned to the KPI in the provider's contract.

About the target range

This measure allows for no fluctutation against the target.

About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

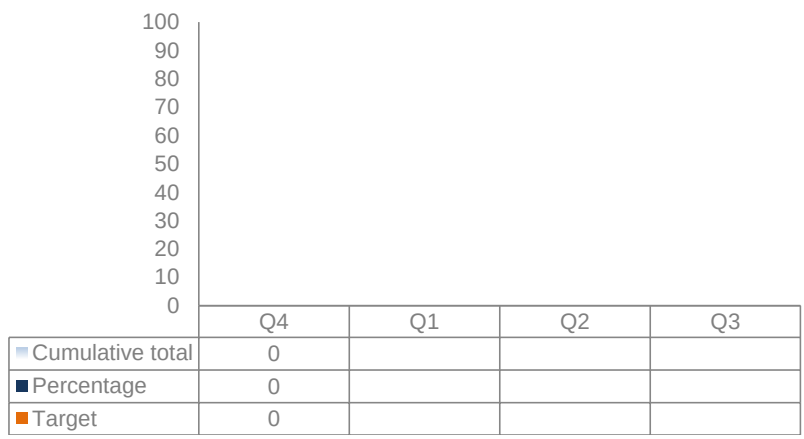
People are able to live life to the full and miximise their independence

Emergency and urgent deliveries and collections completed on time

The delivery of emergency and urgent pieces of equipment is crucial as the situations within which these are requested will often involve individuals who require equipment in order to support discharge from hospital, prevent hospital admission or provide end of life care. In the event of the death of a service user, it is crucial to commence the process of collecting equipment quickly to ensure that, where possible, it can be recycled to support other users who may have need for it. Emergency deliveries and collections are defined as being undertaken within 4 hours of receipt of the authorised order. Urgent deliveries are within 24 hours and urgent collections are within 48 hours of receipt of the authorised order. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.
Numerator: Number of emergency deliveries and collections within 4 hours, number of urgent deliveries within 24 hours and number of urgent collections within 48 hours.
Denominator: Total number of emergency and urgent deliveries and collections.
A higher percentage indicates a better performance.

Data not available

Not reported in Quarter 1



	Q4	Q1	Q2	Q3
Cumulative total	0			
Percentage	0			
Target	0			

About the latest performance

This measure is reported with a 1 Quarter lag, therefore performance will be reported for the first time in Quarter 2.

Further details

This is a new measure to the 2018/2020 Council Business Plan therefore historical information is not available.

About the target

This is a core commissioned service within the Community Wellbeing Commissioning Strategy and supports the Council to meet its Care Act responsibilities. Target is aligned to four KPIs within the Integrated Community Equipment Service contract.

About the target range

This measure allows for no fluctutation against the target.

About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.

Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

Open Report on behalf of Richard Wills, the Director responsible for Democratic Services	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**5 September 2018**
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 9 July 2018 are attached.

Actions Required:

That the draft minutes of the meeting of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, held on 9 July 2018, be endorsed.

1. Background

The Lincolnshire Safeguarding Boards Scrutiny Sub-Group considers both adult and children 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 9 July 2018 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 9 July 2018

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 Rachel Wilson, who can be contacted on 01522 552107 or rachel.wilson@lincolnshire.gov.uk.

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP
9 JULY 2018

PRESENT: COUNCILLOR S R PARKIN (CHAIRMAN)

Lincolnshire County Council: Councillors Mrs J Brockway, R L Foulkes, S R Parkin and Mrs C J Lawton.

District Council: District Councillor Mrs S Waring (District Council).

Representative appointed by Local NHS organisation: Andrew Burton.

Officers in attendance:-

Andrea Brown (Democratic Services Officer), Chris Cook OBE (Independent Chairman of the Lincolnshire Safeguarding Children Board), Barry Earnshaw (Independent Chairman, Lincolnshire Safeguarding Adults Board), Simon Evans (Health Scrutiny Officer) and Clare Rowley (Lincolnshire Safeguarding Children Board Business Manager).

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 Parkin was nominated and seconded and there were no other nominations.

RESOLVED

That Councillor S R Parkin be duly elected as Chairman of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group for the Council year 2018/19.

COUNCILLOR S R PARKIN IN THE CHAIR

2 ELECTION OF VICE-CHAIRMAN

The Chairman invited nominations for the role of Vice-Chairman of the Scrutiny Sub-Group for the Council year 2018/19. Councillor R L Foulkes was nominated and seconded and there were no other nominations.

RESOLVED

That Councillor R L Foulkes be duly elected as Vice-Chairman of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group for the Council year 2018/19.

3 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence had been received from Councillors M A Whittington and Malcolm Burch (representative of the Lincolnshire Police and Crime Commissioner).

In addition, apologies were also received from Councillor Mrs P A Bradwell, (Executive Councillor for Adult Care, Health and Children's Services), and David Culy, (Lincolnshire Safeguarding Adults Board Business Manager).

There were no replacement Members in attendance.

4 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of Members' interest at this point in the proceedings.

5 MINUTES OF THE MEETINGS OF THE LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP

5a Minutes of the meeting held on 15 January 2018

The Chairman requested an amendment to Minute No. 16 – *Report of Observation of Lincolnshire Safeguarding Adults Board – 13 December 2017.* The minutes indicated that *"the Board's Risk Register had too many items listed and that the register was under review as some items were 'issues' rather than 'risks'"*. Discussion at that meeting had also included the assurance from the Chairman of the Lincolnshire Safeguarding Adults Board that this was unusual and Councillor Parkin asked that this be reflected in the minutes.

RESOLVED

That the minutes of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group held on 15 January 2018, with the amendment noted above, be agreed and signed by the Chairman as a correct record.

5b Minutes of the meeting held on 16 April 2018

RESOLVED

That the minutes of the meeting of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group held on 16 April 2018 be agreed and signed by the Chairman as a correct record.

6 REPORTS OF OBSERVATION OF LINCOLNSHIRE SAFEGUARDING ADULTS BOARD MEETINGS

6a Meeting held on 14 March 2018

Councillor Mrs S Waring provided an update to the Sub-Group following her attendance at the meeting of the Lincolnshire Safeguarding Adults Board (LSAB) held on 14 March 2018.

It was noted that there was a good level of participation from Board Members although there was a degree of frustration from some Board Members, as the agenda appeared to focus too little on prevention.

The Chairman of the LSAB confirmed that a specific piece of work was being undertaken in relation to prevention which was part of a new strategic plan for the LSAB and would be in place in September 2018. The discussion broadened to the overall funding of adult social care, and the expected Green Paper from the Government during the autumn.

Councillor Mrs Waring reported that there had been a discussion which had considered covered a range of different issues.

Concern was noted at the information technology within organisations and the ability for links between the partners to work effectively and efficiently in support of service users and patients.

RESOLVED

That the update be noted.

6b Meeting held on 20 June 2018

Councillor Mrs C J Lawton provided an update to the Sub-Group following her attendance at the meeting of the Lincolnshire Safeguarding Adults Board held on 20 June 2018.

It was reported that the meeting had been very well attended with 20 agencies represented by a total of 30 attendees and very few apologies for absence had been received. Councillor Lawton reported that the meeting had been chaired in an exemplary manner and the agenda had been all encompassing with questions being taken on all items.

It was noted that the format of the meetings and the structure of the LSAB would change from September 2018.

RESOLVED

That the update be noted.

New Members of the Sub-Group indicated that it might be helpful to have a checklist of what they should be looking at when observing Board meetings. The Chairman confirmed that she had devised a brief checklist and it was agreed that this would be beneficial.

In relation to training opportunities for the Sub-Group, it was agreed that the link for an e-learning programme would be forwarded to Members of the Sub-Group.

In relation to the General Data Protection Rules (GDPR) it was confirmed that the Boards were 'data controllers' of information.

It was highlighted that the LSCB and LSAB remained exempt from the Freedom of Information provisions.

RESOLVED

That a checklist for meeting observation be finalised and issued to Members.

7 TERMS OF REFERENCE, OTHER CONSTITUTIONAL PROVISIONS AND WORKING ARRANGEMENTS

Consideration was given to a report by the Health Scrutiny Officer which provided an introduction to the work of the Sub-Group and its terms of reference.

The Chairman reported that one of the achievements of the Sub-Group had been the observations of the Board meetings by members of the Sub-Group and the feedback received.

Simon Evans, Health Scrutiny Officer, introduced the report and confirmed that the terms of reference had been incorporated into the Constitution of Lincolnshire County Council since May 2017.

It was noted that securing full membership on the Sub-Group remained an issue, especially for the parent governor representative role, as there were now only two parent governor representatives, and one of these posts was vacant. It was suggested that the interpretation of the Constitutional provision 'one parent governor representative' could be broader, for example to include any parent governor, or even any parent representatives on boards of trustees for academies. A request was made by the Sub-Group for this to be considered.

There was also concern that the previous recruitment of a Foster Carer representative in 2017 had also been unsuccessful. It was agreed that a Foster Carer representative should be sought.

In relation to the practical working arrangements, for the purposes of discussion, Members were asked to be mindful that the meetings of the Sub-Group were quarterly and were scheduled about four to five weeks after meetings of the Lincolnshire Safeguarding Adults Board and the Safeguarding Children Board Strategic Management Group to allow relevant feedback from each meeting.

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

- In relation to membership, a suggestion was made that if a Foster Carer representative could not be appointed, the appointment of someone who had gone through the foster system might be appropriate;
- A clear understanding of where the Sub-Group sits within the meetings structure to ensure that the defined roles remained clear;
- It was explained that it was unlikely that any other council operated a safeguarding scrutiny sub group and that Ofsted had been impressed with the commitment to safeguarding scrutiny in Lincolnshire. Clear guidance and remit of the Sub-Group would be required going forward to justify its existence.

RESOLVED

1. That the terms of reference of the Scrutiny Sub-Group and the other relevant constitutional provisions be noted.

2. That consideration be given to the suggestions in relation to the membership of the Sub-Group.

8 OPTIONS FOR THE FUTURE WORKING OF THE SUB-GROUP

The Sub-Group discussed its future working arrangements and agreed that serious case reviews and safeguarding adult reviews were an area of great importance and one which could be a focus of the Sub-Group's scrutiny, in terms of how the relevant Board was responding to the recommendations in any report. It was noted that, in some cases, the time between the commissioning of a review and the publication of a review report was too long and that the review report might have a diminished impact in terms of its recommendations.

In line with the terms of reference, the role of the Sub-Group was to ensure that the activity of the two Boards was scrutinised rather than giving detailed consideration of the safeguarding functions of each partner organisation. The Sub-Group was advised once a serious case review or adult safeguarding review had been commissioned, there was limited scope to influence its timing.

After further discussion, it was clarified that the Sub-Group could refer matters to the Children and Young People Scrutiny Committee and Adults and Community Wellbeing Scrutiny Committee, and its minutes were presented to these committees as a standard item.

The Sub-Group agreed that observations of meetings of the LSAB and LSCB by a member of the Sub-Group should continue and each agenda should provide an opportunity for the observer to provide a report on their observations.

It was suggested that the Sub-Group needed to strike a balance between taking an overview of the activity of the two Boards and detailed scrutiny of each policy, where in the case of the latter the Sub-Group needed to avoid compromising its scrutiny role by becoming too involved in the development of policies. The Sub-Group's role was to scrutinise the two Boards and how they operated.

There was agreement that the Sub-Group needed to be aware of its role within the overview and scrutiny structure to ensure that it could meet its defined roles. It was suggested that the role was not purely about scrutiny but also particular topics which needed to be considered in order to influence other meetings in the structure to consider areas for improvement.

Overall, Members agreed that they wanted the Sub-Group to be challenging and effective.

In order to discuss this further, it was agreed that the Chairman and Vice-Chairman meet with the Chairmen and Business Managers of the LSAB and LSCB, and the Health Scrutiny Officer to agree what future agenda and meeting format might look like. Once agreed, the suggested agenda would be circulated to the wider membership for comment.

It was agreed that the Chairman would observe the Safeguarding Adults Board on 26 September 2018 and the Vice-Chairman would observe the Safeguarding Children's Board Strategic Management Group on 13 September 2018.

RESOLVED

That a meeting be held to discuss the future of the Sub-Group.

The meeting closed at 11.18 am

Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**5 September 2018**
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

Today's Work Programme

Set out below are the items on the Committee's agenda today: -

5 September 2018 – 10.00am	
Item	*Contributor(s)*
Specialist Adult Services Commissioning Strategy 2018-21	Justin Hackney, Adult Assistant Director Specialist Adult Services
Adult Safeguarding Commissioning Strategy	Justin Hackney, Adult Assistant Director Specialist Adult Services
Adult Care Winter Plan	Tracy Perrett, County Manager Special Projects and Hospital Services
Adult Care and Community Wellbeing Quarter 1 2018-19 Performance	Theo Jarratt, County Manager, Performance, Quality and Development
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - 9 July 2018	Democratic Services

10 October 2018 – 10.00am	
Item	*Contributor(s)*
Integrated Lifestyle Support	Derek Ward, Director of Public Health
Wellbeing Commissioning Strategy	Derek Ward, Director of Public Health
Carers Commissioning Strategy	Emma Krasinska, Carers Lead, Adult Care and Community Wellbeing
Adult Frailty, Long Term Conditions and Physical Disability Commissioning Strategy	Carolyn Nice, Assistant Director, Adult Frailty and Long Term Conditions
The Dementia Strategy	Carolyn Nice, Assistant Director, Adult Frailty and Long Term Conditions
Adult Care and Community Wellbeing - Budget Monitoring 2018-19	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

28 November 2018 – 10.00am	
Item	*Contributor(s)*
Wellbeing Service – Update Report, including: Telecare	Robin Bellamy, Wellbeing Commissioning Manager, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Quarter 2 2018-19 Performance	Theo Jarratt, County Manager, Performance, Quality and Development
Mosaic Update	Emma Scarth, Head of Business Intelligence and Performance
Government Green Paper on Care and Support for Older People	To be confirmed.
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - 18 October 2018	Democratic Services

16 January 2019 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Budget Proposals 2019/20	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

27 February 2019 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Quarter 3 2018-19 Performance	Theo Jarratt, County Manager, Performance, Quality and Development

Potential Items for Inclusion in Work Programme

- National Carers Strategy
- Joint Commissioning Arrangements.
- Alcohol Harm and Substance Misuse Services
- Local Government Association: High Impact Model

Executive Forward Plan

The Executive's most recent forward plan, published on 3 August, does not include any items within the remit of this Committee.

At – A – Glance Work Programme

An at-a-glance work programme set out in Appendix A, which shows the items previously considered.

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 – Not applicable

4. Appendices – These are listed below and set out at the conclusion of this report.

Appendix A	Adults and Community Wellbeing Scrutiny Committee – At-A-Glance Work Programme

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

APPENDIX A

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AT A GLANCE WORK PROGRAMME

KEY
✓ = Item Considered
= Planned Item

	2017				2018							
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135			
Adult Care and Community Wellbeing Corporate Items												
Better Care Fund		✓										
Budget Monitoring and Proposals Items			✓		✓				✓			
Care Quality Commission Update				✓								
Contract Management and Procurement					✓							
Introduction	✓											
IT Updates					✓							
Joint Strategic Needs Assessment	✓											
Local Account				✓								
Quarterly Performance Reports		✓	✓	✓			✓		✓			
Residential and Nursing Care Fee Levels						✓						
Strategic Market Support Partner			✓									
Winter Planning												
Adult Frailty, Long Term Conditions and Physical Disability												
Care and Support for Older People – Government Green Paper												
Commissioning Strategy												
Dementia Strategy												
Homecare Customer Experience Survey									✓			
Payment Arrangements for Residential Care / Residential Care with Nursing						✓			✓			
Review Performance									✓			
Adult Safeguarding												
Commissioning Strategy												
Safeguarding Boards Scrutiny Sub Group				✓		✓		✓				
Carers												
Commissioning Strategy												
Community Wellbeing												
Director of Public Health Annual Report								✓				
Director of Public Health Role								✓				
Domestic Abuse Services			✓									
Healthwatch Procurement								✓				
NHS Health Check Programme							✓					
Stop Smoking Service					✓							
Wellbeing Commissioning Strategy												
Wellbeing Service												
Housing Related Services												
Extra Care Housing						✓						
Supported Housing						✓						

KEY

✓ = Item Considered

= Planned Item

	2017				2018							
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov
Specialist Adult Services												
Commissioning Strategy												
Managed Care Network for Mental Health							✓					
Shared Lives							✓					

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