



County Offices
Newland
Lincoln
LN1 1YL

8 January 2019

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 16 January 2019 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

A handwritten signature in cursive script that reads "DBarnes".

Debbie Barnes OBE
Head of Paid Service

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), 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, M A Whittington and 1 Conservative Vacancy

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 16 JANUARY 2019**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declaration of Members' Interests	
3	Minutes of the meeting held on 28 November 2018	5 - 14
4	Announcements by the Executive Councillor and Lead Officers	
5	The Role of Lincolnshire Community Health Services NHS Trust (LCHS) in providing Sexual Health Services on behalf of the County Council <i>(To receive a report by Carol Skye, Health Protection Programme Manager, which provides the Committee with an update on the role of Lincolnshire Community Health Services NHS Trust (LCHS) in providing sexual health services on behalf of the County Council)</i>	15 - 34
6	Adult Care & Community Wellbeing Budget 2019/20 <i>(To receive a report by Steve Houchin, Head of Finance, Adult Care and Community Wellbeing, which provides the Committee with an opportunity to consider the Council's budget proposals for Adult Care and Community Wellbeing. The report describes the basis on which proposals have been developed and their impact on services)</i>	35 - 40
7	Adults and Community Wellbeing Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which provides an opportunity for the Committee to consider its work programme for the coming year)</i>	41 - 48

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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.

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www.lincolnshire.gov.uk/committeerecords



**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
28 NOVEMBER 2018**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), Mrs J E Killey, Mrs C J Lawton and Mrs M J Overton MBE

Councillor Mrs P A Bradwell OBE attended the meeting as an observer

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Theo Jarratt (County Manager, Quality & Intelligence), Tony McGinty (Interim Director of Public Health), Carl Miller (Commercial and Procurement Manager - People Services), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions), Emma Scarth (Head of Business Intelligence and Performance), Katy Thomas (County Manager - Performance and Intelligence) and Rachel Wilson (Democratic Services Officer)

41 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R Kendrick, A P Maughan and M A Whittington.

42 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of members interests at this point in the meeting.

43 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE HELD ON 10 OCTOBER 2018

RESOLVED

That the minutes of the meeting held on 10 October 2018 be signed by the Chairman as a correct record.

44 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR
AND LEAD OFFICERS

The Committee received an update in relation to the situation with Allied Healthcare, who had been contracted to provide the county-wide assessment and re-ablement service in Lincolnshire. It was reported that the Council's Commercial Team had been working hard over the past ten days to find a resolution, and as of 2.00pm the previous day, Libertas had agreed to take on the contract from Allied Healthcare. It was expected that the transfer would be straightforward and it would be 'business as

usual'. Allied Healthcare would cease trading on 14 December 2018. It was noted that it was realised that a decision would need to be taken locally and so meetings had been set up with staff to reassure them and advise that the service would be maintained. It was highlighted that the staff had shown huge loyalty to Lincolnshire, which was worthy of recording.

It was queried whether there would be cost implications and members were advised that some funds had been ring fenced in the event of extra costs being incurred, but so far these funds had not been required. Any costs would be met from existing budgets. It was noted that if there were any additional costs, it was likely that they would be around the assets that Allied Healthcare owned, such as laptops and mobile phones.

It was confirmed to Members that Allied had only provided the assessment and re-ablement service for the Council.

The Executive Councillor for Adult Care, Health and Children's Services and officers gave their thanks to the Commercial Team for its work in ensuring the contract transferred as smoothly as possible. It was acknowledged that there had been a risk that if the Council had not acted quickly some of the staff could have been lost.

Officers were confident that the quality of care would continue, as the staff had remained in place, which was very reassuring.

45 WELLBEING SERVICE AND TELECARE UPDATE

Consideration was given to a report which provided the Committee with an update of the Wellbeing Service and Telecare Service. It was reported that the Wellbeing Service had recently been re-commissioned by Lincolnshire County Council and had successfully gone live on 1 April 2018, delivered by Wellbeing Lincs. Wellbeing Lincs was a consortium of all seven district councils with East Lindsey District Council (ELDC) being the contracted lead provider. The service continued to operate with a preventative focus, reducing and delaying the need of the local population for more costly Adult Care and Acute Hospital services.

It was also reported that the authority's contracted telecare service was now delivered separately to the Wellbeing Services by NRS Healthcare (NRS) as part of the Integrated Community Equipment Services (ICES). In addition, there remained a number of commercial telecare services locally and nationally, promoting customer choice.

Members were informed that referrals into the Wellbeing Service averaged 27 per day during November, which was an increase in the number stated in the report (21 per day). This figure was across the county. The service was achieving a high level of outcomes and user satisfaction with 95% of service users reporting positive improvements across their self – determined outcomes.

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Members received a short presentation from two of the district council representatives which provided further information in relation to the following areas:

- District Council Delivery
- Our Strengths
- Service Development

Members were provided with the opportunity to ask questions of the officers present in relation to the information contained within the report and presentation and some of the points raised during discussion included the following:

- It was noted that this service was also assisting with winter pressures, by helping people to get out of hospital and also by keeping them out of hospital and in their own home.
- This service was also finding people who could be stuck in the system, and it gave an opportunity to flag up such individuals and refer into the service.
- Talks were about to commence with Fire and Rescue to see whether there was an opportunity for responders to be co-located.
- There was an awareness that in some areas of the county a response could take longer.
- It was commented that the Wellbeing Service was an excellent service.
- It was also commented that trying to keep people in their own homes was commendable and it was queried whether there was any analysis of post code information.
- It was noted that the service was now receiving a large number of referrals, and it had been estimated how many would come from each district, to help inform staffing structures etc. Referrals would be mapped out by post code to determine whether there were any hot spots, then officers would be able to review where staff should be based. It was important that this was carried out continuously, and it was noted that district council boundaries were not taken account of when calculating the distribution of staff. Resources would be moved where they were needed regardless of location.
- Efficiency improvements were continuously sought, and it was confirmed that it would be possible to identify any 'cold spots' as well to ensure that the people who needed the service were being reached.
- The contract was very clear in expecting the provider to target hospitals, where there would be those people that would need the service. However, the Service did not want hospitals to be the only source of referrals, particularly as an added challenge with hospitals was the high staff turnover.
- It was also important to use community hospitals too, as there were a lot of services they could offer which would be available more quickly than the larger hospitals.
- It was queried whether there was the capacity to increase the service if required, it was confirmed that if there was higher than expected demand it would be possible to generate extra funding in order to meet that demand.
- It was noted that the Commercial Team met on a monthly basis to review the contract, including how staffing was deployed as well as if there were any hot or cold spots.

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- It was noted that this was a unique partnership. As pressures developed, districts could work together to work out how best to deal with them and transfer resources to meet those pressures.
- It was queried how the service was promoted and whether the message was getting out to the population well enough. Members were advised that there was a single phone number and all referrals went through the Customer Service Centre. Officers were confident the message was being publicised, including an item in County News to publicise the service. It was likely that the number of referrals would exceed the initial targets. It was also confirmed that there was a communications plan to ensure that the message was publicised. It was noted that there would always be hot and cold spots.
- The relationships with other organisations were key, and it was highlighted that the service would be supporting Fire and Rescue with its home safety work. The Wellbeing Service would train Fire and Rescue in wellbeing and Fire and Rescue would train wellbeing service staff in home safety.
- It was highlighted that work was ongoing with the ambulance service so that people could be taken straight to a community hospital following a fall. There was a need for a whole system response to falls.
- It was queried whether there would be an issue with what agencies knew about people if every agency and organisation were talking to each other.
- It was noted that referrals into the wellbeing service were by consent, and were very outcome focused, but there was eligibility criteria which needed to be met.
- People were offered services for between six and twelve weeks, as it was not the intention for people to keep re-entering the service, however, if their needs changed then they may require the service again. It would very much be in the individual service user's control.
- It was confirmed that this would be connected to the integrated lifestyle support contract.
- By the end of the twelve weeks, connections should have been made with other services.
- It was queried whether the service was free, and it was noted that there may be slight costs for any equipment or Telecare response. It was noted that the Service did try and keep the cost for any equipment as low as possible, and would also install any equipment for free. There was a focus on keeping it affordable for people. There was a facility for people to be able to pay in instalments if they would find it difficult to pay all in one go. It was also noted that if someone was really struggling to afford it and they needed the equipment, the costs could be written off.
- It was commented that if someone was living alone and the Wellbeing Service could offer a fitting service, this would give peace of mind.
- It was noted that there would be an annual review of how the service was performing and whether demand was growing.
- It was noted that the Service had been shortlisted in the LGC awards, and winners would be announced in March 2019. It was highlighted that the national recognition for the service was positive.

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- It was commented that the single delivery model was the right way forward and the service represented a good model of integrated working between the district councils and the county council.

RESOLVED

That the Committee note the successful re-procurement of the Wellbeing Service and the transfer of the Telecare Services to the Integrated Community Equipment Service contract.

46 LONG ACTING REVERSIBLE CONTRACEPTION (LARC) AND
EMERGENCY HORMONAL CONTRACEPTION (EHC) - COMMISSIONING
OPTIONS

The Committee received a report which provided members with the opportunity to consider a report on the commissioning and procurement of Long Acting reversible Contraception (LARC) and Emergency Hormonal Contraception (EHC), which was due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 3 and 7 December 2018.

Officers talked through the report and members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was queried how much it had cost the authority to carry out a full procurement rather than use a light touch regime. Members were advised that the difference was very little, and would not impact significantly in terms of cost and timescale. It was commented that it was good practice to test the market.
- It was noted that a lot of the organisations that provided this service were small, e.g. GP surgeries etc., but they needed to have an accreditation to be able to administer these treatments, and fit devices.
- It was queried what proportion of GP's provided these services and it was noted that there were contracts with 69 of the 83 surgeries in the county. It was also queried whether the surgeries providing these services were evenly distributed or if there were any 'cold spots'. Members were advised that officers were not aware of any cold spots within the county. Between the Lincolnshire Integrated Sexual Health service (LISH) and GP clinics, it was thought that no one should be very far from access to these services.
- It was thought that it could be difficult for some practices to engage with training for administering these devices.
- It was confirmed that this was a mandatory service.
- Work was ongoing to encourage pharmacies to join the scheme to offer the morning after pill. It was noted that this was already available from GP surgeries, so work was being focused on take up in pharmacies.
- It was important to ensure the service was cost effective, and members were advised that the service had been benchmarked nationally. It was noted that the cost of the medication and devices were reimbursed directly at the prices

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the practice had paid for them. The practices were not restricted in what they chose to issue.

- It was clarified that under the current contract, it was not necessary for young women to pay for pregnancy testing.
- It was queried by how much the number of tests requested had decreased over time, and it was reported that there used to be between 110 – 120 per year, and this number had reduced to around 13 per year.
- Concerns were raised about those girls who lived in particularly rural areas and may not find it easy to access these services, and it was queried whether anything was offered in schools. It was noted that LISH did run specific clinics including 'fly-by' clinics.
- It was queried why the EHC service stopped after the age of 19, and it was noted that this was due to a judgement of the age at which a woman should be able to look after this herself.
- It was noted that if someone was presenting at age 21 -25 for EHC they would be referred to LISH for more long acting methods. It was not the intention that someone should repeatedly be accessing EHC.

RESOLVED

That the Adults and Community Wellbeing Scrutiny Committee supported the recommendations to the Executive Councillor for Adult Care, Health and Children's Services as set out in the report.

**47 ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT
- QUARTER 2 2018/19**

Consideration was given to a report which presented the performance against the Council Business Plan targets for the Directorate as at the end of Quarter 2 2018/19.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was noted that the majority of targets were being achieved or exceeded. Therefore the report focused on exceptions and it was reported that there were only four of the indicators that were not reaching target.
- It was noted that there was a lot of discussion around mental health services nationally and locally, and how public health services linked into primary care. One issue that would need to be addressed was that some people may not want to engage with their GP and work would need to be done on how to target those people who were traditionally hard to reach.
- It was queried what the impact was of not achieving the target in relation to direct payments (per cent of clients in receipt of long term support who received a direct payment ASCO F1C (2a)). It was noted that this measure had been in place for a long time, and there were a lot of older people in particular who did not want the complications that came with direct payments. Work was continuing on the take up of pre pay cards and the authority was trying to make this as simple as possible.

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- There were an increasing number of younger people with physical disabilities who were choosing to take direct payments.
- There were about 2000 people who chose to take direct payments, which was a sizeable number when compared to other areas of the country.
- Concluded enquiries where the desired outcomes were achieved – it was noted that the measure was 5% down on the previous quarter, and it was queried whether there was any reasoning for this. It was noted that this was likely to be due to the measure only relating to a small number of people. It was also noted that safeguarding had changed a bit in terms of Making Safeguarding Personal, and so people may be choosing a different outcome.
- It was queried if a target was deemed to be not appropriate, did that mean it was not achievable. It was intended that some of the measures would have stretch targets, but if there was a capacity issue, it may not be possible to achieve. It was for a service to decide if a target was inappropriate and would then need to go through official routes to change that target.
- It was clarified that the substance mis-use service was for those people with severe problems, and the integrated lifestyle service which was coming online in summer 2019, would be for people to be referred into that service at an early point before issues developed.
- Carers supported in the last 12 months – it was noted that Cumbria's performance had exceeded all its other comparators, and it was suggested it may be useful to highlight some of the activities that were being carried out. However, caution was advised that Lincolnshire was very specific about what was termed 'carers support', and that performance would be very much dependent on definition. It was felt that good practice should be highlighted.

RESOLVED

That the comments made in relation to the performance information for Quarter 2 be noted.

48 DIGITAL ROADMAP FOR ADULT CARE AND COMMUNITY WELLBEING

Consideration was given to a report which provided members with an overview of the Digital Roadmap which aimed to set out how Lincolnshire County Council's vision for Adult Care and Community Wellbeing could be supported by harnessing new ways of working and digital technology innovation. The Committee also received a presentation which demonstrated progress made to date and future plans. It focused on the following key elements of the roadmap:

- Library of Information & Services Connect to Support
- Digital Self-Serve – Financial Assessments
- NHS Digital Security and Protection Standard for Providers
- Planned Developments to Mosaic Case Management System.

(NOTE: Councillor M J Overton MBE left the meeting at 12 noon)

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Members were provided with the opportunity to ask questions of the officers present in relation to the information contained within the report and presentation and some of the points raised during discussion included the following:

- It was reported that the Connect to Support service was due to go live the following week, and changes were currently taking place on the website. The telephone and online support service was being hosted by Age UK through an established service called Lincs2Advice and so there was a wider availability of support that was able to be offered to all Lincolnshire residents who needed information and advice about care, support and Health Services.
- Members were advised that good progress was being made on the offer which helped independent care providers in Lincolnshire achieve an NHS data security standard. This would allow those providers to access an NHS secure e-mail address where it was expected that the flow of information would be improved between NHS organisations and care providers. The majority of these improvements would not be visible to the customer, and it would enable the authority to offer a much more seamless service for the end user.
- Members were updated on the progress of the project to introduce an online self-service Financial Assessment form, which was being funded through LGA/NHS Digital funds. It was queried how, once the customer had provided the information through the system, how it would all be checked. It was reported that when staff came to assess this information, instead of having a pile of paper, a picture of the document could be attached and sent through electronically, either by the service user or a family member or a social worker, and there would be support for people to be able to do this. It was also noted that it would be a 'smart form' which also ensure that all necessary documents were included therefore also saving time from people needing to make multiple submissions if documents were missing.
- It was recognised that this would not work for everyone, but at the moment there were a lot of people who were able to submit this information digitally. This would also free up staff to help those customers who needed extra assistance.
- Social workers would be trained to use the form so they could help people as required.
- There was a growing expectation from the public of tasks which should be able to be completed online.
- It was queried whether it would be possible to send a bank statement from an online bank account to the form, and it was confirmed that this would be possible, as the statement could be attached as a PDF document to the form.
- It was highlighted that other local authorities had already expressed an interest in what had been done so far and how it had been done. It was planned to hold some events in 2019 to promote the system.
- It was commented that the key thing with this system was that it provided people with choice.
- It was also noted that as families could now be quite dispersed it would allow for other family members to be involved and provide support.
- Members were updated on the development plans for Mosaic in 2019. This included the new Carer's Assessment, Plan and Review Workflow, which would go live in early 2019. There would be further integration work with

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District Councils for Disabled Facilities Grants. The Mosaic team would continue to work on a potential integration with Police systems with Servelec and also integration with LPFT's new Rio system. Finally, Public Health's new integrated Lifestyle Service would use Mosaic to deliver its prevention services.

- Members were updated on the plans for the new Mosaic Portals, known as Finestra, which would be delivered in phases throughout 2019. The portals would deliver new ways for customers, workers and LCC's partners to send and receive information to each other. An example of this was the ability for the public to self-refer via the portal, rather than contacting the CSC or being sent paper forms in the post to complete. Work was also ongoing to integrate Mosaic with the STP Care Portal. It was highlighted to members that the delivery of these elements would be dependent on the suppliers.
- Finally, members were updated on 2019's plans for Mosaic Finance. This work had already commenced with an improved Financial Assessment Referral pathway going live in November 2018. Block payments would be provided through Mosaic in early 2019. Further finance service deployments would be delivered at regular intervals throughout 2019.

RESOLVED

That the presentation and progress made to date be noted.

49 WORKING GROUP - GOVERNMENT GREEN PAPER: CARE AND SUPPORT FOR OLDER PEOPLE

It was reported that the Committee had established a working group to consider the background to the Government Green Paper on Care and Support for Older People, the publication of which was originally expected in the autumn of 2018.

Consideration was given to a report which set out the proposed terms of reference and proposed that the next meeting of the working group took place in January 2019.

It was suggested that members of the working group make notes on the discussion papers which had been produced by local government organisations in advance of the publication of this green paper, and at the next meeting of the working group those notes could be reviewed.

RESOLVED

That the draft terms of reference of the Government Green Paper Working Group as set out in the report be noted.

50 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report which enabled the Committee to consider and comment on its work programme for the coming year.

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It was noted that there was a need to look in more detail at the issues around rurality and neighbourhood teams.

RESOLVED

That the work programme, as presented, be noted.

The meeting closed at 1.05 pm



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	16 January 2019
Subject:	The Role of Lincolnshire Community Health Services NHS Trust (LCHS) in Providing Sexual Health Services on behalf of the County Council

Summary:

This report provides an update on the role of Lincolnshire Community Health Services NHS Trust (LCHS) in providing sexual health services on behalf of Lincolnshire County Council.

Actions Required:

To note the role of LCHS provision of sexual health services to Lincolnshire County Council.

1. Background

The provision of integrated sexual and reproductive health services is a mandatory responsibility of local authorities under the Health and Social Care Act 2012, bringing together contraception and genito-urinary medicine services from 1 April 2016.

When re-commissioning these services in 2016 the Council made an associated agreement with the commissioner of treatment for people with HIV to integrate these services into the local service model.

All sexual and reproductive health services in Lincolnshire are free, accessible, non-judgemental, non-discriminatory and demonstrate respect and inclusion of people with protected characteristics, including the lesbian, gay, bisexual, transgender community.

Lincolnshire County Council commissioned (via competitive tender) Lincolnshire Community Health Services NHS Trust (LCHS) to provide a specialist integrated sexual and reproductive health service to meet local needs, as identified in the sexual health needs assessment 2014. Two subsequent revisions of the joint strategic needs assessment have been produced which provide evidence for service delivery and improvement.

An infographic summarising the sexual health of local people is provided at Appendix 1 and identifies that the sexual health of local people is primarily around the average for the east midlands and England, with some indicators significantly better.

The Needs of Local People

There are a range of indicators in the Public Health Outcomes Framework, comparing Lincolnshire to the east midlands and England. A selection of these is described below to give a picture of the sexual health of local people:

- The sexual health of people in Lincolnshire is broadly comparable to that of the rest of the east midlands and England.
- We are the best in the country at finding undiagnosed chlamydia in younger people, although still not meeting the national target set for this area of service.
- The rate at which young women are taking up immunisation against human papilloma virus (HPV), which is protective against the main cause of cervical cancer is lower than the England rate. The Lincolnshire rate is 77.7% of 13-14 year olds versus an England rate of 83.1%.
- Women in Lincolnshire take up longer acting forms of contraception at a higher rate than the east midlands and England.
- Both under 18 and under 16 (defined as 'unwanted' nationally) conception rates are around the average for the country and decreasing in line with national reductions. The Lincolnshire rate is 20.5 per 1,000 for 15 to 17 year olds compared to an England average of 18.8 per 1,000.
- Termination of pregnancy rates are lower in women aged over 25 in Lincolnshire compared to the rest of England. The Lincolnshire rate is 10.3 per 1,000 versus 15 per 1,000 for England.

Budget

The total expenditure on these services with LCHS is approximately £5.6m per annum, £1.55m of which is spent on behalf of NHS England and recharged to them. A Section 75 agreement was developed with NHS England for the provision of anti-retro viral therapy, which funds HIV treatment in Lincolnshire.

This is not the total expenditure on sexual health services and a further £1.5m is spent on services delivered by other providers like Positive Health, non-contracted out of area providers, general practices and pharmacies.

£250k of the total budget is provided from the 0-19 Children's Services commissioning budgets to support Lincolnshire Integrated Sexual Health services (LISH) to provide specific young people's sexual health services following the Lincolnshire County Council change of the 0-19 Children's Services model. This enhancement commenced in October 2017.

The Senior Responsible Commissioner for this service is Tony McGinty, Consultant in Public Health, supported by a pooled budget manager called Carol Skye, both are contactable at Orchard House on the Newland campus.

The Procurement Process for the Current LCHS Service

A full competitive tender process was carried out in 2015-16 by the then Public Health Directorate in line with the Department of Health sexual health service specification guidance:

[A framework for sexual health improvement in England](#)

Further guidance was issued in 2018 and the lead commissioner is working with LISH to ensure that this is being implemented:

[Integrated Sexual Health Services - A suggested national service specification](#)

(Source:-Public Health England and Department of Health and Social Care August 2018)

This service specification covers the specialist integrated sexual health services that local authorities are responsible for commissioning, including testing and treatment for sexually transmitted infections and provision of the full range of contraception.

A sexual health needs assessment in 2014 underpinned the development of a service specification that was independently evaluated. Advertised on Official Journal of European Union and other contract finders, there were two tenders. Both were comprehensively evaluated and the contract was awarded to LCHS.

The LCHS contract and Section 75 agreement both commenced on 1 April 2016, on a block contract, for a period of five +one +one years. The young person's enhancement was achieved through a contract variation over the same timeframe, starting slightly later in October 2017.

Lincolnshire Integrated Sexual Health Service (LISH)

The service commenced on 1 April 2016 and combines sexual health and contraception services in a flexible delivery pattern. All LISH clinical staff are dual trained which provides a 'one stop shop' experience for clients, reducing the need for more visits and ensuring a holistic approach to prevention and promotion.

In summary LISH provides:

- Sexual health advice and information
- Contraception including long acting reversible contraception– sub-dermal implants and intra-uterine devices/coils
- C-Card scheme (free condoms ages 13-19)
- Pregnancy testing
- Emergency contraception
- Counselling and referral for termination
- Free condoms
- Opportunistic cervical screening
- Genito-urinary medicine
- On-Line free self-test kits for chlamydia and gonorrhoea
- Sexually transmitted infection diagnosis and treatment
- HIV diagnosis and treatment

- Post-exposure prophylaxis
- Pre-Exposure prophylaxis as part of the national pilot
- Training and conferences
- Psycho-sexual counselling
- Immunisation for human papilloma virus and hepatitis

LISH offer a Central Booking Line: 01522 309309 and on-line booking via the website (Lincolnshiresexualhealth.nhs.uk).

A full range of contraception services are available, including long acting reversible contraception and free condoms are issued as required.

Sexually transmitted infections are tested and treated appropriately, with an arrangement that any patient with symptoms who call to make an appointment, are seen on the same day in 'Flyby' clinics. All patients have a full sexual history taken and are offered an HIV test. Condoms are issued as required to protect transmission of sexually transmitted infections and genital warts can be treated in the clinic.

The Level 3 specialist clinics are located at fixed sites in Lincoln, Grantham, Boston, Spalding, Sleaford, Skegness, Louth and Gainsborough. Please refer to Appendix 2 for the clinic map and Appendix 2a for the clinic list. New clinics have started in Bourne, Market Deeping, Monks Road Lincoln, and at two maternity hubs.

Pop-up clinics are demand led and temporary, but experience indicates that they need to run more consistently with increased marketing to become established. Success is influenced by finding the right location.

A mobile community clinic is available to include rural areas and target areas of higher incidence of under 18 pregnancies and sexually transmitted infections. This planned action has been delayed and at present is not proving to be cost effective.

LISH provide specialist sexual health support to Positive Health clients, Addaction clients; and works closely with the school age immunisation team and looked after children.

Young People's Sexual Health Services

LISH is delivering a young person's universal sexual health service throughout Lincolnshire, for young people aged 13 to 19, or 25 if the young person has special education needs or disability. LISH have achieved the 'You're Welcome' standards, evidencing that all staff provide friendly, appropriate and confidential support. LISH work closely with a team of relationship and sex education advisors, to facilitate the new mandatory requirement for all schools to provide relationship and sex education from September 2020, embedded in the curriculum, alongside new guidance on health education.

The aims are:

- to support young people with managing their relationships and enhance their sexual and reproductive health
- to offer advice and information specifically targeted to young people
- to reduce sexually transmitted infections, especially chlamydia
- to maintain the downwards trend in teenage pregnancies
- to market the services appropriately
- to provide easy access to sexual and reproductive health services

C-Card Service

LISH develop and support a variety of community based sites in Lincolnshire, to provide registration for the C-Card for young people aged 13-19; to obtain education about sexual and reproductive health and free condom supplies. Regular training is provided to practitioners who are encouraged to discuss chlamydia screening, safe condom use and raise awareness of all types of sexually transmitted infections with young people and signpost to online testing and sources of information.

With diminished teenage pregnancy services and reduction of youth services generally, there are fewer local registration sites available and a review has been carried out to identify gaps and attract new sites.

National Chlamydia Screening Programme and the Public Health England Chlamydia Pathway

LISH are responsible for running this programme in Lincolnshire and have several ways through which they achieve a testing rate which compares very well with regional and national achievements. The LISH service has increased outreach and targeted work and is currently reporting a 9% positivity rate against a public health outcomes framework target of 8%. The Public Health England chlamydia pathway has been implemented, which focuses on achieving higher detection rates. Follow ups will be conducted after four weeks of the initial diagnosis, (reduced from 6 weeks) - for retesting, which can achieve a 14% positivity rate, and partner notification, which can achieve a 60% positivity rate.

LISH are working towards achieving the national public health outcomes framework key performance indicator - Detection Rate Indicator of 2,300. Currently they are the best performing provider across the east Midlands, working to a locally agreed target of 2,045, set by Lincolnshire County Council in response to the large rural area that is served. They are comparable to most other areas nationally, who generally are not meeting national targets, partly due to the lower number of young people entering sexual and reproductive health services, with an 8.5% reduction over the last three years. An action plan is in place.

On-line chlamydia and gonorrhoea testing is available through LISH which provides an online self-testing kit for personal use at home for under-25 year olds. This has proved extremely popular and achieves a positivity rate of 12-14%.

LISH sub contract GP practices to provide chlamydia screening and community pharmacies to provide chlamydia screening and treatment under a patient group direction.

HIV Support

A Section 75 agreement is in place between Lincolnshire County Council and NHS England to ensure the provision anti-retro viral therapy for patients diagnosed as HIV positive. As many anti-retro viral therapy medications have changed to open licence from their initial period of patent, NHS England has encouraged LISH to 'switch' patients to generic medications.

Currently LISH provide support and treatment for 300 HIV positive patients. There have been 15 new HIV positive cases in the last year and four late diagnoses. The latter are mainly economic migrants from other European countries, although two British patients were mis-diagnosed in the UK.

LISH genito-urinary medicine consultants have joined the NHS England pre-exposure prophylaxis pilot trial and had 60 places available - which are currently filled.

They also provide counselling and post exposure prophylaxis following sexual exposure: this is sometimes related to unprotected sexual exposure as a result of sexual assault.

Patients often have complex needs and require intensive clinical management. LISH work closely with another Lincolnshire County Council contracted provider, Positive Health, who provide excellent social care and support.

Psychosexual Counselling

LISH sub contract Relate to provide psychosexual counselling and any referrals are triaged by one of the sexual health consultants to determine the most suitable pathway. Between eight and twelve sessions can be provided. Patients that are referred have high regard for the help they receive.

Promotion and Prevention work

LISH has a Sexual Health Advice, Prevention and Promotion Team that focuses on the National Chlamydia Screening Programme, using the chlamydia screening pathway and providing advice, support and triage.

A dedicated communications officer supports client engagement and marketing for LISH. A new website will be launched in spring 2019 with signposting to other sources of support and designated areas for professionals and parents.

Social media outlets are used to advertise services and promote a healthy and safe sex life, including Instagram, Facebook and Twitter. Local campaign work through the Sexual Health Alliance Lincolnshire is planned to promote safer sex and personal responsibility, supporting national events such as Sexual Health

Awareness Week, National HIV Awareness Week, HIV Testing Week and the annual pride event.

The team also provides outreach services to 'vulnerable and hard to reach' groups. This has included visiting food production sites that employ mainly eastern European staff; working with P3 and the Nomads Trust to reach homeless people and rough sleeper; working in colleges and universities; developing schools assemblies; supporting the relationship and sexual education advisors; initiating new venues such as the maternity hubs, Addaction sites and looked after children.

LISH sub contract Relate for psychosexual counselling, using a triage system managed by a sexual and reproductive health consultant.

Training Provision

An accredited Faculty of Sexual and Reproductive Healthcare trainer supports the planning and delivery of LISH training including:

- Dual competency training for LISH staff to provide a 'one stop shop' service for patients
- Royal Society for Public Health course in Understanding Sexual Health
- Long acting reversible contraception competency continuous professional development
- Basic and advanced contraception
- A bi-annual Sexually Transmitted Infection Foundation course
- A bi-annual Sexual Health Conference
- C-Card and chlamydia training, on a monthly basis, widely available to all stakeholders.

The genito-urinary medicine consultants are part of the Leicester HIV/ Genito-Urinary Medicine Network and attend regular clinical updates. They have a shared seat on the Peterborough multi-disciplinary team group to discuss clinical cases.

The Medical Director for LISH is responsible for disseminating any new sexual and reproductive health guidance to LISH staff and arranging development days for all staff. Staff complete mandatory training annually, which includes safeguarding and are extremely competent at identifying domestic and sexual violence, female genital mutilation, sexual exploitation and grooming. They can refer to children and adult safeguarding, Kooth on line counselling, early help teams, sexual assault referral centres and other community support agencies.

Activity Levels

Overall attendance in 2017-18:

16, 603 Genito-Urinary Medicine attendees (10,925 new)

5,049 contraceptive attendees

Outreach work cannot be accurately measured, as large numbers of people are reached through social media and at community events and depend upon the audience.

Performance Management

All contracts are performance managed and quality assured, using the Commercial Team's contract management process, which includes monthly and quarterly meetings and site visits. Open book accounting has provided greater clarity on how the block contract budget is being managed. Effective contract management is being enhanced with a quarterly Strategic Contract Management meeting to plan continuous service development. A case study is submitted monthly that demonstrates high levels of care by LISH staff. Please refer to Appendix 3 for examples.

LCCHS achieved a Care Quality Commission (CQC) rating of 'Outstanding' in 2018, however LISH was not reviewed. LISH are scheduled for CQC in January 2019. Should there be any untoward findings from the specific inspection of the sexual health service then a follow on report would be brought to the committee.

The Lincolnshire County Council annual assessment rated LISH as 'Good', with one area requiring improvement (Engagement and Marketing) and two areas that were 'Outstanding' (Clinical Services and Safeguarding and Protection from Abuse).

The 'friends and family' approval and recommendation rating is currently 98%.

Risk Assurance

A risk register is held by Commercial Services for LISH as part of a comprehensive contract management and assurance process. The current overall risk rating for LISH as of December 2018 is 'Fair'.

The main risk has been poor delivery of laboratory services from LCCHS's contracted provider. The remedial action has been regular and detailed meetings with the provider which has shown some improvements and ultimately a decision to re-procure the service.

Other Sexual and Reproductive Health Services - Not commissioned by Lincolnshire County Council

Services such as sterilisation, termination of pregnancy and complex gynaecological services are provided by United Lincolnshire Hospitals Trust (ULHT) and commissioned by the NHS.

GPs provide contraception under their General Medical Services contract which includes referral for erectile dysfunction, termination of pregnancy and infertility advice, through co-commissioning arrangements between Clinical Commissioning Groups and NHS England. Many practices are also commissioned by Lincolnshire County Council to provide long acting reversible contraception.

Pharmacies are commissioned by Lincolnshire County Council to deliver emergency contraception.

Sexual assault referral centres and human papilloma virus immunisation are services commissioned by NHS England.

Areas for Improvement

LISH are performing well against their key performance indicators and have a high approval rate from their patients. A number of areas for improvement have been identified and are summarised in the list below:

- LCHS are seeking re-procurement of laboratory services due to poor response times and repeated service failures.
- Improve chlamydia screening rates, whilst maintaining positivity rates to work towards the current national target.
- Increase the capacity and accessibility of LISH clinics to provide greater patient choice and reduce out of area costs.
- Improve the rate of sexually transmitted infection testing in Lincolnshire to match regional and national rates.
- Monitor outbreaks of syphilis and engage in targeted prevention work.
- Work closely with maternity transformation services to bring sexual and reproductive health closer to where women live and develop early post-natal access to long acting reversible contraception.
- Improve digital and self-serve options to increase the sexually transmitted infection testing rate and accessibility especially for young people.
- Target sexual and reproductive health services to vulnerable groups, such as young people with special educational needs or disability, eastern Europeans, travellers, men who have sex with men, homeless people and improve the sexual and reproductive health services offer for more mature women.
- Adopt the UNAIDS 90:90:90 ambition that sets out a global target for 90% of people living with HIV to have their status known, 90% of those diagnosed to receive treatment and 90% of those treated to be virally suppressed.
- Adopt the U=U message that 'Undetectable Equals Untransmittable' to bring hope and reduce the stigma of HIV.

2. Consultation

a) Policy Proofing Actions Required

n/a

3. Background Papers

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

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Sexual Health Statistical Overview
Appendix B	LISH Clinic Map
Appendix C	LISH Clinical List
Appendix D	Case Studies

This report was written by Carol Skye, who can be contacted on: 01522 552909 or by email: carol.skye@lincolnshire.gov.uk.

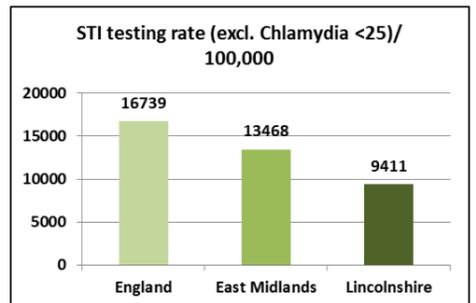
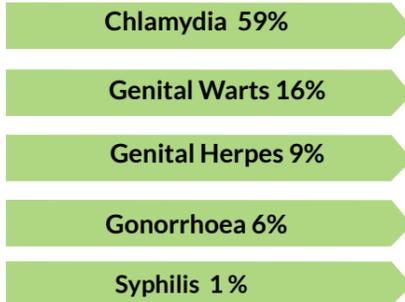
Lincolnshire Sexual Health Overview 2017

STIs

In 2017, there were

3,794

new diagnoses of sexually transmitted diseases (STIs) in Lincolnshire



Biggest changes from 2016 to 2017:



4.7% STI testing positivity (excl. chlamydia <25)

Source: PHE Sexual Health and Reproductive Profile

Young people (aged 15-24)

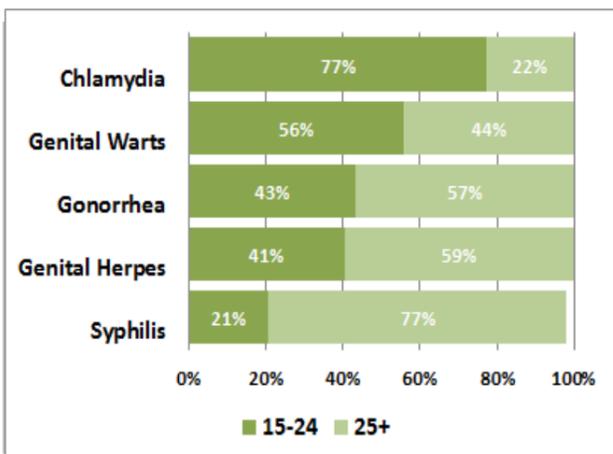


In Lincolnshire young people are the most likely to be diagnosed with STIs.

Rates of new STI diagnoses:



Proportion of new STI diagnoses by age category and type:



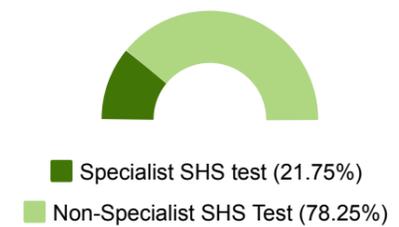
Source: PHE STI & HIV Portal

Chlamydia detection rates in 15-24 year olds

1,735 per 100,000 population*

*remains below expected rate of 2,300 per 100,000 population

21.7% of population aged 15-24 years in Lincolnshire were tested at the following Sexual Health Services (SHS):



Of the 15-24 years old tested, 9.4% had a positive chlamydia result at the following SHS:



Ethnicity

Generally Black Minority Ethnic (BME) populations are disproportionately affected by STIs

3x

Nationally, the rates of gonorrhoea and chlamydia in BME people are 3x that of the general population

8x

Nationally, for trichomoniasis, the rate in BME people is 8x that of the general population

Source: PHE STI Infections in England 2017

Men who have sex with men (MSM)

Nationally gay, bisexual and MSM are more likely to be diagnosed with bacterial STIs.



Proportion of MSM amongst new STI diagnoses in men in 2017:



Source: PHE STI & HIV Portal

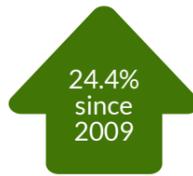
Gonorrhoea increase from 2016-2017:



The greatest increase was amongst gay men (14% increase)

90.2%

HIV testing coverage among MSM in 2016



Source: PHE Sexual Health and Reproductive Profile

Amongst MSM **94.5%** take up HIV testing

HIV

HIV testing is integral to the treatment and management of HIV.



Late diagnoses increases tenfold the risk of dying within a year of diagnosis.

HIV testing Coverage



HIV testing Uptake



3.7 per 100,000 population in 2016

New HIV diagnoses aged 15+

Source: PHE Sexual Health and Reproductive Profile

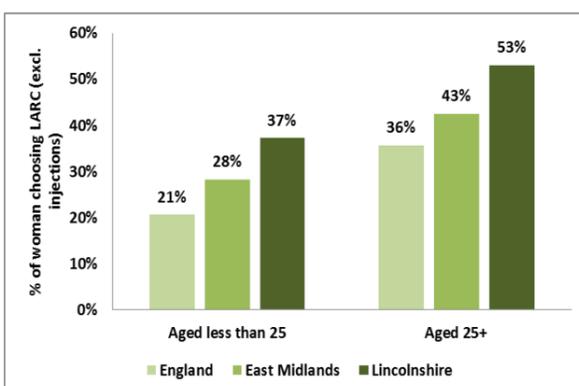
Late HIV diagnostic rate was 40.7% in 2016

Reproductive Health



The following indicators are merely to inform and not to be used as comparators, as the intention is to encourage choice.

% of women choosing Long Acting Reversible Contraception (LARC (excl. injections) in 2016*

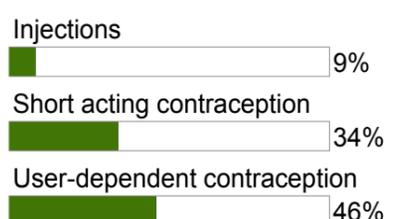


*Injections rely on timely repeat visits/administration within the year and have a higher failure rate than other LARC methods

% of LARC prescribed by GPs or Sexual Reproductive Health Services (excl. injections) in 2016*

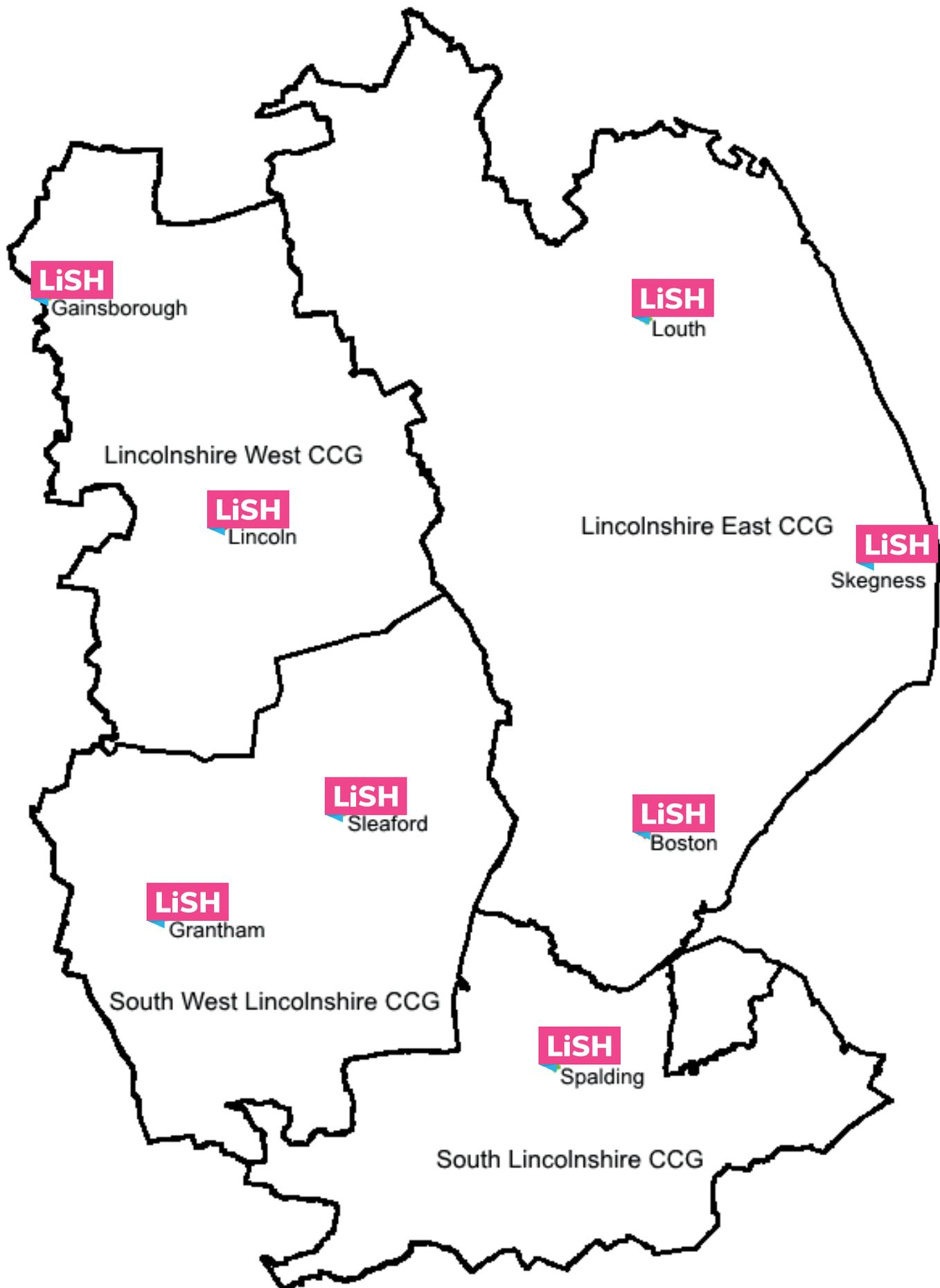


Other forms of contraception (2016):



Source: PHE STI & HIV Portal

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LiSH Lincolnshire integrated Sexual Health Clinics (2018)

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FIXED CLINIC SITES

BOSTON

GU Medicine Department, Boston Health Clinic, Lincoln Lane,
Boston, PE21 8RU.

Monday 8:15am – 19:00pm

Wednesday 8:15am – 19:00pm

Friday 8:15am – 16:00pm

GRANTHAM

GU Medicine Department, Grantham Hospital, Manthorpe Road,
Grantham, NG31 8DG.

Monday 8.15am – 15:30pm

Tuesday 8:15am – 19:00pm

Thursday 8:30am – 18:45pm

SLEAFORD

Riversdale Health Clinic, 21 Westgate, Sleaford, NG34 7PY.

Monday 9:30am – 14:15pm

Tuesday 15:15pm – 18:15pm

LINCOLN

GU Medicine Department, Lindon House, 134 Dixon Street,
Lincoln, LN6 7TU.

Monday 8:15am – 19:20pm

Tuesday 8:15am – 19:20pm

Wednesday 8:15am – 19:15pm

Thursday 8:00am – 18:45pm

Friday 9:00am – 15:40pm

Saturday 10.15am – 13:15pm

SKEGNESS

GU Medicine Department, Skegness Hospital, Dorothy Avenue,
Skegness, PE25 2BS.

Monday 13:15am – 19:00pm

Thursday 13:20am – 19:10pm

GAINSBOROUGH

John Coupland Hospital, Ropery Rd, Gainsborough DN21 2TJ

Monday 8:15am – 16:30pm

Wednesday 8:15am – 19:15pm

Thursday 8:15am – 19:20pm

SPALDING

Johnson Community Hospital, Spalding Road, Pinchbeck,
Spalding. PE11 3DT.

Monday 8:15am – 16:30pm

Thursday 8:15am – 19:15pm

LOUTH COUNTY HOSPITAL

Louth County Hospital, High Holme Road, Louth. LN11 0EU

Tuesday 9:00am – 19:15pm

Wednesday 8:15am – 19:00pm

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<p>Context (What?)</p>	<p>A 14 year old female attended clinic alone for routine screen on the 29/11/2017. Disclosure made that she had sexual intercourse with a male aged 19 years in September 2017. The young person stated that the incident had been reported to the police and that the police were investigating the 19 year old male. The young person stated that her dad was aware and had brought her to clinic for a sexual health screen. Young person reported previous social services involvement 2 year ago whilst she was living with mum , young person said she had a social worker due to “poor parenting” from mum. Young person says she now lives with dad and step-mum. Young person reported age of first sexual intercourse was 13 years old, she informed that she had 2 previous sexual partners that were the same age as her and previous sexual health records confirm this. Support given during consultation and delay tactics and safe and appropriate relationships and contraception discussed. Referral made with young person’s consent to children’s services and CSE risk assessment form sent to the SAFE team.</p> <p>29/11/2017 CSE referral form requested.</p> <p>Feedback from children service’s 01/12/2017 declined as referral did not meet the threshold.</p> <p>CSE form sent 07/12/2017 on return to work following days off.</p> <p>Young person attended clinic on the 11/12/2017 for treatment with seto-mother.</p> <p>Email sent to Safe team for confirmation of receipt of CSE referral form on the 13/12/2017. Confirmation email received from safe team advising case would be discussed on the 15/12/2017 at the allocation meeting.</p> <p>Young person attends clinic for repeat treatment with step-mother on the 14/12/2017.</p> <p>Feed back from safe team 18/12/2017 declined, did not meet the threshold. Advised by the safe team to complete TAC referral for early help worker allocation to work with the young person.</p> <p>TAC referral completed when next at work on the 19/12/2017.</p> <p>Feed back from TAC referral 02/01/2018 more information required and written consent from young person and her parents was also required. Telephone call to Wayne (TAC Consultant) explaining the capacity and role of sexual health team and relationship with the young person. Wayne recommended recalling the young person and her parents to clinic to complete early help referral form together or asking the family to complete the form with school if they would like an early help worker.</p> <p>Case handed over to the SAPP team on the 09/01/2018.</p> <p>No longer able to contact young person and after discussion with</p>
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	<p>safeguarding deputy named nurse not appropriate to contact school. Email sent to Wayne to ask to reconsider referral due to young person no longer engaging with the sexual health team. Awaiting response.</p>
Impact (So What?)	<p>Young person has identified as vulnerable and poses a risk of CSE. Currently not meeting the threshold for children's services or the safe team. Young person attended in 11/2017 and still has not been seen by a professional for support with safe and appropriate relationships, delay, and contraception. Risk continues for CSE and potentially unplanned pregnancy.</p>
Learning (Now What?)	<p>This case was discussed in safeguarding supervision. Meeting is scheduled for sexual health team to discuss the capacity and role of the service to the early help assessment team. We need clear pathways to enable more effective communication between LISH and the Fast teams and an understanding from them the role and</p> <div style="text-align: center;">  Lessons Learned learnt re LISH safegu </div> <p>responsibility of the sexual health team.</p>

Please ensure all case studies relating to service users are fully anonymised as these may be shared more widely within and potentially outside Lincolnshire County Council.

LISH CASE STUDY-June 2018

Our client, who is 18 years old, had a self-test via THT on 29/04 which was later identified as Chlamydia positive. The screening office contacted client, via text as requested, to call the office for the result on Monday 8th May.

The response was very timely, and the client called and was informed of the positive result the same morning. As a later appointment was required, due to work commitments, the screening office made an appointment, to suit the clients work commitments, next day Tuesday 9th May at 18.30 for treatment.

On the morning of Wednesday 10 May, the client called again quite apologetically, as in their words, they were in denial and wanted the positive result reconfirmed. The office staff reassured the client that there was no need to apologise and confirmed result again. Furthermore, the client asked if there was any way to know, from the test, when they came into contact with Chlamydia.

From the tone and questions of the call from the client, it was detected that they were very anxious. So reassurances were made and that for peace of mind, a follow up test of cure in 6 weeks would be advisable. Also, perhaps a more comprehensive screen from the GUM clinic which incorporates; Chlamydia, Gonorrhoea, Syphilis and HIV would be available then, to allay any further worries.

The number of the booking office was given to call to make the appointment if required and if the client needed any further help or advice, to call the screening office number and we would try and help.

LISH

Patient Story 10/10/18

Context (What?)	<p>LN161721f 11/11/2000</p> <p>Patient attended for routine sexual health screen and had some mild symptoms. Asked about domestic abuse and she disclosed she had been in a very controlling relationship with a male 2 years older than her for 2 years on and off. He was physically and emotionally abusive. She had lived with him and his mum for about a year when she was 15/16. He would not let her contact other people, checked her phone. No longer in relationship with him but she did have sex with him 3 weeks ago although she did consent she didn't really want to and worried what he would do if she didn't. Attends college 2 days and works 5 days a week. Now lives with mum who is not supportive, previous social services involvement when she was younger. Tried to kill herself aged 13. Has spoken to someone at college before but said nothing was done to help and did not feel she was taken seriously.</p>
Impact (So What?)	<p>Ensured patient was safe currently and what to do if she does not feel safe. Discussed social media and phone and blocking ex-partner. Agreed to return in one week for longer appointment to do DASH assessment and look at referral to WLDAS.</p>
Learning (Now What?)	<p>Asking DA question enables patients to disclose concerns, current or past. Time constraints of appointments can make support difficult, but arranged for another appointment to ensure correct support offered and patient feels listened to.</p> <p>On going DA training for staff to make aware of available resources/referrals for such cases.</p>

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	16 January 2019
Subject:	Adult Care & Community Wellbeing Budget 2018/19

Summary:

This report describes the Council's budget proposals for Adult Care & Community Wellbeing (AC&CW).

This report describes the basis on which proposals have been developed and their impact on services.

Actions Required:

Adults and Community Wellbeing Scrutiny Committee is asked to note and provide comments in relation to the proposed AC&CW budget set out in this paper.

1. Background

This report sets out a one year financial plan for revenue budgets to take the Council to the end of the four year funding deal from government.

The Council continues to face significant reductions in government funding, growing cost pressures from demand led services such as adult and children's social care, waste disposal and the Council's responsibility to pay staff and some contractors the National Living Wage.

The budget process carried out a year ago considered budgets for both 2018/19 and 2019/20. This year, the 2019/20 budgets have been reviewed in the light of the latest available information to arrive at the proposals set out in this report. In developing its financial plan the Council has considered all areas of current spending, levels of income and council tax plus use of one-off funding (including use of reserves and capital receipts) to set a balanced budget.

In developing a single year financial plan the Council has considered all areas of current spending, levels of income and council tax plus use of one-off funding (including use of reserves) to set a balanced budget.

All areas of service expenditure have been reviewed to identify cost pressures which must be funded and savings which can be made, through efficiencies and by reducing the level of service provided. The Council remains aware of its high priority areas, but no service has been exempted from helping the Council to deliver its savings target. These high priority areas are:

- Safeguarding children and adults;
- Maintaining and developing highways and infrastructure;
- Managing flood risks;
- Supporting communities to support themselves; and
- Fire and rescue services.

Adult Care & Community Wellbeing (AC&CW)

Adult Care & Community Wellbeing is organised into five commissioning strategies, these being:

- Adult Frailty & Long Term Conditions
- Specialist Services (Mental Health, Autism and Learning Disability)
- Community Wellbeing
- Safeguarding Adults
- Carers

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

The increasing strategic importance of the Better Care Fund (BCF) has meant that the impact to AC&CW now has to be reflected in service finances, with a detailed exercise undertaken in 2017/18 to incorporate all schemes funded via the BCF into the AC&CW budget. This reflects the fact that BCF has a growing influence on how AC&CW pressures are funded in the Council with it being the only means in which the vast majority of pressures identified below will be funded over this budgeting period.

Revenue budgets for AC&CW in 2019/20 are shown in TABLE 1 below together with the actual comparison for 2018/19.

TABLE 1: Adult Care & Community Wellbeing Revenue Budget

Commissioning Strategy Revenue Budgets	2018/19 £m	2019/20 £m
Adult Safeguarding	4.187	4.229
Adult Frailty, Long Term Conditions & Physical Disability	120.733	120.804
Carers	2.464	2.389
Adult Specialities	65.594	71.637
Wellbeing	27.174	27.279
Budget Requirement	220.152	226.338

The report will look at each of these areas in turn.

2. Adult Frailty & Long Term Conditions

The proposed budget for this commissioning strategy is £120.804m in 2019/20.

The Adult Frailty & Long Term Conditions strategy brings together Older People and Physical Disability services as well as hosting the budgets for back office functions. This commissioning strategy aims to ensure that eligible individuals receive appropriate care and support that enables them to feel safe and live independently.

The Adult Frailty and Long Term Conditions strategy is proposing to make savings of £6.015m in 2019/20.

Of the total savings identified in 2019/20, £4.635m reflect the removal of non-recurrent schemes funded via the BCF in 2018/19. The remaining £1.380m is a result of increased income derived from increases in service user contributions.

Pressures funded in 2019/20 (£5.768m) relate to increased demographic growth and additional pressure on provider unit costs brought about by increases in the National Living Wage, largely impacting upon residential and community based services.

3. Adult Specialities

The proposed budget for this commissioning strategy is £71.637m in 2019/20.

This commissioning strategy aims to ensure that eligible Adults with Learning Disability, Autism and/or Mental Health needs receive appropriate care and support that enables them to feel safe and live independently.

Services delivering support for those with a learning disability and those with a mental health condition are done so via separate Section 75 agreements between the Lincolnshire Clinical Commissioning Groups (CCGs) and Lincolnshire Partnership NHS Foundation Trust (LPFT) respectively.

Adult Specialities strategy is proposing to make savings of £2.891m in 2019/20. Within this strategy there are also proposed cost pressures of £8.833m in 2019/20.

Of the total savings identified in 2019/20, £0.669m is a result of increases in service user contributions and £2.222m due to the removal of one-off BCF funds.

Pressures funded in 2019/20 relate to increased demographic growth and additional pressure on provider unit costs brought about by raises in the National Living Wage for residential and community based services for those with a learning disability (£6.471m). £1.000m replaces the additional cost of increases to "Sleep-in" and "Waking Night" costs that have increased as a result of a HRMC ruling; these were previously funded via the BCF. £0.600m is to fund the additional cost borne by LPFT for the delivery of community mental health services on behalf of the Council.

4. Community Wellbeing

The proposed budget for this commissioning strategy is £27.279m in 2019/20.

Services are delivered as part of the Council's statutory obligation to improve the public health of local populations as per the conditions of the Public Health Grant, in addition there also a number of non-statutory services which the Council deliver.

The Wellbeing strategy is proposing to make savings of £0.181m in 2019/20, with a cost pressure of £0.242m.

Savings identified in 2019/20 are based on assumed savings following a proposed redesign and procurement of Housing related support services, with the cost pressures relating to a gap in the budget for the delivery of community equipment services against the contract value.

5. Safeguarding Adults

The proposed budget for this commissioning strategy is £4.229m in 2019/20.

The Safeguarding Adults strategy aims to protect an adult's right to live in safety, free from abuse and neglect. The service works both with people and organisations to prevent and stop both the risks and experience of abuse and neglect ensuring that an adult's wellbeing is being promoted.

The Lincolnshire Safeguarding Adults Board discharges its function to safeguard adults on a multi-agency basis. This is led by an Independent Chair.

The Adult Safeguarding strategy is proposing to make savings of £1.000m related to Deprivation of Liberty Safeguards (DoLs). Within this strategy there are also proposed cost pressures of £1.006m in 2019/20 the majority also linked to DoLs.

The recent increase in investment within this strategy is as a direct result of the Cheshire West ruling in March 2014 with regards to DoLs. The assumption has always been that secondary legislation that is currently going through parliament will be passed at the end of this financial year and will mitigate the increase in demand brought about by the ruling. However current indications suggest that the revised legislation will not have the desired impact on current levels of activity and as such that funding is still required.

6. Carers

The proposed budget for this commissioning strategy is £2.389m in 2019/20.

The Carers Strategy aims to prevent or delay ongoing care needs by supporting adult carers so they are able to sustain their caring role, reducing the need for costly services in primary and acute care, and long term social care.

The strategy is also responsible for services provided to young carers helping to prevent inappropriate caring, helping to reduce the negative impact on the child's wellbeing and development by ensuring adequate support for the adult and to support the child to fulfil their potential.

The Carers strategy is proposing to make savings £0.075m in 2019/20. Within this strategy there are no proposed cost pressures 2019/20.

Savings occur as a result of the withdrawal of non-recurrent BCF funds.

7. Better Care Fund

The Lincolnshire Better Care Fund (BCF) is a framework agreement between Lincolnshire County Council and the Lincolnshire Clinical Commissioning Groups (CCGs) and looks to pool funds from those organisations to help support the national and local objective of closer integration between the Council and the CCGs.

Lincolnshire's fund is one of the largest in the country and includes pooled budgets for Learning Disabilities, Children and Adolescence Mental Health Services (CAMHS) and Community Equipment plus 'aligned' Mental Health funds from the County Council and the four CCGs.

In addition to the continuation of existing pooled funds, there are a number of other funding streams, these increases result from:

- Inflationary increases in CCG funding and as a result in the CCG funding for the Protection of Adult Care Services;
- The addition of the iBCF funding that was announced in the Chancellor's November 2015 budget, the 2019/20 value is £25.771m;
- The announcement of iBCF supplementary funding in the Chancellor's March 2017 budget, the 2019/20 value is £4.111m;
- Winter pressure funding which was announced in the Chancellors 2018 budget will result in a further one- off payment of £3.368m. This will also be applied via the BCF rather than a Section 31 Grant.

On this basis the Lincolnshire BCF planning total in 2019/20 will total £242.284m. This is based on a number of assumptions based on the existing operating guidance in the absence of a national confirmation of BCF planning in 2019/20.

The most recent update by the regional Better Care Support Team in respect of the any new planning guidance stated that:

- The process for the 2019/20 BCF will be broadly the same as the 2017-19 planning guidance which suggests that 2019/20 will simply be a roll-forward of existing plans.
- There are still on-going debates at a national level regarding the value of minimum contributions via CCGs for 2019/20. Discussions are centred on a choice between an increase in funding linked to inflation or a link to the level of increase in NHS revenue. This will have an impact on the final value of the BCF in Lincolnshire.
- NHS Long Term Plan due mid-November, with BCF requirements and policy framework together with the NHS Operating Plan in early December. The Green Paper looking at the future funding of Adult Social Care is now likely to be published early next year.

- Departments are currently working on a review of the BCF; this is likely to influence how BCF funding will be delivered after 31 March 2020. The review will look into:
 - The purpose and role of the fund.
 - How funding flows can be managed in a way that is clearer and allows more focus on improving outcomes.
 - How the fund can be administered with fewer burdens to local systems.

There is still uncertainty about how local engagement will happen and plans are unlikely to be finalised until well into 2019.

8. Capital

Adult Care continues to revise its Capital Strategy and Investment Plan for 2019/20 as part of a renewal of its commitments to infrastructure developments.

AC&CW is able to call significant Capital reserves (£12.653m as at 1 April 2018) from social care capital grant allocated in previous years to invest in areas which it sees as having the maximum effect in meeting the changing needs of services over time.

Areas of investment over the next three years will include up to £10.3m in the delivery of new Extra Facilities across the County along with ongoing investment in areas such as a continuation of the day care modernisation programme and the developing countywide housing strategy.

9. Conclusion

The Adult Care and Community Wellbeing budget proposals reflect the level of government funding available to the Council. They are based on a thorough and comprehensive review of the services delivered. The budget proposals therefore aim to reflect the Council's priorities whilst operating with the resources available to it.

10. Consultation

a) Policy Proofing Actions Required

n/a

11. Background Papers

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

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

Open Report on behalf of David Coleman, Chief Legal Officer

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	16 January 2019
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

The Committee is requested to consider its work programme.

Actions Required:

To review, consider and comment on the work programme; and highlight any activity which could be considered for inclusion in the work programme.

1. Current and Previous Items

The Committee is due to consider the following items at this meeting: -

16 January 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
The Role of Lincolnshire Community Health Services NHS in Providing Sexual Health Services on behalf of Lincolnshire County Council	<p>Tony McGinty, Consultant in Public Health, Health Protection</p> <p>Carol Skye, Programme Manager, Health Protection, Lincolnshire Community Health Services NHS Trust</p> <p>Liz Allen, Head of Clinical Specialist Services, Lincolnshire Community Health Services NHS Trust</p> <p>Dr Sandya Wellwood, Lead Doctor for Lincolnshire Integrated Sexual Health Services, Lincolnshire Community Health Services NHS Trust</p> <p>Cheryl Kern, Matron, Lincolnshire Community Health Services NHS Trust</p>
Adult Care and Community Wellbeing Budget Proposals 2019/20	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

2. Future Work Programme Items

Set out below are the meeting dates for 2019, with a list of items allocated or provisionally to a particular date:

27 February 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Quarter 3 2018-19 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Community Based Support for People with Dementia and Their Families <i>(Executive Councillor Decision Between 28 February and 4 March)</i>	Carolyn Nice, Assistant Director, Adult Frailty and Long Term Conditions
Budget Monitoring Report	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing
Government Green Paper on Care and Support for Older People	To be confirmed.

10 April 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Integrated Community Care Portfolio	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group Kirsteen Redmile, Lead Change Manager – Integrated Care STP System Delivery Unit
Rurality in Lincolnshire – Opportunities and Challenges	To be confirmed.

22 May 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>

3 July 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Quarter 4 2018-19 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing

4 September 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Quarter 1 2019-20 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing

9 October 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>

27 November 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Quarter 2 2019-20 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing

The following list of items has been previously suggested by the Committee, or an update has been previously requested: -

- National Carers Strategy
- Joint Commissioning Arrangements.
- Alcohol Harm and Substance Misuse Services
- Day Opportunities
- Health, Housing and Care Delivery Group Update (*Considered 29 November 2017*)
- Managed Care Network for Mental Health (*Considered 11 April 2018*)
- Adult Safeguarding Commissioning Strategy – Refresh due in 2019 (*Considered 5 September 2018*)
- Adult Frailty and Long Term Conditions Commissioning Strategy – Refresh due in 2019 (*Considered 10 October 2018*)
- Care Quality Commission Update (*Considered 29 November 2017*)
- All Commissioning Strategies – Annual Summary

3. 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.

4. Consultation – Not applicable

5. 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
Appendix B	Forward Plan – Items Relevant to the Remit of the Adults and Community Wellbeing Scrutiny Committee

6. 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

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AT A GLANCE WORK PROGRAMME

	2017				2018								2019		
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135	135	210	185			
Adult Care and Community Wellbeing Corporate Items															
Better Care Fund		✓													
Budget Items			✓		✓				✓		✓				
Care Quality Commission				✓											
Contract Management					✓										
Introduction	✓														
IT Updates					✓							✓			
Joint Strategic Needs Assessment	✓														
Local Account				✓											
Quarterly Performance		✓	✓	✓			✓		✓	✓		✓			
Strategic Market Support Partner			✓												
Winter Planning										✓					
Adult Frailty, Long Term Conditions and Physical Disability															
Care and Support for Older People – Green Paper												✓			
Commissioning Strategy											✓				
Dementia Strategy											✓				
Homecare Customer Survey									✓						
Residential Care / Residential Care with Nursing - Fees						✓			✓						
Review Performance									✓						
Adult Safeguarding															
Commissioning Strategy										✓					
Safeguarding Scrutiny Sub Group				✓		✓		✓		✓					
Carers															
Commissioning Strategy											✓				
Community Wellbeing															
Director of Public Health Report								✓							
Director of Public Health Role								✓							
Domestic Abuse Services			✓												
Healthwatch Procurement								✓							
NHS Health Check Programme							✓								
Sexual Health Services															
Stop Smoking Service					✓										
Wellbeing Commissioning Strategy											✓				
Wellbeing Service												✓			
Housing Related Services															
Extra Care Housing						✓									
Supported Housing						✓									

KEY
 = Item Considered
 = Planned Item

2017				2018							2019			
15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr

Specialist Adult Services														
Commissioning Strategy														
Managed Care Network Mental Health														
Shared Lives														

FORWARD PLAN OF DECISIONS WITHIN THE REMIT OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**From 1 February 2019**

DEC REF	MATTERS FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	HOW TO COMMENT ON THE DECISION BEFORE IT IS MADE AND THE DATE BY WHICH COMMENTS MUST BE RECEIVED	RESPONSIBLE PORTFOLIO HOLDER	KEY DECISION YES/NO	DIVISIONS AFFECTED
1017038	Community Based Support Service for People with Dementia and their Families	Between 28 Feb 2019 and 4 Mar 2019	Executive Councillor: Adult Care, Health and Children's Services	Commercial Team – People Services; Adults and Community Wellbeing Departmental Management Team; and the Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Tel: 01522 553695 Email: karley.beck@lincolnshire.gov.uk	Executive Councillor: Adult Care, Health and Children's Services	Yes	All

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