



County Offices
Newland
Lincoln
LN1 1YL

1 October 2019

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 9 October 2019 at 10.00 am in Committee Room Three, County Offices, Newland, Lincoln Lincs 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), B Adams, 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 and M A Whittington

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 9 OCTOBER 2019**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declaration of Members Interests	
3	Minutes of the meeting held on 4 September 2019	5 - 14
4	Announcements by the Executive Councillor and Lead Officers	
5	Presentation on One You Lincolnshire <i>(To receive a presentation by Derek Ward, Director of Public Health, which provides the Committee with an update on One You Lincolnshire, Lincolnshire's integrated lifestyle support programme)</i>	15 - 16
6	Team Around the Adult - Multi-Agency Prevention Initiative <i>(To receive a report by Justin Hackney, Assistant Director - Specialist Adult Services, which provides the Committee with an update on the "Team Around the Adult" initiative)</i>	17 - 20
7	Lincolnshire County Council Adult Care Winter Plan <i>(To receive a report by Tracy Perrett, Head of Hospitals and Special Projects, Adult Care and Community Wellbeing, which will contribute to the Adult Social Care element of the Lincolnshire Health and Care System Winter Plan 2019/20)</i>	21 - 36
8	Adults and Community Wellbeing Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which provides the Committee with an opportunity to consider its future work programme, which includes a list of probable items up to and including 1 July 2020)</i>	37 - 46

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

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

Contact details set out above.

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



**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
4 SEPTEMBER 2019**

PRESENT:

Councillors Mrs E J Sneath (Vice-Chairman, in the Chair), B Adams, R J Kendrick, Mrs J E Killey, Mrs M J Overton MBE, C E Reid and C L Strange

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

Officers in attendance:-

David Clark (Programme Manager), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Tracy Johnson (Senior Scrutiny Officer), Carl Miller (Commercial and Procurement Manager - People Services), Samantha Neal (Head of Prevention and Early Intervention), Katy Thomas (Programme Manager (Health Intelligence)), Professor Derek Ward (Director of Public Health) and Rachel Wilson (Democratic Services Officer)

19 APOLOGIES FOR ABSENCE/REPLACEMENT COUNCILLORS

Apologies were received from Councillor Mrs C J Lawton and Councillor C E H Marfleet.

Councillor Mrs E J Sneath (Vice – Chairman) in the Chair.

20 DECLARATIONS OF COUNCILLORS INTERESTS

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

21 MINUTES OF THE MEETING HELD ON 3 JULY 2019

RESOLVED

That the minutes of the meeting held on 3 July 2019 be signed by the Vice-Chairman as a correct record

22 ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR AND LEAD OFFICERS

There were no announcements.

23 WELLBEING SERVICE - FIRST YEAR UPDATE

Consideration was given to a report which set out the performance for the first year of the new delivery model for the Wellbeing Service. It was reported that the Wellbeing Service was re-commissioned by Lincolnshire County Council and successfully went live on 1 April 2018. The service was delivered by Wellbeing Lincs, a consortium of all seven district councils as described in the previous report to this Committee on 28 November 2018. East Lindsey District Council (ELDC) was the contracted lead provider.

The service was available to individuals aged 18 years and over who were resident within Lincolnshire and met the eligibility criteria. The Wellbeing Service was designed to promote confidence and resilience to support individuals to live independently for longer. Following assessment, the range of services offered included individualised generic support, simple aids to daily living, minor adaptations, 24-hour responder provision and signposting.

Members were advised that the contract started in April 2018 and would end in March 2023 with the opportunity to extend for a further five years pending review.

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

- It was noted that the Committee had been informed of a lot of aspects which were going well with the Service, such as the performance, but it was queried if there was anything that was not working quite as well. It was commented that this was the first year of transition and when moving from three providers to one there would always be challenges, for example getting the staff to work in a consistent way across the service.
- A pressure on the service had been demand, as the referral rate had been far in excess of what was expected. It was acknowledged that this had been a challenge and managers had to continually adjust procedures in order to manage this.
- It was queried whether there had been any liaison with medical crisis teams, acute hospitals, the Peter Hodgkinson Centre and other mental health units. Members were advised that there were not individuals specifically working on these wards but if it was identified that there was a need for support with mental health concerns then the Service would act as the enabler in getting the necessary services involved.
- Work was being done to ensure that the right referral pathways were in place and there were positive relationships with other services.
- It was queried whether there was any working with voluntary organisations. It was reported that when ELDC led the initial bid, they put together a team to develop networks and referral pathways. It was ensured that there was a seamless transition to services that could support that person.
- It was noted that in terms of the key referral pathways, they were not 'one way traffic'. For example, when Fire and Rescue Advocates went to visit people for

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a fire check, if they had a wellbeing need, they would be referred through to the Wellbeing Service. The customer did not need to have an assessment.

- In response to a query it was stated that the Wellbeing Service worked well with the NHS in Lincolnshire.
- It was queried whether there was any work with hospitals in Peterborough and Grimsby as Lincolnshire residents would travel cross-border if it was their nearest hospital. It was noted that this was something that the Service wanted to develop going into its second year. There was however, a range of other staff operating in hospitals in and out of the County who had been fully briefed on this Service. There was still some work to be done on how people were to be referred and establishing the referral pathways.
- Work was underway to create an integrated system as far as possible to enable the right level of support to be provided to the individual.
- Over 300 agencies referred into the Wellbeing Service.
- It was queried if there was someone with total responsibility for the Service to ensure that people did not fall through the gaps, and Members were advised that this would be the Executive Director for Adult Care and Community Wellbeing. It was important that the Council did not over prescribe and tell people what they should do, as the aim was for colleagues to work together on the ground as people lived complicated lives. The Wellbeing Service would provide a wraparound service and needed to be able to work locally to make the right decisions to help people.
- It was queried how people could contact the service, and it was reported that this could be done through the Customer Service Centre which was open Monday-Friday from 8.30am – 5.00pm, but there was also an emergency duty team. The general policy was to not have a dedicated number for the service, it did not matter which number a person rang, it was about getting into the system. It was difficult to rely on one number and one team in a place like Lincolnshire.
- It was commented that the work of the Service was very encouraging and positive.
- The resettlement service operated 24/7 and provided extended cover for those who needed support to settle back at home. This would then be fed back into the Wellbeing Service.
- The eligibility for this Service was being a Lincolnshire resident, and was not affected if their GP surgery was across the border. There was a need to ensure that Adult Social Care staff in these areas knew how to refer people into this service.
- Members were very pleased with the performance of this service.
- The Executive Councillor for Adult Care, Health and Children's Services wished that her thanks to the team be recorded. It was not thought that there were any other authorities that carried out this type of preventative work. Lower numbers of people coming into Adult Social Care that needed intensive support had been seen. However, it was too soon for there to be any evidence that this was due to this Service.

RESOLVED

That the Committee note the performance of the first year of the new delivery model of the Wellbeing Service and request that a further update be brought at the end of the second year.

24 HOUSING RELATED SUPPORT SERVICE

The Committee received a report which invited members to consider a report on the commissioning and procurement of housing related support services which was due to be considered by the Executive on 1 October 2019.

It was reported that the Council commissioned a number of contracts to deliver housing related support services to adults. These contracts comprised of:

- Emergency accommodation based support – this offered intensive support for up to three months in designated accommodation;
- Non-emergency accommodation based support – this offered support for up to six months in designated accommodation;
- Floating support – this offered support for up to six months (not linked to designated accommodation); and
- Rough sleeper street outreach – which offered assertive outreach and targeted support for up to a maximum of 18 months.

Members were advised that the services worked together to form a structured model of support for people who were currently homeless or at risk of losing their home. The support helped people with their immediate housing need and to regain or sustain their independence.

The Council also commissioned the following services, linked to housing, which were packaged together with housing related support services when they were last commissioned in 2015:

- Two domestic abuse refuges – offering a place of safety and support for up to six months for victims of domestic abuse; and
- Mental health crisis houses – offering a step down from hospital admission or a preventative stay for up to 10 days.

With the exception of the floating support and rough sleeper street outreach elements, which concluded on 31 March 2021, the contracts were all due to end on 30 June 2020, and as a consequence decisions needed to be made about the future commissioning of the services. The report presented the case for re-commissioning a reconfigured housing related support service for adults in Lincolnshire (Re-commissioning of Children's Services housing related support was the subject of a separate report to the Executive).

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

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- It was noted that this was tied into the Wellbeing Service and it was about support and prevention.
- Since the model was last commissioned in 2015, legislation had changed and there was a new duty to refer on all public authorities. The role of district councils had also changed and there was now an overlap with some of the County Council's services.
- The existing service had several components and a number of providers. The aim was to reduce the number of providers.
- Members were advised that one element which would not be changing was the domestic abuse refuges, which were working well and were a relatively small part of the budget but were fundamental to the service.
- The time that district councils had to work with people who were at risk of becoming homeless had been extended.
- City of Lincoln, East Lindsey and Boston Borough Councils had secured funding through the government's Rough Sleeping Initiative, and Boston had secured funding for all seven Districts from the Controlling Migration Fund to help foreign nationals, however this was short term funding. It was expected that there would be more, but it was not known how much there would be or when it would be released.
- It was highlighted that the housing related support service did not pay for accommodation. It was about providing support to enable people to maintain their tenancies.
- It should complement the service provided by district councils rather than duplicate it.
- Members were advised that the primary risk was of a potential lack of interest from the market if designated accommodation was removed.
- In the past it had been difficult to get mental health representatives to attend the Vulnerable Adults Panel. However, a 'Team Around the Adult' had now been adopted (similar to the "Team Around the Child" (TAC) model in Children's Services)
- All the districts had signed up to this, and pilots were being run, which was positive as any hitches could be discovered before the start of the new contract.
- It was queried who would be providing the street outreach service after the current contract ended. The current provider would continue until March 2021, and then the districts who would need it may fund it themselves or get external funding. The key hotspots were City of Lincoln, East Lindsey and Boston and there was an ongoing conversation.
- It was highlighted that the report stated that the new eligibility criteria would restrict the number of people eligible for housing related support services in future by 37%, and it was queried where those people would be able to find help. Members were advised that those people who did not meet the eligibility criteria would need to go direct to the district council (which they should be doing already). It was noted that of the current service users, 37% would be referred straight to the district council. Not everyone covered by this service was homeless or had mental health and/or substance misuse problems.
- The people this service would target would be highly vulnerable and the service would provide a wraparound service.

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- It was noted that the health service did not currently have a dual diagnosis system. The Council was working with the NHS and could provide an alcohol and substance misuse service, but not the clinical support. There was a need to make it quicker for these people to get the support they needed.
- The service would focus on the people that needed the support the most, and they would be supported to maintain their housing (but the district council would support them to get housed).
- It was noted that there were 18 reasons why people could enter the Service, and the district council had to report back 80 pieces of information to government. The district council staff were very good at working with people, and there was a need to determine which of the criteria fell within the 'day job' of the district council. The district council would make the support plan available to the support provider of this contract. This was to ensure that the support worker did not duplicate the work of other people.
- It was noted that the Council did not currently pay for accommodation costs as it did not own the property. The property was owned by the provider.
- It was commented by one member that they would support the Council having some designated accommodation.
- This report was welcomed as was the work which was being done by the county and district councils.
- It was queried what involvement there had been with charities that worked within this field. It was noted that this was similar to the wellbeing model. When a person was coming through the Service, they needed to feel secure, and as well as when they left the Service. The charitable sector was really helpful in this area. It was also highlighted that most of the providers were registered charitable organisations as well. There was confidence that there was appropriate experience within the providers.
- It was queried how councillors could help someone to access the Service. Officers advised that they should be encouraged to contact their district council, and the duty to refer required the consent of the individual. It must also be accepted that some adults may choose to make unwise choices.

RESOLVED

1. That the Committee support the recommendations to the Executive as set out in the report.
2. That the following comments be passed to the Executive:
 - *Rough Sleeper Street Outreach - The current provider would continue to provide the service until the end of its contract on 31 March 2021. This service would not be included in the new service model after this date. District councils would then be the responsible for funding it themselves or seeking external funding.*
 - *Eligibility for the Reconfigured Service - The 37% of adults who would no longer be eligible for the service would be supported by the district councils as part of their housing and homelessness reduction duties. The service would be aimed at highly vulnerable adults aged over 18 years old, who required support to secure and maintain accommodation and who also had mental health needs and/or substance misuse*

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issues. The Council was urging the NHS to introduce a new dual diagnosis service for identifying and treating mental health and substance misuse, which was not currently available.

- *Accommodation - The Committee supported the inclusion of some designated accommodation in the contract, if this was required to attract the market. A decision on its inclusion would be addressed by the delegated powers in Recommendation 4.*
- *Charities Sector - The charities sector was involved and provided additional services and support to these vulnerable adults.*

25 ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT
 - QUARTER 1 2019/20

Consideration was given to a report which presented performance against Council Business Plan targets for the Directorate, as at the end of Quarter 1 2019/20. A summary of performance against target for the year had been included in Appendix A of the report, and a full analysis over the year was included at Appendix B to the report.

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 commented that Lincolnshire did well when compared to other authorities, and it was queried how it was decided which counties Lincolnshire was compared with. Members were advised that this was set by CIPFA. The authority was in a group with other counties which were similar to Lincolnshire, so that like was compared with like as it was very different providing services in Lincolnshire than in Nottingham or Derby.
- Lincolnshire was the second lowest funded shire county in the country for social care.
- It was noted that targets in relation to smoking and alcohol were dealing with individuals making choices, and the target was ambitious. It was queried how Lincolnshire compared with the rest of the country. Members were advised that targets for reducing smoking were based on a national model, which could be improved, but Lincolnshire was still doing well compared to other authorities.
- It was queried how the measures reported to the Committee were chosen. Members were advised that measures were reported by exception.

RESOLVED

That the performance of Adult Care and Community Wellbeing for Quarter 1 be noted.

26 ADULT CARE ACTIVITY DATA FOR 2018/19

Consideration was given to a report which provided a detailed understanding of the full year activity in Adult Care for 2018/19 via a spreadsheet attached at Appendix D

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to the report. Members were advised that this form of presentation had been used for four years and allowed senior officers within the Directorate to understand the 'flow' of people through adult care and the interplay between various activities; for example the impact prevention services had on longer term care activity.

Members were guided through the spreadsheet and 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:

- In relation to residential homes, it was queried whether there was a difference between the price that private individuals paid and the price paid by the local authority. Members were advised that the Council set a schedule of fees for residential homes and these fees were often lower than what the homes charged privately.
- It was queried what the justification was for the difference between the private fee and the local authority fee, and members were advised that this had been the subject of national debate for many years.

(NOTE: Councillor C L Strange left the meeting at 12.20pm)

- Those people who were buying their care and support privately would typically not have an assessment. However, it would be preferred if everyone had an assessment, as an assessment could indicate that the person did not need residential care at that time. A lot of people entered residential care too early.
- When the authority became involved with those people with fewer resources, the aim was to provide wraparound care to help them stay in their home.
- Residential care could sometimes be too easy an option. There was a need to ensure that the public were aware that assessments were for everyone.
- 64% of the carers supported by the County Council were caring for someone who was not receiving their own support, as they were not known to the County Council. Carers were targeted with support to prevent people going into residential care too early as the carer could no longer cope.
- In terms of people having assessments, it was commented that some people thought this process would be intrusive, particularly in terms of their finances. A new way was being piloted, which meant that a financial assessment would only be carried out if a person's needs required state support. An assessment would look at what help could be provided to help people to stay independent at home.
- It was highlighted that there were a number of school children who were carers and Members were advised that they would be covered by the Young Carers Service which was part of Children's Services.
- There were approximately 6.5million carers in the country, and of these around 10% were children.
- Support to carers was critical to preventing people going into very expensive services that they may not need. It was important to support working age adults who wanted to stay in employment.

RESOLVED

That the spreadsheet setting out the activity in Adult Care for 2018/19 be noted.

27 ADULT CARE AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME

Consideration was given to a report which set out the Committee's work programme for the coming year and included a list of probable items up to and including 1 July 2020.

It was noted that there would be two additional items for the meeting on 15 January 2020 – New Ways of Working in Social Care and the Better Care Fund, and a report on Day Services would be added to the agenda for 1 April 2020.

It was reported that the Chairman had suggested that it may be beneficial for members to visit some day centres prior to the report being considered at the meeting on 1 April 2020. Officers confirmed that information about the day centres would be circulated to members of the Committee to enable them to make arrangements for a visit.

RESOLVED

1. That the Committee's future work programme and additional items for inclusion be noted.
2. That information regarding the day centres be circulated to the Committee
3. That the following decisions made by the Executive/Executive Councillor for Adult Care, Health and Children's Services further to consideration by this Committee on 3 July 2019 be noted:
 - a) Extra Care housing – decision made by the Executive on 9 July 2019 to approve funding for the De Wint Extra Care Housing Scheme in Lincoln.
 - b) Section 117 Policy – decision made by the Executive Councillor for Adult Care, Health and Children's Services on 24 July 2019.
 - c) Short Breaks Provision in Lincolnshire – decision made by the Executive Councillor for Adult Care, Health and Children's Services on 5 July 2019 to approve the re-procurement of planned short breaks and emergency placements for Learning Disability Services at Swallow Lodge (North Hykeham) and Cedar House (Spalding).
 - d) Performance Reporting – decision made by the Executive on 5 July 2019.

The meeting closed at 12.30 pm

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Open Report on behalf of Derek Ward, Director of Public Health

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	9 October 2019
Subject:	Presentation on One You Lincolnshire

Summary:

There will be a presentation to the Committee on One You Lincolnshire, which is Lincolnshire's integrated lifestyle support programme.

Actions Required:

To consider and note the presentation.

1. Background

Evidence suggests that lifestyle risks can be clustered with more than 25% of adults in the United Kingdom having three or more risk factors. Adults with multiple risk factors tend to have greater experiences of health inequalities linked with multiple deprivation (Kings Fund, 2012).

Behavioural-based interventions (+/- pharmacotherapy for smoking cessation) have similar methodologies and an integrated lifestyle service has the potential to offer a person-centred approach supporting people to motivate, enable and generate change across four key lifestyle behaviours.

Lincolnshire County Council opted to commission an integrated lifestyle support service for key behaviours that have some of the greatest burden on health and wellbeing:

- Smoking of tobacco
- Physical inactivity
- Weight management, and
- Excessive alcohol consumption.

A procurement exercise has taken place and the contract has been awarded to Thrive Tribe (<https://thrivetribe.org.uk/>). The contract management will be undertaken by the Commercial Team-People Services.

The One You Lincolnshire integrated lifestyle programme went live from July with the smoking cessation service, with the TUPE of staff from the previous service and from 1 September 2019 for the remainder of the service implementation (<https://www.oneyoulincolnshire.org.uk/>).

The shape of the new service involves a number of pathways:

- Triage and support (with four staff) involving referral recruitment, screening, appointments, prompts and fixes for individual issues
- Go smokefree pathway (with twelve staff) involving direct service provision and sub-contracting with pharmacies and primary care
- Health coach and drink less pathway (with eight staff) involving direct service provision. Client-based works starts in October.
- Lose weight pathway (with five staff) involving direct provision, courses and sub-contracting with Weight Watchers and Slimming World. Incremental start dates across the county in September
- Move more pathway (with five staff) involving direct provision and sub-contracting with leisure providers, including the Get Health Get Active (GHGA) support programme offering free or discounted community activities.

As of the end of September the service had all but three staff recruited and had supported 586 people related to smoking cessation; 30 people enrolled for weight loss and 149 different providers engaged to support the GHGA community programme.

2. Consultation

This is not a direct consultation item.

3. 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 Philip Garner, who can be contacted on 01522 552292 or philip.garner@lincolnshire.gov.uk



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	9 October 2019
Subject:	Team Around the Adult – Multi-Agency Prevention Initiative

Summary:

The Assistant Director of Specialist Adults Services and Safeguarding within Adult Care and Community Wellbeing has been asked by the Lincolnshire Safeguarding Adults Board (LSAB) and the Lincolnshire Public Protection Board (PPB) to lead the development of a multi-agency early intervention and prevention initiative called "Team Around the Adult".

The "Team Around the Adult" initiative will focus on improving outcomes for vulnerable adults with complex needs who may not meet the thresholds for an Adult Safeguarding Section 42 enquiry and/or may for various reasons be "hard to reach" in terms of engaging them in traditional service delivery models.

There will be an initial focus on adults exposed to multiple risk factors including mental illness, drug and/or alcohol dependencies, victims and/or perpetrators of crimes and homeless or at risk of becoming homeless.

Actions Required:

The Adults and Wellbeing Scrutiny Committee is asked to note the presentation to be provided by the Assistant Director of Specialist Adult Services.

1. Background

In 2014, the Lincolnshire Safeguarding Adults Board (LSAB) received information relating to thirty-four people who were considered to be victims of financial exploitation in a Lincolnshire market town. It was believed the people had been targeted because of their vulnerabilities. Lincolnshire Police worked with the multi-agency safeguarding partnership to investigate the alleged offences and to safeguard the victims involved. This investigation revealed individuals had been subject to exploitation for many years.

The LSAB commissioned a Safeguarding Adults Review (SAR) to identify if there were lessons regarding how agencies had worked together to safeguard individuals experiencing financial exploitation in these preceding years. The SAR was titled TH19. TH19 looked in detail at the experience of ten people. Their stories detail some harrowing accounts of their day-to-day lives. This was not a hidden picture and their abuse was known to the agencies working with them.

The review identified many examples of committed practitioners and agencies, working hard to help the individuals reduce risks. The review also identified valuable learning regarding how well agencies worked individually and collectively to safeguard those ten people. In particular the review identified that:

The cohort of people within the scope of the review had complex needs with multiple risk factors. For example, the learning from the review reflects the inter dependency between mental health needs, problematic drug and alcohol use, homelessness and financial exploitation. Mental health needs and problematic drug and alcohol use are also often associated with life circumstances that may further increase risk. This includes loneliness, dependency, impaired decision making and susceptibility to coercive control. Financial exploitation often co-exists with other forms of abuse. Some of the people who were subject to this review also experienced physical and sexual abuse, psychological abuse and self-neglect. There were therefore particular challenges for services in keeping the person engaged in care. This contributed to the person's level of vulnerability and the ability of services to reduce risk of harm;

Much of the work to protect the vulnerable adults was completed outside of the formal LSAB Adult Safeguarding Procedures which focus predominately on those people who are eligible for a section 42 safeguarding enquiry in line with Care Act statutory guidance. This was because safeguarding referrals were not always made, not all people met the threshold for a section 42 enquiry, not all people were willing, able or ready to participate in a section 42 enquiry or in some instances willing to accept wider help. Terms that have been utilised to describe the characteristics of some of these people are "Non Engaging Adults" or "Hard to Reach Adults".

It was also identified that there are multiple partnership forums in place that currently operate outside of the remit of the LSAB formal policy and procedures. Whilst these forums were utilised to provide a level of co-ordination of help and support to the TH19 cohort, there was inconsistency in how well these forums were understood and utilised by key stakeholders. Police efforts to gather information and secure prosecutions was severely impaired by the limited information recorded by agencies about the alleged perpetrators and the lack of witnesses.

A review of Housing Related Support Services in Lincolnshire has identified that there are a cohort of people with similar characteristics to those identified in the TH19 SAR who agencies are currently finding it difficult to co-ordinate support for. Many of these Adults are considered by Vulnerable Adult Panels (VAP) operated by district councils but similar to the TH19 review many of these people do not want to engage with a formal safeguarding process or may not be eligible.

Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Police working together have also identified a number of High Intensity Service Users with very similar risk profiles.

What we are doing about this

Lincolnshire Adult Safeguarding Board and the Lincolnshire Public Protection Board have agreed an aspiration to develop a "Team Around the Adult" initiative with similarities to the Team Around the Child (early help model) that is in operation in Children's Services in Lincolnshire. The Assistant Director of Specialist Adult Services within Adult Care and Community Wellbeing has been asked to chair a Multi-agency Programme Board that will lead on the development of this initiative. The ambition is to have a Team Around the Adult process operating across each district council area within Lincolnshire by July 2020.

Resources have now been secured to fund a Programme Manager and a program team to provide oversight to a number of projects across districts that will inform the operating procedures and eligibility criteria for the Team Around the Adult support.

District Councils have expressed a wish to explore the development of the Team Around the Adult process linked to the existing Vulnerable Adult Panels (VAPs). LSAB has agreed to strengthen the existing local Safeguarding policies and procedures to support the development of Team Around the Adult and attendance at related forums.

Our aspiration is that this initiative could be expanded to support wider cohorts of vulnerable adults in the future. The initiative will be reviewed in April 2021 once it has had 9 months of operation.

2. Conclusion

The initiative will help to prevent the needs of vulnerable adults escalating and will provide a joined up multi-agency response to people with entrenched and complex needs that will deliver better outcomes for the individual.

3. Consultation

There are currently no identified consultation requirements.

4. Background Papers

Serious Adult Review – Financial Exploitation TH19	https://www.lincolnshire.gov.uk/lisab/safeguarding-adults-reviews/131855.article
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This report was written by Justin Hackney Assistant Director, who can be contacted on 01522 554259 or via Justin.Hackney@lincolnshire.gov.uk

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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:	9 October 2019
Subject:	Lincolnshire County Council Adult Care Winter Plan

Summary:

To support the Health and Care system Winter Plan for 2019/20 Lincolnshire County Council will continue to work with health providers and commissioners to develop the high impact change model. The County Council will work with our reablement and home care providers to increase capacity across the county in line with demand.

In October 2018 the Secretary of State for Health and Social Care announced £240m of additional funding for councils to spend on adult social care services to help Councils alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England. This funding has been agreed for 2019/20 and Lincolnshire County Council has worked closely with system partners to plan for this coming winter.

This Report will contribute to the Adult Social Care element of the Lincolnshire Health and Care System Winter Plan 2019/20 and will be signed off by the Health and Wellbeing Board in the coming weeks. A winter review will be undertaken in 2020 and submitted for scrutiny once completed.

Actions Required:

The Scrutiny Committee is requested to note the approach to winter pressures as set out in this report and offer its comments.

1. Early Discharge Planning

We will work with our colleagues across the system to encourage and support early discharge notification and ensure that the discharge planning is not a linear process. Discharge planning commences as soon as we are aware a person requires Adult Care assessment /advice / support for discharge.

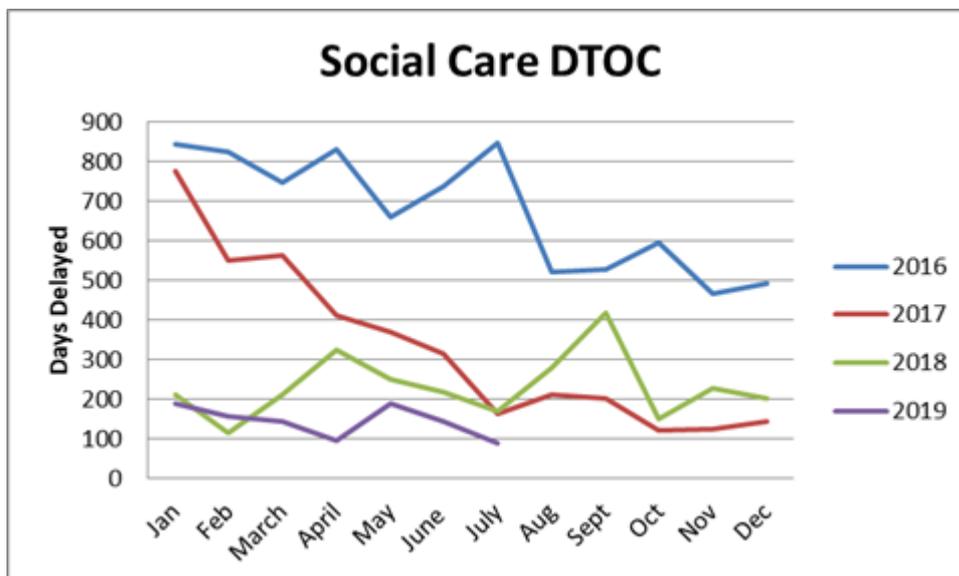
2. Systems to Monitor Patient Flow

There is a high level of contact with United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Community Health Services NHS Trust (LCHS), Lincolnshire Partnership NHS Foundation Trust (LPFT), clinical commissioning groups and external partners to monitor patient flow, both internal to Lincolnshire and around our border trusts.

Lincolnshire County Council also support North West Anglia NHS Foundation Trust and Northern Lincolnshire and Goole NHS Foundation Trust and has staff either based on site or assigned to these Hospitals. This ensures that the people from Lincolnshire receive the same level of responsive support as people in Lincolnshire Hospitals. Adult Care also work closely with LCHS staff in the community hospitals, ensuring that the flow through the community hospitals receives the same level of priority as acute hospitals.

Social Care staff are also designated to work with LPFT as the acute mental health trust, , to ensure discharges are timely as well as providing the same level of support as we do in the other acute trusts.

Timely progress is made for each person being discharged with Adult Care support. A patient tracker which lists all Medically Fit for Discharge (MFFD) patients is updated by Adult Care several times a day with discharge planning details and shared with ULHT and LCHS. This way of working has yielded significant results, as since its inception in 2017, there has been a significant reduction in delays to Social Care as shown by the graph below:



During winter, acute trusts tend to see an increase in hospital attendances and unplanned admissions with more people being admitted through A&E, ambulance conveyance, and GP admissions. Adult Care will support the 'front door' of acute trusts to ensure people are not admitted unnecessarily to Hospital by liaising with the Integrated Neighbourhood Teams to 'wrap care around' individuals to support them in their own home.

The Lincolnshire System Resilience Group will lead on system-wide year round demand and capacity planning. This is to ensure decisions are made regarding escalation and the deployment of any operational resources to support the smooth running of the urgent and emergency care system in Lincolnshire. The Group will meet on a monthly basis with an increase to weekly meetings in times of system escalation.

3. Multi-Disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector

Social Care officers will continue to jointly lead the multi-agency discharge hubs ensuring an integrated assessment for each person leading to an agreed discharge pathway. Any complex cases will be discussed to ensure that a timely solution is found and the patient is discharged in a safe way. This planning will happen in conjunction with and parallel to any treatment plans.

There are home care and care home trusted assessors in place to support the acute trusts. These are funded on an on-going basis through the Better Care Funding (BCF) and additional winter monies. The HART (Hospital Avoidance Response Team) assist Lincolnshire County hospitals in avoiding unnecessary hospital admissions and delayed hospital discharges. This is to help reduce attendance at A&E, emergency admissions, protracted hospital stays, other delayed transfers of care and at the same time enable people to regain and retain independence. This Scheme receives additional winter funding to enable them to increase their capacity over the winter period.

Community care nurse specialists from St Barnabas have been commissioned from winter monies. Their focus is to support people and their families with end of life needs. They will link in with the emerging Neighbourhood Teams to support with advanced planning. This will aim to prevent unnecessary hospital readmission and support people to remain safely in their communities.

4. Home First / Discharge to Assess

The 'Home First' principle and 'Discharge to Assess' models are followed when planning discharges and supporting people to return home. These ensure the maximisation of reablement capacity. The aim and focus of this pathway is to promote and maximise people's independence as close to home as possible. Service capacity will be flexed where possible to meet demand and alternatives explored in a timely way to ensure effective patient

flow. Libertas will work in collaboration with LCHS and system partners to provide reablement in people's homes to facilitate discharges and avoid hospital admissions. They will also work with community bed-based rehabilitation pathways to maximise the provision of the right services to the right people.

There is close working with community health providers to support the transitional care pathways, ensuring early safe discharges. Hospital wards are able to restart simple and existing packages of care direct with Providers if there is no change in needs. This is to speed up the discharge process and ensure people are not spending longer than is needed in acute hospital services.

Adult Care and Community Wellbeing (AC&CW) may provide alternative interim placements in care homes if home care support is unavailable. This is dependent upon each person's individual circumstances and needs at the time of discharge.

5. Seven Day Services

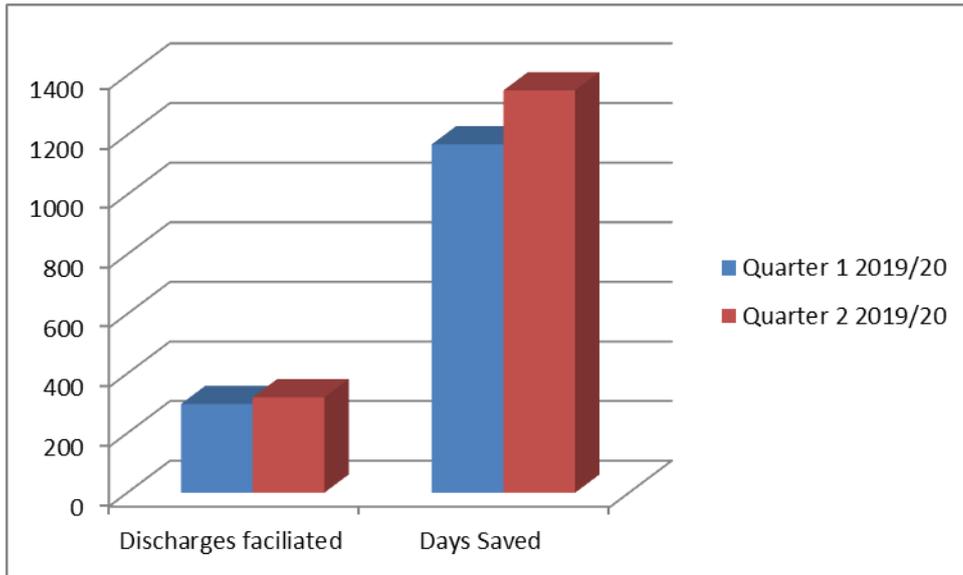
Adult Care staff working in acute hospitals are all on seven day working contracts. Staff are part of a rota to work over seven days as required to meet the demands of the service. Home care and reablement providers all work over seven days prioritising hospital discharges and avoiding Hospital admissions.

Our brokerage service will work Saturdays and Sundays to provide access to services for weekend discharges. This is flexible to meet the demand as needed. The Council's Emergency Duty Team provides cover out of hours if there an emergency response is needed.

For new clients to Adult Care in 2018/19 the hospital social care teams facilitated 740 discharges from hospital over the weekends. This data does not include restart of previous care support.

6. Trusted Assessors

The Care Home Trusted Assessors (CHTAs) complete assessments on behalf of residential and nursing homes across the county. This reduces the need for care homes to come into the hospitals to complete their own assessments, which reduces the time a person waits to be discharged into an appropriate care setting. CHTAs work six days a week, Monday - Saturday. The impact of this support is shown in the graph below:



Due to the success of this scheme, winter funding has enabled the Council to provide the same service for people needing care in their home on discharge. Home Care Trusted assessors (HCTA) will liaise with Prime Providers to support timely Hospital discharge. HCTA work six days a week, Monday - Saturday.

CHTAs and HCTAs will support all service users in Hospitals requiring Residential Care, Nursing Care or Home Support. This includes self-funders.

7. Focus on Choice

Adult Care staff will work with ULHT and LCHS to ensure early engagement with patients and relatives, planning for discharge as early after admission as possible. The transfer of care policy is fully operational across the acute hospitals. On admission to hospital all patients are provided with a welcome letter. This advises that, on admission, discharge planning will be discussed to ensure that when a person no longer requires consultant-led care they will be discharged home or to another non-acute setting, dependent on their needs. This ensures that people and their families know about their patient journey while in hospital and what support may be available in preparation for discharge home. If, when a person is medically fit to return home and the services or alternative services are offered but declined, then a further letter with a discharge date is issued. If on this date the person is still in hospital, a senior manager from the trust, visits the person on the ward.

It is always the aim of the County Council to support a person to return home with care if this is appropriate. If support at home is not readily available we will offer the person an interim care home placement to enable them to be discharged from hospital. Adult Care staff discuss discharge planning as soon as possible after admission. This is to ensure patients and their families are aware this may be required to enable them to consider alternative options.

8. Flu Planning

Influenza represents a serious threat to the health of vulnerable people. It is also a serious threat to the business continuity of health and care provision and the wellbeing of the wider community if new strains of the flu virus emerge. The Lincolnshire health and care system's approach to encouraging uptake of the flu vaccine is well-coordinated across organisations and consists of:

1. A well-rehearsed plan for the vaccination of target groups with vulnerable adults immunised through primary healthcare and hospital services (where they are in contact with them) and children through primary health care and the school immunisation service.
2. Plans to immunise front line staff engaged in health and care provisions, when vaccine stocks are available. These include all County Council staff and all front line social care contractors who are offered free vaccination through national and local schemes.

The plans are monitored and managed through a system-wide Flu Planning Group, chaired by the NHS England embedded Public Health Team and with the full engagement of organisations across the system.

9. Key Public Messages

AC&CW will assist in coordinating all essential public information and wellbeing key messages via the County Council's Communications Team.

10. Conclusion

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

11. Consultation

This is not subject to consultation

12 Appendices

These are listed below and attached at the back of the report

Appendix A	Winter Resilience Report to the Health Scrutiny Committee for Lincolnshire – 18 September 2019
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13. Background Papers

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

This report was written by Tracy Perrett, who can be contacted on 01522 554375 or Tracy.Perrett@lincolnshire.gov.uk.

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire East Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	18 September 2019
Subject:	Winter Resilience

Summary:

The purpose of this item is to update the Health Scrutiny Committee on planning for Winter Planning across the Health and Care Economy in Lincolnshire.

Actions Required:

The Committee are asked to recognise the work undertaken to manage the urgent care system during winter 2018/19 and consider the approach to preparing for winter pressures 2019/20 as set out in the report and to offer comments and suggestions.

1. Background

Traditional winter pressures are now a year-round event. The NHS long-term plan published in January 2019 is an opportunity to ensure local health and care systems are resourced to offer greater resilience in the face of rising demand. To do this, we must be realistic about what resource is required to meet patient need and recover performance. The context in which NHS trusts are entering this winter is more difficult than last year following significant operational challenges, growing pressures on the health and care workforce and a period of sustained, financial constraint.

1.1 National context

Each year the NHS provides around 110 million urgent same-day patient contacts. Around 85 million of these are urgent GP appointments whilst the rest are Accident & Emergency (A&E) or minor injuries-type visits. It is estimated between 1.5 and 3 million people arriving at A&E each year could have their needs addressed elsewhere for example via NHS111, a local pharmacy or by visiting a GP. This cohort of patients attend A&E because it is perceived the most convenient or quickest option however there are significant consequences to the rising demand on our A&E department; and this impact is felt throughout the acute hospital and the urgent care system as a whole.

Based on an analysis of official NHS data, between December 2017 and March 2018:

- A&E attendances over the year rose to nearly 24 million – equivalent to almost half the population of England
- there was a 261,000 increase in attendances during winter – broadly the same as the population of Plymouth
- there were 1.52 million emergency admissions over the winter, up 85,000 compared to the previous year – roughly equal to the number of people who live in Halifax
- over winter there were 1.3 million arrivals by ambulance, a similar figure to the number of people who live in Birmingham
- the number delayed more than 15 minutes (the official limit) in handing patients over to hospital was 600,000 – the same as the population of Bristol.

In an attempt to address these challenges nationally, the NHS Long Term Plan was published in January 2019. The Plan correctly describes an emergency care system under sustained pressure responding to real changes in demography, public expectation and vision for future delivery; setting out actions to ensure patients get the care they need, fast, and to relieve pressure on A&E's.

The Government has committed to improvements in 'out-of-hospital' services to reduce very substantial pressures associated with the care of emergency patients. In doing so, more patients will be looked after effectively by GPs, community health and social care services without the comparative expenditure growth as acute services.

1.2 Local Context

Against the national backdrop, in Lincolnshire we continue to see encouraging progress to integrate services, with a number of projects set up under the new care models programme starting to deliver better prevention and improved care for patients closer to home. The development of integrated urgent care services is maintaining and building on this momentum.

Ahead of this winter, our trusts are meeting day-to-day operations, and to plan with system partners what they can do differently to prioritise patient safety in the face of unsustainable demand for care. During winter, acute trusts tend to experience a rise in the number of unplanned hospital admissions, with more patients admitted to hospital via A&E, walk-in centres and ambulances. Acute trusts will be required to prioritise unplanned urgent activity, at the expense of planned elective care.

In September 2018, the Secretary of State for Health and Social Care announced £240m for local authorities to spend on social care capacity. In Lincolnshire this was used to ensure more patients are discharged promptly into appropriate care settings. The money went a long way to reducing delays in transferring patients, but to put this into perspective, according to the Association of Directors of Adult Social Services annual budget survey (Association of Directors of Adult Social Services, 2018), published in March 2019, councils had budgeted to reduce adult social care spending by £700m this year. The funding to local authorities has been duplicated for 2019/20 but is yet to be allocated to fund specific schemes. There have been two “winter workshops” facilitated by the County Council to formulate proposals. This is being led by Carolyn Nice, Assistant Director for Adult Care. Whilst the financial subsidy is welcome, short-term funding is not the solution to the health and care crisis and the government’s forthcoming social care green paper will need to set out bolder action for the long term.

NHS leaders tell us nationally led winter planning in 2018/19 was less visible compared to previous years. In response locally, our Urgent and Emergency Care delivery board has been busy planning since May/June. Our local NHS Acute and Ambulance Trusts are fully cognisant that pressures in urgent and emergency care have implications for primary care, mental health services, community services and social care.

Planning broadly falls into six areas:

- **Patient Flow.** As in previous years, trusts and our system resilience group are focusing on optimising patient flow. This will involve tackling super stranded patients (with some trusts creating special taskforces), supporting effective discharge more broadly across inpatients, increasing hospital social work provision, and developing the use of specialty surge beds. The Acute Trust is also looking at the wholesale reconfiguration of their Lincoln County Hospital site to create additional physical capacity. This level of reconfiguration has been successful at Pilgrim Hospital, Boston and continues to be developed.
- **Community and Out of Hospital Provision.** ULHT and Lincolnshire Community Health Services NHS Trust are working together along with others providers to increase system capacity this includes ongoing development of partnerships with voluntary organisations to create attendance and admissions avoidance schemes. At each end of the patient pathway, community teams are assisting patient flow which is essential to reduce crowding and increase performance in the emergency department.
- **Mental Health.** Busy emergency departments are not a suitable care setting for people in crisis. Our acute trust, mental health provider, ambulance service and the police are working together to better respond to individuals who need emergency support from a mental health crisis team. Initiatives include multi-disciplinary response teams and specialist mental health nurses in A&E departments. Mental health providers are expecting further A&E presentations, which will add more pressure on mental health inpatient beds and risk leading to increased out of area placements.
- **Primary Care.** In addition to the continuation of Urgent Care streaming in emergency departments, we will also be placing GPs in critical parts of the system to observe and advise on changes to flow.

- **Patient Transport.** We continue to work closely with our patient transport to improve performance and increase discharges.
- **Workforce.** All our trusts are investing in additional workforce capacity, particular in their emergency departments, as well as evening staff and frailty teams. We are also planning to provide additional management support.
- **Ambulance.** We are working with East Midlands Ambulance Service to reduce unnecessary conveyance to acute sites by enhancing hear and treat, see and treat services as well as improving alternate community pathways.

Despite these preparations, it would be remiss not to highlight trusts are concerned about the impact of winter.

2.0 Review of Winter 2018/19

Demand for services increased significantly through December. Locally the trend adopted that national position with people who were going to hospitals and requesting ambulances were sicker and had more complex needs. The bad weather was followed by outbreaks of flu, although compared with the national figures, in Lincolnshire this did not impact too significantly on acute services despite increasing demand in primary care. The ambulance service had a particularly challenging time as it attempted to cope with high levels of demand from patients. The demand was so high this winter that this equated to an ambulance arriving at all trusts with major emergency departments every 15 minutes, 24 hours a day, all winter.

As the national situation deteriorated regulators sought assurances from the local system about how we were responding. Our teams were able to demonstrate how a more joined up approach by our system leaders translated into more joined up system management and resilience. Throughout the winter period the system maintained a high level of planning and review to ensure the continuity and delivery of safe care; including significantly reducing our elective programme, and rescheduling outpatient clinics to free up medical and nursing staff to support the increased demand for emergency services.

Winter pressures have contributed to system financial pressures, as was the case over this year. The financial position was pressurised over the winter period due to loss of income and increased costs, as trusts had to prioritise and free up capacity to cope with emergency demand. Problems with demand, funding and workforce were replicated across the whole heath and care system, encompassing mental health, primary and community care and social care.

Because of the plurality of problems we repeatedly stated throughout winter that the NHS has reached a watershed. The operational and delivery pressures were plain for everyone to see, with the issue piercing the public, media and regulators consciousness. That said, the system received praise from Regulators for its resilience, grip and management of issues and our ability to recover from periods of unprecedented demand.

3.0 Winter 2019/20 - The Lincolnshire System Resilience Plan

The Plan is produced by the Urgent Care Team with contributions from partners across the health and care community. The plan brings together individual organisations plans into one overarching document that describes how the system

will respond to an increase in predicted demand during the winter period. The plan is not an action plan per se but demonstrates organisational resilience and business continuity mitigations. It has been reviewed by key partner organisations at the Urgent and Emergency Care Delivery Board on three occasions to ensure robustness and was compiled using previous proven approaches. This paper updates the Committee on the arrangements and outlines progress to date with respect to compliance with national expectations.

The plan itself describes how the system aims to manage pressures by:

- The acute hospital focusing on delivering improvements in bed flow processes, Emergency Department (ED) efficiency and fully implementing ambulatory emergency care and SAFER (**S**enior review; **A**ll patients have discharge date; **F**low; **E**arly discharge; **R**eview).
- The community services and local authority focusing on enhancing capacity and reablement to avoid admissions and speed up complex discharges.
- Commissioners will focus on driving greater throughput at treatment centres and ensure that demand management schemes are effective in reducing Emergency Department attendance.
- Collective effort focusing on managing complex medically fit patients with fewer delays, and implementing improvements to support and divert greater numbers of over 75 year old patients outside of the acute hospital.

The demand for services and the complexity of needs of patients and communities has remained high and performance is below trajectory. Whilst some areas have shown improvement such as Delayed Transfers of Care lost bed days, others recovery actions are behind plan such as SAFER and Frailty.

The Urgent and Emergency Care Delivery Board is responsible for implementation of the winter plan.

3.1 Progress to date:

The Plan prepares the system in Lincolnshire to:-

- focus on admission avoidance schemes and ambulatory care pathways.
- create the capacity to meet increased demand.
- robustly performance manage the system to maintain quality, activity, safety and experience.

The plan for Lincolnshire is for Health and Care colleagues from across the system to continue to work together with a particular focus on learning and understanding reasons at a system level for what we need to do to reduce avoidable attendances and admissions to hospital, and ambulance conveyances.

3.2 Assurance of the Plan

It is an expectation of NHS England and NHS Improvement that a robust system wide plan is in place for each winter. The Urgent and Emergency Care Delivery Board must have assurance that all commissioners and providers' plans evidence both individual organisation and system wide congruence and resilience. This system wide plan builds on the lessons learned and history of recent years.

3.3 Communication

A winter communication plan (based upon national guidance and material) has been developed jointly across the Lincolnshire Health and Care System. This will ensure that messages are consistent and cover the widest possible area and groups, including staff from all organisations.

3.4 Surge and Escalation and Winter Plan

Both the Surge and Escalation plan and the Winter Plan have recently been updated. The system is clear about the expectations of NHS England and the NHS Improvement on our winter response, particularly in relation to:

- Preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff.
- Joint working arrangements between health and care – particularly to prevent admissions and speed discharge.
- Ensuring operational readiness (bed management, capacity, staffing, bank holiday arrangements and elective restarts)
- Delivery of critical and emergency care services
- Delivery of out of hours' services
- Working with ambulance services – particularly around handover of patient care from ambulance to acute trust and strengthening links with primary care and A&E
- Strong and robust communication across the system.

At a high level, our response to winter is to:

- Minimise the risk to patients/service users during a period when the service is under increased pressure.
- Maximise the capacity of staff by working systematically and effectively in partnership.
- Maximise the safety of the public by promoting personal resilience e.g. seasonal flu vaccination, and choosing the right service through the communications campaign and community engagement processes.
- Maintain critical services, if necessary, by the reduction or suspension of other activities.

This Plan includes the sharing of information across the system in the form of daily SITREPs (Situation Reports) and triggers the move towards daily teleconferencing. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2019/20, and includes the following elements:

- (a) A single definition of thresholds for escalation/de-escalation and trigger points for action across the local system.
- (b) A new U&EC Delivery Board Dashboard - supported by Arden and GEM CSU will provide the Delivery Board with urgent and emergency care performance indicators, KPI's are shown against plan trajectories and national standards.
- (c) A tactical level team (telephone conferences as dictated by critical incident escalation level plus a supplementary weekly Thursday afternoon urgent care leads teleconference) will operationalise and monitor delivery of the Surge & Escalation Plan.
- (d) Developing plans with Local Medical Council and NHS England to obtain data from GP Practices on surges in demand which would be used for predicting potential system surge and also monitoring the impact of GP practice/pharmacy initiatives to support Winter.

- (e) Clarified who is responsible for prompting escalation and de-escalation/for what period, and ensuring an effective communications plan to ensure all partners are quickly aware of the change in status.
- (f) A view on predicting and mitigating the impact of our Winter actions on planned care. The A&E Delivery Board will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity.
- (g) Strengthening on site and on-call arrangements in all organisations to ensure a high quality of response and knowledge/competence. The Urgent Care Team will continue to collate on-call rotas from providers.

3.5 Cold Weather Plan

The national Cold Weather Plan provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather. It is supported by the Met Office Cold Weather Alert Service. The service starts on 1 November 2019 and runs until the end of March 2020. Each member of the Delivery Board has been asked to ensure they are clear on their roles and responsibilities during periods of cold weather. The Surge and Escalation Plan developed for Lincolnshire sets out organisational responses and actions in detail such as identification of vulnerable patients and staff rotas and the local system have developed a local cold weather plan based on national guidance.

3.6 Seasonally Related Illness

It is reasonable to assume that there will be an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November and March. Each Delivery Board provider organisation has an outbreak plan which details processes for managing seasonally related illness linked to their business continuity plans. Public Health teams in Lincolnshire County Council working with Public Health England provide a range of oversight functions dependent upon the provider setting. The Delivery Board has oversight of the Infection Control plan and will receive notification of any outbreaks.

As well as protecting against flu, the **NHS Stay Well This Winter campaign** will urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

The NHS '**Stay Well This Winter**' campaign urges the public to:

- Make sure you get your flu jab if eligible.
- Keep yourself warm – heat your home to least 18C or (65F) if you can.
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious.
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve.
- Always take your prescribed medicines as directed.
- Look out for other people who may need a bit of extra help over winter.
- Public Health will circulate epidemiological information on disease outbreaks to system-wide Lead Nurses. These will be used by the system to monitor the seasonal illness position in the county.

3.7 Flu Prevention

The National Flu Plan is a key element of the prevention agenda for winter. This plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England taking account of lessons learnt during previous flu

seasons. It provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.

The plan includes responsibilities for: NHS England, Public Health England, Local Authorities, providers, CCGs and general practitioners. The Delivery Board will test that it is a feature of partner organisation business continuity plans, as well as ensuring their operational plans allow for the identification of vulnerable groups (including those with a physical and learning disability) who need to be a particular focus of their vaccination programmes. NHS England and Public Health England have provided guidance to primary care on particular cohorts of patients in communities who need to be targeted.

In addition, the Delivery Board will be seeking assurance that procedures are in place within community service providers (Lincolnshire County Council, Lincolnshire Community Health Service) for ensuring vaccination of the housebound patients and staff.

In addition, Lincolnshire County Council and NHS Providers/Commissioners have proactively contacted their own front line health and social care staff to promote the uptake of flu vaccination.

Although it is seen as an employer's responsibility to protect staff from flu, Lincolnshire County Council recognises that some social care providers may struggle to provide this. With that in mind, Lincolnshire County Council has funded flu vouchers for contracted domiciliary care workers in the County; any surplus from the flu vouchers procured will be offered to contracted residential care homes for their staff.

3.8 Maximising Capacity

It is essential to ensure that the whole health economy concentrates on maximising capacity to deal with any surges in demand. CCGs in Lincolnshire are already working with their membership organisations to ensure that each practice is:

- Working hard to ensure that patients are educated about the importance of self-care and the appropriate routes for accessing care in different situations.
- Striving to improve its access.
- Ensuring that systems are in place to identify and discuss inappropriate A&E attendances with patients.
- Effectively utilising any extended hours provision to support improvements in access.
- Providing assurance to NHS England on the quality of business continuity plans and evidence that they have been tested.
- Ensuring they are taking all steps to reduce staff sickness through winter through maximising flu vaccinations for staff.
- Working with NHS England on any potential capacity and demand issues – particularly single-handed and small practices.

3.9 Christmas and New Year

Assurance has been sought via NHS England teams on Christmas and New Year opening in GP practices and pharmacies. As such:

- A full listing of negotiated opening hours for pharmacies will be available in late November 2019 which will be communicated with the public.

- NHS England wrote to all GP Practices to advise them that they would expect practices that normally operate extended hours on a Saturday, to provide these on 26 December and 2 January.

Over these holiday periods it is anticipated that all organisations will reduce the amount of activity undertaken in none essential services in order to provide critical services. Staffing will be reduced accordingly and therefore reallocated to cover escalation in other services and to aid cross-agency support.

3.10 Planned Care Activity over Winter

With the expected increasing demand from emergency admissions over winter, many acute hospital trusts plan to reduce planned care activity during peak months of demand such as January and February. This is managed by “front loading” in-patient elective (surgical) activity through early or later months in the year. ULHT and North West Anglia Foundation Trust have agreed this plan. Day cases and outpatient appointments will continue unaffected throughout this period; it is the in-patient elective care activity that will reduce.

3.11 Transitional Care (Intermediate Care), Reablement and Home Care Capacity/Facilitated Discharge Teams

There are a number of projects that require delivery from across the Delivery Board partners to ensure the optimising of patient flow (of both simple and complex discharges), and to ensure there are minimal delays in discharge across acute and community settings. There are discharge hubs in two of the acute hospital sites, Pilgrim Hospital Boston and Lincoln County Hospital, where multi-agency community teams actively ‘pull’ people out of hospital. There is a discharge team in place at Grantham District Hospital.

Lincolnshire CCGs are proactively working with providers of social care (for reablement and home care capacity), continuing health care and community services to ensure that transitional care services are able to cope with additional demand through Winter and that a discharge to assess policy is facilitated.

3.12 Local Authority Plans

The Local Authority has a critical role in ensuring that the system is able to cope through winter. Particular aspects are ensuring:

- Delivery of elements of the Adverse Weather Plan.
- All Local Authority clients receiving critical care at home are identified and included in their business continuity plans.
- They are working with NHS England to ensure delivery of the National Flu Plan through their Public Health Teams.
- Delivery of their local infection control duties through the Public Health Teams.
- Business continuity plans are in place and tested in relation to care home providers.
- Processes are in place for timely spot purchasing of additional care home capacity if needed – linked to the Surge & Escalation Plan.
- Strong communication between Public Health Teams and NHS England in relation to delivery of emergency resilience.
- Lincolnshire County Council Adult Care participates in the A&E Delivery Board Winter Planning and Out of Hospital Groups and participates in teleconferences as required.

3.13 Mental Health

LPFT will continue to support the health and care system by offering the following core services:

- 24/7 Crisis Team for the county of Lincolnshire providing response, intervention and treatment for patients with an urgent mental health need. The service is accessed by the LPFT Single Point of Access.
- Psychiatric Liaison Service for the county. The multi-disciplinary MHLS is based at Lincoln, Grantham, Boston and Peterborough acute hospitals and takes referrals of patients from acute trust staff and also undertakes case-finding to deliver rapid assessment of mental health needs. The team is Consultant led, operating a mixture of specialty aligned/embedded posts in A&E and Care of the Elderly Medical wards with further peripatetic specialist mental health liaison staff who proactively visit all other inpatient areas.
- Child and Adolescent Service Tier 3 Plus team providing service into the accident and emergency departments and into community settings to provide crisis support to patients and families.

3.14 Acute Services

As demand rises, the challenge to improve and sustain performance in emergency departments becomes increasing complex. Further impact is demonstrated when unscheduled admissions spill into elective beds; this can result in scheduled admissions being cancelled and rescheduled, resulting in backlog of patients waiting for treatment and 18 week referral to treatment performance can decline.

4. Conclusion

In recent years the NHS has become trapped in a recurring cycle of winter crises – each one more severe than the last. Our local system has learnt from 2018/19 and believes the winter planning for 2019/20 is robust.

5. Consultation

This is not a direct consultation item.

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 Ruth Cumbers, Urgent Care Programme Director, who can be contacted on 01522 513355 ext. 5424 or via email Ruth.Cumbers@lincolnshireeastccg.nhs.uk

**Open Report on behalf of Andrew Crookham
Executive Director - Resources**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	9 October 2019
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

The Committee is requested to consider its future work programme, which includes a list of probable items up to and including 1 July 2020.

The report also includes a schedule of previous activity by the Committee since June 2017. At the Committee's last meeting on 3 July 2019, four statements were submitted to the Executive or Executive Councillor for Adult Care, Health and Children's Services in advance of their decisions. This report confirms the decisions that were made during July.

Actions Required:

- (1) To review the Committee's future work programme, highlighting any activity for possible inclusion in the work programme.
- (2) To note the following decision made by the Executive, following consideration by this Committee on 4 September 2019:
 - Housing Related Support Service - decision made by the Executive on 1 October 2019 on the re-commissioning of the Housing Related Support Service.

1. Current Items

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

9 October 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
One You Lincolnshire	Derek Ward, Director of Public Health
Team Around the Adult – Multi-Agency Prevention Initiative	Justin Hackney, Assistant Director, Specialist Services and Safeguarding
Lincolnshire County Council Adult Care Winter Plan	Carolyn Nice, Assistant Director, Adult Frailty and Long Term Conditions

2. Future Items

Set out below are the meeting dates up to July 2020, with a list of items allocated or provisionally allocated to a particular date. The items in the published forward plan of executive decisions within the remit of this Committee are listed in Appendix A.

27 November 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Agreement with Lincolnshire Partnership NHS Foundation Trust under Section 75 of the National Health Service Act 2006 (<i>Executive Decision – 3 December 2019</i>)	Lorraine Graves, Interim Head of Mental Health Services
Direct Payments Support Service (<i>Executive Councillor Decision – Between 2 and 3 December 2019</i>)	Alexander Craig, Commercial and Procurement Manager – People Services
Re-Commissioning of the Multi-Purpose Block Bed Provision (<i>Executive Councillor Decision – Between 2 and 9 December 2019</i>)	Alexander Craig, Commercial and Procurement Manager – People Services
Recommissioning of Lincolnshire Advocacy Services (<i>Executive Councillor Decision – Between 2 and 9 December 2019</i>)	Marie Kaempfe-Rice, Senior Commercial and Procurement Officer
Adult Care and Community Wellbeing Performance Report - Quarter 2 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Annual Report of the Director of Public Health	Derek Ward, Director of Public Health
Adult Care and Community Wellbeing Budget Monitoring 2019/20	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing
Homes for Independence Strategy	Kevin Kendall, Assistant Director County Property Semantha Neal, Head of Prevention and Early Intervention

15 January 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing	Pam Clipson, Head of Finance, Adult

15 January 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Budget Proposals 2020-21	Care and Community Wellbeing
Better Care Fund	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing
Care Quality Commission Update	Deanna Westwood, Inspection Manager, Care Quality Commission
Rural and Coastal Communities in Lincolnshire	Derek Ward, Director of Public Health
New Ways of Working in Social Care	Glen Garrod, Executive Director, Adult Care and Community Wellbeing

26 February 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Performance Report - Quarter 3 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget Monitoring 2019/20	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing
Home Care Service (<i>Executive Councillor Decision – date to be advised</i>)	Alina Hackney, Senior Strategic Commercial and Procurement Manager Alexander Craig, Commercial and Procurement Manager – People Services
Home-based Reablement Service (<i>Executive Councillor Decision – date to be advised</i>)	Alina Hackney, Senior Strategic Commercial and Procurement Manager Carl Miller, Commercial and Procurement Manager – People Services

1 April 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Day Opportunities	Justin Hackney, Assistant Director, Specialist Services and Safeguarding

13 May 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>

1 July 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Performance Report - Quarter 4 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget 2019-20 – Outturn Report	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
- Managed Care Network for Mental Health (*Considered 11 April 2018*)
- Adult Safeguarding Commissioning Strategy – Refresh due in 2019 (*Considered 5 September 2018*)
- Adult Frailty and Long Term Conditions Commissioning Strategy – Refresh due in 2019 (*Considered 10 October 2018*)
- Wellbeing Commissioning Strategy – Refresh due in 2019
- All Commissioning Strategies – Annual Summary
- Future Funding of Adult Social Care

3. Previously Considered Items

All the items previously considered by the Committee since June 2017 are listed in Appendix B.

At the Committee's last meeting on 4 September 2019, one statement was submitted to the Executive in advance of its decision.

4. 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.

5. Consultation – Not applicable

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

Appendix A	Forward Plan – Items Relevant to the Remit of the Adults and Community Wellbeing Scrutiny Committee
Appendix B	Adults and Community Wellbeing Scrutiny Committee – Previously Considered Items

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

**FORWARD PLAN OF KEY DECISIONS WITHIN THE REMIT
OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**

From 3 October 2019

DEC REF	MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	DIVISIONS AFFECTED
1018689	Re-commissioning of the Multi-Purpose Block Bed Provision	Between 2 Dec and 9 Dec 2019	Executive Councillor: Adult Care, Health and Children's Services	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Tel: 01522 554087 Email: marie.kaempfe-rice@lincolnshire.gov.uk	All
1018631	Re-commissioning of the Lincolnshire Advocacy Services	Between 2 Dec and 9 Dec 2019	Executive Councillor: Adult Care, Health and Children's Services	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Tel: 01522 554087 Email: marie.kaempfe-rice@lincolnshire.gov.uk	All
1018150	Direct Payment Support Service	Between 2 Dec and 3 Dec 2019	Executive Councillor: Adult Care, Health and Children's Services	Senior Strategic Commissioning Support Manager - People Services Assistant Director - Specialist Adult Services Assistant Director – Adult Frailty and Long Term Conditions	Commercial & Procurement Officer – People Services Tel: 0777615987 Email: reena.fehnert@lincolnshire.gov.uk	All

DEC REF	MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	DIVISIONS AFFECTED
1018573	New Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement	3 Dec 2019	Executive	Adults and Community Wellbeing Scrutiny Committee	Interim Head of Mental Health Services Tel: 01522 553836 Email: lorraine.graves@lincolnshire.gov.uk	All

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
PREVIOUSLY CONSIDERED ITEMS**

	2017				2018								2019					
KEY ✓ = Item Considered	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	22 May	3 July	4 Sept
<i>Meeting Length - Minutes</i>	135	170	146	150	245	120	200	185	135	135	210	185	130	170	190	135	194	
Adult Care and Community Wellbeing Corporate Items																		
Better Care Fund		✓																
Budget Items			✓		✓				✓		✓		✓	✓				✓
Care Quality Commission				✓														
Commercial Team																	✓	
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																		
Activity Data 2018/19																		✓
Assessment and Re-ablement															✓			
Care and Support for Older People – Green Paper												✓				✓		
Commissioning Strategy											✓							
Dementia											✓				✓			
Homecare Customer Survey									✓									
Residential Care / Residential Care with Nursing - Fees					✓				✓									
Review Performance									✓									
Adult Safeguarding																		
Commissioning Strategy										✓								
Safeguarding Scrutiny Sub Group				✓	✓		✓		✓									
Carers																		
Commissioning Strategy											✓							

	2017				2018							2019						
KEY	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	22 May	3 July	4 Sept
Community Wellbeing																		
Director of Public Health Report								✓										
Director of Public Health Role								✓										
Domestic Abuse Services			✓															
Healthwatch Procurement								✓										
NHS Health Check Programme							✓											
Sexual Health Services													✓					
Stop Smoking Service					✓													
Wellbeing Commissioning Strategy											✓							
Wellbeing Service												✓						✓
Housing Related Activities																		
Extra Care Housing						✓											✓	
Housing Related Support																		✓
Memorandum of Understanding															✓			
Supported Housing						✓												
Specialist Adult Services																		
Autism Strategy															✓			
Commissioning Strategy										✓								
Learning Disability – Short Breaks																	✓	
Managed Care Network Mental Health							✓											
Section 117 Mental Health Act Policy																	✓	
Shared Lives							✓											

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