



County Offices
Newland
Lincoln
LN1 1YL

2 April 2019

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 10 April 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, Mrs M J Overton MBE, C E Reid, C L Strange, M A Whittington and 1 Conservative Vacancy

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 10 APRIL 2019**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members Interests	
3	Minutes of the meeting held on 27 February 2019	5 - 14
4	Announcements by the Executive Councillor and Lead Officers	
5	Integrated Community Care Portfolio <i>(This report on behalf of the Lincoln Clinical Commissioning Groups updates the Committee on the implementation of the Integrated Community Care portfolio and the progress that has been made in Neighbourhood Working)</i>	To Follow
6	Home Based Reablement Service <i>(To receive a report by Edward Baker, Contract Manager, which provides the Committee with an overview of the Home Based Reablement Service)</i>	15 - 18
7	Community Based Support Service for People with Dementia and their Families <i>(To receive a report by Karley Beck, Senior Commercial and Procurement Officer, which invites the Committee to consider a report on the re-commissioning of the Dementia Community Support Service which is due to be considered by the Executive Councillor between 15 – 29 April 2019)</i>	19 - 68
8	Memorandum of Understanding <i>(To consider a report from Glen Garrod, Executive Director of Adult Care and Community Wellbeing, on the memorandum of understanding for housing between various agencies, which is being developed by the Health and Wellbeing Boards Housing, Health and Care Delivery Group)</i>	To Follow
9	Safeguarding "Sources of Risk" and Replacement Business Plan Indicator <i>(To receive a report by Justin Hackney, Assistant Director, Specialist Adult Services, which provides an information briefing regarding the proposed changes to the Council Business Plan measure M114 '% Enquiries Where Service Provider is the Source of Risk')</i>	69 - 74

- 10 Briefing on Autism** 75 - 114
(To receive a report by Justin Hackney, Assistant Director Specialist Adult Services, which provides a summary to Members on Autism, including specific information relating to autistic people presenting to Adult Social Care and an update in relation to Lincolnshire's All-Age Autism Strategy)
- 11 Adults and Community Wellbeing Scrutiny Committee Work Programme** 115 - 122
(To receive a report by Simon Evans, Health Scrutiny Officer, which provides the Committee with an opportunity to consider its work programme for the coming year)

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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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**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
27 FEBRUARY 2019**

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, C E Reid, C L Strange and M A Whittington

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Katy Thomas (Programme Manager (Health Intelligence)) and Professor Derek Ward (Director of Public Health)

58 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

There were no apologies for absence.

The Chief Executive reported that having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, she had appointed Councillor C L Strange as a replacement member of the Committee in place of Councillor A P Maughan until further notice.

59 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest at this point in the meeting. However, Councillor M A Whittington wished it to be noted that his mother was now in residential care which was being funded by the local authority.

60 MINUTES OF THE MEETING HELD ON 16 JANUARY 2019

RESOLVED

That the minutes of the meeting held on 16 January 2019 be signed by the Chairman as a correct record.

61 ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR AND LEAD OFFICERS

There were no announcements by the Executive Councillor or lead officers.

62 NHS LONG TERM PLAN

The Committee received a presentation by the Executive Director for Adult Care and Community Wellbeing in relation to the NHS Long Term Plan which provided detailed information in relation to the following areas:

- Some background: the Green Paper, the NHS plan and the Spending Review – it was anticipated that the Green Paper would either be released by the end of March or in May. It would be a consultation document which would feed into the Spending Review. There had been £20.5bn allocated to the NHS. It was noted that the Plan had been produced following an intensive 12 week engagement period.
- How the NHS Long Term Plan was developed – members were advised that this was a very engaging process, partly due to it being so intense.
- Background – it was noted that the increase in funding of 3.4% per year was not what the NHS had asked for. 4.1% had been requested, which meant that the NHS was already working with less than it was thought was needed. The Prime Minister had also announced a number of conditions on which the £20.5bn would be dependent, including improved NHS efficiency and elimination of the NHS deficit. The Long Term Plan's reference to 'integration' mostly referred to integration within the NHS rather than with adult social care, as the NHS was currently very fragmented and there would be a need to re-integrate the NHS (for example in Lincolnshire there were 4 Clinical Commissioning Groups and 3 NHS provider trusts). There was also an expectation to deliver significant improvements for patients.
- What the NHS Long Term Plan will deliver for patients
- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems...- it was noted that some respiratory conditions, such as asthma, were being exacerbated by cold, damp housing. There was also an increasing number of elderly people moving to the county to retire, who had pre-existing health conditions.
- Supporting people to age well... - this was the area of greatest interest for councils, as the NHS had historically invested more money on acute care than primary care.
- Delivering the ambitions of the NHS Long Term Plan:-
 - 1. Doing things differently
 - 2. Preventing illness and tackling health inequalities
 - 3. Backing our workforce
 - 4. Making better use of data and digital technology
 - 5. Getting the most out of taxpayers' investment in the NHS
- What this means for staff, patients and the public
- How did the Association of Directors of Adult Social Services assess the Plan – ADASS had stated that the Green Paper and the NHS Long Term Plan should have been developed in parallel and a major opportunity had been missed; the absence of clarity and certainty about future social care funding represented a major risk to the ambitions of this NHS Plan. However, ADASS had been positive about the proposed shift of resources to community and primary care; and the emphasis on personalisation and choice.

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- Reference was made in particular to paragraph 1.57 of the NHS Long Term Plan which stated:

"Both the wellbeing of older people and the pressures on the NHS are also linked to how well social care is functioning. When agreeing the NHS funding settlement the government therefore committed to ensure that adult social care funding is such that it does not impose any additional pressure on the NHS over the coming five years. That is the basis on which the demand, activity and funding in this Long Term Plan have been assessed."

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

- A requirement for the funding was that the NHS must not have a deficit, and therefore much of the remainder of the funding would be taken up by this.
- It was noted that 5200 clinical grades left the NHS every year but there were training places for 4,500 trainees. The remainder would be filled by staff from overseas. However, it was noted that India was developing its own primary care system which could impact on the numbers of staff coming to the UK to work.
- It had been highlighted that there were staff recruitment and workforce challenges in Lincolnshire, and it was queried whether anything could be learned from the way that Children's Services had been recruiting. It was noted that some things did have to be done differently, and the Care Providers Association (LINCA) had been a good strategic partner to the Council. Members were informed that the Care Association employed over 20,000 care assistants.
- It was commented that the current NHS structure could not deliver this Plan and if it did not change the way it did things then it would still be in deficit. However, the direction of travel that the Plan laid out was good, but the local authority would need to deliver its part. It was commented that a fundamental change in the approach to the management of the health service would be required for this Plan to be effective.
- There was support for the idea that a fundamental change in approach was needed.
- Concerns were raised regarding the attitudes around Type 2 diabetes, as in the majority of cases it was linked to lifestyle and was a preventable. It was highlighted that the case of Tom Watson, a Labour MP, was a good example of how people could 'reverse' their type two diabetes by making health and lifestyle changes. Treating type 2 diabetes used an enormous amount of resources, but it was something which was largely preventable.
- Members were informed that there was a national diabetes prevention programme and it was starting to look at aspects of health and lifestyle. Nine out of ten new cases of diabetes were Type 2, and 90% of these cases were preventable.
- The Integrated Lifestyle Support Service was due to launch in July 2019 and would involve work to change behaviours over a 12 month period. People with Type 2 Diabetes would be one of the priority groups.

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- Public Health was still a priority area, and a Green Paper on Prevention was expected which would bring together the NHS, social care and Public Health.
- In terms of the digital platform, it was noted that a design was being worked on for the website.
- As part of the Integrated Lifestyle Support Service, an individual would meet with someone on a regular basis to ensure they continued to follow the guidance.
- It was queried whether there would be an opportunity on the new website to promote self-help options.
- The Connect to Support website was separate to the Council website at present but would be integrated in due course, and would give information on how individuals and communities could help to support themselves without going to the council.
- The local NHS would shortly be launching its own engagement plan, which would include self-help and the role of community pharmacies. There was an opportunity over the next year to pull a lot of this together so there could be one common approach.
- It was queried how the message could be communicated to people who wanted to help themselves. It was suggested whether the Committee should have a 'deep dive' of these issues another time.
- It was commented that cultural change took a long time, but it was something that needed to be done. For example, obesity often started in childhood due to not having the right diet, and there was a need to address this early on.
- In terms of reducing childhood obesity there was a need to work much better with schools and children's centres.
- It was important to note that you could not make people change their lifestyle if they did not want to. There was a real opportunity when people had a baby as that often prompted them to make that change.
- Concerns around the ability of the NHS to deliver on this Plan were supported and there was not the same degree of accountability that local authorities had. It was highlighted that one of the biggest impacts on health care was substance misuse. Members were advised that a substance misuse service was currently commissioned to provide this service. Substance misuse was often wrapped up in lots of other issues, in particular mental health, as well as housing and chaotic lifestyles.
- The number of people diagnosed with autism was now as high as the numbers with dementia. Members were advised that there were a lot of people who had not previously been known to the SEND team who were now coming to adult services needing help. These were adults who had been in mainstream education and college but not previously needed support. Officers were carrying out a piece of work to understand why this was now happening.
- The headline figures were that 12.3 children per 1000 pupils in Lincolnshire were diagnosed on the autistic spectrum, compared to 11 in the East Midlands and just under 11 nationally. Less than 5% of adults with autism received support from Adult Social Care. The prevalence did match that of dementia, but different resources were required. There was a pathway for children and young people into work following school.

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- In terms of home learning, by law, the authority could only go into the home once per year for school age children. There was no requirement for parents to get a tutor for their children and could teach them themselves.
- It was queried whether the authority was rigorous with GP's in terms of antibiotic resistance and opioid addiction through prescription. Antibiotics over prescription were one of the priorities for the Chief Medical Officer. This was about the impacts on health rather than money. This also included antibiotic use in farming and other industries. It had improved but work needed to continue.
- There was an increasing number of people with addiction to prescription drugs and would be seen through the substance misuse service. This was not a national priority at the moment so more work was needed to push this forward. An integrated pain management approach was required and a new service was being developed which would help people to deal with pain without substances for support.
- In terms of the increase in demand for autism services, it was queried whether other parts of the country were experiencing the same sort of increase, or historically whether the authority had not had the resources to pick up the extra cases. Members were advised that there were a lot of young people that had a statement with a diagnosis of autism but did not need any additional services. It was also noted that autism had such a wide spectrum of needs.

RESOLVED

That the presentation and comments made be noted.

63 ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT
 - QUARTER 3 2018/19

Consideration was given to a report which presented performance against Council Business Plan targets for the Directorate as at the end of Quarter 3 2018/19. A summary of performance against target for the year had been provided in Appendix A of the report. It was also reported that a full analysis of each indicator over the year had been provided in Appendix B to the report.

It was noted that there were 26 measures across five commissioning strands. Of these, 16 measures were achieving or exceeding target, three were reported annually, and of the measures not being achieved, five fell within the community wellbeing strategy.

In relation to the measures which had not met target the following was reported:

- 31 - % of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months – this had fallen slightly but there was a 3 month reporting time lag. There had been some staffing issues, but these had started to improve and the performance was expected to stabilise between 35 – 37%. A paper would be presented to Executive Departmental Management Team outlining further options.
- 34 – Chlamydia diagnoses per 100,000 15 – 24 year old – there was an action plan in place. This measured the number of young people who had had the

diagnostic test and the proportion of positive test results. The rate of positive test results at 10.4% indicated that the targeted work was working well. Even though Lincolnshire was below target, it was noted that the current performance was the third best in its CIPFA group and was also below the regional and national target.

- 109 – Number of Health and Social Care staff trained in Making Every Contact Count (MECC) – 662 staff had now been trained, and there were no concerns that the target would be missed at the end of the quarter. It was confirmed that for 2019-20 this target would only be reported annually.
- 111 – People successfully supported to stop smoking – it was noted that this had a three month time lag. The Service was continuing to target the hardest to change groups. There were some other issues with the service that had been recognised, but there would be a switch to the integrated lifestyle support service in the summer. It was important that people were ready to change when they came to the service. With the right support, it was possible to double the numbers of those successfully quitting.

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 smoking was not always linked with obesity as some used it as a substitute for eating. It was suggested whether this group could be targeted through their vanity for example how it could age them and have negative effects on their skin.
- In terms of smoking, with 20 – 23 year olds, guidance tended to talk about the costs involved and participants would be asked to put the money they would have used to buy cigarettes into a separate account and then seeing the amount go up reinforced the behaviour to quit.
- 112 – People accessing Housing related support that are successfully supported to access and maintain their settled accommodation – the reasons behind this not meeting target were being discussed with the contract provider through the contract monitoring process as it was not clear why this target had not been met and further investigation was required. Members were advised that this target was very aspirational, and there may need to be some work on how better to monitor this measure going forward.
- 114 - % of safeguarding enquiries where the 'Source of Risk' is a service provider i.e. social care support – it was noted that this indicator was not really the right measure to determine whether the work was effective. A new indicator was in the process of being agreed by the Departmental Management Team.
- 63 - % of clients in receipt of long terms support who receive a direct payment – it has been queried whether this is the correct measure and it was planned that a paper on this would be going to the Executive Departmental Management Team. It was commented that for some older people direct payments would be too complicated for them.
- There had been a government push to move more people to direct payments, but this was not suitable in every instance.

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- It was commented that drug and alcohol misuse services were at capacity and it was thought that this would only get worse, and it was queried whether there was a need to increase the service provision. Work was ongoing with the contract provider to monitor this situation. It was noted that a lot of audit work had been done and it was a very good provider. Due to the nature of the client group there were very regular contract management meetings. It was a challenge to meet to the target but it did not mean that the service was not good. There had been previously a question of capacity and issues with resources. There were also overlaps with mental health and the criminal justice system, therefore a more integrated approach could be beneficial.
- There was support for the idea of making every contact count.
- The issue of direct payments was a complex one, for example not everyone used the internet, and there was a need to make it as simple as possible.
- It was noted that people's conditions could change dramatically over a short period of time and it was queried whether there was any mechanism to pick up these changes. If things did change the family could ring the social worker who would reassess the care being provided and make changes if necessary.
- Permanent admissions to residential and nursing care homes aged 65+ - it was confirmed that the target was to keep as many out of residential care as possible and support people to stay at home. The service worked on the assumption that people wanted to live at home for as long as possible. However, if people were not safe at home a move into residential care would be recommended.
- It was noted that when the authority had to place someone in residential care, it would be in competition with those accessing it themselves. Members were advised that 40 – 45% of places were being filled by people funded by Lincolnshire County Council.
- If the plan was to reduce the numbers in residential care, it was queried whether in order for care homes to maintain occupancy levels, would they need to find additional ways to fill spaces. It was noted that a couple of homes had gone out of business but this was not due to placements, and the executive councillor commented that she could not remember the last time a residential home went out of business due to capacity. The need for adult social care was increasing.
- The authority had a statutory duty to maintain and manage the market. Occupancy was at 90% around the county. There was an aim to reduce the target, but the demand would increase.
- It was queried whether the authority promoted anything like day care facilities in residential homes. Members were advised that there were activities such as lunches or tea and cake afternoons.
- 34 – Chlamydia diagnoses per 100,000 15-24 year old – it was highlighted that there were changes in culture and there were now increases in STI's in the over 60's being reported. It was queried how responsive the indicators were to these changes. It was noted that this indicator had come from a national priority, and was still a valid target.

The Chairman concluded by observing 16 of the 23 indicators were on target and recognised the efforts of all staff in delivering these targets

RESOLVED

That the performance information received be noted and the efforts of all staff in meeting the performance targets be recorded.

**64 ADULT CARE & COMMUNITY WELLBEING 2018/19 BUDGET
MONITORING REPORT**

Consideration was given to a report which set out the expected budget outturn projection for 2018/19. It was noted that the Adult Care and Community Wellbeing net budget was £221.006m, and based on current information available to 31 December 2018, it was estimated that AC & CW would produce an underspend of £0.642m for the financial year 2018/19.

Members were guided through the report and 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:

- Income lost from bad debts was £0.9m and it was queried whether there was a strategy to review the service from Serco and the credit control function. It was noted that this amount was significant but it had already been included in the budget. It was noted that the current process would be looked at.
- The delays in completing financial assessments sometimes resulted in large amounts of back dated payments being made.
- There was a need to recognise some of the good work and achievements.
- It was queried what property debtor income was and members were advised that this referred to those service users who had a property who did not want to sell it when they went into residential care. The authority would receive income from the sale of the property after the person had died. This ensured that the person did not have to sell their house in their lifetime.
- There were a number of service areas with cost pressures, and it was queried whether any of them were cyclical or recurrent. It was noted that there were built-in cost pressures into the next financial year. Adult Social Care was approaching 50% of the Council's total budget. The authority had a lot of increasing financial risk.
- Specialist Adult Services was seeing a recurring pressure and there were a number of factors which were resulting in this. One of the issues was that a lot more people were presenting with autism and mental health was also causing an increasing pressure. The budget was £5.8m but increased last year to £6.1m and was due to be increased to £6.2m the next financial year, however due to the pressures described in the report members had approved an additional £600k for mental health services.
- In terms of Learning Disabilities there was a particular increase in capacity issues as there were a lot of young people who came into the county through the education system that were not known to the authority.
- There was also an increasing complexity of needs, combined with medical advances so life expectancy for certain conditions was increasing.

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- There were cases where the service user had not been known to the authority as they had been taken care of by family members for their whole life but then they were no longer able to care for them.
- It was noted that these were not local problems, as there was information from other authorities that they were experiencing the same issues.
- It was noted that it cost £607k per day to run the adult social care service.
- It was suggested that it would be useful to have a follow up of the lessons learned in terms of winter pressures, as the winter season was coming to an end.

RESOLVED

That the budget outturn projection for Adult Care and Community Wellbeing for 2018/19 be noted.

65 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME

The Committee received a report which provided members with an opportunity to consider its work programme for the coming year.

It was requested that brief summary reports be included with the agenda for the next meeting in relation to:

- Autism – the increase in people presenting to adult care with autism
- Type 2 Diabetes and the work going on to try to prevent it;
- Antibiotic Prescribing by GP's

The Green Paper on the Future Funding of Adult Care was still scheduled for a future agenda, and it was expected that it would be released either before or after purdah. A second Green Paper in relation to prevention was also expected, and a working group would look at the detail of that.

It was also noted that Director of Public Health's Annual Report would be on the agenda for the July 2019 meeting and not the May meeting.

RESOLVED

That the activity above be noted and the work programme updated accordingly.

The meeting closed at 12.50 pm

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	10 April 2019
Subject:	Home Based Reablement Service

Summary:

The purpose of this report is to provide the Scrutiny Committee with an overview of the Home Based Reablement Service.

Actions Required:

To note the information presented in the report.

1. Background

The aim of the Home Based Reablement Service is to maximise a person's independence whilst enhancing their quality of life, with the intention of reducing the need for care and support in the future. An effective reablement service is vital in supporting people to gain or regain the skills necessary for daily living, which have been lost through illness, deterioration of health and/or increased support needs.

The countywide service enables Service Users to regain the ability to perform their usual activities, doing things for themselves rather than having things done for them, such as cooking a meal, washing, getting dressed and getting about. This differs from conventional homecare, as it is about encouraging the person to complete activities of daily living independently.

The service is provided to people following illness, injury or crisis, often following a hospital admission, supporting and facilitating them to continue to live at home.

Reablement support is generally provided for no longer than six weeks and is free to the person receiving the service.

Additionally, at times of market failure within the homecare market Lincolnshire County Council can request the Home Based Reablement Service provider to act as 'the provider of last resort' and use their capacity to support people with long term needs in their own homes on a short term basis.

2. Contract History

The service was externalised from Lincolnshire County Council to Lincolnshire Partnership Foundation Trust (LPFT) in December 2013 and, in 2015, a decision was taken to subject the service to a full procurement exercise in order to maximise opportunities for service growth and development, and provide assurance about longer term service quality and value for money.

Following procurement, the contract was awarded to Allied Healthcare for a period of three years with the opportunity for a further two year extension.

3. Home Based Reablement Provider Failure

At the beginning of November 2018 the Care Quality Commission (CQC) wrote to 84 affected local authorities to make them aware of significant and immediate concerns regarding Allied Healthcare's financial viability.

As a result of CQC's notification a number of Allied's local authority customers decided to transfer care services to alternative providers. These developments intensified the impact of the challenging environment within which Allied Healthcare operated and resulted in them re-evaluating their long-term business plan and reaching the difficult decision to seek to transfer or sell all of its care contracts to other providers.

4. Contingency Solution and Implementation

Lincolnshire County Council's Commercial Team – People Services worked closely with Allied Healthcare, both at a local and National level, and with Legal Services Lincolnshire to identify viable options to secure the continued delivery of this essential contract and to retain the highly skilled staff group.

The priority for the Commercial Team was to ensure continuity of care for the vulnerable people relying on the service, which is a critical component of the entire out of hospital strategic agenda; and in doing so it was necessary to scope, explore and inform decisions on a number of contingency options in a very short space of time.

The speediest, most effective contingency available was to keep the reablement operation unchanged, at least in the short to medium term while stability was restored to the service. It was also necessary to manage this process within the constraints of the Public Contract Regulations (PCR) 2015. These objectives were achieved by facilitating a direct novation of the contract without any substantial modifications.

Discussions were initiated with several potential delivery organisations, including Alderson Libertas (known as Libertas), who successfully deliver home care services on behalf of Lincolnshire County Council as Prime Provider in two zones (Louth & Gainsborough). They also run two extra care services and a residential care home in the county, operating with a CQC rating of 'Good'. Libertas have established and strong working relationships with the Council and a solid financial

position; they are a local business with established local infrastructure and market knowledge. They provided the Council with a delivery proposal and confirmation that Reablement would be kept operationally separate from their other established services. By the end of November the decision was taken to transfer the existing contract to Alderson Libertas with a start date of 14th December 2018.

5. Budget

The Home Based Reablement Service has a core annual budget of £4,000,000.

The core contract payment mechanism is based on payment of unit costs for delivery of face to face reablement hours, with a supplementary incentivisation mechanism linked contract performance management mechanism intended to ensure the Provider is rewarded for improved performance against the targets set. In turn if the Provider is not able to meet these targets, the Provider will incur Performance defaults against these indicators and Service credits (or reduced payments) will be incurred.

The mechanism is designed to offer the Provider with security over payment for delivery of face to face hours, as well as driving positive performance against key performance indicators.

6. Performance

The novation of the contract from Allied to Libertas proceeded very smoothly. 270 service users experienced a seamless transition and there were no complaints received during the transfer.

Despite the short time scale to transfer the contract, there was no disruption to hospital discharges and no increase in Delayed Transfers of Care (DTCOC).

Alderson Libertas now employ 142 care workers on the reablement contract delivering almost 10,000 hours of reablement support countywide and handle over 600 referrals per month.

The average number of face to face hours delivered by Allied Healthcare in the first two years of the contract increased from 9,404 per month in 2016/17 to 10,689 per month in 2017/18. Despite the challenges of the mobilisation of the contract, Libertas are already operating at 96% of this level with 9,567 hours delivered in February 2019. It is expected that these figures will continue to improve over the coming months.

The Service has been particularly successful in preventing people from requiring ongoing services following a period of reablement. In the first quarter of 2016, 53.4% of service users were reabled to no service, however by 2018 this had increased to 71.7% of service users and Libertas reported that, in February 2019, 91.3% of people were reabled to no service.

The Service continues to be contract managed by the Commercial Team through monthly relationship management meetings and quarterly site visits to Libertas's Spalding office.

7. 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 Edward Baker, who can be contacted on 01522 552559 or via edward.baker@lincolnshire.gov.uk.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	10 April 2019
Subject:	Community Based Support Service for People with Dementia and their Families

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a Report on the re-commissioning of the Dementia Community Support Service, which is due to be considered by the Executive Councillor between 15 - 29 April 2019. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of its consideration of this item.

Actions Required:

- (1) To consider the attached Report and to determine whether the Committee supports the recommendation(s) to the Executive Councillor set out in the Report.
- (2) To agree any additional comments to be passed to the Executive Councillor in relation to this item.

1. Background

The Executive Councillor is due to consider a Report on Community Based Support Service for People with Dementia and their Families between 15 - 29 April 2019. The full Report to the Executive is attached at Appendix 1 to this Report.

2. Conclusion

Following consideration of the attached Report, the Committee is requested to consider whether it supports the recommendations in the Report and whether it wishes to make any additional comments to the Executive Councillor. The Committee's views will be reported to the Executive Councillor.

3. Consultation

a) Policy Proofing Actions Required

Not applicable.

4. Appendices

These are listed below and attached at the back of the Report	
Appendix A	Community Based Support Service for People with Dementia and their Families – Report to Executive Councillor for decision between 15 and 26 April 2019

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 Karley Beck, who can be contacted on 01522 553695 or karley.beck@lincolnshire.gov.uk

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

Report to:	Executive Councillor for Adult Care, Health and Children's Services
Date:	15 - 26 April 2019
Subject:	Community Based Support Service for People with Dementia and their Families
Decision Reference:	I017038
Key decision?	Yes

Summary:

The Council currently commissions a Dementia Family Support Service, which is provided by the Alzheimer's Society. The current contract is due to end on 30 September 2019.

The aim of the service is to offer support and guidance for people with dementia to live at home independently for longer and to ensure that people are better enabled to live well with dementia through provision of meaningful support and services, in turn preventing crises, unscheduled hospital admissions and premature transition into long term residential care. The current service provides support to only those people who have a diagnosis of dementia. The service also provides support and guidance to family and carers of people with dementia so that they can support the person with dementia to continue in their caring role and maintain their own health and wellbeing.

Since the current contract started in October 2015, Lincolnshire County Council has made a commitment to continue to commission a Dementia Support Service in the Joint Dementia Strategy 2018.

This report seeks to present the case for re-commissioning the Dementia Support Service on the basis of the work undertaken and seeks approval:-

1. To agree to re-commission a community based service supporting people with dementia, their families and carers.
2. To agree proposed changes to the scope and specification of the service to include:-
 - Rename the service as the "Dementia Community Support Service"
 - To include provision of support for people that have not yet received a diagnosis of dementia; essentially those with mild cognitive impairment.

Recommendation(s):

That the Executive Councillor:

1. Agrees to re-commission a community based service supporting people with dementia, their families and carers.
2. Agrees proposed changes to the scope and specification of the service to include:-
 - Rename the service to "Dementia Community Support Service"
 - To include provision of support for people that have not yet received a diagnosis of dementia; essentially those with mild cognitive impairment.

Alternatives Considered:

1. Negotiate a revised contract with the current provider

The Council has an existing contract for a Dementia Family Support Service; the contract does not have provision for any further extension.

2. To do nothing

The Council have made a commitment within the Lincolnshire Joint Strategy for Dementia 2018-2021 to commission a post-diagnosis family support service to succeed the current Dementia Family Support Service agreement, which will help promote resilience, healthy lifestyles, and physical and mental wellbeing. In that context a failure to provide that support may trigger a legal obligation to consult and/or engage with affected people.

Reasons for Recommendation:

1. The Dementia Community Support Service will be the only service provided by the Council for dementia sufferers and their families and carers. The extensive engagement carried out has demonstrated the need for and appreciation of ongoing support. The Council through the Lincolnshire Joint Strategy for Dementia 2018-2021 has committed to the provision of a dementia support to ensure that people with dementia and their family carers are supported to live well no matter what stage of their illness. In that context a failure to provide that support may trigger a legal obligation to consult and/or engage with affected people.
2. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

1. Background

1.1 Strategic and Policy Drivers

- 1.1.1 The re-commissioning of the service will support both local and national policy objectives:-
- 2.1.2 Dementia is one of the most significant health and social care priorities of current times with diagnosis rates increasing in the aging population. Dementia will have profound impact on the person with dementia's life, but it also has a major effect on the person's family and friends (*Source: Joint Strategic Needs Assessment*).
- 1.1.3 The Prime Minister's Challenge on Dementia 2020 (Department of Health, February 2015) discusses the need for support to be provided to people with dementia.
- 1.1.4 The Care Act 2014 requires local authorities to assess carers' needs for support. The Act introduced a legal right for carers to access support services and this must be tailored to address the specific needs of carers for people with dementia with the aim of improving independence and wellbeing, and helping to prevent or delay the need for on-going care and support.
- 1.1.5 The Lincolnshire Joint Strategy for Dementia 2018-2021 sets out Lincolnshire County Council's commitment to commission a dementia support service that promotes resilience, healthy lifestyles, and physical and mental wellbeing.
- 1.1.6 The Joint Health and Wellbeing Strategy for Lincolnshire (2018) includes dementia as one of the key priority areas. Highlighting the need for comprehensive and integrated pathways throughout the dementia journey, support for people with dementia, prevention programmes for vascular dementia, greater integration and awareness within neighbourhood teams, wider professionals and the public.
- 1.1.7 As suggested above, national and local policy highlight the need for a service to be provided to support people with dementia, their family and carers.

1.2 Level of Need

- 1.2.1 It is estimated that there are over 11,000 people aged 65+ and around 200 people under 64 years old living with dementia in Lincolnshire. Diagnoses rates differ across the different CCGs in Lincolnshire, on average 65% have received a diagnosis however diagnosis rates are as low as 59% in South West Lincolnshire. Work is ongoing to increase the diagnosis rates to be in line with the benchmark of 67% set out in the NHS Mandate 2017 - 2018.
- 1.2.2 The service also supports family members and carers of people with dementia. The Council commission the Lincolnshire Carers Support Service

which is delivered by Carers FIRST and between the period of 1 February 2018 and 1 February 2019 they supported 897 carers that cared for a person who had a diagnosis of dementia.

- 1.2.3 Figures show that between 5% and 20% of people aged over 65 are affected by Mild Cognitive Impairment (MCI) (Source: Lincolnshire Joint Dementia Strategy 2018). 282 people were diagnosed with MCI in the past twelve months (Source: Lincolnshire Partnership NHS Foundation Trust).

1.3 Current Service Issues and Performance

- 1.3.1 The current service has been running since 1 October 2015 and is being provided by the Alzheimer's Society. The scope of the service is set out in paragraphs 1.3.5 to 1.3.8 below. The contract was extended by a further year taking the end date to 30 September 2019. The agreed budget for the service is for £300,000 per annum and the Alzheimer's Society have been providing this contract for £279,000 per annum. The current service provides support only after individuals have received a diagnosis of dementia.
- 1.3.2 The contract has been monitored through the contract management process and the provider has to submit quarterly performance information.
- 1.3.3 To provide some context to the number of people being supported by the service, below are the figures for the last three years of the contract:-

	Number of Referrals	Number. of CrISP* Programmes Delivered
Year 1	1351	9
Year 2	1304	14
Year 3	1546	18

*CrISP – Carers Information and Support Programme: Training provided to carers of people with dementia on the condition, different symptoms and behaviours, how to care for someone with dementia, how to respond to different behaviours and coping mechanisms they can use.

- 1.3.4 A number of issues with the current contract have been identified, these are detailed below:-
- 1.3.5 The original contract was modelled on the service supporting around 2,400 people per annum. From the figures detailed above, in year 3 the service had capacity to provide support to a further 854 people. This could indicate the service is underutilised and that further work is required on service promotion and awareness raising. As part of the engagement work carried out and explained in section 4 below, comparisons have been made with other local authorities which confirm that we should be able to support more

people than we are for the budget we have, a comparison that was made in relation to this statement was with East Sussex who have a budget of £400,000 to support 4,600 people in 2018/20 (previously supporting 3,600 people with a budget of £356,000 in 2018/19). The individual cost per person for East Sussex is £87. In comparison, the Lincolnshire County Council service (using year 3's figures) is £194 per person.

- 1.3.6 The current specification splits the service into two types of support: Information and Advice (I&A), and Care Navigation. At the start of the contract this resulted in a high level of I&A being provided through the service with the majority of support being over the phone and via leaflets being left or sent in the post. Through contract management, this approach to the service has been developed over the duration of the contract and the change to the majority of cases being delivered through care navigation can be evidenced in the graph shown in Appendix 1A. This highlights that the majority of referrals now received are for support through care navigation.
- 1.3.7 The provider experienced barriers in working in partnership with other health and social care organisations and the third sector. With involvement from the contract manager barriers with the third sector were improved, however partnership working with social care remained poor. This was due to perceived barriers with social care being unable to refer to the service through Mosaic, however a paper referral was available and through engagement it was found that this was not being used due to social care teams being unaware of the service.
- 1.3.8 It was a requirement of the current specification for the provider to establish a working group which would bring together relevant stakeholders and partners. This has not been achieved due to governance arrangements not being put in place. This issue has been reviewed through contract management arrangements a number of times but not been resolved to date. This issue has adversely impacted on a number of things including clear pathways into the service, wider knowledge of the service and what it can offer.
- 1.3.9 The service promotion undertaken by the current provider has not generated the expected referral levels. It was cited by them that further work was required on promotion of the service. Within the current contract there were no specific resources for promotion of the service, instead support workers spent a limited amount of their time on this. This can be evidenced by considering the data collected by the provider which shows the sources of the referral into the service with the most common being self/family referral therefore suggesting that all necessary pathways from other organisations have not been fully established.

1.3.10 The incumbent provider has highlighted many incidences where the current title of the service "Dementia Family Support Service" has caused confusion with people that use services the assumption that this service is only for the family of the person with dementia. This is evidenced by the fact that the majority of referrals into the service have been by the carer of the person with dementia, this was recorded as 80% of all referrals in year 3 of the contract being for the family/carers.

1.3.11 When the contract was established, a number of Key Performance Indicators (KPIs) were set with the intention of gathering information about the services key metrics. As this was a relatively low value new service with no performance baseline to measure against the intention was to better understand what the service could do before targets were set. A dashboard has been developed for the last two years of the contract which provides an overview of the KPI data. This can be found in Appendix 1B. The KPIs focus on areas including, source and number of referrals into the service, the outcomes of the referral for example whether the referral resulted in support and if they were supported by the service, which type of support they received, i.e. care navigation, information and advice.

1.3.12 Highlights that can be drawn from the KPIs from the most recent reporting period are as follows:-

- In relation to the Care Navigation element of the service, 95% of people that use services who responded to feedback questionnaires stated that they have been provided with useful information.
- 65% of people that use services who responded to feedback questionnaires stated that they have been provided with coping strategies to help them or the person they cared for feel more able to continue with practical tasks.
- 92% of people that use services who responded to feedback questionnaires stated they felt they could contact the worker for support

These highlights build a picture of the positive impact the service has been having on people that use services.

1.3.13 All of the above identified issues with the current service have been thoroughly considered when re-designing the revised service specification to ensure similar issues do not arise again. The issues raised can be found in section 7 below.

1.4 Engagement

1.4.1 A number of types of engagement have been undertaken to understand the impact that the current service has had on stakeholders and people that use services. The findings from the engagement have helped to shape the planning and design of the new revised specification. An overview of the types of engagement undertaken can be found below:-

- 1.4.2 A snap survey was conducted at the end of 2018 to gain a good understanding of how the service could be provided in a way that best supports people with dementia, their family and their carers'. This was sent to people with dementia and their carers'. 106 people responded to a snap survey, 97% of these were carers or family members of someone with dementia or MCI.
- 1.4.3 The commissioning team have attended a number of support groups which people with dementia and their carers attend run by Sleaford Dementia Support, South Lincolnshire Dementia Support Service and Tonic Health. Feedback received suggested that few affected people were aware of the service provided by the Alzheimer's Society which was disappointing. In addition, a Lincolnshire Partnership NHS Foundation Trust engagement event held for carers was attended to understand the carer's journey when the person with dementia is receiving support from the NHS.
- 1.4.4 An internal survey was sent to practitioners to ask about their experience of the service, what had gone well and what could be improved in the future. In addition, commissioners attended social work team meetings to discuss the current service to understand their views from an operational perspective.
- 1.4.5 Some benchmarking activity also took place with 8 local authorities to understand the services they were commissioning including, scope of services, contract value, payment mechanisms, partnership working with existing Admiral Nurse services and service capacity and demand.
- 1.4.6 Findings were also taken from the annual carer's survey to help understand the carers experience of accessing services that support people with dementia.
- 1.4.7 Health colleagues, Lincolnshire County Council practitioners and Carers FIRST were sent questionnaires' regarding the service and face to face engagement has been conducted with Lincolnshire Partnership NHS Foundation Trust, South West Lincolnshire Clinical Commissioning Group, Healthwatch Lincolnshire, Dementia UK and The Alzheimer's Society.
- 1.4.8 Wider market engagement was conducted to try and understand the market's position in relation to delivery of services of this nature. This involved a market engagement questionnaire for interested parties to complete and return.

1.5 Engagement Findings

A summary of the findings following all elements of engagement described above are as follows:-

- 1.5.1 Snap survey analysis highlighted that only 7% of respondees had recognised that they had accessed the Dementia Family Support Service however, 43% had accessed services provided by the Dementia Family Support Service (Alzheimer's Society, CrISP sessions). This data supports the concerns around promotion and awareness of the service. The survey also confirmed that for carers and the person with dementia, the most important type of support they could receive was having someone available to talk to throughout the dementia journey (in the survey, this equated to 67% of the people with dementia, 78% of the family/carer respondees)
- 1.5.2 Too much emphasis is put on the I&A element of the current service with too much support being over the phone and via leaflets being left or sent in the post. This feedback was received via the support groups attended and through contract management..
- 1.5.3 People that accessed the service reported being very appreciative that the service gave them a named person they could contact if anything changed, or something happened and they needed further support. This was valuable to them as no other service was able to offer this and some people (particularly those with vascular dementia) felt they had been set adrift after the diagnosis.
- 1.5.4 People require support throughout the dementia journey; support at an earlier stage would be beneficial to discuss potential diagnosis and what this might mean for individuals. This was confirmed through the snap survey results.
- 1.5.5 The current approach to promotion of the service undertaken by the Alzheimer's Society has not been successful at increasing referrals with many of the public and most adult care practitioners still being unaware of the service and what it can offer.
- 1.5.6 The majority of the local authorities that were approached who provided a dementia support service also provided support to people pre-diagnosis as well as post-diagnosis of dementia. Most of the services were also jointly commissioned with clinical commissioning groups. The comparisons made in relation to numbers of people that use services supported for the available budget confirmed that our budget should be able to support more people.
- 1.5.7 Further work is required in relation to establishing partnership working practices with health, social care and the third sector to further develop the dementia pathways. This work is essential to the success of the service and therefore should be a key requirement within the specification. Documents collating all of engagement data can be found at Appendices 2A and 2B.

1.6 Continuation of Service

- 1.6.1 Dementia is one of the most significant health and social care priorities of the current time and with no cure foreseen in the near future there is a very clear drive from health and social care on the need for raising awareness of how healthy lifestyles can reduce the risk of developing dementia.
- 1.6.2 For individuals that receive a diagnosis of dementia the impact on their lives is profound, this also has a major impact on their family and informal carers who can find themselves in a world of health and social care terminology, processes, treatments etc. that is completely new to them.
- 1.6.3 The Dementia Community Support Service can provide support for people with dementia, their family and carers throughout the whole journey of dementia through to end of life and bereavement. This support will delay the need for more intensive health and social care services as well as preventing carer breakdown.
- 1.6.4 It is the only service provided by the Council for dementia sufferers and their families and carers. The extensive engagement has demonstrated the need for and appreciation of ongoing support. The Council through the Lincolnshire Joint Strategy for Dementia 2018-2021 has committed to the commission a post-diagnosis family support service to succeed the current DFSS agreement which will help promote resilience, healthy lifestyles, and physical and mental wellbeing. In that context a failure to provide that support may trigger a legal obligation to consult and/or engage with affected people.
- 1.6.5 The cost of the service per user is £194, this is based on current referral levels, which of course we would be expecting to increase.
- 1.6.6 If the Council is able to continue with a dementia service then the engagement carried out demonstrates that outcomes would be improved by making changes.

1.7 Proposed Changes to the Service

- 1.7.1 Based on the evidence gathered and detailed within this report, the proposed changes to the scope of the service are explained below:-
 - 1.7.1 The service will be renamed to Dementia Community Support Service.
 - 1.7.2 It is proposed that the County's offer of support for people with dementia and their family and carers will be delivered through a tiered level of support. This can be seen in a diagram in Appendix 3. The Dementia Community Support Service will deliver tier 2 support that is bespoke to individual needs, supporting people to live well within their local communities. The support includes some advice and signposting but is mainly practical support, care navigation and activities that promote wellbeing and social

inclusion. Tier 1 is advice which is available through various different information and advice services already provided by the council (i.e. the Customer Service Centre, the Lincolnshire Cares Support Service, the Wellbeing Service and Connect to Support Lincolnshire) and tier 3 is support for people with multiple and complex needs, provided through health and social care, as well as the admiral nurse pilot scheme, due to commence in June 2019.

- 1.7.3 The specification will clearly set out what support the council would require which will be flexible support based on individual's needs and the outcomes to be achieved as well as developing individuals' and communities resilience. The support will include some information, advice and signposting but will mainly focus on the provision of practical support to navigate the health and social care systems, support to prolong living independently, access activities that promote wellbeing and social inclusion, learning about the condition and different coping strategies, advice throughout the dementia journey, what they may need to expect and support in planning for the future.
- 1.7.4 The service will continue to be the first point of contact for people with dementia and their family and carers, providing them with a named person they can contact throughout the dementia journey.
- 1.7.5 There will be more emphasis on the provider to develop and maintain good partnership working practices with health, social care and the third sector to further develop the dementia pathways as well as developing a clear and widely recognised referral pathway into the service. This will further increase awareness of the service within different organisations and in turn increase referral rates. This activity will be included within the performance management of the contract allowing the Council to hold the provider to account if this requirement is not being delivered.
- 1.7.6 The partnership working and pathway development will be supported by relevant Lincolnshire County Council staff to ensure that there is a good understanding of the referral pathways into the service for operational Council staff that would be using it.
- 1.7.7 The specification will be clear on what promotion and engagement the service will need to carry out, for example; clear branding of the service (Dementia Community Support Service), clinics based at GP's, memory clinics, attending practitioner team meetings etc.
- 1.7.8 Widen the scope of the service to provide support to people with MCI, to support prevention of dementia, and to help more people understand the condition, understand the diagnosis process and what a diagnosis could mean for them and giving them time to be able to plan for the future, supporting them to remain as independent for as long as possible, delaying the need for health and adult care intervention.

1.7.9 KPI's will be developed to place a focus on the information that is gathered from the provider that will need to demonstrate their performance against the outcome of the specification. Mechanisms will be built into the contract to ensure that the provider can be held to account if performance levels are not being met.

1.7.10 In relation to the existing Carers FIRST service referred to in paragraph 1.2.2, there is an acceptance that there will be elements of duplication between the Dementia Community Support Service and this service. It will be a requirement of the provider to ensure that referrals are made between services when applicable. In addition, the contract will be managed to ensure that the providers will work together to ensure pathways are effective to ensure minimal duplication where possible.

1.8 Procurement Approach

1.8.1 The intention to re-commission the Dementia Community Support Service for a further 3 years, with the option to extend for a further 2 years would be delivered by the way of a competitive tender process in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 (Annex A) under "Light Touch Regime" utilising an Open Procedure method. This approach is being proposed due to the limited number of potential providers within the market. The decision as to which provider is awarded the single provider status will be based on their evaluation performance.

1.8.2 The Invitation to Tender (ITT) evaluation will focus on service quality and the capability of the provider to deliver the required work and quality outcomes as outlined in the specification.

1.9 Market Engagement Questionnaire

1.9.1 A Prior Information Notice was issued October 2018 which included a market engagement questionnaire for interested providers to complete and return. The questionnaire covered contract duration, contract attractiveness, performance management and contract payment.

1.9.2 Five questionnaires were returned, the responses have helped to inform the procurement strategy and specification development. The responses indicated that providers would be keen to have a minimum three year contract both from a practical and financial perspective with a block contract payment as the most appealing for this type of service. The questionnaire helped to confirm that there is interest from the market for this type of contract other than just the incumbent provider and the responses suggested some level of performance related payment would be acceptable to the market.

1.10 Contract Duration

1.10.1 The Commercial Team propose a contract duration of three years. This contract term was confirmed through the market engagement phase as the minimum contract length providers would consider as financially viable. In addition to the three year contract term, the ability to extend the contract for a further two years (one + one) should be included to provide the Council with options at the end of the initial contract period.

1.11 Pricing Structure

1.11.1 The annual budget for the Dementia Community Support Contract is currently £300,000, it is proposed and has been confirmed by finance that the budget will remain the same; therefore the potential total contract value for the five years will be £1,500,000.

1.11.2 The pricing model is still being developed. One option being considered is to set a baseline which is in line with the current number of people being supported within the current contract and includes a percentage increase year on year to be met by the provider; this element of the service would be delivered through a block payment arrangement. Referrals into the service over and above this baseline figure would be through payment via a unit cost. Both elements would not be able to exceed the £300,000 annual budget allowance.

1.11.3 This approach would help to encourage the provider to work on increasing referrals to generate further payment and ultimately supporting a greater percentage of the cohort of people.

1.11.4 In addition to this, inclusion of a payment mechanism linked to performance is being considered so as to ensure that if service delivery falls below expected performance levels that remedial action can be linked to payment. This approach has been confirmed through the market engagement and liaison with local authorities who are using a similar approach.

1.12 Procurement and decision making timeline

Adults and Community Wellbeing Scrutiny Committee	10 April 2019
Issue Invitation to Tender	30 April 2019
Evaluation Period	3 – 14 June 2019
Standstill Period	1 – 10 July 2019
Contract Award	11 July 2019
Mobilisation Period (2.5 months)	15 July – 30 September
Go Live	1 October 2019

2. Legal Issues:

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- * Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- * Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- * Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- * Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- * Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- * Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in section 149 may involve treating some persons more favourably than others.

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

- 2.1 The key purpose of the service is to support people with dementia, together with their families and carers.
- 2.2 An Impact Assessment has been completed and a copy of it is appended to this report (Appendix 4). It is clear within the proposal for this service that the service will remain open to all groups regardless of protected characteristic if recommissioned.

- 2.3 The Impact Assessment considers both the positive impacts of continuing the service and the adverse impacts of not continuing the service. Adverse impacts are identified on older people, people with a disability and women as a result of the service not being re-commissioned. Mitigation exists for these impacts on the availability of support through the health service and specifically GPs. The effect of this however would be to draw individuals into the health service rather than give them and their carers support to improve their lives and live independently for longer.
- 2.4 There is also a risk that a change of provider will impact on persons with a protected characteristic arising out of the employment impact on staff. The staff employed by the current provider will be affected by the end of the current contract. Mitigating factors will relate to the legal protections that will be in place through TUPE, if it applies, and general employment laws. The contract that will be entered into will also contain clauses requiring the contractor to comply with the Equality Act.
- 2.5 Given these mitigations and having regard to the adverse impacts it is open to the Executive Councilor to conclude that having considered the duty she considers that any potential there is for differential impact or adverse impact can be mitigated.

3. Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision.

- 3.1 The Lincolnshire Joint Strategic Needs Assessment (JSNA) recognises that dementia is one of the most pressing challenges for health and social care with an estimated 850,000 people in the UK living with dementia.
- 3.2 It is estimated that in 2017 there were 11,752 people aged 65 and over living with dementia in Lincolnshire which is predicted to increase by 74% to 20,427 by 2035, this increase is higher than the predicted increase nationally of 70%.
- 3.3 The Joint Health and Wellbeing Strategy for Lincolnshire (2018) includes dementia as one of the key priority areas and states that we will commission a post-diagnosis family support service to succeed the current Dementia Family Support Service agreement which will help promote resilience, healthy lifestyles, and physical and mental wellbeing.
- 3.4 Highlighting the need for comprehensive and integrated pathways throughout the dementia journey, support for people with dementia, prevention programmes for vascular dementia, greater integration and awareness within neighbourhood teams, wider professionals and the public.

3.5 The Dementia Community Support Service will support a number of these themes around Dementia:

- Offering a community based support service for people with dementia and their families and carers throughout the different stages of the dementia journey.
- Improve and enable integrated working between different health and social care services, neighbourhood teams, community services etc.
- Raise awareness of dementia and what can be done to reduce the risk of developing dementia.

4. Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

4.1 This service is unlikely to contribute to the furtherance of the section 17 matters.

5. Conclusion

5.1 Dementia is one of the most significant health and social care priorities of the current time and with no cure foreseen in the near future there is a very clear drive from health and social care on the need for raising awareness of how healthy lifestyles can reduce the risk of developing dementia.

5.2 For individuals that receive a diagnosis of dementia the impact on their lives is profound, this also has a major impact on their family and informal carers who can find themselves in a world of health and social care terminology, processes, treatments etc. that is completely new to them.

5.3 The Dementia Community Support Service can provide support for people with dementia, their family and carers throughout the whole journey of dementia through to end of life and bereavement. This support will prolong the need for more intensive health and social care services as well as preventing carer breakdown.

6. Legal Comments:

The Council has the power to enter into the contract proposed. The legal considerations to be taken into account in reaching a decision are dealt with in the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive Councillor.

7. Resource Comments:

The Dementia Family Support Service, currently provided by the Alzheimer's Society, is due to end on the 30 September 2019. The budget for the existing service is £0.300m with annual service costs totalling £0.297m. This report seeks to present the case for the continued provision of this service via a procurement process for the same budgetary value as the existing contract. I can confirm that the Council has sufficient budget to fund the service. I can also confirm that current commissioning intentions and delegated approvals recommended within this report meet the criteria set out in the Council's published financial procedures.

8. Consultation

a) **Has Local Member Been Consulted?** – Not applicable

b) **Has Executive Councillor Been Consulted?** - Yes

c) Scrutiny Comments

This decision will be considered by the Adults and Community Wellbeing Scrutiny Committee on 10 April 2019 and the comments of the Committee will be reported to the Executive Councillor prior to her making her decision.

d) **Have Risks and Impact Analysis been carried out?** - Yes

e) **Risks and Impact Analysis** - Attached at Appendix 4

9. **Appendices** - These are listed below and attached to the report.

Appendix 1A	Type of Support Provided - The Alzheimer's Society
Appendix 1B	Key Performance Indicator Dashboard - Performance of the Current Service
Appendix 2A	Engagement Summary
Appendix 2B	Engagement Report on Dementia Community Support Service - Snap Survey Results
Appendix 3	Delivery Model Diagram
Appendix 4	Equality Impact Assessment

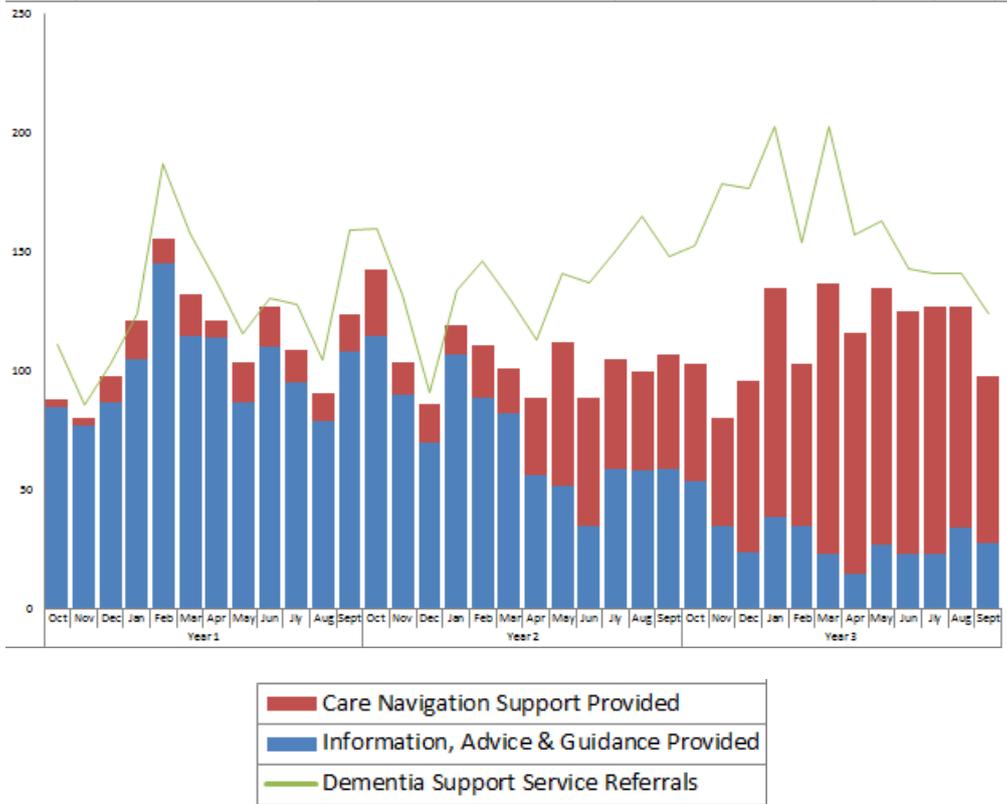
10. Background Papers

No Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report

This report was written by Karley Beck, who can be contacted on 01522 553695 or at karley.beck@lincolnshire.gov.uk

Type of Support Provided - The Alzheimer's Society

Graph to show the move from service focus on information and advice to care navigation



DEMENTIA FAMILY SUPPORT SERVICE
PERFORMANCE INFORMATION

YEAR 3 2017-18

DFSS KPI 01	Referrals into the Service	Measures	Contract Year	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
		Time Period	2017/18	Oct-17	Nov-17	Dec-17	Q1 Total	Jan-18	Feb-18	Mar-18	Q2 Total	Apr-18	May-18	Jun-18	Q3 Total	Jul-18	Aug-18	Sep-18	Q4 Total
		Hospital Referrals	319	31	43	38	112	63	23	28	114	33	17	18	68	10	13	2	25
Community Referrals	1619	122	136	139	397	140	131	175	446	124	146	125	395	131	128	122	381		
Total Referrals	1938	153	179	177	509	203	154	203	560	157	163	143	463	141	141	124	406		
New Contact	1087	N/A	N/A	N/A	N/A	157	113	160	430	123	158	98	379	92	107	79	278		
Returning Contact	327	N/A	N/A	N/A	N/A	46	41	43	130	34	5	45	84	49	21	43	113		
% New Contacts	76%	-	-	-	-	77%	73%	79%	77%	78%	97%	69%	82%	65%	76%	64%	68%		

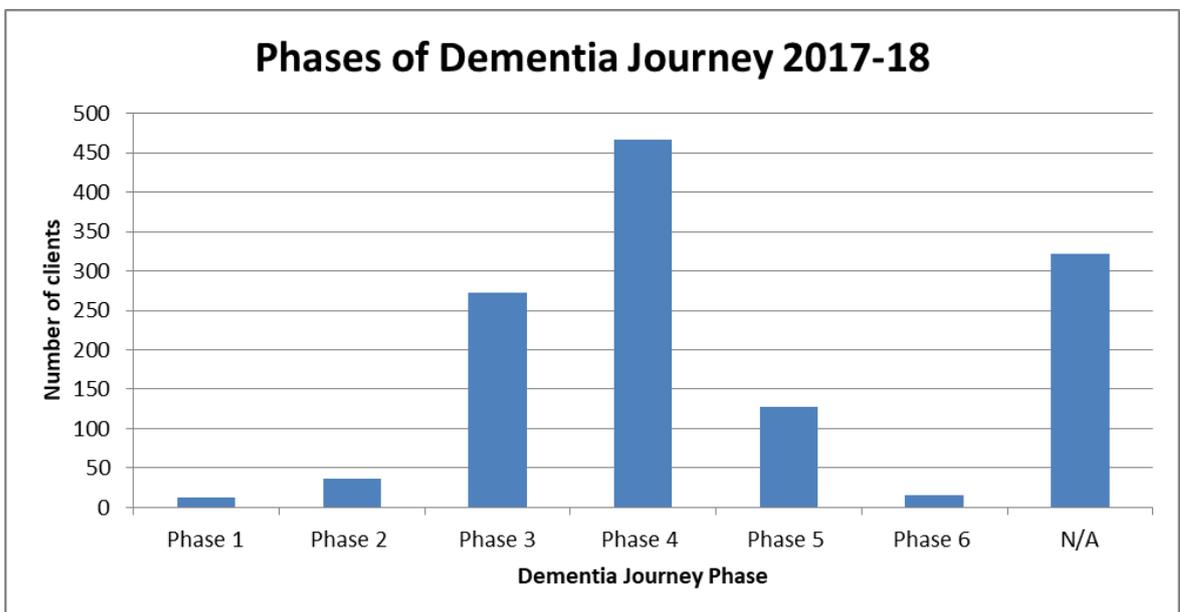
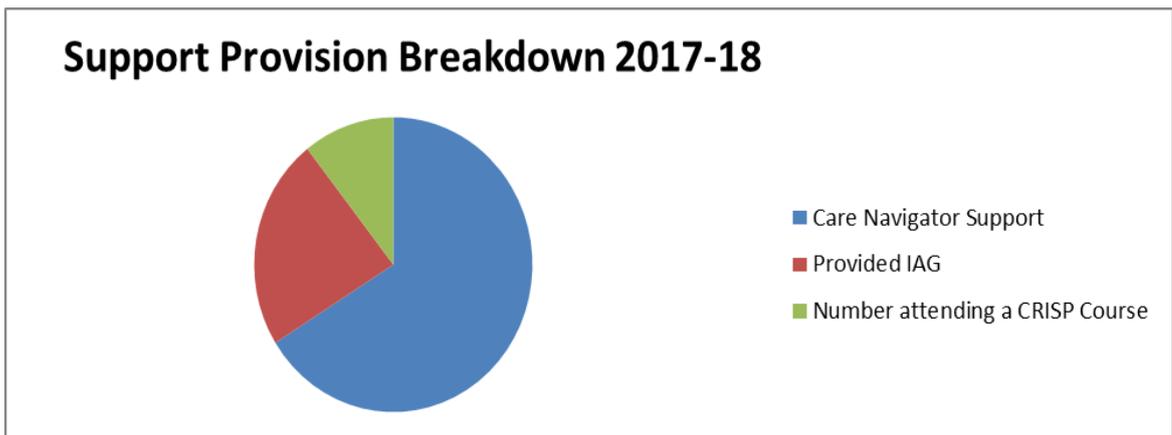
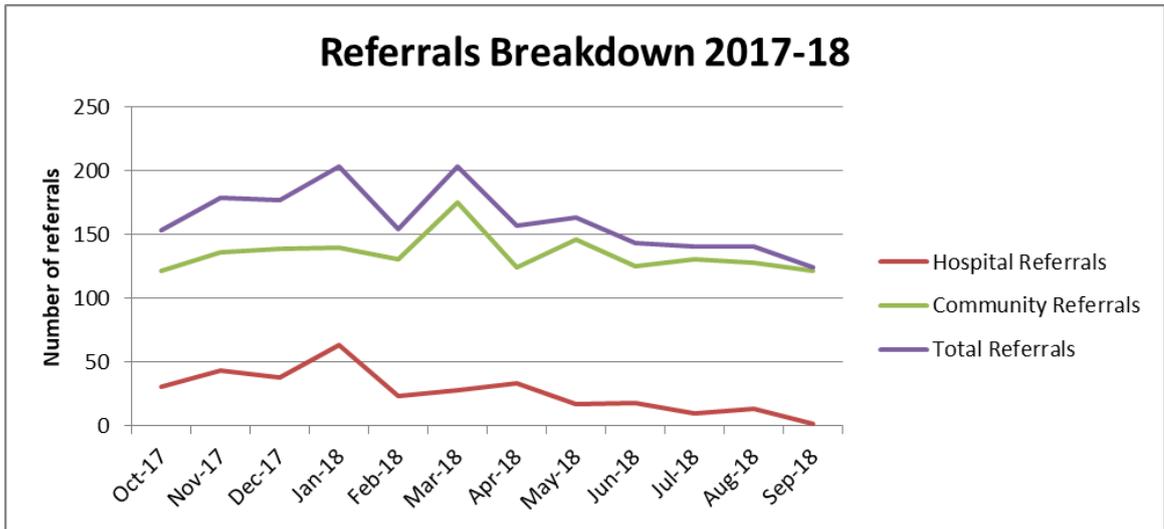
DFSS KPI 02	Referral Outcome	Measures	Contract Year	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
		Time Period	2017/18	Oct-17	Nov-17	Dec-17	Q1 Total	Jan-18	Feb-18	Mar-18	Q2 Total	Apr-18	May-18	Jun-18	Q3 Total	Jul-18	Aug-18	Sep-18	Q4 Total
		Total Number Supported	1544	113	129	146	388	143	114	158	415	116	137	125	378	127	127	109	363
Total Cases Terminated	384	40	50	25	115	56	40	45	141	41	26	18	85	14	14	15	43		
Total Number still in Triage process	10	0	0	6	6	4	0	0	4	0	0	0	0	0	0	0	0		
% Referrals converted into Support	80%	74%	72%	82%	76%	70%	74%	78%	74%	74%	84%	87%	82%	90%	90%	88%	89%		

DFSS KPI 02a	Supported by the Service	Measures	Contract Year	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
		Time Period	2017/18	Oct-17	Nov-17	Dec-17	Q1 Total	Jan-18	Feb-18	Mar-18	Q2 Total	Apr-18	May-18	Jun-18	Q3 Total	Jul-18	Aug-18	Sep-18	Q4 Total
		Total Number Supported	1544	113	129	146	388	143	114	158	415	116	137	125	378	127	127	109	363
Care Navigator Support	1022	49	45	72	166	96	68	114	278	101	108	102	311	104	93	70	267		
Provided IAG	360	54	35	24	113	39	35	23	97	15	27	23	65	23	34	28	85		
Number attending a CRISP Course	164	10	49	50	109	8	11	21	40	0	2	2	4	0	0	11	11		

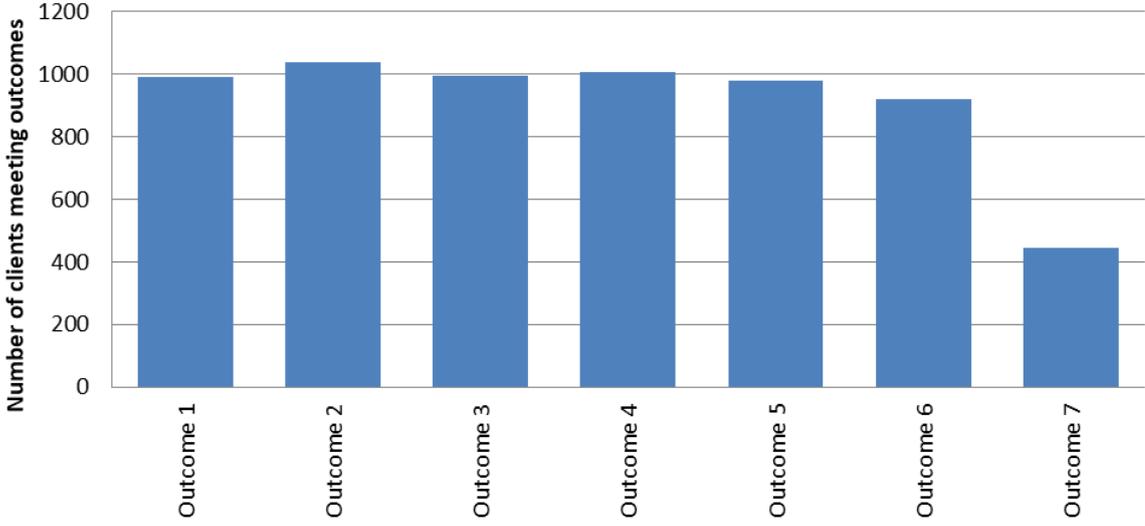
DFSS KPI 02b	Reasons for Case Terminated	Measures	Contract Year	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
		Time Period	2017/18	Oct-17	Nov-17	Dec-17	Q1 Total	Jan-18	Feb-18	Mar-18	Q2 Total	Apr-18	May-18	Jun-18	Q3 Total	Jul-18	Aug-18	Sep-18	Q4 Total
		Total Number Declining the Service	199	13	25	17	55	31	22	26	79	25	14	7	46	7	6	6	19
Total Number of Inappropriate Referrals / No Dementia Diagnosis	67	4	13	2	19	8	7	9	24	4	8	4	16	1	4	3	8		
Total Number Unable to Contact	118	23	12	6	41	17	11	10	38	12	4	7	23	6	4	6	16		

DFSS KPI 03	Phases of the Dementia Journey	Measures	Contract Year	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
		Time Period	2017/18	Oct-17	Nov-17	Dec-17	Q1 Total	Jan-18	Feb-18	Mar-18	Q2 Total	Apr-18	May-18	Jun-18	Q3 Total	Jul-18	Aug-18	Sep-18	Q4 Total
		Phase 1	13	2	5	4	11	N/A	N/A	N/A	N/A	1	0	0	1	0	0	1	1
Phase 2	36	6	2	9	17	N/A	N/A	N/A	N/A	1	5	7	13	1	4	1	6		
Phase 3	272	40	19	23	82	N/A	N/A	N/A	N/A	38	33	36	107	32	31	20	83		
Phase 4	467	37	41	40	118	N/A	N/A	N/A	N/A	50	49	65	164	67	59	59	185		
Phase 5	127	16	12	23	51	N/A	N/A	N/A	N/A	11	16	7	34	16	9	17	42		
Phase 6	15	4	4	2	10	N/A	N/A	N/A	N/A	0	0	1	1	2	1	1	4		
N/A	321	38	47	26	111	N/A	N/A	N/A	N/A	56	55	25	136	23	37	14	74		

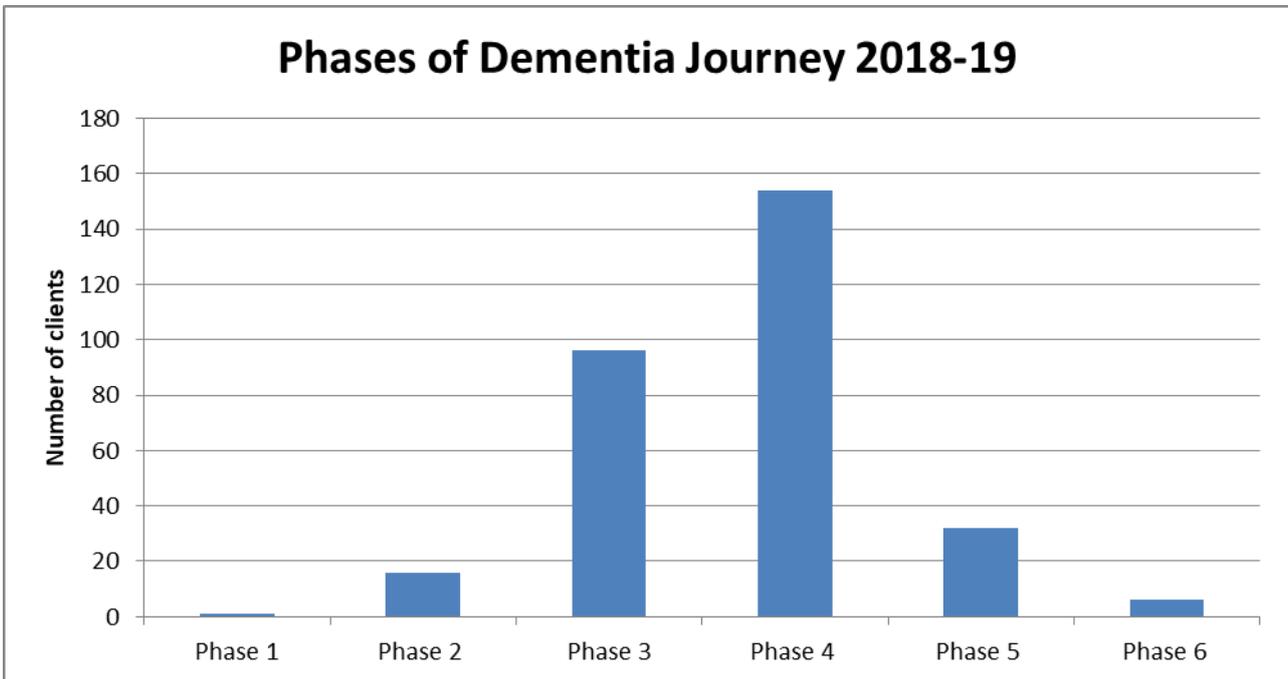
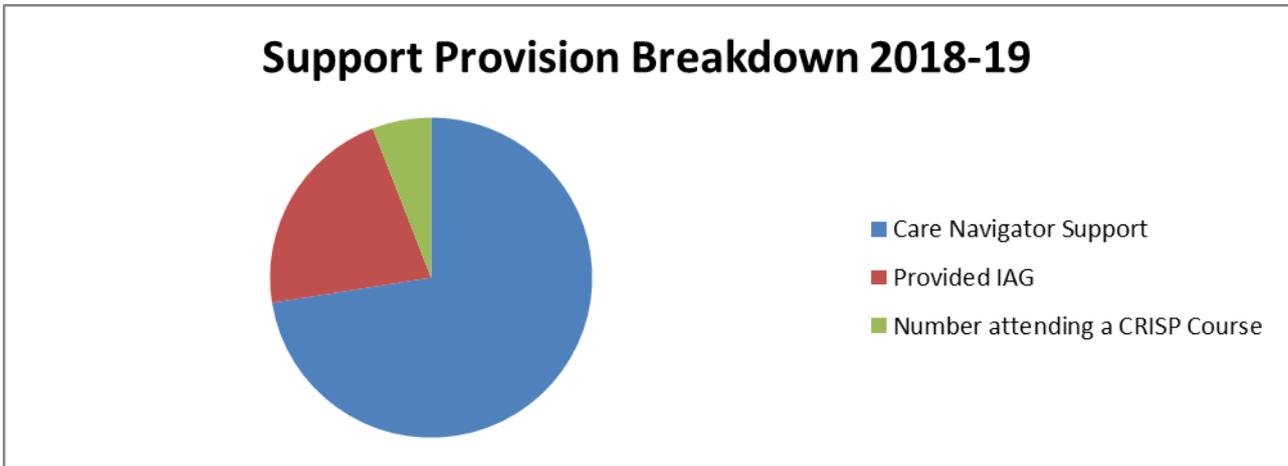
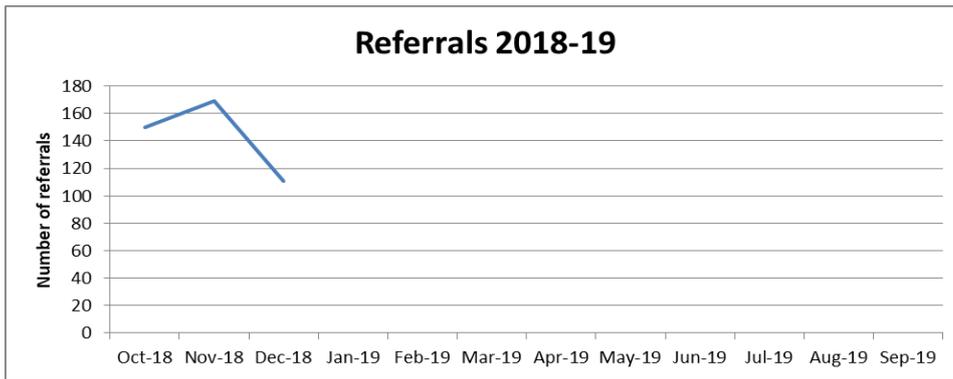
DFSS KPI 04	Statement Outcomes; clients identified as meeting outcomes	Measures	Contract Year	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
		Time Period	2017/18	Oct-17	Nov-17	Dec-17	Q1 Total	Jan-18	Feb-18	Mar-18	Q2 Total	Apr-18	May-18	Jun-18	Q3 Total	Jul-18	Aug-18	Sep-18	Q4 Total
		Outcome 1	990	71	59	73	203	112	93	117	322	60	83	100	243	96	64	62	222
Outcome 2	1036	86	72	82	240	126	95	119	340	60	80	102	242	92	67	55	214		
Outcome 3	994	75	70	76	221	121	92	113	326	53	79	100	232	95	61	59	215		
Outcome 4	1005	89	73	84	246	126	91	111	328	53	80	97	230	89	61	51	201		
Outcome 5	978	71	67	78	216	110	90	109	309	57	83	99	239	94	65	55	214		
Outcome 6	919	57	56	62	175	107	91	104	302	54	76	96	226	92	66	58	216		
Outcome 7	445	29	30	21	80	32	31	63	126	21	29	59	109	45	53	32	130		

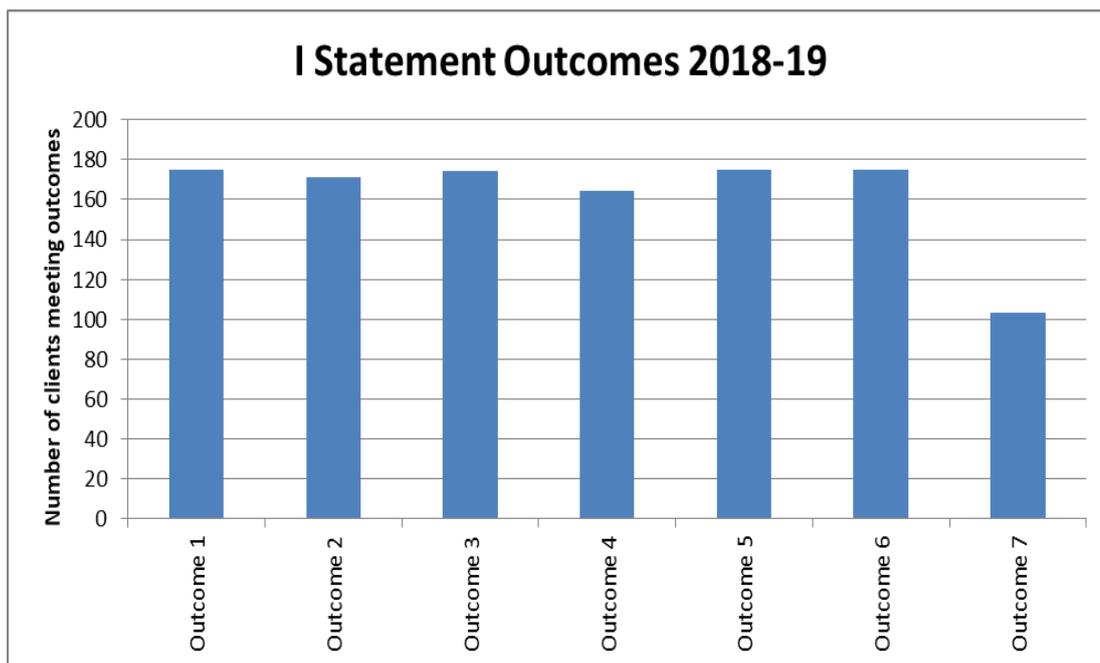


I Statement Outcomes 2017-18



Year 4 - 2018-19





Notes

Phases of the Dementia Journey

Phase 1 - Memory or changing behaviour problems have prompted me to seek help

Phase 2 - Learning that the condition is Dementia

Phase 3 - Learning more about the disease, how to manage, options for care and support

Phase 4 - Getting the right help at the right time to live with Demetia, prevent crisis and manage together

Phase 5 - Managing at more difficult times, including if possible to live at home

Phase 6 - Receiving care, compassion & support at the end of life

I Statements

Outcome 1	I have personal choice and control or influence over decisions about me
Outcome 2	I know that services are designed around me and my needs I have support that helps me live my
Outcome 3	life
Outcome 4	I have the knowledge and know-how to get what I need.
Outcome 5	I live in an enabling and supportive environment where I feel valued and understood
Outcome 6	I have a sense of belonging and of being a valued part of family, community and civic life
Outcome 7	I know there is research going on which delivers a better life for me now and hope for the future

Engagement Summary

Type of Engagement Conducted	Findings
<p>Summary of engagement completed for strategy (4 support groups attended where people with dementia and their carers attended)</p>	<p>Summary of comments collected:</p> <ul style="list-style-type: none"> - Wellbeing is important. - Living healthy, exercising has helped some. - Difference in level of support in different areas. - I get information from the Parkinson's Society. I didn't know we could get help from the Alzheimer's Society. - Feelings of isolation, public interaction can be difficult but it is important. - People have experienced difficulties in getting a diagnosis – few have positive experience (again area differences). - Felt required a family member/carer to be able to 'shake things up' for diagnosis to happen – concern over people who do not have anyone. - Long time to get diagnosis. 2-3 years. - Other health conditions receive attention from health/GP's – dementia takes a back seat or treat dementia as inevitable symptom of old age. - Lives dramatically change, for PWD and for carers and family members. - Issues around emergency support at crisis. Don't know where to go. - Mention carers first, and good that they had access to persons record (mosaic) not a lot of people even mentioned the DFSS. - A lot of different assessments for different services. - Feel nothing is joined up everything is working separately. No link between memory clinic, GP and people living with dementia. - End of life care good, but felt not a lot/good support before this. - Activities and groups are good. But sometimes its not what need, or too many, or not enough or not local. - Continuing healthcare – unable to access as dementia is seen as social care need when actually it is a health need. - No night care provision, little respite provision that can access. - Information pack would be useful – Received information a little bit at time. - Services are only as good as Lincolnshire County Council contract allows them to be.

Type of Engagement Conducted	Findings
<p>Carers Survey 17/18 (copy in folder 'reports' filtered to show feedback from cares of people with dementia Q:\Commissioning Team\AFLTC Commissioning Team\1.TEAM FOLDER\DFSS Contract\Procurement 2019\Reports\Cop of Lincolnshire 17-18 Carers Survey - Dashboard - v0.3.5 (2).xlsm</p>	<p>92/324 carers that filled out the survey, care for someone with dementia. Satisfaction with support or services receive:</p> <ul style="list-style-type: none"> - 29% extremely dissatisfied. - 18% quite satisfied - 19% very satisfied - 15% extremely satisfied. <p>Carers use of support or services in past 12 months:</p> <ul style="list-style-type: none"> - 57% received I&A - 38% support from group of someone to talk in confidence with - 8% training for carers - 2% support to remain in employment. <p>68% do some of the things they enjoy, but not enough. 64% feel they have some control over their daily lives but not enough. 25% feel they have no control over their daily lives. 57% feel they have some social contact with people but not enough. 19% feel isolated.</p> <p>Finding information:</p> <ul style="list-style-type: none"> - 36% fairly easy to find. - 14% fairly difficult to find - 5% very difficult to find. <p>Additional comments informative. Discuss Carers first, dementia UK a lot but not a lot of mention of DFSS or Alzheimer's society. A lot of mention about too many leaflets to wade through, struggling to understand information given etc.</p>
<p>Carers FIRST feedback – Malcolm Ryan (September 2018)</p>	<ul style="list-style-type: none"> - More communication now between CF and DFSS, regular meetings. - Frontline staff maintains regular contacts to keep each other updated. - Support each other at community events. - Prompt after receiving referral. - Regularly refer into CF. - Joint visits been useful. - Introduced a dementia CSAC to regularly contact DFSS and discuss barriers and improvements in each areas. - Received feedback from people sometimes all they receive is large amount of leaflets. - Waiting list for side-by-side. - Sometimes logistics of joint visits is too difficult or too daunting for carer. - Only short term support. (feedback from carers) - No professionals at support groups to advise – ran by volunteers. <p>Suggestions for future:</p> <ul style="list-style-type: none"> - More face-to-face and practical support. - Sitting service for those living with dementia – benefit carer.

Type of Engagement Conducted	Findings
<p>South West Lincolnshire Clinical Commissioning Group Feedback – Rachel Redgrave (September 2018)</p>	<ul style="list-style-type: none"> - Responsive and flexible, keen to try new ideas. - Engage at strategic level. - Engaged well with integrated neighbourhood teams. - Easy electronic referral route established. - Issues again it has been too much over the phone and too much leaflet handing out. <p>Suggestions:</p> <ul style="list-style-type: none"> - Encourage more face to face at home or in GP practices. - More integration with Lincolnshire Partnership NHS Foundation Trust Memory assessment services. - Improve support to care homes. - Ensure people that phone national helpline are asked if they would like a follow up with the local DFSS. -
<p>Meeting with Kate Marshall – Dementia Support South Lincs</p>	<ul style="list-style-type: none"> - Struggle for funding. - Have had grant from managed care network (this is one off and need to have plans in place to be sustainable) - Not a lot for young onset dementia – square hole club. - Not a lot of support for males. - Peterborough – dementia resource centre – advised to look into this. - Other contacts: - Bex Nesso - Sleaford support - Michael Morris – Tonic health, Spalding
<p>Lincolnshire Partnership NHS Foundation Trust Engagement event on Carers Pathway</p>	<ul style="list-style-type: none"> - Johns campaign - to promote carers having the ability to stay with person care for in the hospital if they have dementia to prevent deterioration. - DAA – 'We statements' - What carers want: <ul style="list-style-type: none"> o Knowing who to go to – who to contact o Telephone numbers given can be useless o More face-to-face communication o Someone to follow up on visits/calls to ensure people are doing ok.
<p>Meeting: Admiral Nurse consultant Dementia UK</p>	<p>Discussion:</p> <ul style="list-style-type: none"> - Tier 1& tier 2 overlap – should be provided at memory service and preferably with pre-diagnosis support. (support pre diagnosis – get support in place, information available then not has critical intervention needed straight after diagnosis.) - Post diagnosis is critical point for support. - Could take long time to get diagnosed, then after diagnosis memory clinic (Lincolnshire Partnership NHS Foundation Trust) would do follow up 6-8 months after – unless no medication provided then they do NO follow up. - Need to ensure easy process for referring up to admiral nurses and back down to support service. - Neighbourhood teams would be biggest referrer into Admiral nurse service, but needs to be pathway for dementia support

Type of Engagement Conducted	Findings
	<p>service and carers service.</p> <ul style="list-style-type: none"> - With no admiral nurses in post now – where to DFSS refer up to?? Neighbourhood teams?? Back to Lincolnshire Partnership NHS Foundation Trust ? - DFSS suggested designated engagement/awareness officer – can understand why. - Social isolation is big issues and adds to complexity. - Awareness of different cultural issues there might be. - Consider transition points throughout journey and what support available - at each – crisis points – most people will need support at each transition point. - Support worker needs to be suitably trained – know health and care systems and how they work. - Wakefield – have groups where carers and PWD use different rooms – CH will find out more. - Check with Lincolnshire Partnership NHS Foundation Trust what CST offer is. <p>Suggestions made:</p> <ul style="list-style-type: none"> - Side by side support for PWD to allow carers to attend groups. - Enable carers to have discussion outside of home (carers service complete carers surgery's) - When group support provided difficult when mix of people at different stages of journey. - Admiral nurse could support CrISP 2 (higher level). - Volunteering/befriending is important - Need more awareness in GP practices – anyway can join up work with them? Refer at annual review/flu jab/health check etc. - Check carers service for awareness raising - Everyone clear on pathways – everyone must know where can refer to. Joined up working needs to be clear. - Do DFSS report on type of dementia? - Need provider to report on what support has been provided at what stage. - PREVENTION: delay and reduce need for care and support.
South Lincs Dementia Support Group	<ul style="list-style-type: none"> - Stopped receiving support when person cared for went into care home. - Time with people who are experiencing same is vital. Aware of what experiencing, what to expect in future. - Stopped support when person they cared for passed away. 'People got lost when a partner dies' - Forgotten by Alzheimer's society. - Set up own support groups after Alzheimer's society stopped providing support in south of county. - Needs a 'personal touch' 1-1 contact. - Don't send information out in post. - 'Sitting services' are valuable, provided in area by volunteers.

Type of Engagement Conducted	Findings
	<ul style="list-style-type: none"> - See GP as main source of information. - Need main point of contact. - Home visits as well as group support. - Always reactive – told by DFSS to call if need anything – people won't call as struggle on – need the service to 'check in' with people. - Experienced support workers is crucial. - Ex-DFSS employer – 'need more effective way of measuring effectiveness of service as service is tick box exercise.' - Undue focus on providing information - Need to raise awareness of condition to wider communities. - Successful facebook group
Tonic Health Spalding	<ul style="list-style-type: none"> - Engagement with carers. - Not heard of the DFSS. - If require support/assistance go to staff at Tonic health dementia support group. - Felt along after diagnosis. - Everyone cared for someone with different behaviours and different level of insight into condition. - Looked forward to the day at Tonic health, person with dementia enjoyed day and allowed carers to get things done they needed to do. - Don't know where to go for support other than tonic health.
Sleaford Dementia Support Group	<ul style="list-style-type: none"> - People had heard of Alzheimer's society, not heard of DFSS. - A lot felt that they had no support other than support group. - Support group was first point of contact if needed any help or had questions needed answering. - Successful facebook group
Social Worker Team Meetings: Lincoln Gainsborough	<ul style="list-style-type: none"> - Need information at GP's, representative at GP's or pop up clinics - Pop up clinics in outlying villages/coffee mornings - No one in Lincoln team had heard about DFSS. - Some in Gainsborough team had heard about the service. Others didn't understand why service required as SW provide signposting and care navigation. Advised service would be available to people that were not involved with AC yet. - Suggested facebook presence, more advertising, different ways - Service provides training/awareness for practitioners. - Needs to be provided for people before diagnosis. - DFSS attend Gainsborough neighbourhood team so staff know about the service from those meetings. - People require actual practical support – support with transport, sitting service, support to attend activities etc. - Service needs to work well with carers service - Will they work with children? Children may be living in a home with grandparents with dementia.

Snap Survey Results

Engagement Report on Dementia Community Support Service

Snap Survey

- 106 people responded to the snap survey.

Family member or friend of someone diagnosed with dementia	55
Carer of someone diagnosed with dementia	31
Family member or friend of someone with memory difficulties	10
Person with memory difficulties	3
Carer of someone with memory difficulties	1
Person diagnosed with dementia	0

Q2. Have you been in touch with any organisations or services for people with Dementia or with memory difficulties, their families or carers.

- 68% reported they had been in touch with an organisation or service for people with dementia.

Q3. What type of support services have you accessed.

A variety of different services were listed in the free text.

32% had been in touch with the Alzheimer's society, only 7% reported they had been in contact with the DFSS.

If you add everyone who mentioned the Alzheimer's society, the DFSS and CrISP sessions the total was 43%.

20% reported they had been in contact with the Lincolnshire Carers Service (most referred to carers first)

Other types of services were:

- Respite/short break
- Charity & voluntary organisations
- CMHT
- Online information
- Memory services
- GP
- Support Groups/cafes/coffee mornings
- Activities Eg. Golf, singing.

Q4. At what point do you think it is most useful for people with dementia, their family and carers to START to access a dementia support service.

When receiving a diagnosis of dementia	73
When needing to consider different care options	64
To live well after receiving a diagnosis of dementia	61
When first start to experience memory difficulties	42
When attending memory assessment/test	34

Answers given under 'Other' were:

- On-going support,
- Support at any time during the journey
- As and when required.

Q5. How important do you think the following types of support are for the PERSON WITH DEMENTIA

Top Answers were:

- Someone available to talk to throughout the dementia journey (67%)
- Advice on available services and groups (56%)
- Time spent socialising (with family/friends etc.) (55%)
- Support groups (49%)

Q6. In what other ways do you think a PERSON WITH DEMENTIA could be supported

A lot of people mentioned something other than groups due to the person becoming immobile or lacking communication and/or confidence to take part/attend.

Other ways to support PWD were:

- Specialist advice and information
- Training sessions
- Variety of types of support
- Support to attend activities/groups
- Forward planning/knowing what might come next
- More regular support eg. Weekly, someone can contact when needed.
- Practical support Eg. Form filling, personal care, housework, transport
- More awareness of condition, trained/knowledgeable staff

Q7. How important do you think the following types of support are for FAMILY & CARERS of someone with Dementia.

Top answers were:

- Someone available to talk to throughout the dementia journey (78%)
- Advice on available services and groups (69%)
- Information (verbal, leaflets, online) (65%)
- Time spent socialising (with family/friends etc.) (61%)

Q8. What other ways do you think the FAMILY & CARERS of someone with Dementia could be supported.

Answers:

- Respite/short break from caring/sitting service
- Training & information sessions
- Emotional support
- On-going/regular support
- Someone to talk to
- Link with others experiencing same
- Access to MH urgently/when needed/for carer

Response demographics

Age 64 and under	65
Age 65 and over	31
Prefer not to say	4

Female	78
Male	20
Prefer not to say	2

Boston	9
East Lindsey	9
Lincoln	5
North Kesteven	29
South Holland	12
South Kesteven	14
West Lindsey	15
Out of county	2

Delivery Model Diagram



Aldridge, Z and Burns, A. – ABC Tiered model of Post Diagnostic Support (2016).

Tier 1 is advice which is available through different information and advice services provided by the council (ie. the Customer Service Centre, the Carers Service, Wellbeing Service and Connect to Support Lincolnshire).

Tier 2 support will be the Dementia Community Support Service, it is a bespoke service and will provide support for individuals with mild cognitive impairment or a diagnosis of dementia, their family and carers. This support will be community based and will

support people to live well within their local communities. The support includes some advice and signposting but is mainly practical support, care navigation and activities that promote wellbeing and social inclusion.

Tier 3 support is for people with multiple and complex needs. This will be delivered through the Admiral Nurses. The Admiral Nurse service has been let with an initial 2 year pilot delivered in partnership with St Barnabas and NHS Colleagues and is due to start May 2019.

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Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

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Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Re-procurement of community based dementia support service	Person / people completing analysis	Helen Bromley, Commissioning Officer
Service Area	Adult Frailty and Long Term Conditions	Lead Officer	Tracy Perrett
Who is the decision maker?	Glen Garrod	How was the Equality Impact Analysis undertaken?	
Date of meeting when decision will be made	06/02/2019	Version control	1.0
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	LCC directly delivered, commissioned, re-commissioned or de-commissioned?	Commissioned
Describe the proposed change	Community based service that supports people with a diagnosis of dementia, their family and their carers will be extended to provide people without a diagnosis of dementia. This will be people experiencing memory difficulties and those diagnosed with mild cognitive impairments.		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state 'no positive impact'.

Age	<p>Ages over 65 Positive impact – Increased accessibility to a community based dementia support service.</p> <p>People aged under 65 Positive impact for people with early onset dementia due to increased accessibility to a community based dementia support service. Another benefit is preventative measures that can be discussed/implemented/supported for people who are at the early stages of dementia or mild cognitive impairment through the change to the service.</p>
Disability	<p>People experiencing memory difficulties or diagnosed with mild cognitive impairment or dementia Positive impact – increased accessibility to the community based dementia support service as well as preventative measures that can be delivered for people at early stages of the condition.</p>
Gender reassignment	No positive impact
Marriage and civil partnership	No positive impact
Pregnancy and maternity	No positive impact
Race	No positive impact

Religion or belief	No positive impact
Sex	No positive impact
Sexual orientation	No positive impact

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Adverse/negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'.

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Age	No perceived adverse impact
Disability	No perceived adverse impact
Gender reassignment	No perceived adverse impact
Marriage and civil partnership	No perceived adverse impact
Pregnancy and maternity	No perceived adverse impact

Race	No perceived adverse impact
Religion or belief	No perceived adverse impact
Sex	No perceived adverse impact
Sexual orientation	No perceived adverse impact

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If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity

Engagement conducted to explore if change to service is necessary and if it would provide positive impact for people.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	<p>Engagement with people with dementia of all ages and their carers, also of all ages. This was through attending dementia support groups and an online survey.</p> <p>Engagement found that people required support/information sometimes before being diagnosed with dementia.</p> <p>Engagement found that people with dementia of all ages and carers of all ages required support throughout the whole journey of dementia.</p>
Disability	<p>Engagement with people with dementia of all ages and their carers, also of all ages. This was through attending dementia support groups and an online survey.</p> <p>Engagement found that people required support/information sometimes before being diagnosed with dementia.</p> <p>Engagement found that people with dementia of all ages and carers of all ages required support throughout the whole journey of dementia</p>
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	
Religion or belief	

Sex	
Sexual orientation	
<p>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?</p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	<p>Proposed changes to the service are based on engagement with all stakeholders, this is with people that use the service as well as practitioners and health colleagues. The opportunity to engage was open to everyone including all protected characteristics.</p>
<p>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</p>	<p>The changes will be evaluated regularly through contract monitoring as well as annual reviews into the service.</p>

Further Details

Are you handling personal data?	<p>No</p> <p>If yes, please give details.</p>
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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	Increased accessibility to be monitored	Contract officer	On-going throughout service contract

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
1.0	First draft	Helen Bromley	28/01/2019		

Examples of a Description:
 'Version issued as part of procurement documentation'
 'Issued following discussion with community groups'
 'Issued following requirement for a service change; Issued following discussion with supplier'

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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:	10 April 2019
Subject:	Safeguarding 'Sources of Risk' and Replacement Business Plan Indicator

Summary:

The purpose of this Report is to provide an information briefing regarding the proposed changes to the Council Business Plan measure M114 '% Enquiries Where Service Provider is the Source of Risk'.

Actions Required:

That the Committee note and consider changes to the Council Business Plan measure.

1. Background

The Council Business Plan (CBP) measures are the measures by which the Council will assess its performance in key functions. There are currently three Key Performance Indicators (KPIs) to assess how effectively we are safeguarding Adults whose circumstances make them more vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity in relation to specific decisions:

- *Safeguarding is supported by an advocate*
This measure identifies the proportion of concluded safeguarding enquiries, where the person at risk lacks capacity and support was provided by an advocate, family or friend.
- *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.
- *% 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'. The purpose is to provide 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.

Proposal

- To replace Measure 114 – '% of S42 Safeguarding Enquiries where the Source of Risk is a service provider'.
- The proposed measure will identify the proportion of Adult safeguarding concerns received in the year that lead to a S.42 (Care Act 2014) Safeguarding enquiry.

Rationale

Removal of Current Indicator

The effectiveness of this indicator in gauging the quality of care provision in Lincolnshire is limited. This measure relates to cases where risk was identified. However, the presence of risk in itself, is not an indicator of poor quality care and consideration should be given as to whether that risk is being managed appropriately and in keeping with the views and wishes of the service user, as per the principles of 'making safeguarding personal'. As a result, this indicator may create an unbalanced view of the quality of care provision which reflects poorly on our care providers and impacts on the story that we tell to the people of Lincolnshire and in turn, their confidence in these services.

In 2017/2018, the number of enquiries where risk was identified and the 'source of risk' was a service provider was 337, the number of these enquiries which were upheld because abuse or neglect was likely to have occurred, on the balance of probabilities, was 132. This represents approximately 39% of enquiries which relate to service providers.

The indicator also states that its purpose is to gauge the extent to which vulnerable people and professionals feel they are able to raise concerns when necessary, and work to resolve them. The data collected to date has identified that the proportion of enquiries related to service providers has increased proportionately to the overall increase in safeguarding referrals and would, therefore, suggest confidence in making referrals. However, the proposed new indicator will provide a better gauge of appropriateness of these referrals and therefore, a better indicator of levels of understanding of safeguarding responsibilities.

Proposed Indicator

The LCC Safeguarding Service want to encourage providers, partners and professionals to submit concerns to the Local Authority only where appropriate, to ensure these concerns have already been managed and considered within the remit of their organisations and only escalated to the Authority as necessary. The Safeguarding Service would, therefore, expect a higher proportion of concerns progressing to an enquiry, with a corresponding reduction in concerns that do not warrant a full enquiry. This would demonstrate that providers, partners and

professionals have a good understanding of their responsibilities to safeguard individuals. In monitoring this data we will be able to identify patterns and themes and scrutinise those providers, partners and professionals who send high numbers of referrals which are not progressed to enquiry. This may indicate a lack of appropriate knowledge and skill in safeguarding individuals. Identifying these areas will enable resources to be targeted in order to offer support and thereby improve the safety and well-being of individuals.

The Safeguarding Adults Board is responsible for leading Adult safeguarding arrangements across Lincolnshire and for overseeing and coordinating the effectiveness of the safeguarding work of its member and partner agencies, Therefore, the Board will be made aware of any concerns identified and, in line with its duties, will hold partners to account for addressing those issues.

2. Conclusion

There are currently three Key Performance Indicators used to assess how effectively we are safeguarding vulnerable Adults. The current indicator is based on where risk is identified, but does not consider the context to risk or provide an accurate measure of abuse or neglect where the service provider is indicated as the source of risk. As a result, this indicator may create an unbalanced view of the quality of care provision which reflects poorly on our care providers.

An alternative KPI is recommended which would measure the % of concerns which progress to an enquiry. This would provide a good indicator of understanding of safeguarding roles and responsibilities across Lincolnshire. A target of 50% with a target tolerance of +/- 5 percentage points is proposed. An increment of 5% for each subsequent year is proposed. However, due to the limited data at this stage, this will need to be reviewed once further data is available to determine whether this is realistic.

3. Consultation

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

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	CBPM M114 Proposal Summary

5. Background Papers - None

This report was written by Justin Hackney and Linda Mac Donnell, who can be contacted on 01522 554259/01522 554067 or Justin.Hackney@lincolnshire.gov.uk, Linda.Macdonnell@lincolnshire.gov.uk.

Proposed Safeguarding Strategy Council Business Plan Measure

The proposed measure will replace Measure 114 - % of S42 Safeguarding Enquiries where the Source of Risk is a service provider

Description (Long) The proportion of adult safeguarding concerns received in the year that lead to a Safeguarding enquiry

Description (Short) The % of Adult Safeguarding concerns that lead to an enquiry

Rationale: The Lincolnshire County Council Safeguarding Service want to encourage providers, partners and professionals to submit concerns to the Local Authority only where appropriate, to ensure these concerns have already been managed and considered within the remit of their organisations and only escalated to the authority as necessary. The Safeguarding Service would therefore expect a higher proportion of concerns progressing to an enquiry, with a corresponding reduction in concerns that don't warrant a full enquiry. This would demonstrate that providers, partners and professionals have a good understanding of their responsibilities to safeguard individuals. In monitoring this data we will be able to identify patterns and themes and scrutinise areas which send high numbers of referrals which are not progressed to enquiry, which would indicate a lack of appropriate knowledge and skill in safeguarding individuals. This will enable resources to be targeted in order to offer support and thereby improve outcomes for service users. The Safeguarding Adults Board is responsible for leading adult safeguarding arrangements across Lincolnshire and for overseeing and coordinating the effectiveness of the safeguarding work of its member and partner agencies, Therefore, the Board will be made aware of any concerns identified and, in line with its duties, will seek assurance from partners that remedial action has been taken.

Numerator The total number of adult safeguarding enquiries (S42 or other) raised or commenced in the reporting period. Note: This is a count of distinct enquiries, and not the number of individuals to which they relate.

Source: *Safeguarding Adults Collection, Table SG1f, Row 2+ Row 3*

Denominator The total number of adult safeguarding concerns raised or commenced in the reporting period

Source: *Safeguarding Adults Collection, Table SG1f, Row 1*

Calculation basis Numerator / Denominator x 100%

Polarity Bigger is better

Target tolerance +/- 5 percentage points (as for all Adult Care Strategy measures)

Proposed Target	2018/19	2019/20	2020/21
	50%	55%	60%

See below for trend data and basis of target

Lincolnshire Trend Data

		2015/16	2016/17	2017/18	2018/19 YTD		
					Q1	Q2	Q3
Numerator	Enquiries	970	1695	1100	449	842	1199
Denominator	Concerns	2915	3485	3120	798	1690	2508
% value		33%	49%	35%	56%	50%	48%

CIPFA Benchmarking 2017/18

To be treated with caution as councils operate and interpret the statutory reporting guidance very differently. As a consequence there is a review of the SAC return and the guidance to ensure the submissions from all LA's is robust and comparable.

Benchmarking for the associated SAC Table SG1f shows significant variability with the reported numbers by LAs.

The % of Adult Safeguarding concerns that lead to an enquiry varies from 11% to 100% with volumes of concerns and enquiries varying significantly, from 1,600 to 11,000 concerns, and 300 to 4,300 enquiries respectively, and 7 of 16 authorities didn't return any 'other' enquiries

The benchmarking is therefore unreliable as a means of comparing councils and will not be used for target setting.

Target setting 2018-20

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date.

Improved screening/triage was implemented in Q1 of this year which has seen a marked improvement in the conversion rate of concerns to enquiries. If the service is operating efficiently, we would expect a high conversation rate, implying that only appropriate safeguarding concerns are being raised; one's that warrant an enquiry.

In the first 3 quarters of 2018/19, the conversation rate was at it's highest in Q1 at 56% for the entire quarter. For the rest of the year this proportion has stabilised at around 50%. With this being the baseline year, a target of 50% seems reasonable with 2 months until the end of the reporting year.

Therefore, with a target of 50%, with +/- 5 percentage point tolerance, performance alerts would be determined as follows:

Less than 45%	Not achieved
Between 45% and 55%	Achieved
Greater than 55%	Exceeds

An increment of 5 percentage points for each subsequent year has been proposed.

However, there is limited data available at this point and therefore, this will need to be reviewed once further data is obtained and following a period of monitoring, to determine whether this is realistic.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	10 April 2019
Subject:	Briefing on Autism

Summary:

The purpose of this report is to provide a summary to Members on Autism, including specific information relating to autistic people presenting to Adult Social Care and an update in relation to Lincolnshire's All-Age Autism Strategy.

Actions Required:

The Committee is requested to note and consider the report.

1. Background

What is autism?

Autism is a lifelong developmental disability that affects how people perceive the world and interact with others. It is a condition that affects social interaction, communication, interests and behaviour.

Autistic people see, hear and feel the world differently to other people. Autism is diagnosed as a medical condition. However if you are autistic, you are autistic for life; autism is not an illness or disease and cannot be 'cured'. Often people feel being autistic is a fundamental aspect of their identity.

All autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions, meaning people need different levels of support. All people on the autism spectrum learn and develop. With the right sort of support, all can be helped to live a more fulfilling life of their own choosing.

Eligibility for Adult Social Care

Eligibility criteria for Adult Social Care are set nationally and are based on social care needs, not medical diagnosis. Therefore, having Autism does not necessarily make you eligible for Adult Social Care.

If a person is assessed as eligible for Adult Social Care then a decision will be made about their Primary Support Reason (PSR). This predominately relates to which Adult Social Care budget their care will be funded from. The main PSR's utilised in Lincolnshire are Learning Disability (18+), Older Person (65+), Physical Disability (18 to 64) or Mental Health (18 to 64). There is no PSR for people with Autism as this is a medical condition.

Diagnosis

NHS Clinical Commissioning Groups (CCG's) are responsible for commissioning Autism diagnosis services. Currently there is a recognised gap in diagnostic services and post diagnostic support in Lincolnshire. There are also understood to be relatively long waiting times for the diagnosis services that are currently commissioned for Children and Adults. It is estimated that a large percentage of the overall population that have Autism do not have a formal diagnosis. It is understood that many older adults may also have undiagnosed Autism.

Prevalence of Autism

The National Autistic Society (NAS) estimates that about 1 in every 100 people in the UK has Autism. It is also estimated that 1 in 2 autistic people has a learning disability, 70% of autistic people have a mental health problem and epilepsy is more common in autistic people. More males are diagnosed with the condition than females.

The Lincolnshire Joint Strategic Needs Assessment (JSNA) estimates that there are approximately 7,500 autistic people living in Lincolnshire. Current available data in Lincolnshire shows that 3,822 autistic individuals are registered with their GP; of these, 72% are children and 80% are male. However given the gaps in diagnosis services these estimates may considerably underestimate the true level of prevalence in Lincolnshire.

Recording Medical Conditions on MOSAIC

MOSAIC, which is LCC's main client data base, allows practitioners to record the service users Primary Support Reason (PSR) this being a social care support reason. MOSAIC also allows practitioners to confirm details about the service user's medical conditions if these are known. For example: Autism, Dementia, Epilepsy, Personality Disorder or other.

However practitioners cannot record a medical condition in MOSAIC if it has not been disclosed by the service user or their representative and/or the condition has not been formally diagnosed. Therefore not all MOSAIC client records will provide an accurate record of the service users medical conditions.

Admissions to Adult Social Care

Adult Social Care and Wellbeing are initiating research into the drivers of demand for Adult Social Care. Some new admissions do have a diagnosis of Autism but at present it is unclear if there is an increase in the provenance of Autism that is

driving a growth in demand or whether there is simply an increase in diagnosis of Autism. Given Autism is not always diagnosed it is not clear how many people who are admitted to Adult Social Care actually have Autism or not. However work is in progress to identify recent admissions to Adult Social Care and to clarify if there has been a formal diagnosis of Autism.

The most recent data from the Adult Care and Wellbeing Team confirms that there are 394 Adults with ASD and 15 with Asperger's syndrome. However these are only for service users with a PSR of Learning Disability so exclude PSR of Older Person, Physical Disability, Mental Health. Therefore more analysis work is required to understand the overall number of autistic service users.

Access to Services

There is a common misconception that there are no services available for autistic people. Whilst there are recognised gaps in NHS commissioned diagnosis and post diagnostic support services in Lincolnshire, there are still a wide range of services that autistic people have the right to access.

However a common barrier to autistic people accessing available services is a lack of awareness of this medical condition by providers and commissioners of services and therefore a common failing to make statutory reasonable adjustments to the access and delivery of these services.

Lincolnshire's All-Age Autism Strategy

In April 2015, Lincolnshire's first local All-Age Autism Strategy was launched in response to the government's national Adult Autism Strategy for England and its accompanying Statutory Guidance. This three-year strategy was jointly developed by Lincolnshire County Council, the four Lincolnshire CCG's and the Lincolnshire Autism Partnership Board (LAPB), following a comprehensive period of engagement and consultation activity with multi-agency stakeholders, autistic people and family members/carers.

Some of the key strategic programmes of work within the strategy action plan to improve services and support in Lincolnshire include the following;

- Provision of training resources to raise autism awareness
- Establish a multi-agency Autism Champions Network to improve understanding and acceptance of autism across services, and share good practice
- Development of an Autism Reasonable Adjustments Mark to review the accessibility of services for autistic people
- Launch of a virtual Autism Information Hub providing information and advice about autism, as well as local services and support that are available
- Introduction of an Autism JSNA Topic, meaning it is recognised as a key condition in its own right as part of Lincolnshire's Health and Wellbeing Strategy

Good progress has been made over the last three years to raise awareness of autism and to drive improvements in Lincolnshire. However, it is acknowledged nationally that much more is required to ensure that autistic people receive the

services and support they need to lead fulfilling and rewarding lives. This is highlighted by the intentions set out in the NHS Long Term Plan, which has recognised autism as a key priority theme to improve. Additionally, the government are conducting a formal review of the national autism strategy and have announced that this will be extended to include children and young people, which reinforces the decision made in Lincolnshire to develop a local all-age strategy.

A refresh of Lincolnshire's Autism Strategy has recently been completed to set out the aims and objectives over the next three year period (2019 – 2022). This builds on what has been achieved over the previous three years and takes into account the key priorities identified locally that need to be improved. It also reflects the national challenges that have been indicated by the government and forthcoming changes to the national strategy that we may need to consider and adapt to.

For further information on Lincolnshire's All-Age Autism Strategy please contact Rob Barber on extension 55380.

2. Conclusion

N/A

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

N/A

4. Appendices

Appendix A	Lincolnshire's All-Age Autism Strategy 2019 - 2022
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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 Justin Hackney, Assistant Director, Specialist Adult Services, who can be contacted on 01522 554259 or justin.hackney@lincolnshire.gov.uk.



Lincolnshire's All-Age Autism Strategy 2019 – 2022



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The 'Autism Lincs' logo displayed on the front cover of this strategy is used as the formal branding for the Lincolnshire Autism Partnership Board. It was kindly developed by Joel Watkin-Groves, an autistic designer from Lincolnshire, and we wish to thank Joel for his time in producing the logo and allowing us to use it.

Footnote:

Throughout the course of this strategy we use the term 'autism' as an umbrella to cover the range of diagnostic terms that exist to describe particular autism profiles, such as 'Autism Spectrum Disorder (ASD)', 'Autism Spectrum Condition (ASC)', 'Asperger Syndrome' and 'classic autism'.

We recognise that when describing people on the autism spectrum there is no single term that everyone prefers. In recent years there has been a shift towards more positive and assertive language being used, particularly among autistic communities where autism is seen as integral to the person. Therefore, when referring to autism, and in particular about adults, we have used the term 'autistic people' within the strategy. However, where children

have been referenced, we have used a 'person first, disability/condition second' approach in line with national publications, such as the SEND Code of Practice.

Introduction

It has been 10 years since the introduction of the Autism Act in 2009 and four years since Lincolnshire launched its All-Age Autism Strategy in 2015. During that time I have been employed as an Expert by Experience in a strategic commissioning role to promote autism issues and raise understanding within Lincolnshire. As the lead for the A-Team Network for the Lincolnshire Autism Partnership Board (LAPB), and through my national work for the Westminster Commission on Autism, the National Autistic Society and as a selected member of the Advisory Group for the All Part Parliamentary Group on Autism, I have a privileged view of how changes are happening both locally and nationally. We are living through difficult times with limited budgets both in the social care and health sectors and there are times when it must seem that progress is frustratingly slow or even non-existent for autistic people and those who care for them.



Jo Minchin
Autism Expert by Experience
South West Lincolnshire CCG

I am often asked how things have changed for us in Lincolnshire. First of all, here I am, an actually autistic person, writing an introduction to Lincolnshire's Autism Strategy. If there were just one thing to demonstrate that autistic voices are being heard and amplified where it matters, this is it. As we move forward with this new strategy and the focus that we now have on autism in Lincolnshire, I will continue to engage with local and national forums and find new ways to make it possible for more autistic people to have their say.

We have done a lot to create structures within local services to cater for autistic people, but it can look from the outside as though not much has been happening. Change takes time in big organisations like the NHS and the County Council, and many things we have done have been targeted at very specific needs, such as our work around Transforming Care, which was used as an example of good practice by the National Institute for Health and Care Excellence (NICE). My mantra will be, 'What does this actually do for autistic people in Lincolnshire when they start looking for help?' I hope that by the time we write the next Lincolnshire Autism Strategy, more autistic voices will be heard and involved in the work of the LAPB. Come and join us, tell me what you need to make it less daunting for you.

As Chair of the Lincolnshire Autism Partnership Board, I would like to acknowledge the hard work of the board members and the officers whose efforts have produced this updated strategy. Our focus is to improve access to services for autistic people and I look forward to delivering on our key priorities over the next three years.

Richard Eccles

**Chief Commissioning Manager for Mental Health,
Learning Disabilities and Autism**
South West Lincolnshire CCG



Executive Introduction

We are pleased to present Lincolnshire's All-Age Autism Strategy 2019-2022, which has been developed by the Lincolnshire Autism Partnership Board (LAPB). This builds upon the work that has already been progressed as part of the first local autism strategy for the county that was launched in 2015.

The purpose of this strategy is to set out our objectives and strategic direction over the next three years. We want to support autistic people of all ages and their families, so that they have an equal opportunity to lead fulfilling and rewarding lives. This document outlines our commitment in Lincolnshire to do more to help autistic people and how we intend to deliver on the objectives set out within the national autism strategy at a local level.

The LAPB is responsible for overseeing the delivery of this strategy. It consists of a range of representatives from partner organisations and stakeholders, who are working in collaboration to try to push this agenda forward and develop ways of improving services and support for autistic people. The LAPB includes professionals from health and social care, education, mainstream public services, voluntary sector organisations and, importantly, autistic people and their family members and carers.

In developing our local autism strategy, the main focus has been on how we can achieve the 15 Priority Challenges for Action that are set out in the government's national autism strategy. We have identified some key themes and issues locally that we will aim to prioritise and we will implement an action plan to address the concerns that are of most importance to autistic people and their families in Lincolnshire.

We welcome as many public services, partner organisations and members of the community joining us to help deliver this strategy and ensure that Lincolnshire is a place that respects and supports all autistic people who live here.



***Councillor Patricia Bradwell OBE
Executive Councillor for Adult Care,
Health Services and Children's Services***



***John Turner
Chief Officer, South Lincolnshire CCG
and South West Lincolnshire CCG***

Executive Summary

This strategy has been produced in response to the government's national autism strategy for England. It replaces the Lincolnshire All-Age Autism Strategy 2015-2018, which was the first local autism strategy for the county. The Lincolnshire Autism Partnership Board (LAPB) is responsible for developing and implementing the local strategy. This document sets out;

- National and local drivers that have influenced the development of this strategy, along with key local prevalence data
- How the local strategy is being delivered and what we have achieved in Lincolnshire since the original strategy was launched in 2015
- The key objectives and outcomes for autism services and support in Lincolnshire, including an action plan outlining the work programme over the next three years

A set of 15 Priority Challenges for Action were included within the national adult autism strategy refresh, *Think Autism*, and this forms the basis of our strategy and action plan in Lincolnshire. We engaged with stakeholders to determine which of these priorities people felt were of most importance and this highlighted the following key challenges locally;

- Getting a timely diagnosis and support throughout the process
- Everyday services make reasonable adjustments and staff are aware of autism
- Support through transitions and other major life changes
- Recognising an individual's autism and adapting support for additional needs and challenging behaviour
- Making sure family/carers get the help and support they need

Four Autism Self-Assessment Framework (SAF) exercises have been conducted by the government since 2010 to monitor progress in delivering the national autism strategy. This has enabled the LAPB to identify key areas where progress and improvement is required, and these are addressed within the strategy action plan.

In 2018, the government published a *Think Autism strategy governance refresh* policy document. This followed agreement with stakeholders that progress to implement the national strategy has not been as quick as envisaged. A revised governance model has been established, which centres on 19 overarching strategic objectives. Again, our local strategy action plan takes these into account.

Additionally, the government announced in late 2018 that a national autism strategy review will be conducted during 2019, which will see the strategy extended to include children and young people. As we already have an all-age autism strategy for Lincolnshire, this reinforces the approach we previously agreed to take to consider and support the needs of autistic people of all ages.

The NHS Long Term Plan was also released at the beginning of 2019. This has highlighted learning disabilities and autism among the key priorities for NHS services over the next 5-10 years and sets out a series of commitments to improve the services and support currently being provided.

We have an ambitious vision for Lincolnshire demonstrated by the objectives and priorities set out in our strategic action plan. It should be noted that the delivery of the autism strategy is on the backdrop of no specific additional funding being allocated at either a local or

national level and is on the basis of the goodwill and efforts of the multi-agency partners, autistic people and family members involved in the LAPB.

Background

Following the introduction of the Autism Act 2009, the government's first strategy for autistic adults in England, *Fulfilling and rewarding lives*, was published in 2010. This addressed the long term ambitions about how public services must reflect and adapt to the needs of autistic adults. It set out the government's overarching vision;

'All adults with autism are able to live fulfilling and rewarding lives within a society that accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them fairly as individuals, helping them make the most of their talents.'

(*Fulfilling and rewarding lives: the strategy for adults with autism in England*, 2010)

The national strategy was refreshed in 2014 with the release of *Think Autism*. This sets out a programme of action to improve the lives of autistic people and brings a renewed emphasis on involvement and awareness of autism within the local community, as well as ways to look differently at support and engagement. A series of 15 Priority Challenges for Action are identified to highlight the key themes that the strategy aims to deliver. The government announced in late 2018 that a national autism strategy review will be conducted during 2019, which will see the strategy extended to include children and young people.

Statutory guidance was produced in 2010 (and updated in 2015) to accompany the national adult autism strategy. It sets out responsibilities and legal duties that Local Authorities and NHS bodies *must* achieve in line with the Autism Act 2009. It also specifies responsibilities that *should* be delivered and achieved to ensure autistic people are supported.

The Care Act 2014 provides a coherent approach to adult social care in England and sets out new duties for local authorities and partners and new rights of service users and carers. Some of the responsibilities placed on local authorities through the Autism Act 2009 and accompanying papers are strengthened by the introduction of the Care Act, as the new legislation highlights the need for improvement of services and support for autistic people.

Similarly, the Children and Families Act 2014 does the same and has an emphasis on personalisation, outcomes and integration of services. It provides a change in the way services provide support for children, young people and those with Special Educational Needs and Disability (SEND) and focuses on the best outcomes for each individual.

In 2015, *Building the Right Support*, a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, was published. The document sets out a requirement for Clinical Commissioning Groups, Local Authorities and NHS England to work together to develop local Transforming Care Partnerships.

Lincolnshire's local Transforming Care Plan outlines the responsibility for the planning, development and implementation of changes and this feeds into the Lincolnshire Sustainability and Transformation Plan (STP). This is a five year plan, submitted to NHS England, setting out how health and care services will be provided differently by 2021. It has been produced and signed up to by the seven key NHS organisations in Lincolnshire and outlines actions that will be taken to improve services in order to meet the needs of the population and make them sustainable for the future.

The NHS Long Term Plan, released in early 2019, has highlighted learning disabilities and autism among the key priorities for NHS services over the next 5-10 years, and sets out a series of commitments to improve the services and support currently being provided.

What is Autism?

Autism is a lifelong condition that can be very disabling. It is a spectrum disorder; this means that despite there being a shared core of symptoms, everyone who has autism experiences it differently and is affected in different ways.

Autistic people often experience sensory difficulties, such as over- or under-sensitivity to sounds, touch, tastes, smells, light or colours. It is also more likely that autistic people will experience higher levels of stress than someone not on the spectrum, which makes mental health needs more likely. However, every person's experience of autism is unique and they will have a range of strengths alongside their needs, just like every individual.

The Diagnostic and Statistical Manual, fifth edition (DSM-5), published by the American Psychiatric Association, has been updated and the diagnostic criteria is now much clearer and simpler, and sensory behaviours are now included. It has replaced the variety of different diagnostic terms to describe particular autism profiles, such as 'Asperger Syndrome' and 'classic autism', with the collective term 'autism spectrum disorder'.

The manual defines autism spectrum disorder as having two main areas of difficulty that all autistic people are likely to share;

- Persistent difficulties with social communication and social interaction
- Restrictive and repetitive patterns of behaviours, activities or interests

The revised edition of the International Classification of Diseases (ICD-11), which is the most commonly-used diagnostic manual in the UK, is now closely aligned with the updates made to autism diagnosis within the DSM-5 edition.

Local Prevalence

Autism is a relatively new condition – it was not until the 1940's that it was recognised as a distinct condition – and it is only in recent years that research has improved our understanding and increased the number of diagnoses. Therefore, older generations of the population would not have been screened for autism and when those people were younger, only classic autism is likely to have been recognised. However, it is accepted that the prevalence of autism is not actually increasing like an epidemic and the proportion of older autistic people is likely to be similar to the proportion of children.

National research and expert analysis suggests there are over 700,000 autistic people in the UK – more than 1 in every 100 individuals.

Based on the indication that 1.1% of the UK population is autistic, it is estimated that there are over 8,100 autistic people in Lincolnshire (*applying this prevalence rate to the Office for National Statistics population estimates for Lincolnshire in 2016*).

However, determining the exact number of autistic people living in the county is extremely difficult. A key issue is the gap in terms of estimated numbers of autistic people and the

capacity of the NHS to offer diagnosis. In many cases though, autistic people are at present unknown to the NHS or to the local authority. It is recognised that there may be many people who are not disabled by their autism and so would not benefit from or pursue a diagnosis.

Details of some available information on autism in Lincolnshire include the following;

- Data provided by the Lincolnshire CCG's from 2015 identified 3,822 people registered with a GP Practice in Lincolnshire recorded as being autistic
- Of this total, 80% were male and 72% were under the age of 18 - this equates to 2,750 children and young people with autism in Lincolnshire
- In contrast, using the projected population data from the Office for National Statistics from 2016, it is estimated that there are around 1,570 people aged 0-17 in Lincolnshire with autism (*based on the 1.1% prevalence rate*)
- The Joint Strategic Needs Assessment (JSNA) topic for Special Educational Needs and Disability (SEND) illustrates that 812 (22%) of the school population with an EHC Plan have autism identified as their primary special educational need
- In addition to those young people with an EHC Plan, around 7% (963) of the school population who receive SEN Support have autism recorded as their primary special educational need (*NB: these figures do not take into account pupils for whom autism is a secondary or additional element of their special educational needs*)
- The School Census indicates that there are 1,175 pupils in the school population where autism is identified as their primary special educational need (*NB: currently 19% of young people with an EHC Plan attend educational settings that do not record on the School Census*)
- The DHSC national prevalence study, published by the Projecting Adult Needs and Service Information Systems (PANSI) and the Projecting Older People Population Information (POPPI), has projected that the total number of autistic adults in Lincolnshire in 2017 was 5,886
- The above data indicates that the projected number of autistic adults in Lincolnshire aged 18-64 is likely to remain at just under 4,250 people over the next 15-20 years
- However, a 40% increase in autistic people is projected among older people aged 65 and over between 2017 and 2035, and in terms of the overall adult autistic population in Lincolnshire, this is expected to increase by just under 700 people in the same period
- There are 394 people in receipt of an adult social care service in Lincolnshire who have autism recorded as a health condition as at March 2018 (based on Short and Long Term (SALT) data)
- Of these, 383 people are aged 18-64, with just eleven people aged over 65 in receipt of adult social care who have a recorded health condition of autism

Delivering our Local Strategy

The strategy and action plan will be overseen by the LAPB, which will take a leadership role for the delivery of key pieces of work to implement our strategic objectives. There are four key strategic programmes in place to deliver the local Autism Strategy;



Working Groups were established in 2015 as part of the first Lincolnshire All-Age Autism Strategy for each of these programmes of work. These sit beneath the Partnership Board, which monitors the progress being made to deliver tasks and projects within each programme and provides a steer and strategic direction.

The 'Involvement & Collaboration' element encompasses three specific groups that have been introduced to enhance opportunities for people with a lived experience of autism to be involved in the LAPB and help inform decisions.

- The **A-Team Network** is predominantly for autistic people and family members/carers and is led by the Autism Expert By Experience Worker, employed by South West Lincolnshire CCG, utilising both physical and online meetings to help co-produce work.
- The **Autism Lived Experience Forum** is also led by an autistic individual and provides an opportunity in an informal environment for people with a personal and/or professional interest in autism to share their experiences and concerns about services and support, and to discuss particular themes and subjects.
- **Lincolnshire Young Voices** is a group that has recently been established to give children and young people with Special Educational Needs and Disabilities (SEND) the chance to raise issues and inspire change.

In terms of governance, the LAPB is accountable to and, when necessary, reports into;

- Lincolnshire Health and Wellbeing Board
- Specialist Adult Services Joint Delivery Board
- Women and Children's Joint Delivery Board

What has been achieved in the last 3 years?

In response to the national strategy, Lincolnshire's All-Age Autism Strategy 2015-2018 was launched in April 2015.

The decision to establish an all-age strategy came about following a series of engagement and public consultation activity over the preceding years. The feedback from this highlighted that the transition from children's to adults' services was a major issue. Both the public and professionals recognised the challenges facing autistic children and their families, and the need to improve services and support for autistic people of all ages, not just adults.

Additionally, in 2014, the Lincolnshire Safeguarding Children's Board and the council's Children's Services Directorate jointly commissioned the *Independent review of services for Children and Young People with Autism in Lincolnshire*. The aim of this review, which was completed by the National Autistic Society, was to look at how agencies in Lincolnshire respond to autistic children and young people. The key themes and recommendations from the review were incorporated into the action plan for Lincolnshire's Autism Strategy.

The LAPB was given responsibility for overseeing the delivery of the strategy action plan. The LAPB consists of representation from health and social care, education, other mainstream public services, voluntary sector organisations, as well as autistic people and their families/carers. A number of working groups were established to implement the action plan, looking at specific programmes of work.

What we have achieved and how it links to our key strategic programmes:

Original Strategy Action Plan Task	What We Did	Key Strategic Programme
Establish working groups for each of the four key strategic programmes	Completed – including appointment of Working Group Leads and members, establishing Terms of Reference and agreed outcomes/action plan for each Working Group	All
Strengthen the Autism Partnership Board to ensure that it is fit for purpose to lead on implementing Lincolnshire's All-Age Strategy	Re-launched the LAPB to make it an all-age Autism Partnership through wider participation and representation from services for children and young people	Involvement & Collaboration
	Created an A-Team Network (named by the members themselves), which predominantly includes autistic people and parent/carers helping to influence and co-produce the delivery of the local autism strategy	Involvement & Collaboration

	The A-Team Network developed and introduced Communication Cards at all LAPB meetings	Involvement & Collaboration
	Established an Autism Lived Experience Forum to give people with a personal and/or professional interest in autism the chance to discuss specific themes and to raise issues and concerns about services and support	Involvement & Collaboration
	Appointed an Autism Expert By Experience Worker employed on a permanent basis by the South West CCG, who leads the A-Team Network and is involved in Care and Treatment Reviews involving autistic people who have been admitted to hospital	Involvement & Collaboration
All autistic people admitted to hospital will have a review to assure that they need to be there and that they are safe, their care needs are being met and future planning is in place	A Transforming Care Team was introduced, so that autistic people who have been admitted to hospital are reviewed to assure that this is the right place for them to be, as part of the 'Building the Right Support' national initiative	Service Provision
Promote the need for services to be inclusive of autistic people, including a review of service specifications that we commission to ensure that they are fit for purpose for autistic people	Service specifications for Adult Learning Disability and Mental Health Services commissioned by the NHS have been reviewed to ensure they are fit for purpose for autistic people	Service Provision
	An Autism Reasonable Adjustments Mark has been developed to review how accessible services are for autistic people – this has been piloted by Lincolnshire Partnership NHS Foundation Trust (LPFT) and 37 teams from their Learning Disability and Mental Health Services have achieved the Mark	Service Provision
Ensure that a local information hub is available where autistic people and families can access information and advice about autism and local services they may require	A virtual local Autism Information Hub has been introduced, which is hosted via the Lincolnshire Autistic Society website – the intention is that this will become a central point of access to information and advice for autistic people, families and professionals once further development of the site has been completed	Service Provision
Introduce efficient diagnostic and post diagnostic pathways	An improved adult autism diagnostic pathway was introduced by LPFT – there has since been a significant increase in demand for this service and there is now a requirement to review capacity, with commissioners and providers working collaboratively to meet the growth in demand	Service Provision
	LPFT have appointed to a brand new role of Autism Lead, as well as creating new Autism Liaison Nurse roles	Service Provision
Introduce autism champions within every local school who will promote early intervention	An Autism Champions Network for schools has been established	Awareness & Training

<p>and work together with children and young people with autism and their families to:</p> <ul style="list-style-type: none"> - Create autism friendly environments - Tackle bullying - Increase social inclusion - Support and champion the talents and contributions of people with autism 	<p>LCC Children's Services commissioned a service for schools to support children and young people with autism – the Working Together Team is a contracted service delivered through a collaboration of three groups of Special Schools</p>	<p>Service Provision</p>
	<p>LCC Children's Services now commissions a Behaviour Outreach Support Service, delivered by Family Action, to support schools in developing strategies and interventions for children who display behaviour that challenges</p>	<p>Service Provision</p>
	<p>LCC Children's Services commissioned a three year pilot through the Pilgrim School to provide education for eight pupils with autism who are high functioning and unable to access mainstream school</p>	<p>Service Provision</p>
	<p>LCC Children's Services has worked alongside schools, colleges, partners and the Lincolnshire Parent Carer Forum to develop the 'Special Educational Needs: Support and Guidance' document, which is published on the Local Offer</p>	<p>Service Provision</p>
<p>Identify key partners within Public Health, social care, primary and secondary healthcare and local groups to develop better ways of recording and collecting data</p>	<p>New data sources have been identified and work has been completed to collate and analyse information in order to build up a better picture of service provision for autistic people, including data from GP's, the school census and those in receipt of support from adult social care</p>	<p>Data & Information</p>
<p>Establish information and intelligence across Adult and Children's Services enabling us to understand our local population data to assist in commissioning services</p>	<p>It was agreed to introduce an autism-specific Joint Strategic Needs Assessment (JSNA) topic, which was subsequently produced by members of the LAPB and then launched in June 2017</p>	<p>Data & Information</p>
<p>Undertake a review of autism awareness and training being completed and the range of available training resources</p>	<p>Produced a report on autism awareness training being provided in Lincolnshire based on responses from organisations across multi-agency services</p>	<p>Awareness & Training</p>
<p>Provide basic autism awareness as part of mandatory training to mental health and physical health services, and develop a range of training opportunities for the local workforce to access</p>	<p>Basic autism awareness is now part of mandatory training provided to staff at LPFT</p>	<p>Awareness & Training</p>
	<p>Developed a local intermediate level autism training presentation, as well as reviewing other training packages and compiling a list of training resources that services/individuals can access</p>	<p>Awareness & Training</p>
<p>Develop local autism champions in key universal services</p>	<p>Lincolnshire Police have implemented significant levels of autism training across their workforce and also introduced Autism Champions</p>	<p>Awareness & Training</p>
<p>All services that we commission will be expected to identify a local autism champion</p>	<p>An Autism Champions Information Pack has been developed and a network of autism champions is being rolled out across various services and organisations, including schools,</p>	<p>Awareness & Training</p>

	health and social care	
Promote community networks and the wide range of support that people with lived experience and their carers can provide to each other	Annual Autism Conferences are provided by local voluntary support groups, which offer an opportunity for parents, carers and professionals to learn together	Awareness & Training

Transforming Care

Transforming Care is all about improving health and care services so that more people can live in the community, with the right support, and close to home. It was introduced in 2015, following the publication of *Building the Right Support*. This is a national plan that highlights the need to close inpatient facilities for people with learning disabilities and/or autism who display behaviour that challenges, and to develop and improve community services to support their needs.

As part of the national programme, Transforming Care Partnerships (TCP's) were set up. The Lincolnshire TCP is made up of clinical commissioning groups, NHS England's specialised commissioners and local authorities and they work with people with a learning disability, autism or both and their families and carers to agree and deliver local plans for the programme.

A review of inpatient admissions within the Lincolnshire Transforming Care programme during 2018/19 showed the following;

- Only 8% of inpatients had no diagnosis of autism
- 67% of the admissions were for patients who are autistic only, with 25% of those admitted having a dual diagnosis of both a learning disability and autism
- 83% were discharged during 2018/19
- Of those discharged, 80% returned to their home address, not community supported living or residential care
- 67% had a community Care and Treatment Review undertaken prior to their admission
- 67% were emergency admissions under Section 2 of the Mental Health Act
- The average age of those admitted into inpatient care was 25
- The average length of stay in inpatient care was 49 days
- None of the admissions had previously been receiving Adult Social Services
- 25% were known to LPFT mainstream mental health services

An analysis of findings by the Lincolnshire TCP has found that there are high numbers of young autistic adults being admitted to mainstream acute mental health provision. Further analysis is required to develop a deeper understanding of whether or not there is an issue in relation to autistic people having difficulty accessing mainstream Mental Health Services.

Some gaps have been identified in the risk register process and with a lack of assurance in the ASD Liaison Service, and the Lincolnshire TCP have agreed actions to resolve these issues.

The review and analysis of the Transforming Care cases has found no obvious correlation between a lack of provision in services and the increased likelihood of admission into inpatient care. However, there may be issues around very complex cases where people do not 'fit' into a clear diagnostic category and could, therefore, fall between the gaps in terms of receiving services, which, again, needs to be explored and resolved.

The work being undertaken by the Lincolnshire TCP complements what we intend to deliver in this autism strategy and specific actions are included within section 12 of the strategy action plan.

Developments for children and young people

The Women and Children's Joint Delivery Board have commissioned a review of the autism diagnostic pathway for children and young people. This has recommended that the CCG's consider commissioning a multi-agency diagnostic pathway which is informed by the NICE guidance and evidence of best practice. Work is taking place collaboratively between the providers and commissioners to develop an agreed model based on a specification which has been developed following input from a wide range of stakeholders. It is anticipated that this work will be completed in time to be reflected in the CCG's commissioning intentions for 2019/20 with improvements in the pathway being introduced incrementally between now and April 2020 when we hope the full pathway will be operational.

Most young people with autism receive their education in mainstream schools, usually close to where they live. For some young people they need to have specialist support provided through a Special School. The 'Building Communities of Specialist Provision Together in Lincolnshire: A Strategy for Children and Young People with Special Educational Needs and Disabilities (SEND) in Lincolnshire' was published in November 2018.

The strategy will enable Lincolnshire pupils with SEND to access an integrated and collaborative 'all needs' education system, which provides excellent education, health care and support interventions. The aim of the strategy is to *'Establish an integrated school system where children and young people get the right health, care and education, in the right place, at the right time, as close as possible to where they live'*.

Many families report that young people, often those with autism, find difficulty with long journeys. Around 70% of pupils attending Special Schools in the county do not attend their nearest school and for 36% their daily round-trip commute can be between 20 and 80 miles per day. Just over half (51%) of pupils that are placed in Out of County educational settings have autism as their primary educational need. Their placement in an out of area setting is usually because local Special Schools have been unable to meet their needs and this has often been because the current buildings and facilities of the Special Schools have not had the appropriate spaces to support young people with complex autism. Parents have described the negative impact that this has on the family and have indicated that they would prefer their young people to be educated close to home.

The strategy builds on the excellent provision that already exists in Lincolnshire Special Schools and includes a significant capital investment to re-model the schools to ensure that they have the facilities and the resources to meet the majority of needs of young people that require specialist provision. All pupils, including those with autism, will be able to attend a Special School in their community. The strategy also includes the development of satellite hubs on mainstream sites. They will be staffed by Special School practitioners and will allow young people that are ready to access a mainstream curriculum to do so with the support of the specialist staff. There are young people with autism that are able to access a wider mainstream curriculum but have difficulty in managing the mainstream environment. This strategy provides the opportunity to access the wider curriculum with the support they need.

Grant funding from the Department for Education will enable the Local Authority to work with education settings and employers to enhance the provision of Supported Internships. This extended initiative will provide opportunities for young people, including those who are autistic, to consider a Supported Internship as part of their preparation for adulthood and a route into paid employment.

Autism Statutory Guidance requirements

Since the implementation of the 2010 Adult Autism Strategy, the Department of Health and Social Care (DHSC) have released four Autism Self-Assessment Framework (SAF) exercises. All local authorities in England are requested to respond to this to enable the Government to monitor progress across the country in achieving the goals identified in the national strategy.

The process also allows local authorities (and the local Autism Partnership Boards) across the country to review progress locally and support future planning. It should be noted that the questions within the SAF relate only to adults unless otherwise stated, in line with responsibilities under the Autism Act and the national strategy.

The self-assessment exercise comprises a number of themed questions covering the key topics within the national strategy. These include;

- **Planning** – Local planning and leadership in relation to the provision of services for autistic adults
- **Training** – Training of staff who provide services to autistic adults
- **Diagnosis** – Identification and diagnosis of autism for adults, leading to assessment of needs for relevant services
- **Care & Support** – Preventative support and safeguarding in line with the Care Act 2014
- **Housing & Accommodation** – Reasonable adjustments and equality for autistic adults in relation to housing
- **Employment** – Supporting autistic people around employment
- **Criminal Justice System** – Working with the criminal justice system

The majority of questions consist of a RAG (Red, Amber, Green) rating system to score the level of performance at that particular time against specific criteria. In addition, each topic area includes a series of Yes/No questions, which are worded so that 'Yes' is deemed to be the preferable response.

The latest Autism SAF was completed in 2018 and builds on the previous exercise released by the DHSC in 2016. It should be noted that the questions set by the DHSC within each self-assessment tend to be altered or modified each time (along with the addition of new questions), so it is difficult to make direct comparisons with the year-on-year results, as the questions are not identical.

The following information provides a summary of the responses submitted by Lincolnshire for the questions released in the last two autism self-assessment exercises (2016 and 2018);

	2016 Responses					
Section	Red	Amber	Green	Yes	No	Total
Planning	1	6	4	7	0	18
Training	1	1	0	5	3	10
Diagnosis	2	2	5	1	2	12
Care & Support	0	1	3	0	2	6
Housing & Accommodation	1	0	0	0	1	2
Employment	0	2	0	0	0	2
Criminal Justice System	0	1	1	0	0	2
Total	5	13	13	13	8	52

Based on these overall figures for 2016, it shows that for half of the questions we were performing well at that time (the total for the responses in the two green columns) and the questions where it was highlighted that further improvement was required (the two red columns) makes up a quarter of the total amount.

	2018 Responses					
Section	Red	Amber	Green	Yes	No	Total
Planning	1	7	4	8	1	21
Training	0	2	0	5	3	10
Diagnosis	3	3	3	1	2	12
Care & Support	0	1	3	4	0	8
Housing & Accommodation	1	0	0	0	1	2
Employment	0	2	1	1	0	4
Criminal Justice System	0	1	1	0	0	2
Total	5	16	12	19	7	59

Although the number of questions increased for the 2018 exercise (and some questions were modified), the overall picture has generally remained the same as the results for 2016, in that half of our responses were positive (Green), while a quarter are still negative (Red). A key area to note is that for the theme of Diagnosis, performance has deteriorated since the previous Autism Self-Assessment exercise, as the waiting time for an adult diagnostic assessment is no longer meeting recommended levels.

For the questions in the response where it has been identified that further improvement is required (Red), details have been incorporated into the strategy action plan and are highlighted within our priorities for the next three years.

Think Autism strategy governance refresh and review of the national strategy

In April 2018, the government published a *Think Autism strategy governance refresh* policy document, which clarified activities required to deliver the intended outcomes of the national strategy and who is responsible for it. This has come about following agreement with stakeholders that, in some areas, progress to implement the strategy has not been as quick as originally envisaged.

A revised governance model to oversee implementation of the strategy has been established, which centres on 19 overarching strategic objectives, grouped into five domains. Each domain will have a Task and Finish Group, which will be responsible for coordinating the delivery of the relevant objectives and tracking progress of actions, as per the details below;

Domain Name	Task & Finish Group Lead
1: Measuring, Understanding and Reporting Needs of Autistic People	Department of Health and Social Care (DHSC)
2: Workforce Development	Department of Health and Social Care (DHSC) / Health Education England (HEE)
3: Health, Care and Wellbeing	NHS England (NHSE)
4: Specific Support	Department for Work and Pensions (DWP)
5: Participation in Local Community	Association of Directors of Adult Social Services (ADASS)

A new Executive Group will oversee the progress of these five Task and Finish Groups and will then report annually to a meeting chaired by a DHSC Minister. The revised governance model is expected to help drive progress in achieving the aims and objectives of the current Think Autism Strategy.

In late 2018 it was announced that a formal review of the national strategy will be completed during 2019 to help inform development of a refreshed version of the strategy. Timescales for this work coincide with it marking 10 years since the Autism Act was introduced.

A major element of this refresh is that the government have committed to extending the national autism strategy to include children and young people. This is a significant step and as part of the review the government will be collecting evidence from autistic children, families and their carers on how to improve the current levels of support.

Our refreshed local all-age autism strategy for Lincolnshire will ensure that the objectives set out under the new national governance model are taken into account as part of our 3-year action plan. We will also conduct an annual review of our priorities to ensure that they reflect any key requirements arising from the forthcoming national strategy refresh.

15 Priority Challenges for Action

The national adult autism strategy, *Think Autism*, introduced a set of 15 Priority Challenges for Action. These were developed by autistic people, their families and professionals and they provide a platform to highlight the key issues that need to be delivered to meet the requirements of the Autism Act.

The LAPB agreed that these challenges should form the basis of our strategy in Lincolnshire and be the key focus in terms of developing our intentions for the next three years. We have localised the challenges to take into account our current position, as well as listening to autistic members involved in our Partnership, who said that they would prefer them written as 'We' rather than 'I' statements. The 15 Priority Challenges for Action are as follows;

An equal part of our local community

- 1. We want to be accepted for who we are within our local community and for people to have an awareness and acceptance of autism.**
- 2. We want our views and aspirations to be taken into account when decisions are made in Lincolnshire and to know that services and support here is as good as other places in the country.**
- 3. We want to know how to connect with other people and have access to local autism peer support.**
- 4. We want the everyday services we use to know how to make reasonable adjustments to meet our individual needs and for staff to be aware and accepting of autism.**
- 5. We want to be safe in our community and free from the risk of discrimination, hate and hate crime, and abuse.**
- 6. We want to be seen as individuals and for our gender, sexual orientation and race to be taken into account.**

The right support at the right time during our lifetime

- 7. We want a timely diagnosis from trained professionals and information and support throughout the pre and post-diagnostic process.**
- 8. We want good information about autism needs to be maintained in the local Joint Strategic Needs Assessment, so that person-centred health, care and support services is available for autistic people.**
- 9. We want staff in health and social care services to understand autism and how this affects us as an individual.**
- 10. We want to know that our family and carers can get help and support when they need it.**
- 11. We want services to understand how autism affects us differently and to be supported through various life changes, such as transition from school, getting older or when a person close to us dies.**
- 12. We want people to recognise our autism and adapt the support they provide based on any additional needs we have, such as a mental health problem, a learning disability or if we communicate through behaviours which others may find challenging.**

13. If we are a victim of crime or break the law, we want the criminal justice system to think about autism and how to work well with other services.

Developing our skills and independence and working to the best of our ability

14. We want the same opportunities as everyone else to enhance our skills, to be empowered by services and to be as independent as possible.

15. We want support to get a job and support from our employer to help keep it.

What are our priorities for the next 3 years?

We have an ambitious vision for Lincolnshire, in that it includes expanding on the national adult strategy and working towards achieving fulfilling and rewarding lives for autistic people of all ages. It is recognised the first local autism strategy we launched for the county in 2015 was very aspirational and that there are still elements of the original action plan yet to be achieved or worked upon.

As stated, we have agreed to make the 15 Priority Challenges for Action the focal point of our refreshed strategy. However, it is acknowledged that this encompasses a number of different themes and elements that need to be delivered. Therefore, we have engaged with stakeholders to identify which of these challenges they rate as the most important in order to help us determine what issues we should prioritise within our strategy action plan.

This engagement highlighted the following as being the top five most important issues out of the 15 Priority Challenges for Action;

- 7 Getting a timely diagnosis and support throughout the process**
- 4 Everyday services make reasonable adjustments and staff are aware of autism**
- 11 Support through transitions and other major life changes**
- 12 Recognising an individual's autism and adapting support for additional needs and challenging behaviour**
- 10 Making sure family/carers get the help and support they need**

We will make a concerted effort to ensure that these issues are at the forefront when delivering our local autism strategy and that they take precedence when agreeing tasks and timescales that we wish to achieve within the action plan detailed in this document.

Our strategy action plan will also address the 12 questions within the 2018 Autism Self-Assessment Framework for which Lincolnshire is currently rated as Red, as these are seen as priority areas to progress and resolve.

The 19 objectives that have been identified in the '*Think Autism strategy governance refresh*' have also been detailed within the strategy action plan in order to ensure that they have a bearing on the work we do to implement our local autism strategy.

Additionally, there are key pieces of work in progress since the launch of our first local autism strategy that will need to continue and be further developed. Some or all of these are likely to have a beneficial impact on the key priorities outlined above, and include;

- Roll-out of the Autism Reasonable Adjustments Mark to a range of services (this has already been piloted with Lincolnshire Partnership NHS Foundation Trust)
- Further roll-out of Autism Champions and the introduction of a multi-agency Network
- Further improvements and developments to the local Autism Information Hub
- Increasing community involvement/networks through the A-Team, Lived Experience Forum, Lincolnshire Young Voices and local peer support groups
- Improving recording mechanisms, data collation and analysis of autism cases across partner organisations and completion of the annual review of the Autism JSNA
- Development of an overarching multi-agency autism training plan – working with partner organisations to ensure they embed their own individual plans and promotion of training to wider services, businesses and the community sector
- Specific work with partners to improve issues in the following areas;
 - Employment
 - Housing
 - Criminal Justice Service
 - Access to Mental Health Services

We will also await further specific detail on the NHS Long Term Plan, which commits to;

- Reduce preventable deaths
- Pilot health checks for autistic adults
- Improve community mental health support and suicide prevention
- Reduce diagnostic waiting times for children
- Halve the number of people with learning disabilities and/or autism in inpatient care
- Provide more training for NHS staff on autism
- Ensure all local services make reasonable adjustments for autistic people
- Increase volunteering and internship opportunities for autistic people

The successful delivery of Lincolnshire's All-Age Autism Strategy to support autistic people and their families/carers will rely on the participation and support of a range of multi-agency partners, including local authorities, NHS organisations, education, mainstream public services, businesses, community and voluntary sectors.

With this in mind, the LAPB will be asking partners to sign up to a Commitment Statement to ensure that they embed this strategy within their own internal practices and consider their role in helping to support the needs of autistic people.

The Strategy Action Plan will be reviewed and updated annually by the LAPB to make sure it remains fit for purpose.

Lincolnshire's All-Age Autism Strategy – Action Plan (2019-2022)

Key to the Action Plan:

The national Priority Challenges for Action identified locally as being the five most important issues in Lincolnshire have been marked in **Blue**.

The key areas to improve identified by the 2016 Autism SAF exercise have been marked in **Orange** and allocated under the appropriate Priority Challenge for Action.

The 19 objectives arising from the new *Think Autism strategy governance refresh* have been marked in **Purple** and allocated under the appropriate Priority Challenge for Action.

	National Priority Challenges for Action & Local Key Tasks	Key Strategic Programme / Lead Agency	Target Date	Measurable Outcomes
1.	We want to be accepted for who we are within our local community and for people to have an awareness and acceptance of autism.			
1.1	Roll out of Autism Champions – detailed in section 4.3	Awareness & Training	Mar 2022	See section 4.3
1.2	Development and implementation of a multi-agency autism training plan – detailed in section 4.4	Awareness & Training	Mar 2022	See section 4.4
2.	We want our views and aspirations to be taken into account when decisions are made in Lincolnshire and to know that services and support here is as good as other places in the country.			
2.1	Increase engagement and participation of autistic people in the LAPB, specifically through the A-Team Network and the Lived Experience Forum, to inform decision making and help co-produce change.	Involvement & Collaboration	Mar 2022	
2.2	Forge closer relationships with local peer support groups – LAPB members to visit the peer support groups annually to build closer links.	Involvement & Collaboration	Mar 2022	Peer support groups sign up to the LAPB Commitment Statement
2.3	Review Autism SAF results to monitor our response in comparison to the national / regional position and progress made against identified	Data & Information	Sep 2019	Report to be submitted to the Partnership Board

	improvements – the DHSC are conducting the Autism SAF exercise in Autumn 2018 with results due to be published by March 2019.			
2.4	Autism SAF: Does your local autism partnership board have an autistic chair or co-chair?	Involvement & Collaboration	Mar 2020	Incorporate as part of the review of the Terms of Reference for the LAPB
2.5	National Governance Objective: Participation in local planning and Health & Wellbeing Strategy implementation.	ADASS	Awaiting national targets	
3.	We want to know how to connect with other people and have access to local autism peer support.			
3.1	Further development of the Autism Information Hub – detailed in section 10.1	Service Provision	Mar 2020	See section 10.1
3.2	Better support from key organisations to help promote and sustain local peer groups – the development of a Managed Care Network for Autism has been agreed.	Involvement & Collaboration / LCC Adult Care	Mar 2020	Implement Managed Care Network scheme and allocation of funding to successful bids
4.	We want the everyday services we use to know how to make reasonable adjustments to meet our individual needs and for staff to be aware and accepting of autism.			
4.1	Forge relationships with public services (district councils, transport operators, businesses, supermarkets, heritage and leisure services, etc.) to build knowledge and awareness of autism across all sectors.	Involvement & Collaboration	Mar 2020	Sign up to the LAPB Commitment Statement
4.2	Roll out of the Autism Reasonable Adjustments Mark (RAM) – A project plan is in place, which includes; <ul style="list-style-type: none"> • Clarification of administrative processes and duties • A promotional event to raise the profile of the scheme • Targeted work with specific services, such as Speech & Language and Occupational Therapy assessments, local housing offices and GP Practices • Further development of the scheme to incorporate general council services, community settings and the business sector 	Service Provision	Mar 2022	Matrix of key stakeholders to target services and monitor achievement of the RAM; Year 1 – 10 services Year 2 – 20 services Year 3 – 30 services (targets to be reviewed annually)

4.3	<p>Roll out of Autism Champions – Work has initially been completed to launch this within schools and across health and social care but is not limited to these areas. Further development includes;</p> <ul style="list-style-type: none"> • Series of launch events for specific organisations and service areas • Provision of training opportunities to ensure Autism Champions have a sufficient level of autism knowledge and understanding • Formation of an Autism Champions Network and introduction of focus groups to promote peer support and share good practice • Work with a range of public services, community settings, businesses, supermarkets, etc. to introduce Autism Champions across a range of everyday services 	Awareness & Training	Mar 2022	<p>Matrix of key stakeholders to target services and monitor roll out of Autism Champions;</p> <p>Year 1 – Schools, LCC, NHS organisations</p> <p>Year 2 – Mainstream public services, care providers</p> <p>Year 3 – Businesses, supermarkets</p>
4.4	<p>Development and implementation of a multi-agency autism training plan – Ensure that key stakeholder organisations have clear and appropriate autism training pathways and development for their staff, share training resources where this is possible, and monitor progress in delivering the plan to ensure accountability.</p>	Awareness & Training	Mar 2022	<p>Matrix of key stakeholders to set autism training targets for services;</p> <p>Year 1 – Sign up to plan</p> <p>Year 2 – 50% completed</p> <p>Year 3 – 95% completed</p>
4.5	<p>Autism SAF: Have reasonable adjustments been made to general council services to improve access and support for autistic people?</p>	Service Provision / LCC / District Councils	Mar 2020	<p>Target services to complete RAM scheme via matrix of key stakeholders</p>
4.6	<p>Autism SAF: Can people diagnosed as autistic and without a learning disability access post diagnostic specific or reasonably adjusted speech and language therapy assessments?</p>	Service Provision / CCG's	Mar 2020	<p>Target these services to complete RAM scheme via matrix of key stakeholders</p>
4.7	<p>Autism SAF: Can people diagnosed as autistic and without a learning disability access post diagnostic specific or reasonably adjusted occupational therapy assessments?</p>	Service Provision / CCG's / LCC	Mar 2020	<p>Target these services to complete RAM scheme via matrix of key stakeholders</p>
4.8	<p>National Governance Objective: Widespread use of tailored communication methods and recognition of sensory, communication and environmental needs.</p>	NHSE	Awaiting national targets	

4.9	National Governance Objective: Reasonable adjustments enable people to access public services.	ADASS	Awaiting national targets	
5.	We want to be safe in our community and free from the risk of discrimination, hate and mate crime, and abuse.			
5.1	Work in conjunction with the Police / CJS / Safer Lincolnshire Partnership members regarding initiatives they are implementing, such as alert cards, staying safe projects, hate/mate crime initiatives, etc.	Service Provision / Police / CJS / Safer Lincolnshire Partnership	Mar 2022	
5.2	Roll out of Autism Champions – detailed in section 4.3 (specific work required regarding awareness throughout the community)	Awareness & Training	Mar 2022	See section 4.3
6.	We want to be seen as individuals and for our gender, sexual orientation and race to be taken into account.			
6.1	Conduct data analysis and research around autistic females in Lincolnshire to identify any particular issues in terms of access to services and any specific changes (including additional training) that may be required.	Data & Information	Mar 2022	See section 7.5 – include as part of an annual review of assessment and diagnostic rates
6.2	Conduct data analysis and research on the BAME population in Lincolnshire to identify any particular issues in terms of access to services for autistic individuals and any specific changes (including additional training) that may be required.	Data & Information	Mar 2022	See section 7.5 – include as part of an annual review of assessment and diagnostic rates
6.3	Person-centred approaches – identify specific/specialised support services that can help individuals with particular issues they may encounter regarding gender, sexual orientation and race, and ensure that these services have an awareness of autism.	Service Provision	Mar 2022	
7.	We want a timely diagnosis from trained professionals and information and support throughout the pre and post-diagnostic process.			
7.1	Develop and implement a revised Children's Autism Diagnostic Pathway – a steering group has been created to develop a new service specification and will be responsible for procuring a new service.	Service Provision / LCC Children's Services / CCG's	Mar 2020	Service targets will be set as part of developing the new service specification

7.2	Develop and introduce a proposed Autism Parent Training Programme to better support families with understanding autism following the diagnosis of a child – a business case will be produced seeking approval for the allocation of resources to address this unmet need.	Awareness & Training	Mar 2020	Business case to include evidence of unmet need – once determined, targets will be set to address the required support needs
7.3	Review the current Adult Autism Diagnostic Pathway to ensure that it is capable of meeting the significant increase in demand for this service.	Service Provision / CCG's / LPFT	Mar 2020	Service targets will be set as part of the review of the current pathway
7.4	Introduction of post-diagnostic support (information, signposting to support, etc.) provided to adults following completion of the assessment and diagnosis process conducted by LPFT.	Service Provision / LPFT	Mar 2020	
7.5	Introduce clear processes to record data related to assessment and diagnostic numbers and outcomes as part of both the children's and adults' diagnostic pathways, and analyse and review the data annually.	Data & Information / CCG's	Mar 2020	Annual report submitted to the Partnership Board analysing service demand and performance, and to review future targets
7.6	Ensure that details about the diagnostic pathways, for both children and adults, are available and communicated on the Autism Information Hub.	Service Provision	Mar 2020	
7.7	Ensure that autistic people without a learning disability have access to the same level of clinical support – a review of the service specification between the CCG's and LPFT will be completed to determine what is needed in terms of service provision.	Service Provision / CCG's / LPFT	Mar 2020	Collate feedback from service users as part of the review – complete annually to monitor access to support
7.8	Autism SAF: When will your area be able to meet NICE recommended waiting time (for adult diagnostic assessment) and expect to be able to keep within them?	Service Provision / CCG's / LPFT	Mar 2020	See section 7.7 – include as part of the CCG / LPFT service specification review
7.9	Autism SAF: In your local diagnostic pathway does a diagnosis of autism automatically trigger an offer of a care assessment (or re-assessment if the person already had a current Care Act assessment)?	Service Provision / CCG'S / LCC Adult Care	Mar 2020	See section 7.5 – include as part of an annual review of assessment and diagnostic rates
7.10	Autism SAF: Is post-diagnostic adjustment support available with local clinical psychology or other services for those people diagnosed as	Service Provision / CCG'S	Mar 2020	See section 7.7 – include as part of the CCG / LPFT

	autistic and without a learning disability?			service specification review
7.11	National Governance Objective: Awareness of diagnosis waiting times and post diagnostic outcomes, with focus to include older people and under diagnosis of women and children.	DHSC	Awaiting national targets	
7.12	National Governance Objective: Timely access to adult autism diagnosis.	NHSE	Awaiting national targets	
8.	We want good information about autism needs to be maintained in the local Joint Strategic Needs Assessment, so that person-centred health, care and support services is available for autistic people.			
8.1	Annual review of the Autism JSNA topic.	Data & Information	Annually	Scheduled for completion annually by December
8.2	Continued work to request, collate and analyse data from different sources to build up a better picture of autism needs in Lincolnshire.	Data & Information	Mar 2022	
8.3	Influence Public Health commissioners to develop a clear health and wellbeing offer for autistic people and monitor that key priorities within the Health and Wellbeing Strategy take into account of their needs.	Data & Information / Service Provision / Public Health	Mar 2022	Action Plan for the Health and Wellbeing Strategy considers the views of the LAPB as an expert panel
8.4	Review data and recording mechanisms within educational settings to ensure accurate and consistent reporting is gathered regarding pupils with autism to help analyse this demographic – a specific Task & Finish Group has been established by Children's Services to work on this.	Data & Information / LCC Children's Services	Mar 2022	Outcomes will be set by the Task & Finish Group.
8.5	National Governance Objective: Widespread interpretation of social care return data to support the autism strategy.	DHSC	Awaiting national targets	
8.6	National Governance Objective: Research conducted into causes of life expectancy gap and best interventions to address these, benchmarking what are effective mental health interventions for autistic people.	DHSC	Awaiting national targets	

9.	We want staff in health and social care services to understand autism and how this affects us as an individual.			
9.1	Development and implementation of a multi-agency autism training plan – detailed in section 4.4	Awareness & Training	Mar 2022	See section 4.4
9.2	Roll out of Autism Champions – detailed in section 4.3	Awareness & Training	Mar 2022	See section 4.3
9.3	Roll out of the Autism Reasonable Adjustments Mark (RAM) – detailed in section 4.2	Service Provision	Mar 2022	See section 4.2
9.4	National Governance Objective: GP's aware of patient's condition (establishment of Autism Register)	DHSC	Awaiting national targets	
9.5	National Governance Objective: Health and care staff, and staff in organisations with public facing responsibilities, who provide general support to autistic adults, have appropriate knowledge of the condition.	DHSC / HEE	Awaiting national targets	
9.6	National Governance Objective: Health and care staff, and staff in organisations with public facing responsibilities, who have a direct impact on, and make decisions about, the lives of autistic adults have appropriate specialist knowledge of the condition.	DHSC / HEE	Awaiting national targets	
10.	We want to know that our family and carers can get help and support when they need it.			
10.1	Development of the Autism Information Hub – Our aim is for the Hub to be the initial point of access for autistic people, their families and professionals when requiring information and advice regarding autism, services and support. Funding has been agreed to commission a resource to develop the website and ensure ongoing management, update and maintenance of the information available.	Service Provision	Mar 2020	Year 1 – 10% increase in website usage Year 2 – 25% increase Year 3 – 50% increase
10.2	More collaborated work with the lead commissioners for the Carer's Service (Carers First) and local carers/autism support groups to	Involvement & Collaboration / Public Health	Mar 2020	

	develop a wider offer of support, including addressing the needs of aging carers and helping carers to remain or return to employment.			
11.	We want services to understand how autism affects us differently and to be supported through various life changes, such as transition from school, getting older or when a person close to us dies.			
11.1	Roll out of Autism Champions – detailed in section 4.3	Awareness & Training	Mar 2022	See section 4.3
11.2	Development and implementation of a multi-agency autism training plan – detailed in section 4.4	Awareness & Training	Mar 2022	See section 4.4
11.3	A Transitions Protocol will be developed to assist young people with additional needs in their preparation for adulthood – this aims to make the process more seamless, improve the information offer and to review and develop a multi-agency pathway that supports young people moving into adulthood.	Service Provision / LCC Children's Services / Adult Care	Mar 2020	
11.4	Autism SAF: Do you have specific training that focuses on autistic adults over the age of 65?	Awareness & Training	Mar 2020	See section 4.4 – include as part of the matrix of key stakeholders, specific training targets for staff working in older people's services
11.5	National Governance Objective: Appropriate support to identify and follow aspirations when transitioning from education.	DWP	Awaiting national targets	
11.6	National Governance Objective: Successful transition of people preparing for adulthood across education, health, employment and social care spheres (participation in employment considered in needs assessments and care and planning process takes account of work opportunities).	ADASS	Awaiting national targets	

12.	We want people to recognise our autism and adapt the support they provide based on any additional needs we have, such as a mental health problem, a learning disability or if we communicate through behaviours which others may find challenging.			
12.1	Development and implementation of a multi-agency autism training plan – detailed in section 4.4 (this will need to incorporate specialist autism training for appropriate services/professionals)	Awareness & Training	Mar 2022	See section 4.4
12.2	Implementation of the local Transforming Care Plan	Service Provision / CCG's / LCC Adult Care	Mar 2020	NHS England targets in place to reduce the number of people requiring inpatient care
12.3	Review the ASD Liaison Service and activity, and undertake a deep dive of LD community services to include the effectiveness of the Community Home Assessment and Treatment Service	Service Provision / CCG's / LPFT	Mar 2020	Part of the Lincolnshire TCP action plan
12.4	Establish a Psychiatric Clinical Decisions Unit pathway for all proposed autism patient admissions to Psychiatric Intensive Care Units or Acute Psychiatric beds	Service Provision / CCG's / LPFT	Mar 2020	Part of the Lincolnshire TCP action plan
12.5	Open Crisis House admissions to adults with learning disabilities and autism	Service Provision / CCG's / LPFT	Mar 2020	Part of the Lincolnshire TCP action plan
12.6	National Governance Objective: Timely and appropriate mental health support.	NHSE	Awaiting national targets	
13.	If we are a victim of crime or break the law, we want the criminal justice system to think about autism and how to work well with other services.			
13.1	Improve and increase stakeholder participation from the CJS within the LAPB, and work closer with Safer Lincolnshire Partnership agencies.	Involvement & Collaboration / CJS	Mar 2020	Sign up to the LAPB Commitment Statement
13.2	Implement autism training, Autism Champions and the Autism RAM scheme within the CJS – see details in sections 4.2 – 4.4	Awareness & Training / Service Provision	Mar 2022	See sections 4.2 – 4.4

13.3	Autism SAF: Criminal Justice Services – Do staff in the local court services engage in autism awareness training?	Awareness & Training / CJS	Mar 2020	See section 4.4 – include as part of the matrix of key stakeholders, specific training targets for staff in local court services
13.4	Autism SAF: Criminal Justice Services – Do staff in the local probation service engage in autism awareness training?	Awareness & Training / CJS	Mar 2020	See section 4.4 – include as part of the matrix of key stakeholders, specific training targets for staff in the local probation service
13.5	National Governance Objective: Specific support available to people within the criminal justice system.	CJS / DWP	Awaiting national targets	
14.	We want the same opportunities as everyone else to enhance our skills, to be empowered by services and to be as independent as possible.			
14.1	Promote opportunities for autistic people to improve their personal development and access help with life skills, etc. – a key action within LCC Adult Care is to help make care and support more personalised and based on peoples' own strengths.	Service Provision / LCC Adult Care	Mar 2022	
14.2	Improve housing support for autistic people and ensure their needs are specifically identified in local housing strategies – a local Accommodation Strategy for those people requiring specialist adult services is planned for development, which will include meeting the needs of people within the Transforming Care cohort.	Service Provision / Public Health / LCC / District Councils	Mar 2022	Targets to be set once Strategy has been developed – expected launch is Mar 2019
14.3	Autism SAF: Does the local housing strategy and/or market position statement specifically identify autism?	Service Provision / LCC / District Councils	Mar 2022	See section 14.2 – local Accommodation Strategy to be developed
14.4	Autism SAF: Do you have a policy ensuring that local housing offices all have at least one staff member who has training in autism to help people make applications and fill in necessary forms?	Service Provision / District Councils	Mar 2020	See section 4.4

14.5	National Governance Objective: Preventative support in line with the Care Act 2014.	NHSE	Awaiting national targets	
14.6	National Governance Objective: Easy access to public transport.	DWP	Awaiting national targets	
14.7	National Governance Objective: Access to an appropriate range of accommodation options.	ADASS	Awaiting national targets	
15.	We want support to get a job and support from our employer to help keep it.			
15.1	A Specialist Tailored Employment Partnership project is currently being developed to promote employment opportunities for people with learning disabilities / autism / mental health conditions – service due to commence in 2019 following completion of a tender exercise.	Service Provision / LCC Adult Care	Mar 2022	Project Year 1 target; minimum of 5.6% of adult care service users with learning disabilities/autism in paid employment
15.2	The DWP Work and Health Programme was launched in January 2018 which aims to identify and support those people who may require additional 1:1 assistance in their attempts to gain employment.	Service Provision / DWP	Mar 2022	
15.3	Work alongside partners on other local employment projects/initiatives to increase opportunities for paid employment and vocational work, and ensure that Transitions Pathways support employment opportunities.	Service Provision	Mar 2022	Outcomes to be set within individual projects
15.4	National Governance Objective: Easy access to, and positive experience of, employment and benefits pathways.	DWP	Awaiting national targets	
15.5	National Governance Objective: Support is provided to autistic people to help them retain employment and support them in their work setting.	DWP	Awaiting national targets	

Glossary of abbreviations

ADASS	Association of Directors of Adult Social Services
ASC	Autism Spectrum Condition
ASD	Autism Spectrum Disorder
BAME	Black, Asian and Minority Ethnicities
CCG	Clinical Commissioning Group
CJS	Criminal Justice System
DHSC	Department of Health and Social Care
DSM	Diagnostic and Statistical Manual
DWP	Department for Work and Pensions
EHCP	Education, Health and Care Plan
GP	General Practitioner
HEE	Health Education England
ICL	International Classification of Diseases
JSNA	Joint Strategic Needs Assessment
LAPB	Lincolnshire Autism Partnership Board
LCC	Lincolnshire County Council
LPFT	Lincolnshire Partnership NHS Foundation Trust
NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
PANSI	Projecting Adult Needs and Service Information Systems
POPPI	Projecting Older People Population Information
RAG	Red, Amber, Green rating system
RAM	Reasonable Adjustments Mark
SAF	Self-Assessment Framework
SALT	Short and Long Term data
SEND	Special Educational Needs and Disability
STP	Sustainability and Transformation Plan
TCP	Transforming Care Partnership



Lincolnshire East

Clinical Commissioning Group



Lincolnshire West

Clinical Commissioning Group



South Lincolnshire

Clinical Commissioning Group



South West Lincolnshire

Clinical Commissioning Group



Autism Lincs

Open Report on behalf of David Coleman, Chief Legal Officer

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	10 April 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: -

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
Lincolnshire Assessment and Re-ablement Service	Carolyn Nice, Assistant Director, Adult Frailty and Long Terms Conditions
Community Based Support Service for People with Dementia and Their Families <i>(Executive Councillor Decision between 15 and 26 April 2019)</i>	Carolyn Nice, Assistant Director, Adult Frailty and Long Terms Conditions
Memorandum of Understanding – Housing	Glen Garrod, Executive Director of Adult Care and Community Wellbeing

10 April 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Information Briefings: <ul style="list-style-type: none"> • Safeguarding 'Sources of Risk' Business Plan Indicator • Autism 	Various

2. Future Work Programme Items

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

22 May 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Government Green Paper on Care and Support for Older People <i>(to be confirmed)</i>	Glen Garrod, Executive Director of Adult Care and Community Wellbeing
Rural and Coastal Communities in Lincolnshire	Derek Ward, Director of Public Health
Short Breaks Provision in Lincolnshire <i>(Executive Councillor Decision Between 27 and 29 May 2019)</i>	Carl Miller, Commercial and Procurement Manager – People Services
Government Green Paper on Prevention <i>(to be confirmed)</i>	Glen Garrod, Executive Director of Adult Care and Community Wellbeing Derek Ward, Director of Public Health
Information Briefing: <ul style="list-style-type: none"> • Winter Pressures – Lessons Learned • Type 2 Diabetes • Antibiotic Prescribing 	Various

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
Homes for Independence Strategy	Kevin Kendall, County Property Officer Semantha Neal, Chief Commissioning Officer, Public Health Division, Adult Care and Community Wellbeing
Annual Report of the Director of Public Health	Derek Ward, Director of Public Health
Adult Care and Community Wellbeing Final Budget Outturn Report 2018/19	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing
Policy under Section 117 of the Mental Health Act 1983 (<i>Executive Councillor Decision</i>)	Heston Hassett, Section 117 Specialist Project Manager, Specialist Adult Services

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

27 November 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Budget Outturn Projection Report 2019/20	Steve Houchin, Head of Finance, 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
- Managed Care Network for Mental Health (*Considered 11 April 2018*)
- Care Quality Commission Update (*Considered 29 November 2017*)
- 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*)
- Wellbeing Commissioning Strategy – Refresh due in 2019
- 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					✓										
Integrated Community Care															
Introduction	✓														
IT Updates					✓							✓			
Joint Strategic Needs Assessment	✓														
Local Account				✓											
NHS Long Term Plan														✓	
Quarterly Performance		✓	✓	✓			✓		✓	✓		✓		✓	
Strategic Market Support Partner			✓												
Winter Planning										✓					
Adult Frailty, Long Term Conditions and Physical Disability															
Assessment and Re-ablement															
Care and Support for Older People – Green Paper												✓			
Commissioning Strategy											✓				
Dementia Items											✓				
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												✓			

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

Housing Related Activities														
Extra Care Housing						✓								
Memorandum of Understanding														
Supported Housing						✓								
Specialist Adult Services														
Commissioning Strategy									✓					
Managed Care Network Mental Health							✓							
Shared Lives							✓							

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

DEC REF	MATTERS FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICER(S) FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	RESPONSIBLE PORTFOLIO HOLDER	DIVISIONS AFFECTED
1017038	Service for People with Dementia and their Families	Between 15 Apr 2019 and 26 Apr 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	All
1017423	Short Breaks Provision in Lincolnshire	Between 27 May 2019 and 29 May 2019	Executive Councillor: Adult Care, Health and Children's Services	Commercial Team - People Services; Adult and Community Wellbeing Departmental Management Team; Adults and Community Wellbeing Scrutiny Committee	Commercial and Procurement Manager Tel: 01522 553673 Email: carl.miller@lincolnshire	Executive Councillor: Adult Care, Health and Children's Services	All

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