



County Offices
Newland
Lincoln
LN1 1YL

6 July 2021

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 14 July 2021 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Chief Executive

Membership of the Adults and Community Wellbeing Scrutiny Committee (11 Members of the Council)

Councillors C E H Marfleet (Chairman), A M Key (Vice-Chairman), B Adams, T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE, R A Wright and T V Young

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 14 JULY 2021**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting held on 29 June 2021	To Follow
4	Announcements by the Chairman, Executive Councillor and Lead Officers	
5	<p>Lincolnshire Safeguarding Adults Board: Role and Function during Covid-19 Pandemic, Strategic Plan Update and Team Around the Adult</p> <p><i>(To receive a report by Heather Roach, Chair of the Lincolnshire Safeguarding Adults Board and David Culy, Lincolnshire Safeguarding Adults Board Business Manager which updates the Committee on its role and functions during the pandemic; a refresh of its Strategic Plan for 2021; and an overview on the current position of the Team around the Adult Programme)</i></p>	5 - 8
6	<p>Flat Rate Respite Care (Local Government and Social Care Ombudsman Report)</p> <p><i>(To receive a report by Pam Clipson, Head of Finance – Adult Care, which invites the Committee to consider a report on Flat Rate Respite Care (Local Government and Social Care Ombudsman report) which is due to be considered by the Executive at its meeting on 7 September 2021. The views of the Committee will be reported to the Executive as part of its consideration of this item)</i></p>	9 - 28
7	<p>Service Level Performance against the Corporate Performance Framework - Quarter 4</p> <p><i>(To receive a report by Caroline Jackson, Head of Corporate Performance, which summarises the Adult Care and Community Wellbeing Service Level performance for Quarter 4)</i></p>	29 - 72
8	<p>Adult Care and Community Wellbeing Financial Position 2020 - 21</p> <p><i>(To receive a report by Pam Clipson, Head of Finance – Adult Care, which provides the Committee with the opportunity to consider the financial performance of Adult Care and Community Wellbeing for the financial year 1 April 2020 – 31 March 2021)</i></p>	73 - 80
9	<p>Proposals for Scrutiny Reviews</p> <p><i>(To receive a report by Nigel West, Head of Democratic Services and Statutory Scrutiny Officer, which provides the Committee with the opportunity to identify potential topics for in-depth scrutiny review.</i></p>	81 - 86

The Overview and Scrutiny Management Board is due to consider suggestions at its meeting on 30 September 2021, with a view to making a decision on which reviews would be approved)

10 Adults and Community Wellbeing Scrutiny Committee - Work Programme

87 - 92

(To receive a report by Simon Evans, Health Scrutiny Officer, which provides the Committee with the opportunity to consider its work programme and also to consider whether it wishes to make any suggestions for items to be added to the work programme)

Democratic Services Officer Contact Details

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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.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Adults and Community Wellbeing Scrutiny Committee on Wednesday, 14th July, 2021, 10.00 am \(moderngov.co.uk\)](#)

All papers for council meetings are available on:

<https://www.lincolnshire.gov.uk/council-business/search-committee-records>



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	14 July 2021
Subject:	Lincolnshire Safeguarding Adults Board: Role and Function during Covid-19 Pandemic, Strategic Plan update and Team Around the Adult

Summary

The Lincolnshire Safeguarding Adults Board (LSAB) is presenting today an update on its role and functions during the pandemic; a refresh of its Strategic Plan for 2021 including their assurance process; and an overview on the current position of the Team Around the Adult programme.

These documents are both for information only and are supported by a brief presentation facilitated by Heather Roach the Independent Chair of the LSAB and Justin Hackney, Assistant Director, Specialist Adult Services and Safeguarding, Adult Care and Community Wellbeing.

Actions Requested

- (1) To note and consider the information presented on the Lincolnshire Safeguarding Adults Board.
- (2) To consider the timing of future reports from the Lincolnshire Safeguarding adults Board.

1. Background

Throughout the pandemic and the impact it has had on the population and organisations, the Lincolnshire Safeguarding Adults Board (LSAB) has maintained its focus on adult safeguarding, whilst supporting its partners through very difficult times.

2. LSAB During Covid-19 Pandemic

In the very early stages of the Covid-19 pandemic the LSAB, after discussions with its Executive Board, agreed to temporarily stand down to allow three keys things to happen:

- some of the LSAB staff had been asked to support the county emergency centre thus taking them away from their LSAB role;
- all partners agencies where focused on the impact of Covid-19 on their organisation and it was felt that stepping down the LSAB was one area they would not have to be (temporarily) concerned about; and
- the board gathered local, national and regional information around the impact Covid-19 was having on adult safeguarding.

In the first few weeks the Executive Board agreed that:

- a fortnightly Covid-19 specific Executive Board meeting would be held to discuss safeguarding within key agencies during the current difficult times;
- the full Executive Board meetings would continue on a quarterly basis to ensure the statutory requirements of the Board continued to be fulfilled; and
- a specific Covid-19 risk register would be created by the LSAB focusing on the impact Covid-19 was having or may have, on adult safeguarding, which combined with the Lincolnshire Safeguarding Children's Partnership (LSCP) and Safer Lincolnshire Partnership (Domestic Abuse Core Priority Group) provided a basis for discussion with the Local Resilience Forum (LRF) and ensured that safeguarding was a key focus.

Throughout 2020 and into 2021 the fortnightly and then monthly Covid-19 Executive Board continued with a focus on the LSAB Covid-19 risk register and feedback from strategic partners on their current status. These continued along with the normal quarterly Executive Boards and are continuing while the impact of reduced restrictions and/or new variants is fully understood.

Data across the country were collected by the Local Government Association throughout the pandemic to create a national picture of the impact. Locally, our data have mirrored the national trends seeing an overall increase in safeguarding concerns being reported in the last twelve months. The key points to report are that numbers of reported concerns decreased along with each lock-down, the complexity of safeguarding concerns has increased and the most prevalent reports of abuse have been domestic abuse, self-neglect and psychological abuse.

3. LSAB Strategy 2021/22

Members may remember that the Board presented previously its updated three year strategy back in October 2020 which was due to end in 2021.

During 2021 and after discussion with the Executive Board it was agreed to roll over the final year of the current strategy, picking up some of the objectives that had not been met due to Covid-19 and adding some that have arisen because of Covid-19.

4. Assurance Process

Continuing on from the rollover of the final year of the strategy, the Board has set out a new assurance process to support the review of future strategies and identify possible new pieces of work as a result of Covid-19. The new areas added to the assurance process include:

- strategic assurance event (Sept 2021), where agencies will be asked to present some specific safeguarding data, identifying any areas of concern or future focus; and
- operational assurance event (Nov 2021), designed to identify areas of good practice across agencies or areas of concern .

5. Team Around the Adult

The Team Around the Adult (TAA) is a key element of the LSAB's Prevention and Early intervention strategy and is there to support people with complex needs who may not meet thresholds for safeguarding enquiries. It was developed following recommendations from a former Safeguarding Adult Review.

Usually this is where a more creative approach is required in order to reach out to people in the community and 'go to them', particularly if they do not wish to engage with services.

It will involve the appointment of a Lead Professional, who will usually be the key worker. They will:

- engage with the individual,
- promote multi-agency working,
- utilise a shared IT system,

This may be through a case discussion or consultation and further details can be found by following the link below:

<https://www.lincolnshire.gov.uk/safeguarding/lsab/6>

The TAA programme now has two co-ordinators in post who attend all Vulnerable Adult Panels or equivalent across the seven districts and an evaluation of the project will be carried out by Lincoln University later in 2021.

Supporting this programme and other work, a Prevention and Early Intervention Sub-Group has been formed and at the first meeting, held on the 20th of May 2021, governance arrangements, an initial action plan and membership was agreed.

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 David Culy, who can be contacted on 01522 555111 or david.culy@lincolnshire.gov.uk.

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Open Report on behalf of Glen Garrod, Executive Director for Adult Care and Community Wellbeing and David Coleman, Monitoring Officer

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	14 July 2021
Subject:	Flat Rate Respite Care (Local Government and Social Care Ombudsman Report)

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on Flat Rate Respite Care (Local Government and Social Care Ombudsman Report).

This proposal is due to be considered by the Executive on 7 September 2021. The views of the Scrutiny Committee will be reported to the Executive as part of its consideration of this item.

Action Requested:

That the Adults and Community Wellbeing Committee:

- 1) considers the attached report and determines whether the Committee supports the recommendations to the Executive as set out in the report.
- 2) agrees any additional comments to be passed on to the Executive in relation to this item.

1. Background

The Executive is due to consider a report on Flat Rate Respite Care (Local Government and Social Care Ombudsman Report) on 7 September 2021. 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. Comments from the Committee will be reported to the Executive.

3. Consultation

The Committee is being consulted on the proposed decision of the Executive on 7 September 2021.

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive on Flat Rate Respite Care (Local Government and Social Care Ombudsman Report) – 7 September 2021

5. 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 Pam Clipson Head of Finance Adult Care who can be contacted on 07775 003614

Open Report on behalf of Glen Garrod, Executive Director for Adult Care and Community Wellbeing and David Coleman, Monitoring Officer

Report to:	Executive
Date:	7 September 2021
Subject:	Flat Rate Respite Care (Local Government and Social Care Ombudsman Report)
Decision Reference:	I022489
Key decision?	No

Summary:

On the 16 March 2021 the Local Government Ombudsman published a public report following an investigation into how Lincolnshire County Council charged individuals for respite care. It found that the policy of charging a "flat rate" did not accord with the Care Act 2014.

This report informs the Executive of the actions taken by the Council in respect of charging for short term residential care.

It also fulfils the responsibility of the Monitoring Officer under Section 5A of the Local Government and Housing Act 1989 to report to the Executive instances of maladministration found by the Local Government Ombudsman

The Council has changed the way it charges for respite care as detailed in the Adult Care Charging Policy, effective 14 April 2020, and has commenced reimbursing those individuals identified as overcharged.

Recommendation(s):

That the Executive:-

1. Receives and considers the report published by the Ombudsman 16 March 2021.
2. Accepts the findings and recommendation of the Ombudsman as set out in the Ombudsman report.
3. Confirms the actions taken both in respect of the Adult Care Charging Policy and the reimbursement of those affected.

Alternatives Considered:

No alternatives considered.

Reasons for Recommendation:

The Council accepts the findings set out in the Ombudsman's report 16 March 2021. The process with which the Council operated and the charges applied for short term residential care have changed since the initial complaint and individuals are now requested to complete a financial assessment when entering short term residential care and are charged based upon the Care Act 2014 framework.

Background

- 1.1 The Care Act 2014 ("the Act") together with its associated regulations and statutory guidance provides a legal framework within which the Council must operate if it chooses to charge for services provided under the Act. Section 14 of the Act provides the Council with the power to charge for its services. Where a Council charges for its services, as this Council does, a financial assessment must be undertaken to assess how much an individual can afford to pay. The financial assessment is undertaken in accordance with the details contained in Section 17 of the Act, and in particular, the Care and Support (Charging and Assessment of Resources) Regulations 2014.
- 1.2 The Council has approximately 1,200 people enter short term residential care per year. This may be for the purposes of providing some respite or for longer periods with the exception of those that are placed in permanent residential care.
- 1.3 Prior to the Adult Care Charging Policy, effective 14 April 2020, individuals who entered short term residential care for a period of up to 8 weeks had been charged a "flat rate" for their care. This was a set rate which varied on the age of the individual. The flat rate was a weekly charge of £72.11 for those aged 18-24, £89.16 for those aged 25 to pension credit age and £138.02 from those receiving pension credit.
- 1.4 On the 16 March 2021 the Local Government Ombudsman published a public report following an investigation into how the Council charged individuals for respite care. It found that the policy of charging a "flat rate" did not accord with the Care Act 2014. The Report is attached at Appendix A. The complaint raised concerns around the existence of the fixed flat rate on the basis that the Council did not undertake a financial assessment for these individuals and therefore could not be assured that the charge was affordable for the individual.

- 1.5 The Council has changed the way it charges for short term care. The Adult Care Charging Policy implemented 14 April 2020 changed the approach and confirmed all individuals will be requested to undertake a financial assessment (it should be noted that the Council cannot insist that someone undertakes a financial assessment) so that individuals do not pay more than they can afford to pay. This removed the flat rate charge from 14 April 2020.
- 1.6 Whilst the Council has a power to charge the individual as though they were receiving care outside of a care home, the Council did not propose to exercise that discretion and confirmed the individual would be charged as though they are receiving temporary care in a residential home. This reflects the fact that the care is not long term but also recognises that a stay that may originally have been intended to be eight or fewer weeks may due to circumstances extend beyond that period. This approach ensures that the service is affordable, as the majority of charges remain at a consistent level, but also sustainable for the Council. Under the Care Act, a temporary resident means a resident whose stay is unlikely to exceed 52 weeks or, in exceptional circumstances unlikely to substantially exceed that period. Since 14 April 2020, individuals receive a financial assessment and are charged in accordance with the rules according to temporary care as set out in the regulations and the Guidance.
- 1.7 The Charging Policy effective 14 April 2020 removed the flat rate charge and included the following for those entering residential care:
- For those receiving temporary care (up to 52 weeks), they will be charged in accordance with the rules set for temporary care contained within Chapter 8 of the Guidance and Annexe F.
 - For those placed in permanent care – they will be charged accordingly to the usual residential care rules in accordance with both the regulations and the Guidance in Chapter 8.
- 1.8 The Ombudsman's report recommended that the Council reimburse those identified as overcharged since the Care Act 2014 came into force. The Council has identified and reviewed those cases from April 2015 where the Council believes an individual has been overcharged.
- 1.9 The number of individuals contained in the Ombudsman report is accurate as at 31 July 2019 when the complaint was responded to. Working through to 13 April 2020, a total of 1,525 individuals will be written to offering a reimbursement. Financial modelling suggests the total amount to be reimbursed will be within £0.500m.
- 1.10 As at 11 June 2021, 140 individuals have received a letter confirming they are entitled to a reimbursement. These 140 are individuals whose reimbursement is greater than £500 for their flat rate episode. The largest reimbursement of £2,523 was to one individual, the second highest reimbursement was £1,540.

- 1.11 31 of the 140 individuals have responded and received a reimbursement. The Council has reimbursed £18,600 across the 31 individuals.
- 1.12 Letters continue to be distributed with all 1,525 individuals expected to have received a letter confirming their entitlement to a reimbursement by 31 October 2021 and those who have responded will be paid. A financial assessment to confirm the value of the reimbursement will be undertaken if needed.

Legal Issues

Care Act 2014

- 1.13 Prior to the introduction of the Care Act 2014, the Council charged in accordance with statutory guidance of CRAG (Charging for Residential Accommodation) which was updated yearly as required. That statutory guidance did not require the local authority to conduct an assessment of the individual's ability to pay for the first eight weeks of any care. It was for the local authority to decide whether it would carry out a financial assessment or whether it would charge an amount that it appeared reasonable for the resident to pay. If it was decided to carry out a financial assessment, the calculation had to be in accordance with Sections 4 to 12 of the Guidance and Section 22(5A) of the National Assistance Act 1948. After eight weeks, the local authority was required to charge the resident at the standard rate for the accommodation and carry out an assessment of his ability to pay.
- 1.14 The above provision did not find its way into the new legislation. Accordingly, charging a flat rate did not comply with the Care Act 2014 legislation once it was implemented in April 2015. There was no provision for the Council to charge a reasonable amount that it appeared reasonable for the resident to pay and therefore the flat rates in accordance with a person's age could no longer stand. The Care Act 2014 is clear that where the Council intends to charge for any services it intends to provide, it must assess the level of the adult's financial resources under Section 17 of the Care Act 2014 and its associated regulations.
- 1.15 The Council now carries out a financial assessment under Section 17 of the Care Act 2014. It charges any individual who receives care (up to 52 weeks) of non-permanent care in accordance with the rules set out for temporary care contained within Chapter 8 and Annex F of the guidance and in accordance with Care and Support (Charging and Assessment of Resources) Regulations 2014.

The Ombudsman Report

- 1.16 The Report at Appendix A is issued under Section 31 of the 1974 Act. As a result the Report must be made public by the Council and placed before the Council so that it can consider the report and notify the Ombudsman of any action taken or proposed to be taken by the Council in response.

- 1.17 Because the Report deals with matters which fall within the remit of the Executive it must be placed before the Executive.
- 1.18 The Council in responding to an Ombudsman's Report must accept the findings of the Ombudsman unless it judicially reviews the Ombudsman to challenge those findings. Having accepted the findings the Council is not required to follow the Ombudsman's recommendations if it has cogent reasons not to.
- 1.19 In this case the Council has not challenged the findings and issues with the flat rate charge having been identified there are no cogent reasons for not accepting the recommendations.

The Role of the Monitoring Officer

- 1.20 In addition the Monitoring Officer is under a separate statutory responsibility under Section 5A of the Local Government and Housing Act 1989 to report to the Executive instances of maladministration in the exercise of executive functions identified as a result of an Ombudsman's investigation. On receipt of the Monitoring Officer's Report the Executive must consider the Report and determine (a) what action (if any) the executive has taken or proposes to take in response to the report, (b) when it will take any proposed action and (c) the reasons for taking the action or, as the case may be, for taking no action.
- 1.20 The Report identifies the actions to be taken and the proposed timetable and the reasons for taking the action.

Equality Act 2010

- 1.21 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.
- 1.22 The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation.

- 1.23 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.
- 1.24 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.
- 1.25 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.
- 1.26 Compliance with the duties in Section 149 may involve treating some persons more favourably than others.
- 1.27 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.

The decision set out in the report rectifies a finding of maladministration made by the Ombudsman. The proposals for reimbursement will rectify the impact of that maladministration which will have impacted disproportionately on older people and people with a disability.

1.28 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

There are no direct implications of this report for the JSNA or the JHWS.

1.29 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

No implications relevant to Section 17 of the Crime and Disorder Act 1998 have been identified in respect of this report.

Conclusion and next steps

- 1.30 The Council accepts the findings set out in the Ombudsman report dated 16 March 2021 and have changed both the process followed and the charges applied for short term care from 14 April 2020.
- 1.31 In addition, those individuals affected by the flat rate charge are in the process of being reimbursed. This is anticipated to conclude 31 October 2021.
- 1.32 Following the Executive's decision a response will be provided to the Ombudsman confirming the actions taken by the Council in response to his report.

Legal Comments:

The Council is required to accept the findings set out in the Ombudsman's Report.

The Council is not required to accept the recommendations of the Ombudsman if it has cogent reason not to. However there are no cogent reasons for not amending the Council's policy and seeking to reimburse those who have suffered detriment as a result of the prior policy.

As the report indicates the policy has now been changed and the process of reimbursement has commenced

The Executive is required to consider the report and is recommended to endorse the actions set out in the report.

Resource Comments:

The individuals affected have been identified based on the flat rates charged between 1 April 2015 and 13 April 2020. Individuals are being reviewed on a case by case basis and the reimbursement calculated accordingly. The reimbursements to individuals are included in Adult Care and Community Wellbeing financial position. Resources are in place within financial strategy to ensure all letters responded to are acted upon and individuals reimbursed by 31 October 2021. Wider monitoring of the Adult Care Charging Policy is also in place.

Consultation

Has The Local Member Been Consulted? - N/A

Has The Executive Councillor Been Consulted? - Yes.

Scrutiny Comments

The proposed decisions will be considered by the Adults and Community Wellbeing Scrutiny Committee on 14 July 2021 and the comments of the Committee will be reported to the Executive.

Has a Risks and Impact Analysis been carried out? - Yes

Risks and Impact Analysis - See the body of the Report

Appendices

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

Appendix A	Report by the Local Government and Social Care Ombudsman 12 February 2021
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Background Papers

The following Background Papers within the meaning of Section 100D of the Local Government Act 1972 were used in the preparation of this Report

Background Paper	Where it can be found
Revised Adult Care Charging Policy and Improvements to Financial Assessments April 2020	Democratic Services

This report was written by Pam Clipson Head of Finance Adult Care who can be contacted on 07775 003614.

**Report by the Local Government and Social Care
Ombudsman**

**Investigation into a complaint against
Lincolnshire County Council
(reference number: 19 006 248)**

12 February 2021

The Ombudsman's role

For more than 40 years the Ombudsman has independently and impartially investigated complaints. We effectively resolve disputes about councils and other bodies in our jurisdiction by recommending redress which is proportionate, appropriate and reasonable based on all the facts of the complaint. Our service is free of charge.

Each case which comes to the Ombudsman is different and we take the individual needs and circumstances of the person complaining to us into account when we make recommendations to remedy injustice caused by fault.

We have no legal power to force councils to follow our recommendations, but they almost always do. Some of the things we might ask a council to do are:

- > apologise
- > pay a financial remedy
- > improve its procedures so similar problems don't happen again.

Section 30 of the 1974 Local Government Act says that a report should not normally name or identify any person. The people involved in this complaint are referred to by a letter or job role.

Report summary

Adult social care: charging

The Council's fixed charge for short-term residential care was not in line with statutory guidance.

Finding

Fault found causing injustice and recommendations made.

Recommendations

We recommend the Council:

- reimburses those people it has already identified as having overcharged based on the figures it already has available; and
- estimates the remaining cases (for people who are still alive) on the basis of financial information currently available to the Council. If this is not possible, offers those people a retrospective financial assessment and calculates any refunds due for those who respond to the Council's offer. For the avoidance of doubt, there is no need for the Council to take any action for those who do not respond to its offer of a retrospective financial assessment.

Refunds should be in respect of the period since the Care Act 2014 came into force.

The complaint

1. The Council's fixed charge for short-term residential care was not in line with statutory guidance.

The Ombudsman's role and powers

2. We investigate complaints about 'maladministration' and 'service failure'. In this report, we have used the word 'fault' to refer to these. We must also consider whether any fault has had an adverse impact on the person making the complaint. We refer to this as 'injustice'. If there has been fault which has caused an injustice, we may suggest a remedy. (*Local Government Act 1974, sections 26(1) and 26A(1), as amended*)
3. It is for the Ombudsman to determine what constitutes maladministration, which is not the same as unlawfulness. Failure to follow the law and guidance (including statutory guidance) may amount to maladministration (fault). (*R (on the application of Doy) v. CLAE [2002] Env. L.R.*)
4. The law says we cannot normally investigate a complaint when someone could take the matter to court. However, we may decide to investigate if we consider it would be unreasonable to expect the person to go to court. (*Local Government Act 1974, section 26(6)(c), as amended*)
5. The Courts have considered the suitability of judicial review as an alternative remedy and have decided that complaining to us is in general more appropriate. (*Anufrijeva v London Borough of Southwark (2003) EWCA Civ 1406*)
6. We normally expect complainants to use a council's complaints procedure before we start an investigation. This is because the law says a council should have a reasonable opportunity to respond to the complaint. However, we may disapply this rule if we do not consider it reasonable for the council to have had a reasonable opportunity to respond. (*Local Government Act, section 26(5)*)
7. We may investigate matters coming to our attention during an investigation, if we consider that a member of the public who has not complained may have suffered an injustice as a result. (*Local Government Act 1974, section 26D and 34E, as amended*)
8. Where we identify fault in an investigation, we may make recommendations not only to remedy injustice sustained already, but also to prevent injustice being caused in the future in consequence of similar fault. (*Local Government Act 1974, section 31(2B), as amended*)

How we considered this complaint

9. We produced this final report after examining relevant documents and taking into account comments from the Council on two drafts.

Investigation

10. When investigating another complaint against this Council (our reference [17 009 926](#)) about charging for adult social care, we noted the Council was charging a fixed rate for short-term residential care without carrying out a financial

assessment. This policy applied from 2012. In 2018, the fixed weekly charge for residential care lasting no longer than eight weeks was:

- £72.11 for those aged 18 to 24;
- £89.16 for those aged 25 to pension credit age; and
- £138.02 for those receiving pension credit.

The policy said people could have a full financial assessment if they wished.

11. We considered there may be fault in the Council's policy causing injustice to members of the public and decided to investigate in accordance with our powers under section 26D of the Local Government Act 1974. The Council objected. It said no individual had complained about the flat-rate charge and we needed to be able to identify a particular complainant to use our power to investigate.
12. Having taken advice, our view is that we can use our powers under section 26D if, during an investigation, we can identify a group or class of people (in this case, users of short-term residential care) who may be affected by injustice. The Council disagrees. Its view is we need to be able to identify particular individuals affected.
13. We consider the Council's interpretation of section 26D does not give effect to the purpose of the power and could avoid scrutiny on a legal technicality. If the Council was correct, we would be powerless to intervene although in possession of knowledge that an authority may be operating a faulty policy with potential injustice to members of the public. We do not consider Parliament would have given us the power it has, if we could not use it where we had identified potential fault with a particular policy during the course of an investigation.
14. We note there is a potential alternative legal remedy available for those affected by the Council's policy: judicial review. The Council told us judicial review would achieve the same means as an investigation by us and may be preferable as any remedy (which may include damages) would be enforceable. We accept that a judicial review may achieve a similar outcome. But, we do not consider this remedy appropriate or reasonable for those affected because they are unlikely to have the means to pursue a remedy through the courts, especially given the limited funding now available through legal aid. And, the Courts have considered the suitability of judicial review as an alternative remedy in situations such as this and have decided that complaining to us is in general more appropriate.
15. The Council also said the matter was a question of lawfulness and not maladministration (fault). We agree with the Council that it is for the courts to determine unlawfulness and our role is to determine maladministration causing injustice. We make no comment in this report about whether the Council's policy is lawful or not. The courts have confirmed that it is for us to decide what amounts to maladministration which may in some cases include a failure to follow statutory guidance.
16. We exercised discretion to investigate this complaint even though the Council has not received or had an opportunity to respond to individual complaints through its local complaints procedure. We do not consider it reasonable for those affected by this issue to have complained to the Council or for it to have responded. We have taken into account that those affected are a vulnerable group, typically not well-versed in the law and statutory guidance and the finer details of the adult social care charging regime. The Council has had an opportunity to respond to the issues through our investigation.

Relevant law and guidance

17. The rules on charging for adult social care are in the Care Act 2014 and in Regulations. Further clarification is in Care and Support Statutory Guidance.
18. Case law has confirmed a council can depart from statutory guidance if it has cogent reasons. (*R(X) v Tower Hamlets LBC [2013] EWCA Civ 904*)
19. Where a council charges people for social care, it must:
 - carry out a financial assessment of what the person can afford to pay, following detailed guidance that sets out how it should treat a person's capital and income;
 - give a written record of that assessment to the person; and
 - regularly reassess a person's ability to meet the cost of any charges to take account of any changes to their resources. (*Care Act 2014, section 17*)
20. The law gives councils discretion to charge for short-term care in a care home and/or to assess and charge the person as if they were receiving non-residential care. 'Short term' means residential care for less than eight weeks. (*Regulation 8, Care and Support (Charging and Assessment of Resources Regulations 2014)*)
21. Councils can carry out light-touch financial assessments. A light-touch financial assessment is where a council treats a person as if a full financial assessment has been carried out. If a council uses light-touch assessments, it must still be satisfied on the basis of evidence from the person that they can afford the charge. (*Care and Support Statutory Guidance, paragraph 8.22*)
22. Guidance explains the situations where a council may consider a light-touch financial assessment.
 - Where a person has significant finances and does not want a full assessment for personal reasons, but wants to access council support.
 - Where a council charges a small or nominal amount which the person is clearly able to meet and would clearly have the relevant minimum income left and carrying out a financial assessment would be disproportionate.
 - Where a person receives basic benefits that show they cannot contribute towards their care costs (for example, income-based job seeker's allowance). (*Care and Support Statutory Guidance, paragraph 8.23*)
23. When carrying out a light-touch assessment, a council needs to satisfy itself the person can afford the charge. The ways a council could satisfy itself that the person could pay the charge are:
 - the person has property or savings worth more than the capital limit (currently £23,250);
 - the person has sufficient income left following the charge due. (*Care and Support Statutory Guidance, paragraph 8.24*)
24. The council should still ensure people are not charged more than is reasonable for them to pay and should consider the level of charge proposed as well as evidence the person provides. They must tell the person when a light-touch financial assessment has taken place and explain they can have a full financial assessment if they wish. (*Care and Support Statutory Guidance, paragraphs 8.25 and 8.26*)

Comments from the Council

25. The Council told us:

- flat-rate charges are allowed under paragraph 8.22 of Care and Support Statutory Guidance which refers to circumstances where a council can treat a person as if a financial assessment has been carried out. This means the Council does not have to carry out a financial assessment at all in those circumstances, including where it charges a small or nominal amount for a particular service which a person is clearly able to meet and would clearly have the relevant minimum income left and carrying out a financial assessment would be disproportionate;
 - it asked people about their financial circumstances. If they have over the capital threshold, they are charged full cost. If not, they are charged a flat rate which considers the benefits they are entitled to claim so the sum charged is one the person can afford to pay;
 - it had reviewed its charging policy and was no longer applying a flat-rate charge for residential respite care. Instead, it would be charging people as if they were receiving non-residential care (see paragraph 20);
 - the decision on one of our complaints about charging against Stockport MBC (our reference [17 008 420](#)) concluded that its policy of flat-rate charging '*mirrored the statutory scheme*'. So we have adopted an inconsistent position on the same issue.
26. The Council told us 7,088 people had received respite care since the Care Act came into force. Of those, 2,701 had since died. The Council told us it would cost over £1 million in staff time, using agency staff, to do financial assessments of all those involved and this was not proportionate.
27. The Council also told us it had identified the charges of 4,387 respite users who later went on to full-time residential care. It said:
- 2,991 paid the correct charge or underpaid;
 - 115 overpaid by £10;
 - 156 overpaid by £20; and
 - 164 overpaid by between £21 and £50.
- The above figures are per episode of respite care (some individuals may have had more than one episode).
28. We asked the Council for the background papers that led to the approval and implementation of its charging policy in 2012. The reason for our request was to give the Council the opportunity to evidence it had cogent reasons for departing from the predecessor to Care and Support Statutory Guidance when it decided to approve the policy in 2012. Despite our request, the Council has not provided this evidence.

Findings

29. We consider there was fault in the Council's policy on flat-rate charges for short- term residential care. Our reasons are:
- Care and Support Statutory Guidance emphasises the overarching principle of affordability. We do not consider the fixed charge takes account of this principle;
 - in the context of light-touch assessments, paragraphs 8.22 and 8.24 of the Care and Support Statutory Guidance envisage consideration by the Council of some evidence of the person's finances, including their income and limited

assessment by the Council of affordability for the individual. We accept that this assessment would be short of a full financial assessment with all the paperwork which that would entail. But the practice of ascertaining a person's capital and not looking at their income at all, falls short of the expectations of the Care and Support Statutory Guidance;

- the Council can depart from statutory guidance if it has cogent reasons. The Council has not given us any information about this and so we conclude it had no cogent reasons when it implemented the policy;
 - councils have some discretion around charging people for short-term residential care. They can choose not to charge at all or can charge people as if they are receiving non-residential care. And they can depart from Care and Support Statutory Guidance with cogent reasons. None of these approaches applied to the 2012 charging policy; and
 - we do not consider the discretion around charging for short-term residential care was intended to have the effect that people may pay more than if they had a full financial assessment.
30. We note the Council's view that we have adopted an inconsistent position. We do not share that view. The complaint about Stockport MBC was about charges for residential care, about inadequate information and other issues not concerning the flat-rate charge. And our comment that Stockport's charging policy mirrored the statutory scheme was a general comment about the policy and not in the context of any finding of fault about its flat-rate charge.

Injustice

31. The Council has already identified some people who it says have been charged more than they should have been and it has given us some figures which we set out in paragraphs 26 and 27. Those people have suffered a financial loss. We do not regard the charges involved as being 'small or nominal'. These are charges that might make a material difference to someone's income.

Recommendations

32. The Council has already given us figures for some of those who received respite care. We recommend the Council:
- reimburses those people it has already identified as having overcharged based on the figures it already has available; and
 - estimates the remaining cases (for people who are still alive) based on financial information currently available to the Council. If this is not possible, offers those people a retrospective financial assessment and calculates any refunds due for those who respond to the Council's offer. For the avoidance of doubt, there is no need for the Council to take any action for those who do not respond to its offer of a retrospective financial assessment.

Refunds should be in respect of the period since the Care Act 2014 came into force.

33. The Council has accepted the above recommendations, which we welcome.
34. The Council must consider the report and confirm within three months the action it has taken or proposes to take. The Council should consider the report at its full Council, Cabinet or other appropriately delegated committee of elected members and we will require evidence of this. (*Local Government Act 1974, section 31(2), as amended*)

Final decision

35. The Council was at fault because its charging policy for short-term residential care was not in line with Care and Support Statutory Guidance. To remedy the injustice, it has agreed to make repayments identified in this report.

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

Report to:	Adult Care and Community Wellbeing Scrutiny Committee
Date:	14 July 2021
Subject:	Service Level Performance against the Corporate Performance Framework – Quarter 4

Summary:

This report summarises the Adult Care and Community Wellbeing Service Level Performance for Quarter 4. This report will only summarise the measures that are either above or below the target range.

Actions Required:

To note performance of the measures that are either above or below the target range.

1. Background

This report will summarise the performance of the Tier 2 Service Level Performance measures for Adult Care and Community Wellbeing.

There are 20 measures in Tier 2 that should be in Quarter 4, however, three of these measures are unable to be reported on, they are 'Carers supported in the last twelve months', 'Carers who have received a review of their needs' and 'People supported to maintain their accommodation via Housing Related Support Service (HRSS)'. These are not reported due to Covid-19.

In Quarter 4:

- 13 measures achieved their target;
- 4 did not achieve their targets

There is an explanation below as to why these have not achieved the targets for this quarter.

Measures Not Achieving Target in Quarter 4

Percentage of alcohol users that left specialist treatment successfully

The number of those who left specialist treatment successfully has increased from 30.8% in quarter 2 to 32.9% in quarter 3. This is still 2.1% below target but is improving; the service is still feeling the impact of the Covid-19 pandemic which is reflected in the performance figures.

This remains a challenging period for substance misuse treatment services with constantly evolving national guidance being released by the Department of Health and Social Care. Services are preparing and starting to implement recovery strategies but it is likely to be some time before all restrictions are removed. Services continue to use innovative ways to engage with clients and learning from this will inform future service delivery and commissioning. Evidence suggests that alcohol consumption has increased through the pandemic. It is anticipated more people will seek help as restrictions are relaxed which may affect performance over future reports.

People supported to successfully quit smoking

One You Lincolnshire has achieved 67% of the target during this reporting period. As a result of the Covid-19 pandemic the service is continuing to provide telephone and digital support for smoking cessation with any nicotine replacement therapy being delivered by post in order to maintain the programme. This new delivery model continues to maintain the stop smoking service but the subcontracted services with pharmacies and primary care settings remain suspended with the exception of a few who have continued to deliver between lockdown which accounts for 10% of activity.

Adults aged 18-64 living independently

The Trust continues to ensure that those individuals that are supported both by social care under the S75 agreement and by Lincolnshire Partnership Foundation Trust (LPFT) under health, in addition to being on Care Programme Approach (CPA), are in accommodation settings to ensure their safety and wellbeing. Whilst the target has not been attained, performance for Q4 is in line with the Chartered Institute of Public Finance and Accountancy (CIPFA) group average (our comparator authorities) for 2019-2020 (Mean 61% and Median 67%). The low number of people making up the denominator results in high volatility with regards to performance for this Key Performance Indicator (KPI).

Adult Safeguarding concerns that lead to a Safeguarding Enquiry

The target has not been achieved. Despite a strong start to the year, the number of concerns which do not progress to enquiry has increased. It is recognised that the pandemic has impacted on work with partners around the reporting of concerns. It is also possible that a decrease in opportunities for face to face contact resulted in a more cautious approach to risk. We will continue to monitor this and to work with partner agencies through the Local Safeguarding Adults Board (LSAB) to improve the quality of reporting of safeguarding concerns.

2. Conclusion

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

3. Appendices

These are listed below and attached at the back of the report	
Appendix A	Performance Measure Summary

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 Caroline Jackson, who can be contacted on 07920 214017 or Caroline.Jackson@lincolnshire.gov.uk

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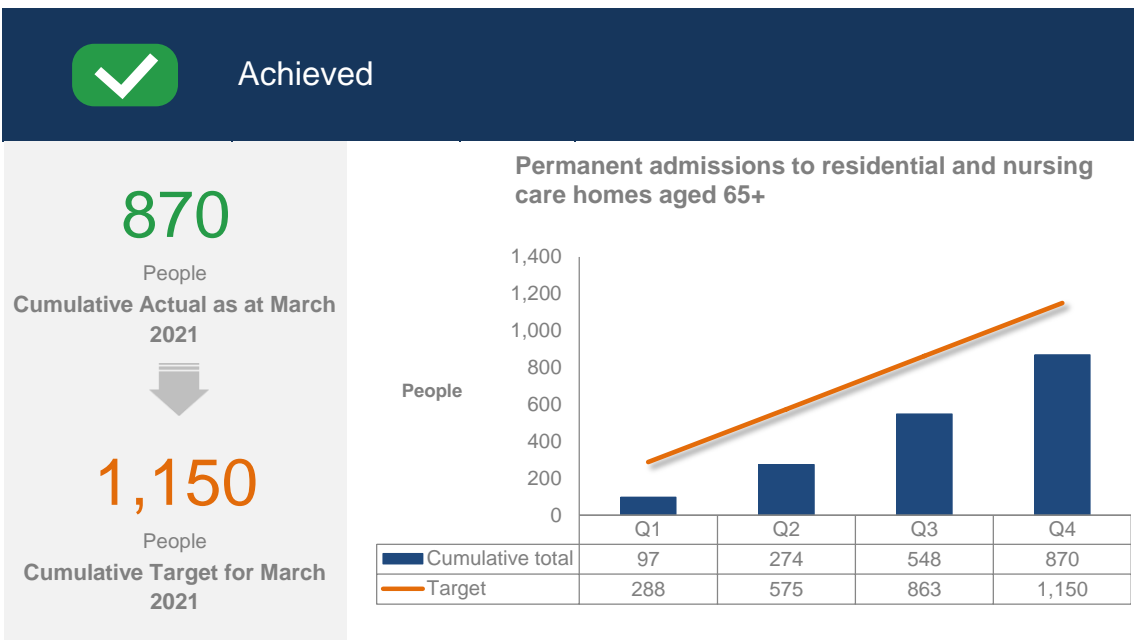
Permanent admissions to residential and nursing care homes aged 65+

The number of Lincolnshire County Council funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.

This is a Adult Social Care Outcomes Framework (ASCOF) 2a part 2 and reported in the Better Care Fund (BCF).

A smaller number of people permanently admitted to residential and nursing homes indicates a better performance. Admissions into residential and nursing placements tend to increase in the winter period due to illness and increased care being required.

This measure is particularly sensitive to time lags in data recording on the system because of the complex care home placement process. As such the reported figures are as recorded at the time of the data extract.

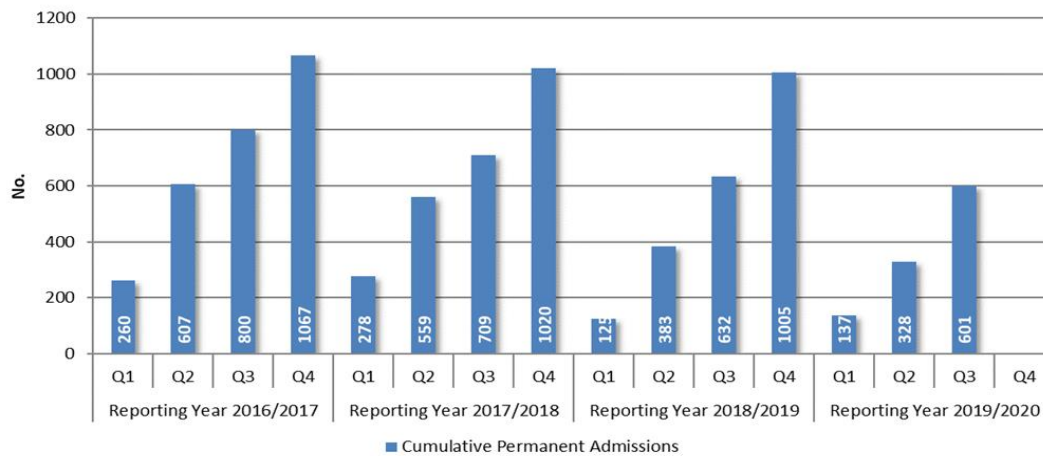


About the latest performance

Admissions for 65+ into an residential and nursing section has continued to reduce resulting in performance being exceeded for 20/21. In part this is due to the continued work of the teams to help clients stay in their own homes longer if that is the best option. However another cause is due to the current pandemic which at the start of the year saw less contacts in for new clients being received into LCC and thus the number of people receiving a long term service dropping.

Further details

Cumulative permanent admissions to residential and nursing care homes aged 65+



About the target

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

About the target range

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

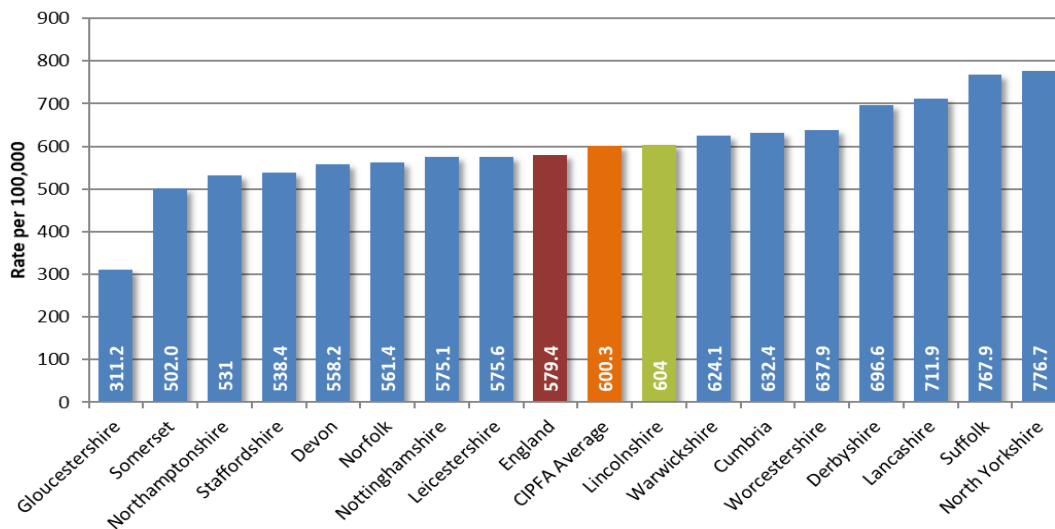
About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - CIPFA Benchmarking 2018/2019



Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.

Numerator: Number of users receiving direct or part direct payments.

Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

This measure is reported as a snapshot in time so for example Q2 is performance as at 30th

September.

A higher percentage of adults that receive a direct payment indicates a better performance.



Achieved

39.2

%

Quarter 4 March 2021

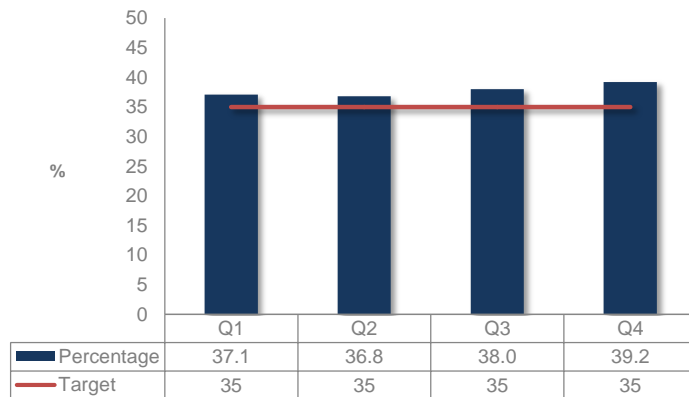


35.0

%

Target for March 2021

Adults who receive a direct payment



About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2019/20 we have set a revised target of 35% for the 20/21 reporting year which now covers all service users.

About the target range

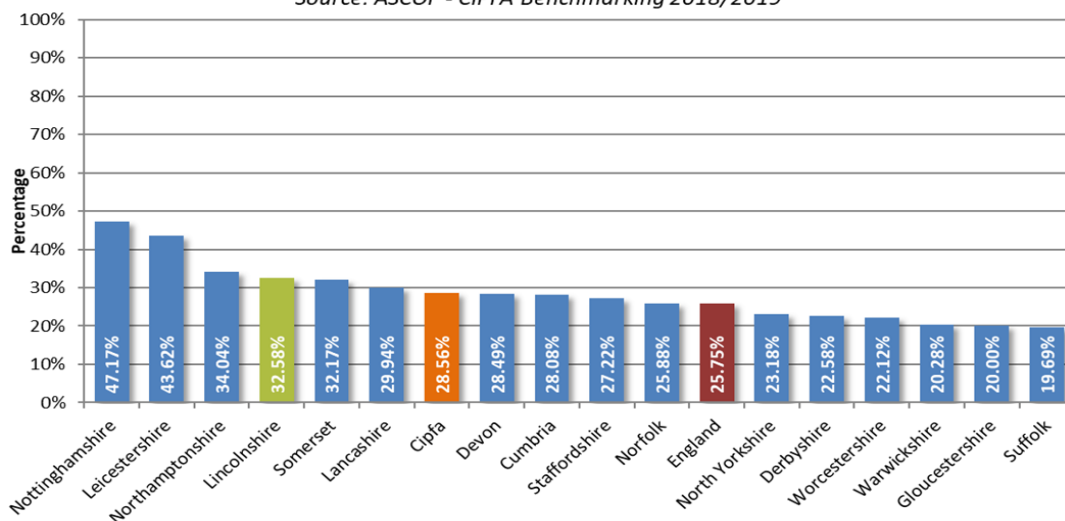
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Adults who receive a direct payment
Source: ASCOF - CIPFA Benchmarking 2018/2019



People in receipt of long term support who have been reviewed

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.

Numerator: For adults in the denominator, those that have received an assessment or review of their needs in the year.

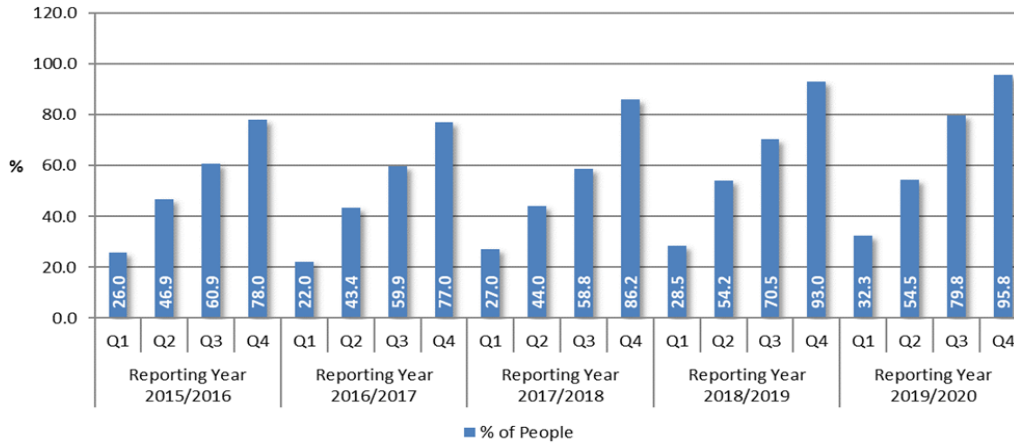
Denominator: Number of current service users receiving long term support in the community or in residential care for 12 months or more.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100. A higher percentage of people that have been reviewed indicates a better performance.



Further details

Percentage of people in receipt of long term support who have been reviewed (cumulative)



About the target

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

About the target range

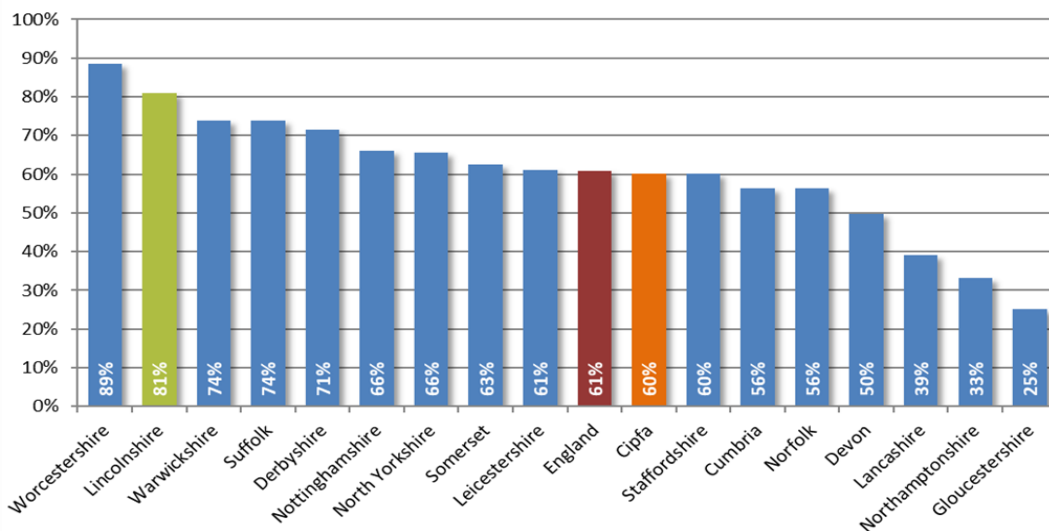
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

Benchmarking from the statutory SALT collection is possible at an aggregated level, that is for all clients supported by Adult Care for 12 months or more where a review has taken place. However, it cannot be disaggregated by client category. The figures provided are therefore an indication of general review performance for all ages and client groups.

People in receipt of long term support who have been reviewed

Source: SALT Data file 2018/2019



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

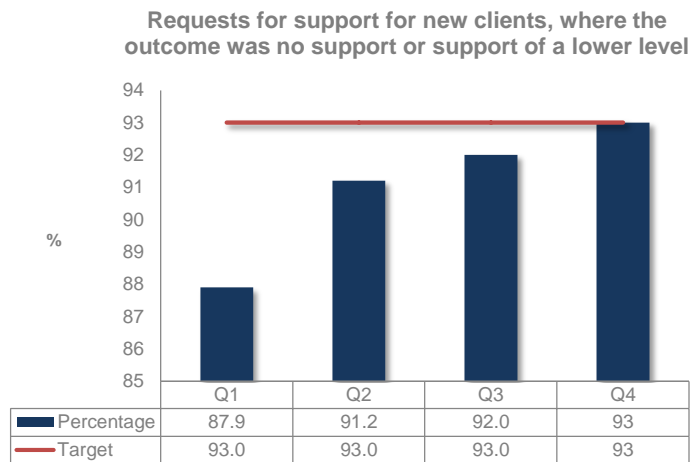
For all distinct requests for support from new clients aged 65 or over, the proportion where the outcome to the request was no support or support of a lower level. New clients are defined as people who were not receiving long term funded support at the time of the request. This is another demand management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

 **Achieved**

93
%
Quarter 4 March 2021

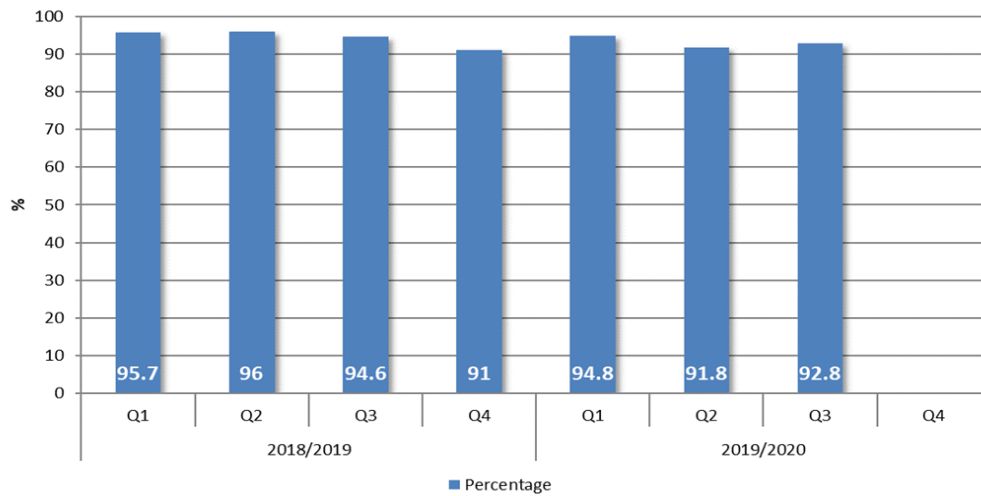


93
%
Target for March 2021



Further details

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



About the target

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

About the target range

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

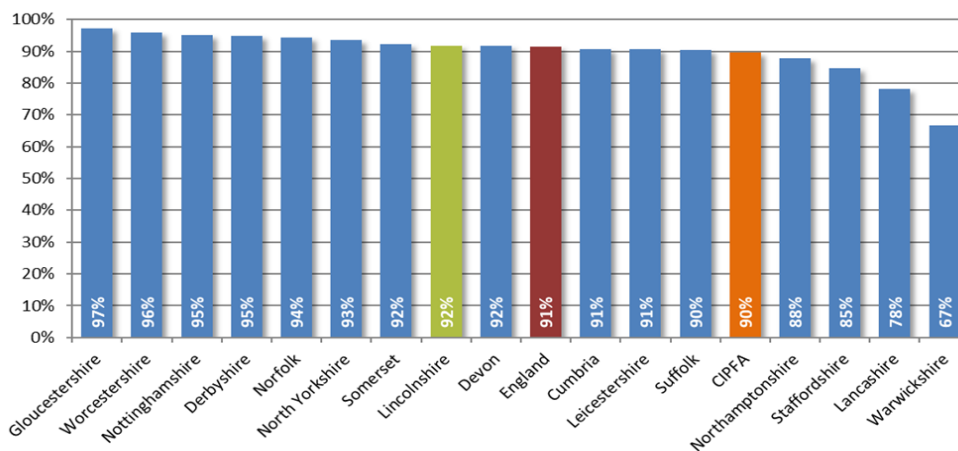
About benchmarking

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

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

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

Source: SALT Data file 2018/2019



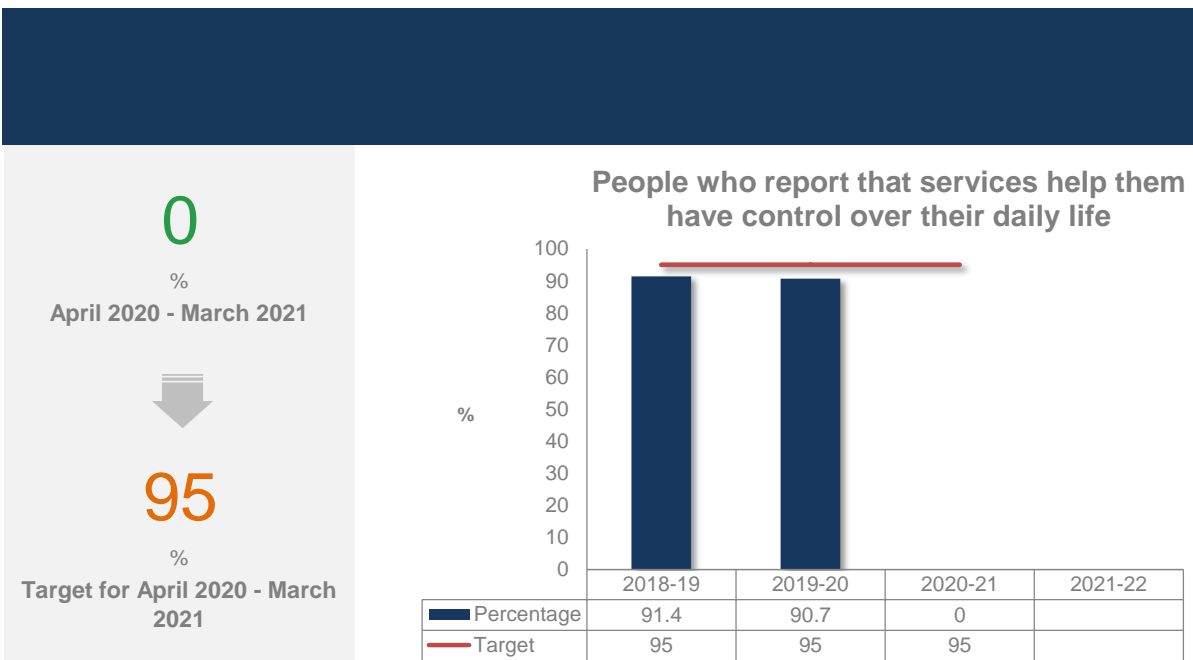
People who report that services help them have control over their daily life

A self-reported measure from the annual Adult Social Care client Survey (ASCS) which determines whether services help people to have control over their daily lives. This has replaced the Adult Social Care Outcomes Framework (ASCOF) measure from the same survey previously reported in the Council Business Plan which asked about general feeling about control, which is not an effective way to determine the impact of support provided. A higher percentage indicates a better performance.

Numerator: The number of people in the denominator answering 'Yes'.

Denominator: The number of people answering the question: 'Do care and support services help you in having control over your daily life?'

A higher percentage indicates a better performance.



About the latest performance

Due to the covid-19 pandemic there was delay in producing the 19/20 figure which is now available and has now been included. For 20/21 NHS digital decided to make ASC survey voluntary due to the current pandemic and Lincolnshire decided to opt out of doing it this year, so will be submitting a null return for 20/21.

Further details

Please see the main graphic for all available data relating to this measure.

About the target

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

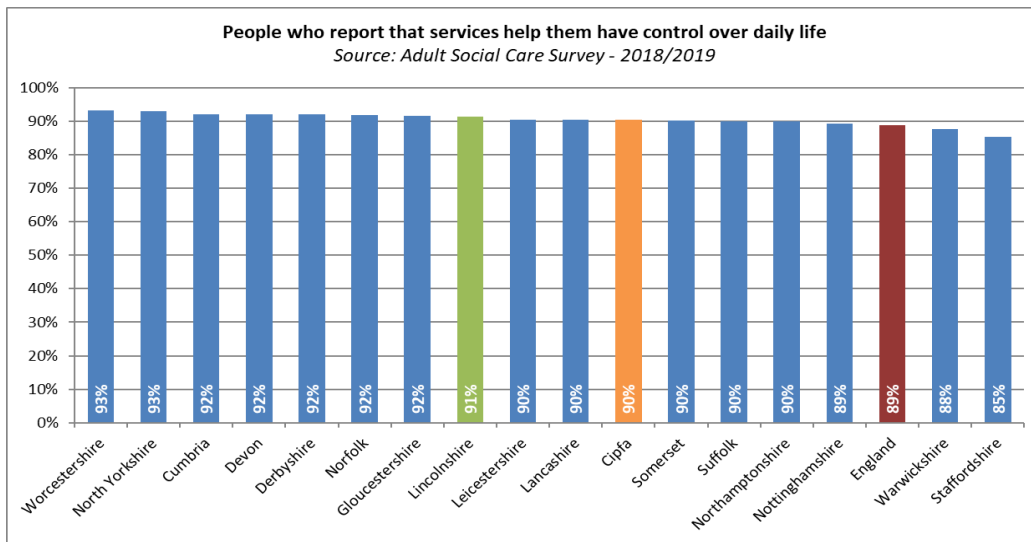
About the target range

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

About benchmarking

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

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

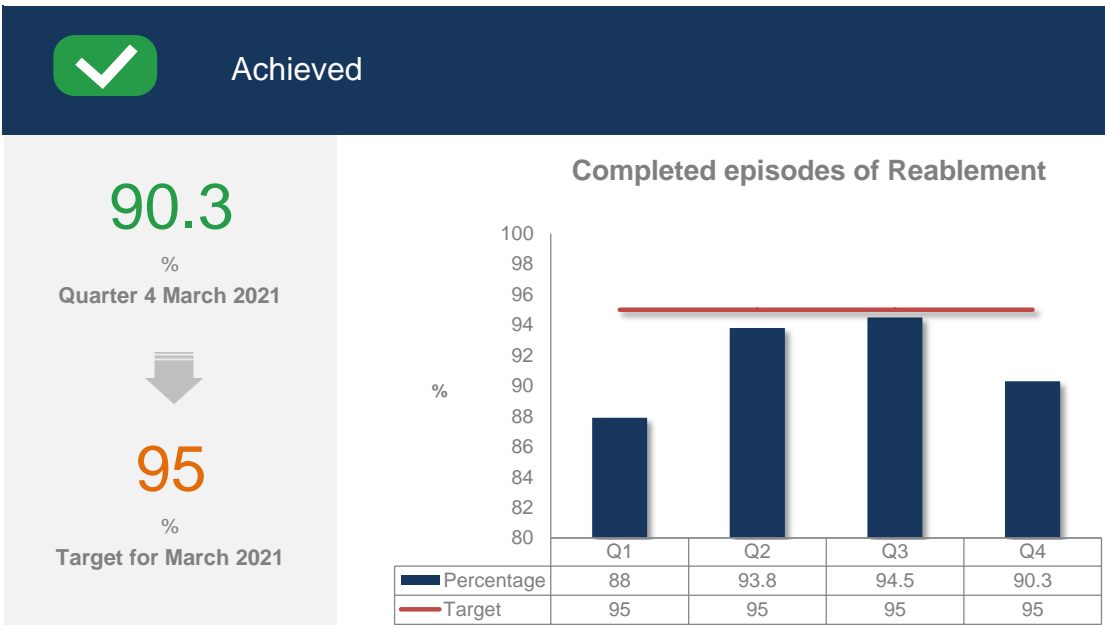


Completed episodes of Reablement

Reablement is an early intervention for vulnerable people to help them restore their independence, accessed before a formal assessment of need. This is a key part of demand management for Adult Care and Community Wellbeing. Positive outcomes for those people who use the service are a good measure of the effectiveness of the intervention and help to delay or reduce the need for longer term funded support from the authority. The measure is the annual ASCOF 2D measure, so is underpinned by national guidance for recording and reporting. A higher percentage of completed episodes of Reablement indicates a better performance.

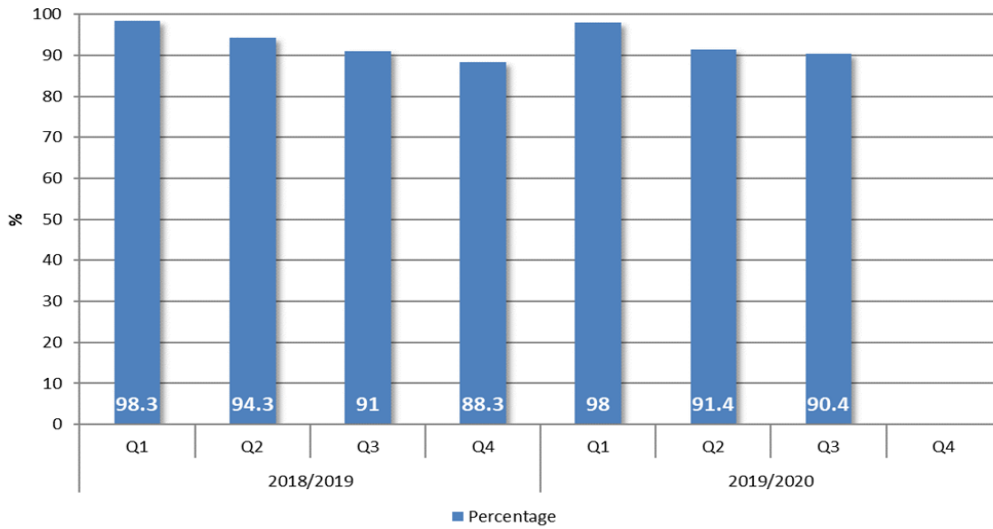
Numerator: Of the episodes in the denominator, the number where the outcome to Reablement was: "Ongoing Low Level Support" or "Short Term Support (Other)" or "No Services Provided - Universal Services/Signposted to Other Services" or "No Services Provided - No identified needs".

Denominator: Number of new clients who had completed an episode of short-term support to maximise independence (aka Reablement) in the period. (SALT STS002a)



Further details

Completed Episodes of Reablement



About the target

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

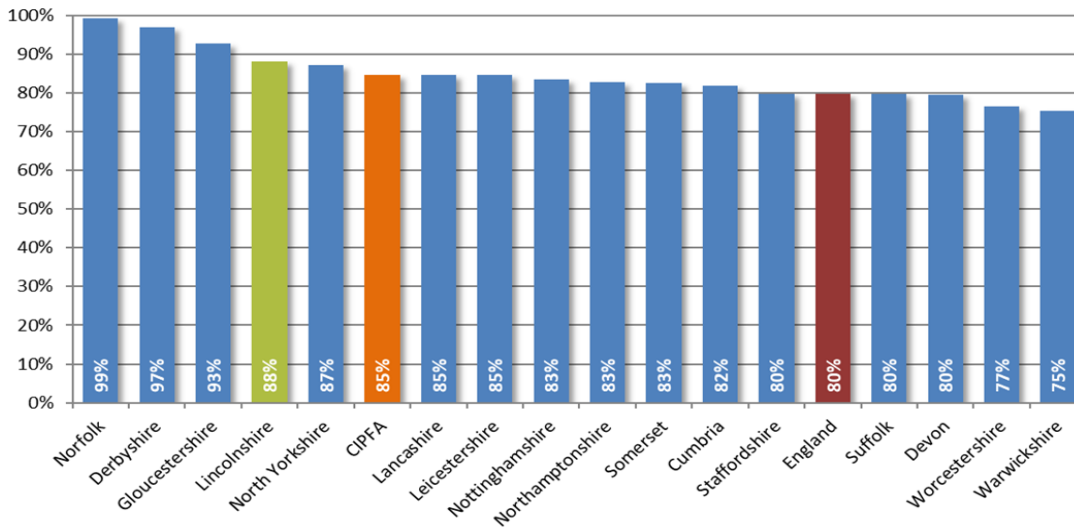
About the target range

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

About benchmarking

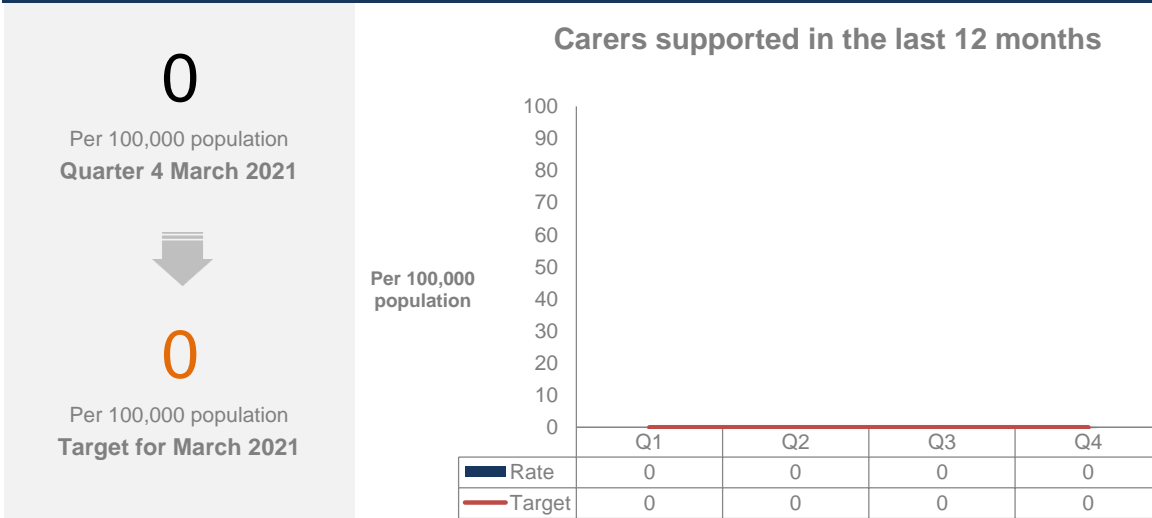
Since this measure is an ASCOF measure, benchmarking is available each year in the Summer. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Completed episodes of reablement
Source: ASCOF - CIPFA Benchmarking 2018/2019



Carers supported in the last 12 months

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

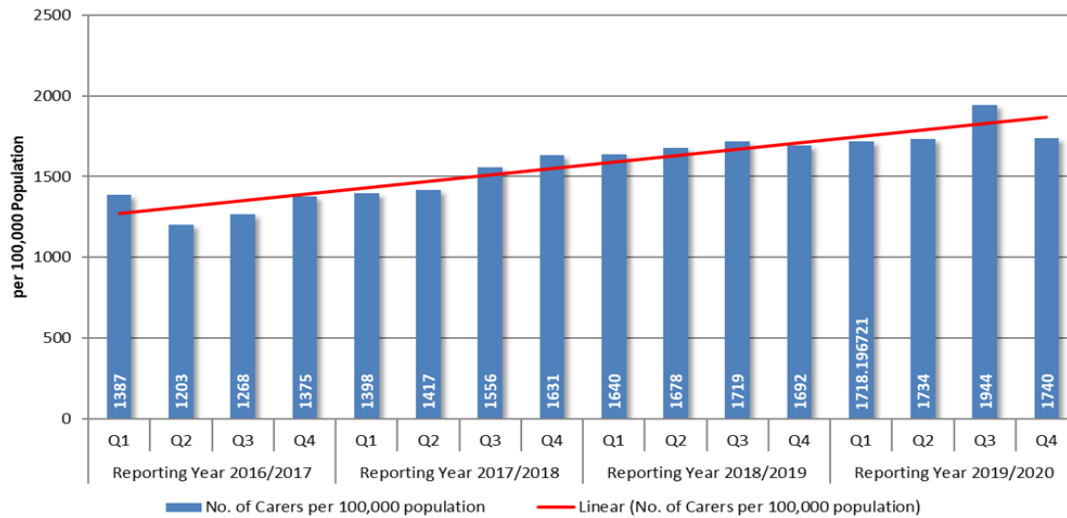


About the latest performance

This PI is being developed and isn't currently reported

Further details

Carers supported in the last 12 months



About the target

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

About the target range

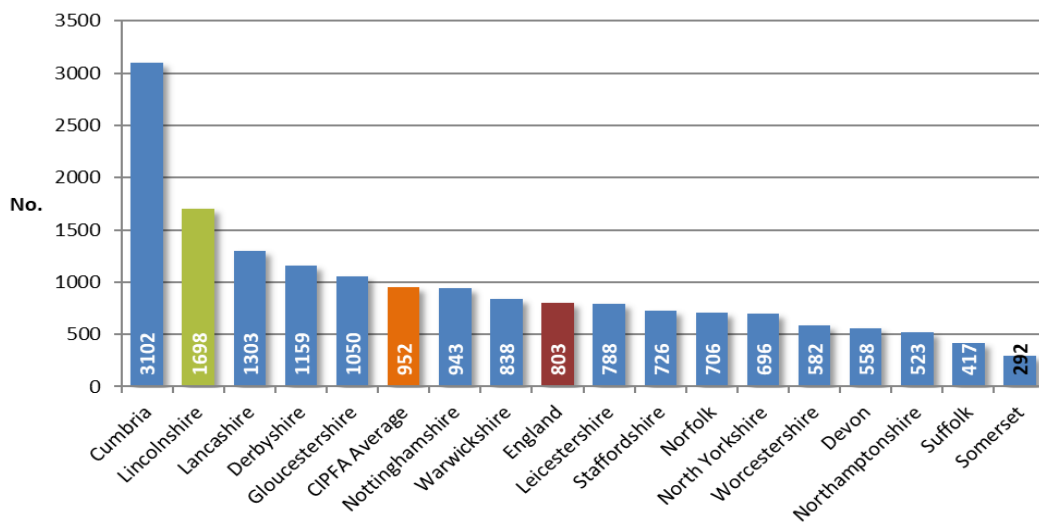
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Carers supported per 100,000 population (2018/2019)



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

There is a clear link between loneliness and poor mental and physical health. The vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure draws on self-reported levels of social contact in the statutory Survey of Adult Carers in England (SACE), as an indicator of social isolation.

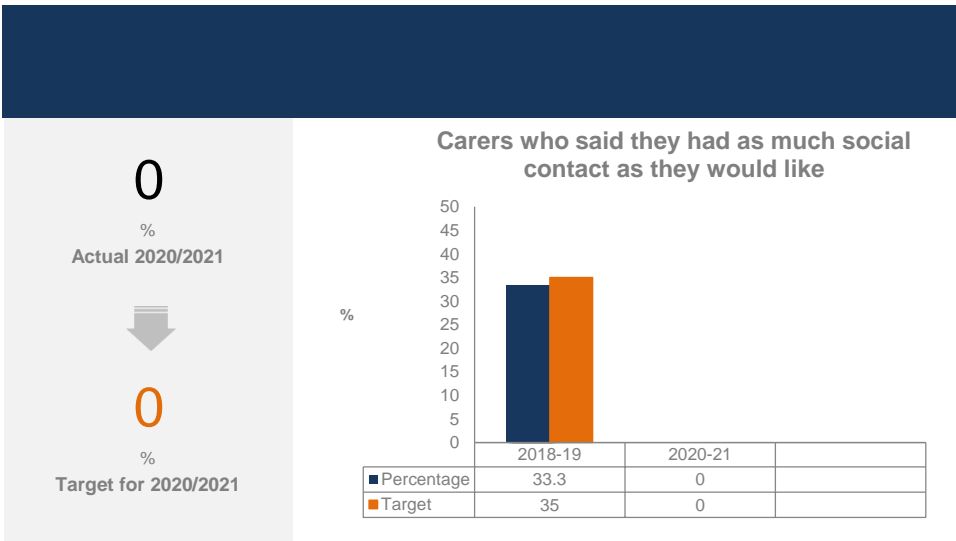
Numerator: Of those carers that responded to the question, the number responding: 'I have as much social contact as I want'

Denominator: In the Survey of Adult Carers in England (SACE), the number of carers that responded to the question:

"By thinking about social contact you've had with people you like, which statement best describes your present social situation?"

- I have as much social contact as I want
- I have some social contact but not enough
- I have little social contact and I feel isolated

A higher percentage indicates a better performance.



About the latest performance

This PI cannot be reported in 2020/21 due Covid -19

Further details

Please see the main graphic for all available data relating to this measure.

About the target

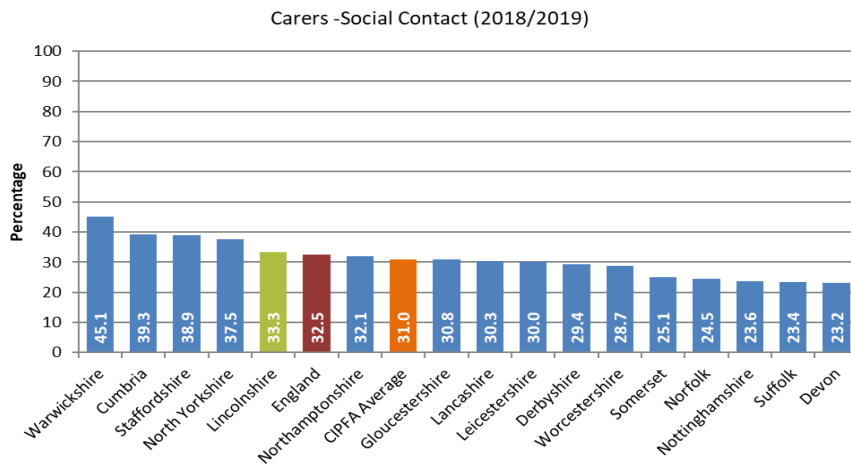
The target for this measure is set at 35%. This is based on the national average for 2016/17.

About the target range

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

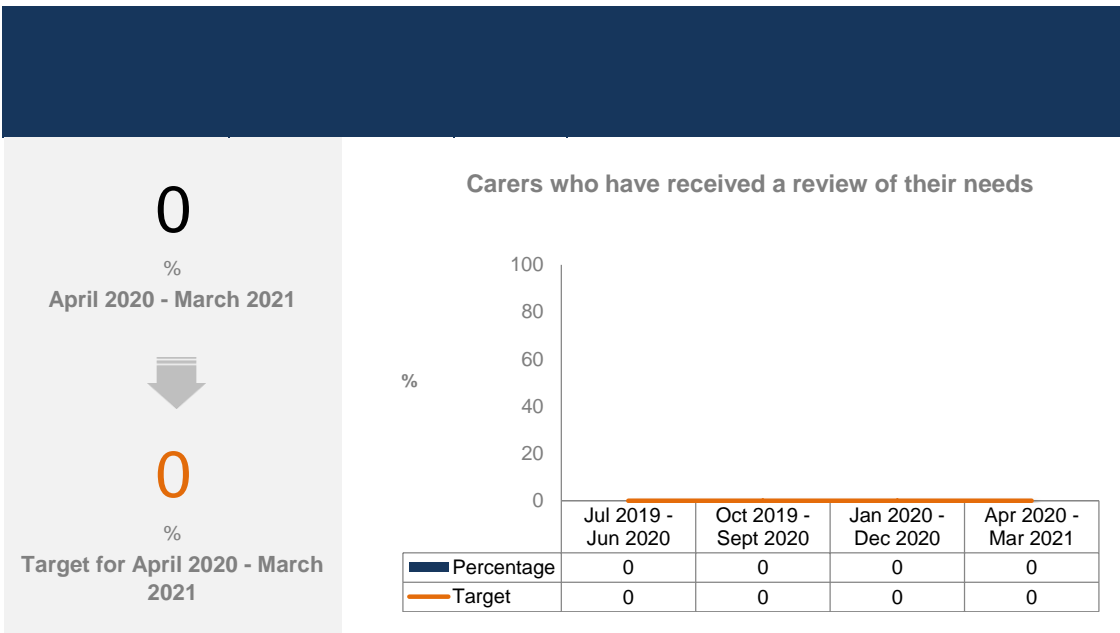
About benchmarking

Benchmarking is available on a biennial basis from the ASCOF outturns (end of the summer for March year end figures). Based on 16/17 figures, 32% of carers in Lincolnshire reported having as much social contact as they wanted. This was the same as the regional average, but below the average for our comparator (and similarly rural) authorities, which was 34%. The national average was 35%. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.



Carers who have received a review of their needs

This measure monitors whether carers, who were eligible for support under the Care Act 2014 and who received funded direct support, received their annual review of needs as per their entitlement. The measure is based on the carers table (LTS003) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting. This measure is reported on a rolling 12 month basis e.g. Quarter 1 will show performance from July of the previous year to June of the current reporting year.

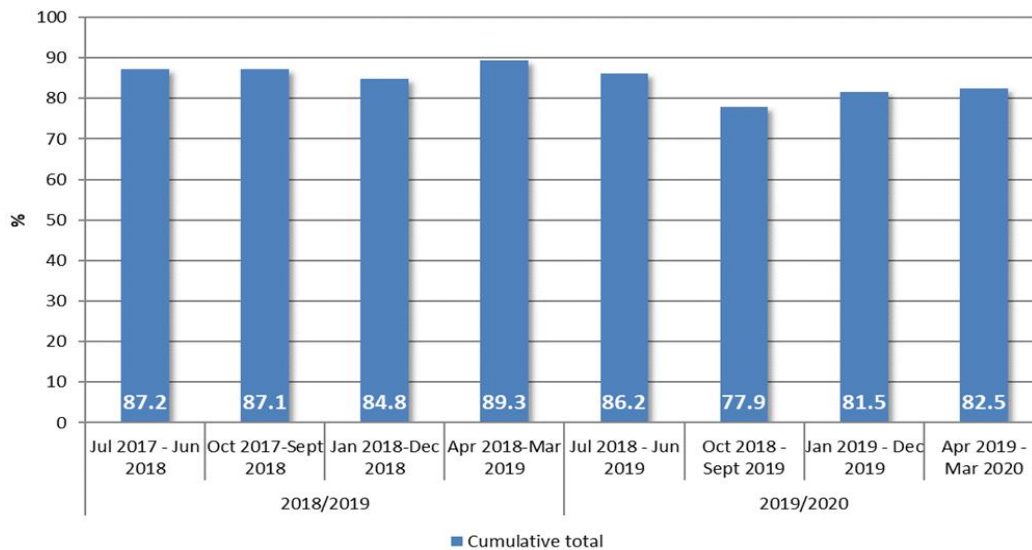


About the latest performance

This PI cannot be reported in 2020/21 due Covid -19

Further details

Carers who have received a review of their needs



About the target

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

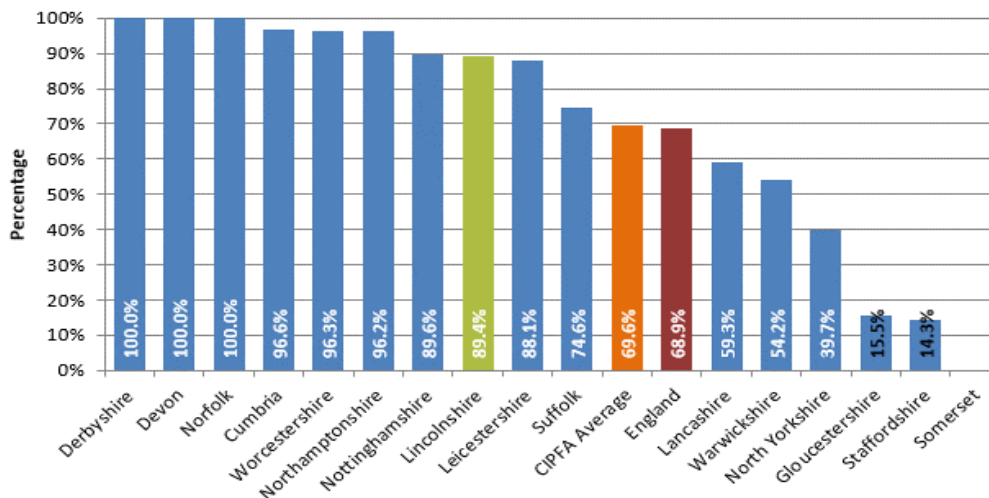
About the target range

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

About benchmarking

Benchmarking is available for this measure from the SALT return on an annual basis. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Carer Reviews and Assessments (2018/2019)



No data for Somerset reviews

Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.

An advocate can include:-

- * An Independent Mental Health Advocate (IMHA);
- * An Independent Mental Capacity Advocate (IMCA); or
- * Non-statutory advocate, family member or friends.

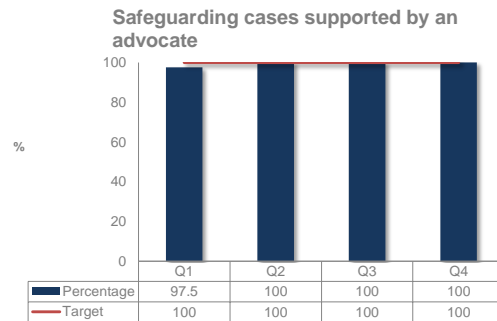
Numerator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend

Denominator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the period, where the person at risk lacks Mental Capacity

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

A higher percentage of cases supported by an advocate indicates a better performance.

Achieved

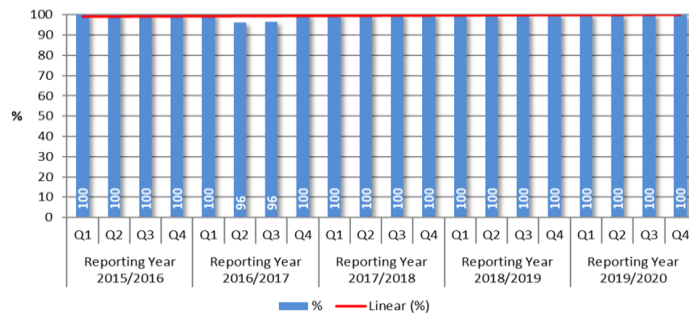


About the latest performance

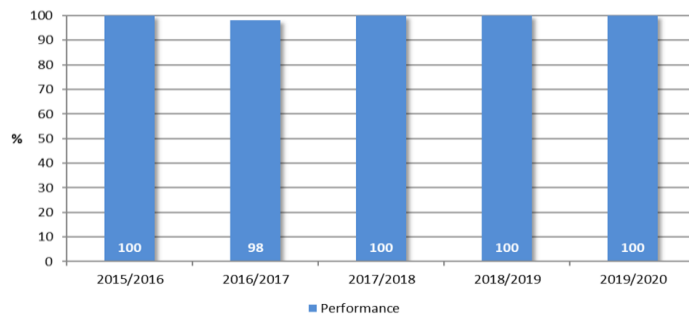
This target has been achieved consistently and provides assurance that adults who would have substantial difficulty being involved in their safeguarding enquiry, have the necessary support in accordance with the principles of making safeguarding personal

Further details

Percentage of Safeguarding Cases Supported by an Advocate



Annual Percentage of Safeguarding Cases Supported by an Advocate



About the target

Targets are based on trends and CIPFA group averages.

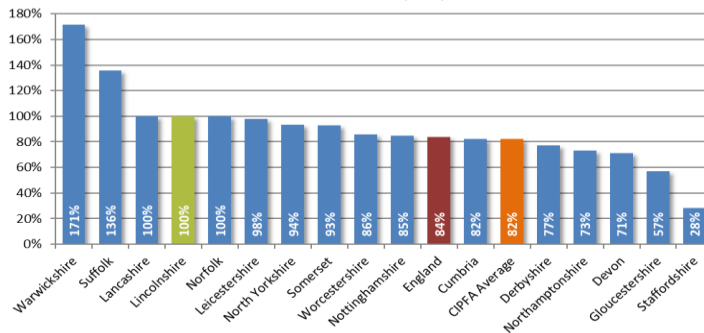
About the target range

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

About benchmarking

Benchmarking data is available for all councils in England in the summer following the annual submission of the Safeguarding Adults Collection (SAC). There was significant variation in the figures across the return. This is most likely to be differences in practice and interpretation of the SAC return descriptions, and many councils were unable to complete the return. For this reason, benchmarking must be treated with caution and is not necessarily a true reflection of comparative performance. As a result, the SAC return is being reviewed. Please note: The benchmarking data is extracted from NHS Digital and is shown as recorded.

Safeguarding cases supported by an advocate
Source: SAC SG3a: Mental Capacity 2018-2019



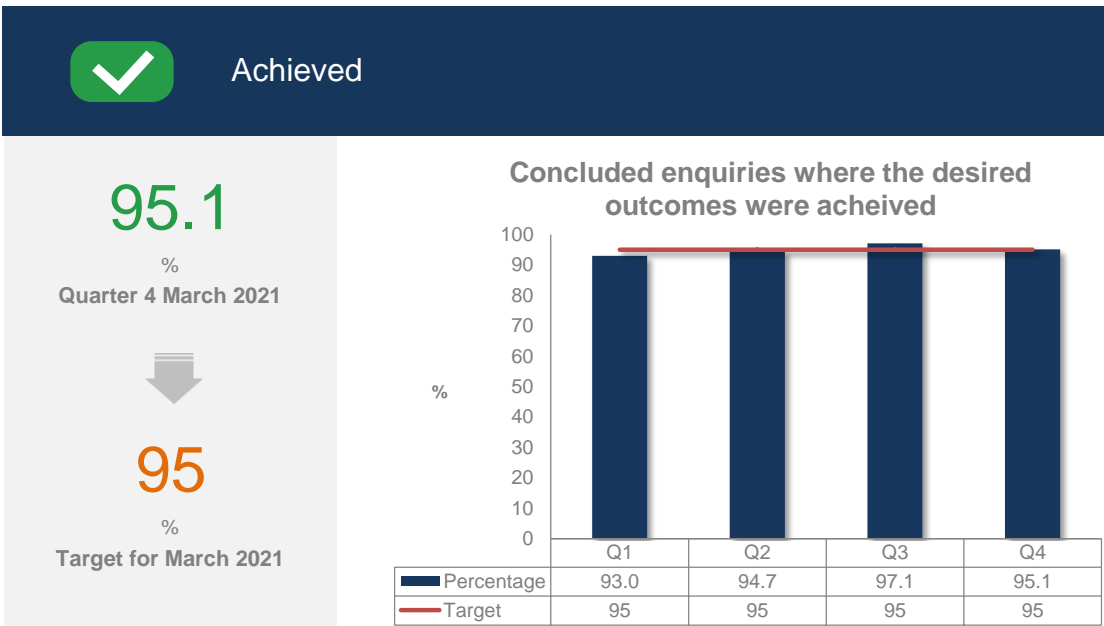
Concluded safeguarding enquiries where the desired outcomes were achieved

This measure records the proportion of concluded enquiries ('Section 42' under the Care Act 2014 and other), where the desired outcomes were fully or partially achieved. This measure is a key element of the Making Safeguarding Personal (MSP) national agenda, and monitors the effectiveness of Safeguarding interventions where desired outcomes were expressed and met. The figures are taken directly from the Safeguarding Adults Collection, and is therefore underpinned by statutory guidance on recording and reporting.

Numerator: The number of concluded enquiries in the denominator where the person's desired outcome was fully or partially achieved.

Denominator: The total number of S42 safeguarding enquiries concluded in the period where the person or their representative was asked about and expressed their desired outcomes.

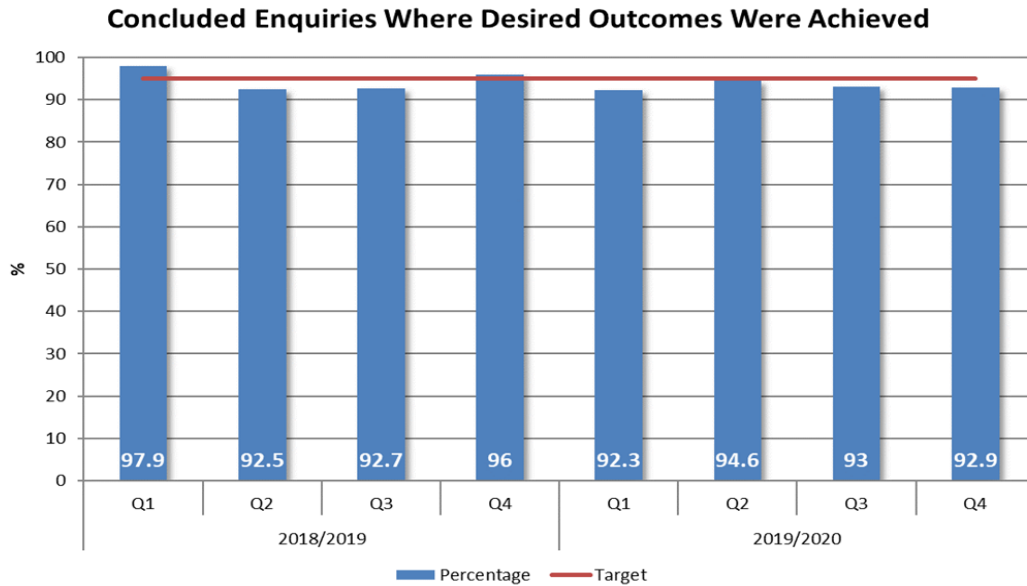
A higher percentage indicates a better performance.



About the latest performance

The target is achieved and demonstrates that making safeguarding personal is embedded into practice and we have continued to ensure the person remains at the centre of the process despite the challenges of the last twelve months.

Further details



About the target

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

About the target range

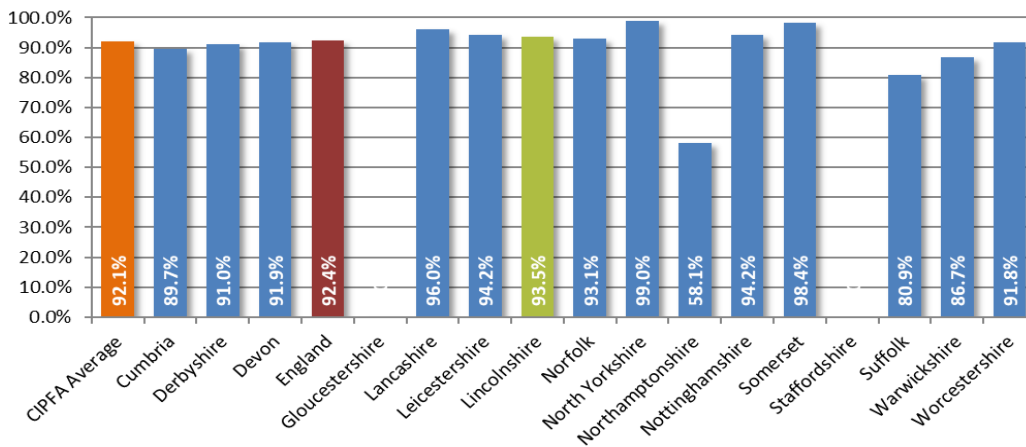
This measure has a target range of +/-5 percentage points.

About benchmarking

Benchmarking data is available for all councils in England in the summer following the annual submission of the Safeguarding Adults Collection (SAC). There was significant variation in the figures across the return. This is most likely to be differences in practice and interpretation of the SAC return descriptions, and many councils were unable to complete the return. For this reason, benchmarking must be treated with caution and is not necessarily a true reflection of comparative performance. As a result, the SAC return is being reviewed.

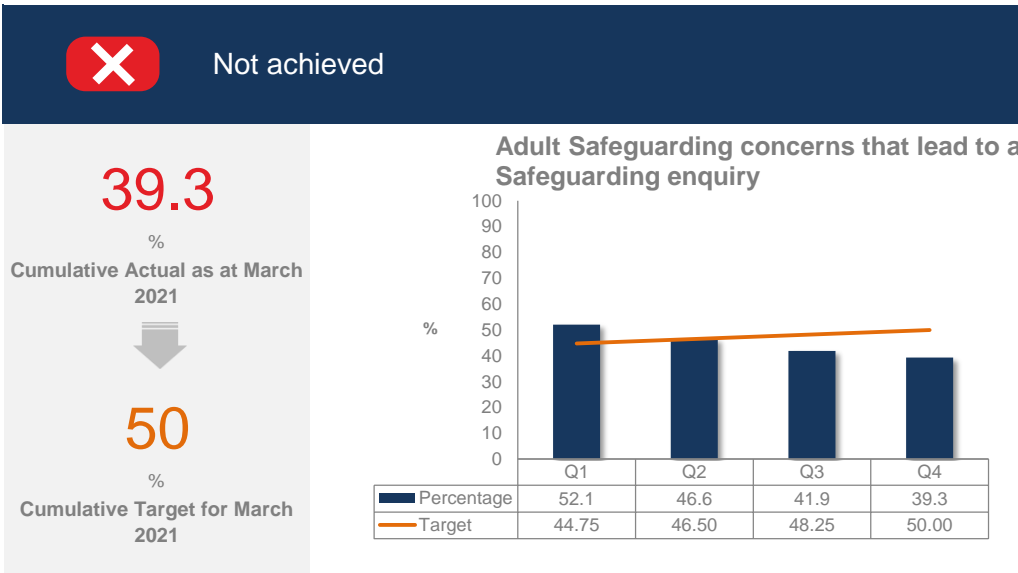
Safeguarding enquiries where the desired outcomes were achieved

Source: SAC SG4a: Making Safeguarding Personal 2018-2019



Adult Safeguarding concerns that lead to a Safeguarding enquiry

The LCC Safeguarding Service want to encourage providers, partners and professionals to submit concerns to the Local Authority only where appropriate, and 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.

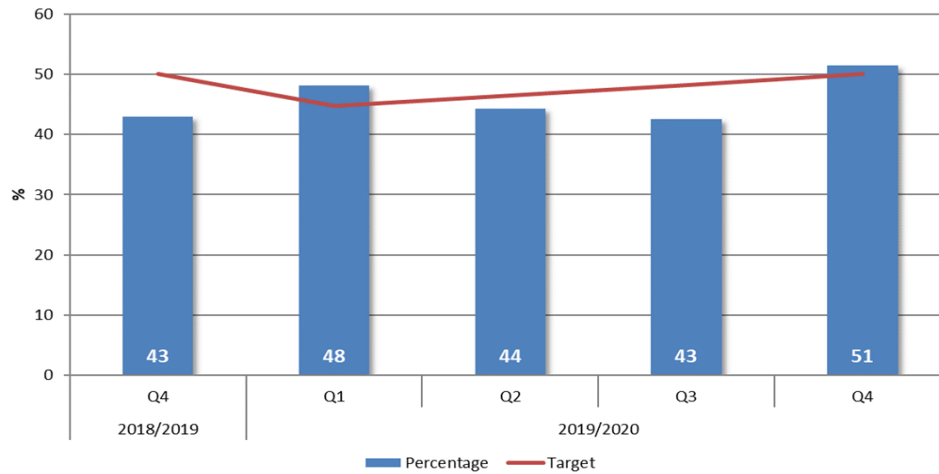


About the latest performance

The target has not been achieved. Despite a strong start to the year, the number of concerns which do not progress to enquiry has increased. It is recognised that the pandemic impacted on work with partners around the reporting of concerns. It is also possible that a decrease in opportunities for face to face contact resulted in a more cautious approach to risk. We will continue to monitor this and to work with partner agencies through the LSAB to improve the quality of reporting of safeguarding concerns.

Further details

Adult Safeguarding concerns that lead to a Safeguarding enquiry



About the target

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date. The target is profiled to monitor an increase to 50% by the end of 2019/20, which means an increment of 1.75 percentage points is applied quarterly. An increment of 5 percentage points for each subsequent year has been proposed, however this may need to be reviewed after a period of monitoring to determine whether this is realistic.

About the target range

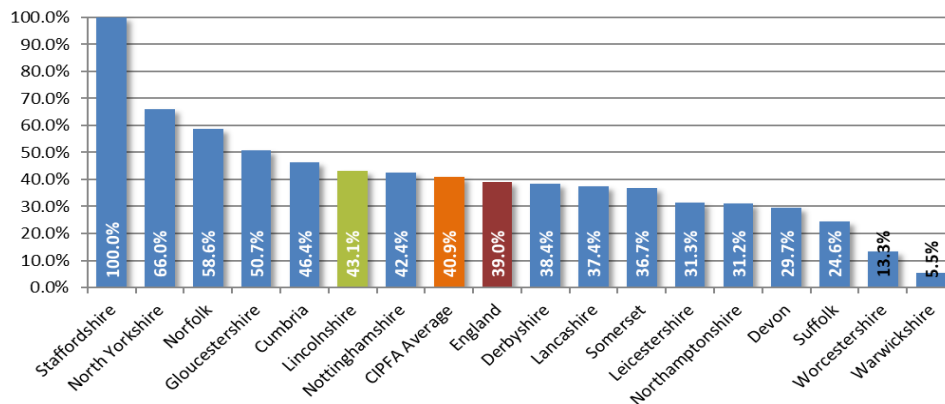
This measure has a target range of +/-5 percentage points.

About benchmarking

Benchmarking data is available for all councils in England in the summer following the annual submission of the Safeguarding Adults Collection (SAC). There was significant variation in the figures across the return. This is most likely to be differences in practice and interpretation of the SAC return descriptions, and many councils were unable to complete the return. For this reason, benchmarking must be treated with caution and is not necessarily a true reflection of comparative performance. As a result, the SAC return is being reviewed.

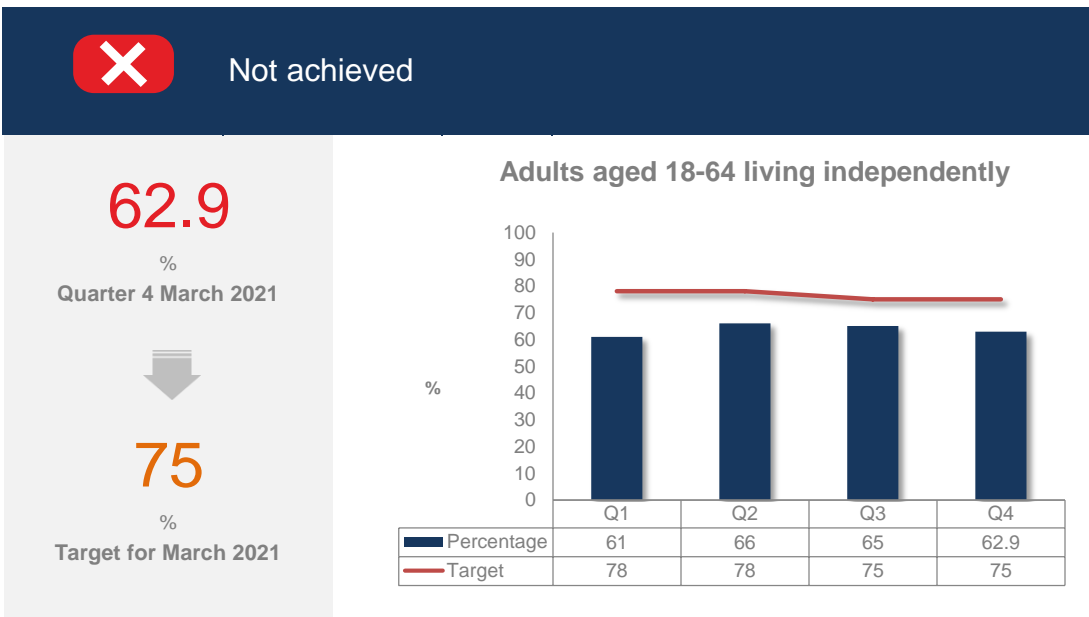
The proportion of adult safeguarding concerns received in the year that lead to a Safeguarding enquiry

Source: SAC SG2b: Safeguarding Enquiries 2018-2019



Adults aged 18-64 living independently

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

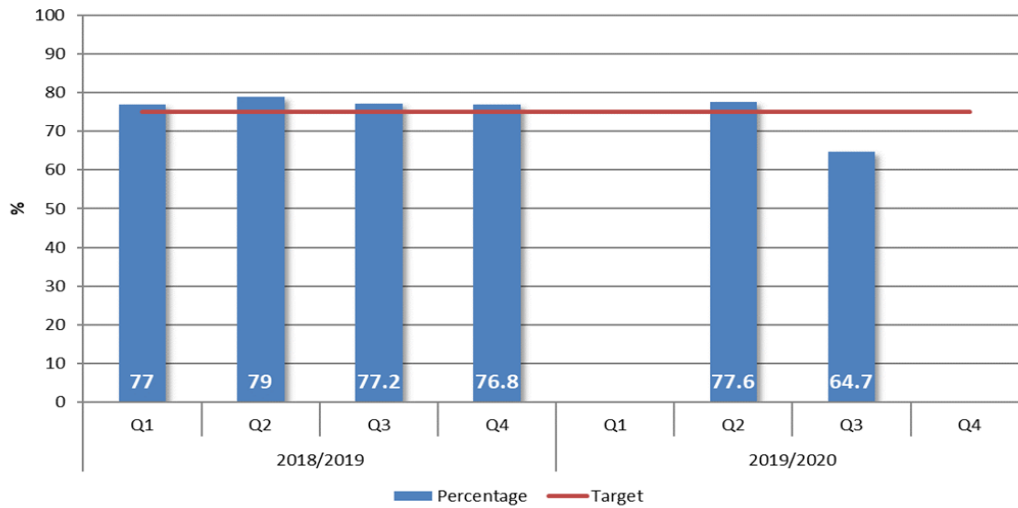


About the latest performance

The trust continues to ensure that those individuals that are supported both by social care under the S75 agreement and by LPFT under health, in addition to being on Care Programme Approach (CPA), are in accommodation settings to ensure their safety and wellbeing. Whilst the target has not been attained, performance for Q4 is in line with the Chartered Institute of Public Finance and Accountancy (CIPFA) group average (our comparator authorities) for 2019-2020 (Mean 61% and Median 67%). The low number of people making up the denominator results in high volatility with regards to performance for this Key Performance Indicator (KPI).

Further details

Adults Aged 18-64 With a Mental Health Problem Living Independently



About the target

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

About the target range

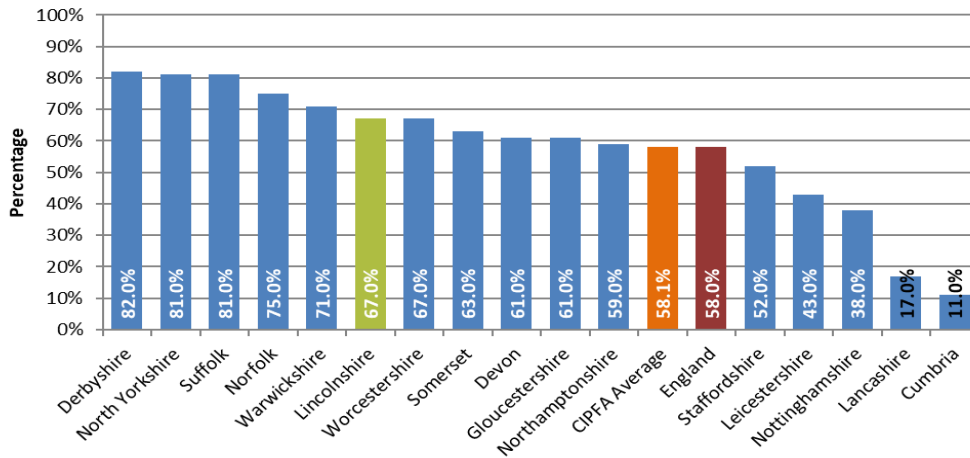
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

The source data is submitted in the Mental Health Minimum Dataset on a quarterly basis, this is for all clients on the Care Programme Approach (CPA) in contact with secondary mental health services, not just those that are also receiving funded social care support.

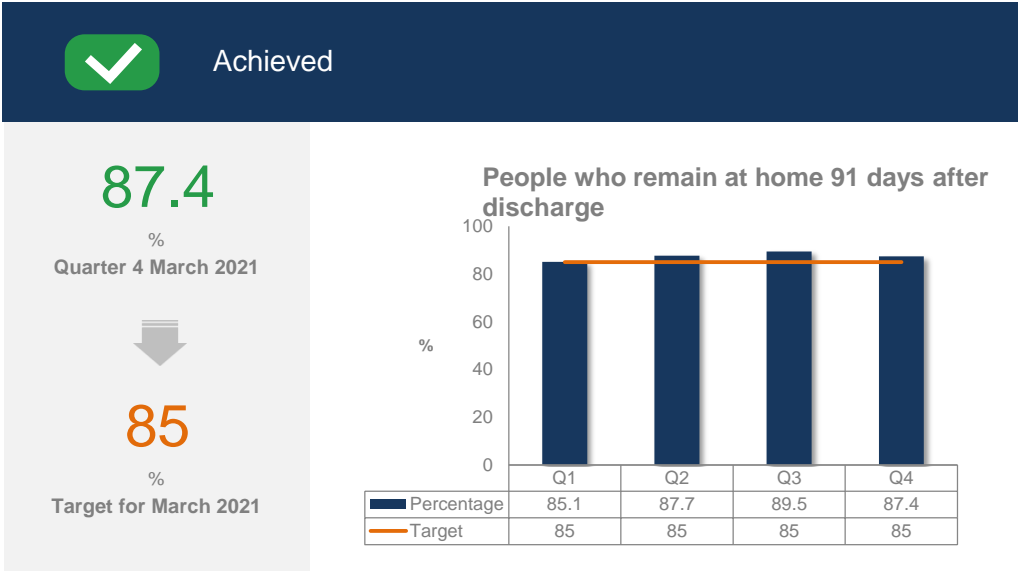
Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

The proportion of adults in contact with secondary mental health services living independently (2018/2019)



People who remain at home 91 days after discharge

The hospital teams discharge clients from hospitals and this new measures will look at all confirmed hospital discharges from acute sites for 18+ year old who were discharged in the previous quarter. This measures how many were still at home 91 days after discharge, being at home is defined as people living in their own home in the community.



About the target

The target for this measure has been set to 85%, based on the average of the past 6 quarters. Our aim is to give us an indicator of how well our commissioned services are at keeping people in the community after a hospital discharge.

About the target range

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

About benchmarking

This is an internal measure so cannot be bench marked nationally, however can be benchmarked internal for the same period last year.

Percentage of alcohol users that left specialist treatment successfully

This measure tracks the proportion of clients in treatment in the latest 12 months who successfully completed treatment. Data is reported with a 3 month (1 quarter) lag.

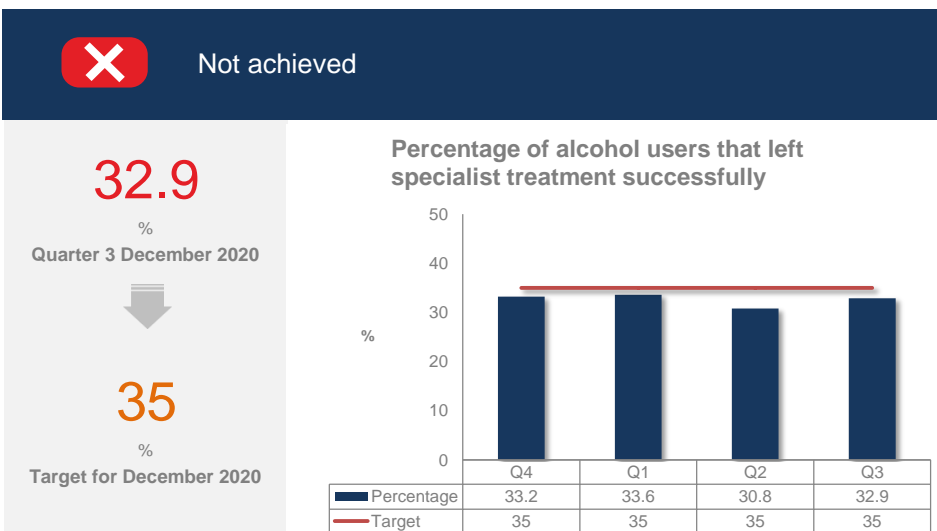
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in the 'Protecting the public' commissioning strategy.

The definition for this indicator has been revised in Quarter 2 of the 2018/19 reporting year to align more closely with the National Drug Treatment Monitoring System (NDTMS); this has no effect on previous figures reported for this measure.

Numerator: Number of successful completions (NDTMS)

Denominator: Number of completions (NDTMS)

A higher percentage of alcohol users that leave specialist treatment successfully indicates a better performance.



About the latest performance

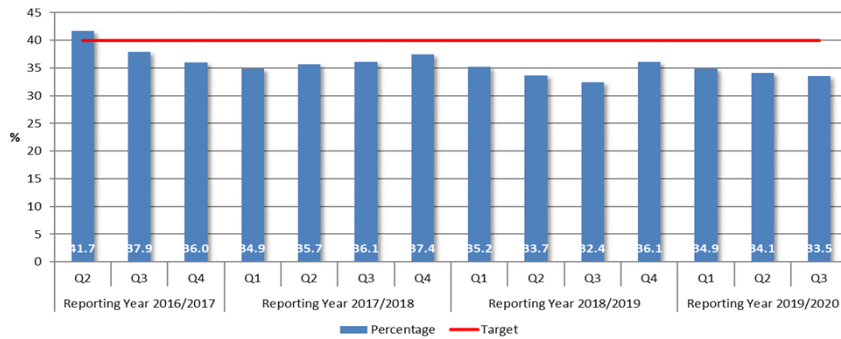
The number of those who left specialist treatment successfully has increased from 30.8% in quarter 2 to 32.9% in quarter 3. This is still 2.1% below target but is improving; the service is still feeling the impact of the Covid-19 Pandemic which is reflected in the performance figures.

This remains a challenging period for substance misuse treatment services with constantly evolving national guidance being released by the department of Health and Social Care. Services are preparing and starting to implement recovery strategies but it is likely to be some time before all restrictions are removed. Services continue to use innovative ways to engage with clients and learning from this will inform future service delivery and commissioning.

Evidence suggests that alcohol consumption has increased through the pandemic. It is anticipated more people will seek help as restrictions are relaxed which may affect performance over future reports.

Further details

Percentage of alcohol users that left specialist treatment successfully



About the target

A target of 35% has been set to reflect the wording and definition of this measure.

About the target range

The target range for this measure is between 33% and 37% (of people who leave specialist treatment in a planned and successful way). This is based on an expectation of fluctuation in performance across the year.

About benchmarking

No benchmarking data is available as this is a commissioned service producing local level information to help tell the story of our services to members and the wider public.

Percentage of people aged 40 to 74 offered and received an NHS health check

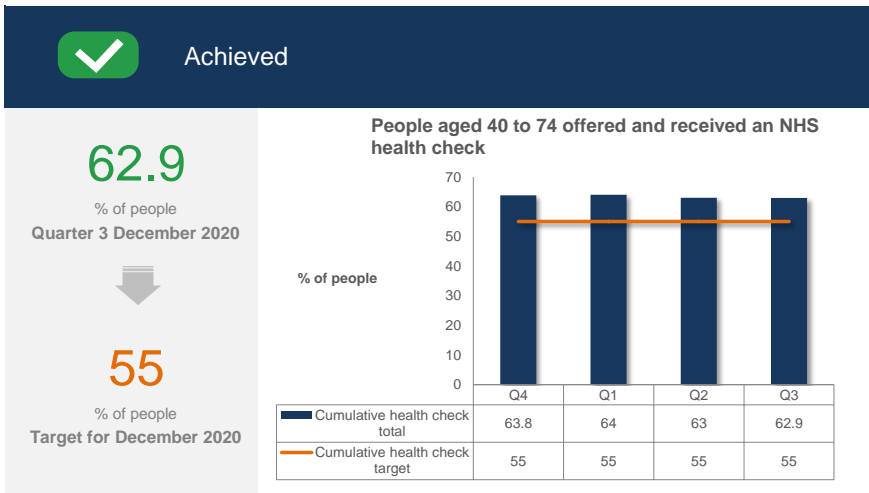
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Checks are important to identify early signs of poor health leading to opportunities for early interventions.

This measure tracks the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check, which is measured on a 5 year rolling cycle. So for example performance reported at Q2 2018/2019 is cumulative from April 2014 to 30th September 2018.

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

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

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

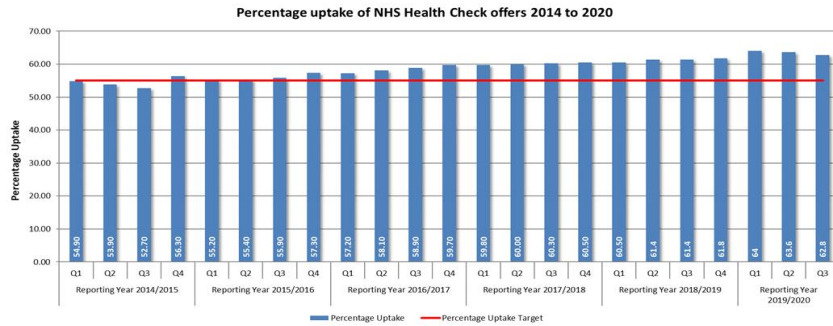


About the latest performance

During 2020/21 the NHS Health Check programme has been impacted by Covid-19 however due to the data lag this is not yet reflected in the 62.9% reported.

During the pandemic General Practitioner's surgeries ceased NHS Health Checks so there was reduced activity across the county. Each Primary Care site is currently evaluating risks and phasing in when checks can be undertaken, restarts depend on capacity and safety for patients and staff. The majority of practices have now restarted to some degree and this will increase as restrictions are removed and surgeries return to more standard working practices.

Further details



About the target

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

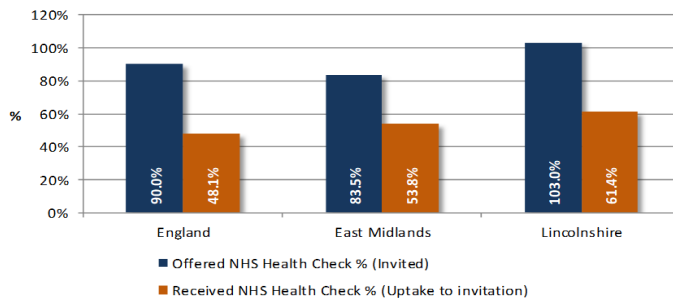
About the target range

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

About benchmarking

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

**Cumulative NHS Health Check Data
Q1 2014/15 to Q4 2018/19**



	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	90.0%	83.5%	103.0%
Received NHS Health Check % (Uptake to invitation)	48.1%	53.8%	61.4%

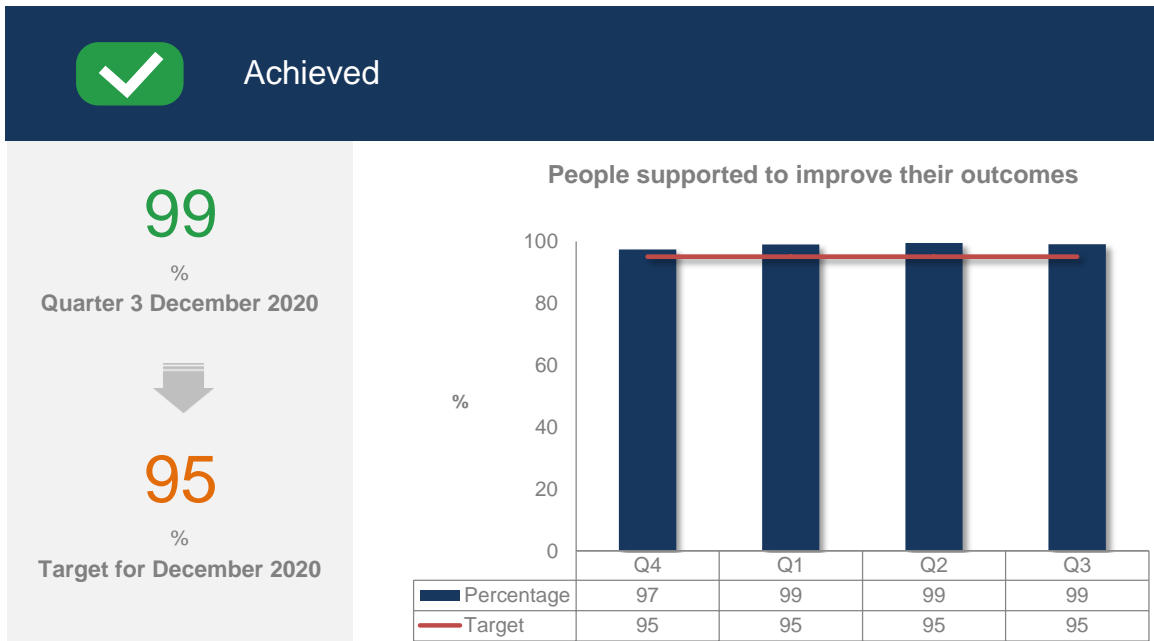
Percentage of people supported to improve their outcomes following Wellbeing intervention

This measure identifies the percentage of people exiting the Wellbeing Service who demonstrated overall improvements across the outcomes they identified when entering the service. There are eight outcomes which the service focuses on and these are around supporting people to Manage Money, Participation, Social Contact, Physical Health, Mental Health and Wellbeing, Substance Misuse, Independence and Staying Safe. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.

Numerator: The number of service users exiting the service with a higher Exit Score than Entry Score

Denominator: The total number of service users exiting the service.

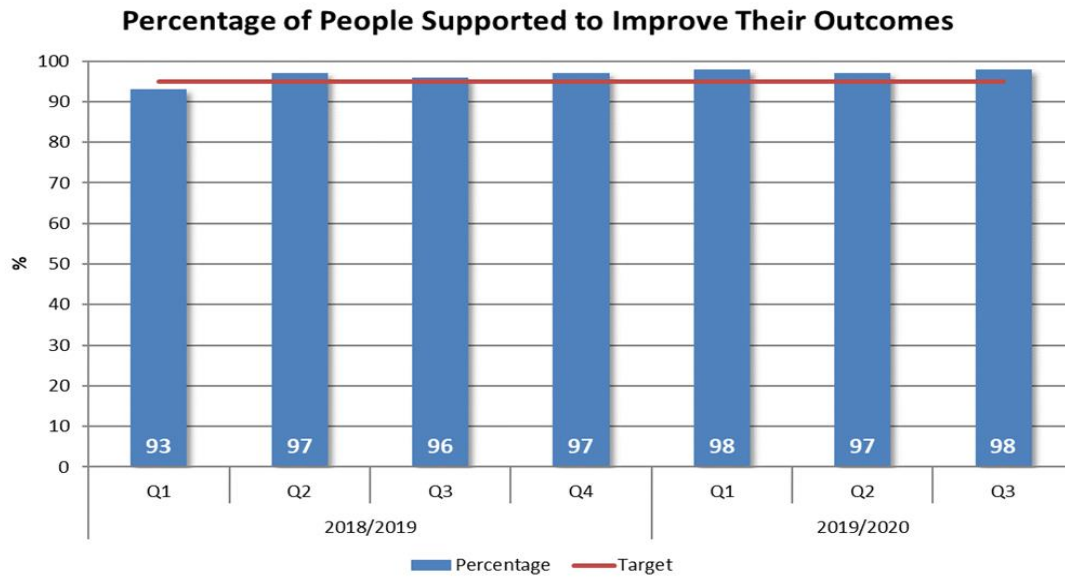
A higher percentage of people supported to improve their outcomes indicates a better performance.



About the latest performance

During Quarter 3 2020/21 the Wellbeing Service continued to provide predominantly remote support in light of the pandemic and associated restrictions. Referral volumes during the reporting period returned to comparable data from 2019-20 for core service support whilst the service also continued to provide assistance to those referred through the Community Response Pathway. Despite the altered service delivery, the Wellbeing Service has maintained its consistently high performance in supporting individuals to achieve their outcomes. This measure captures the overall improvement in customer's self-determined outcomes through up to 12 weeks of support, advice and signposting to local community resources.

Further details



About the target

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

About the target range

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

About benchmarking

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

People supported to successfully quit smoking

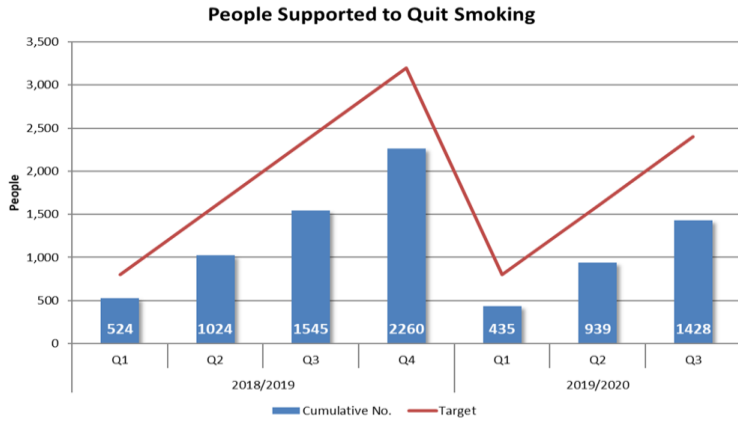
This measure identifies all those people who are supported to quit smoking by stop smoking and tobacco control services. These services raise awareness about the harms of tobacco and encourage and support smokers to quit smoking. People accessing the service are measured at 4 weeks; this will be the time at which it is deemed whether they have successfully quit smoking, which aligns to Public Health England reporting standards. However, the service is still available to support clients after the 4 week measurement point. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year. A higher percentage of people supported to successfully quit smoking indicates a better performance.



About the latest performance

One You Lincolnshire has achieved 67% of the target during this report period. As a result of the Covid-19 pandemic the service is continuing to provide a phone and digital support for smoking cessation with any nicotine replacement therapy being delivered by post in order to maintain the programme. This new delivery model continues to maintain the stop smoking service but the subcontracted services with pharmacies and primary care settings remain suspended with the exception of a few who have continued to deliver between lockdown which accounts for 10% of activity.

Further details



About the target

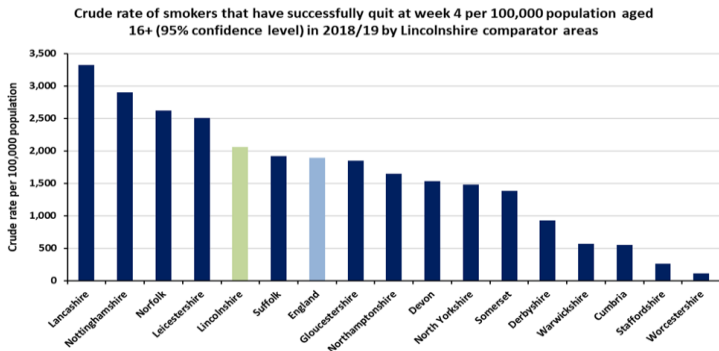
Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF)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

About the target range

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

About benchmarking

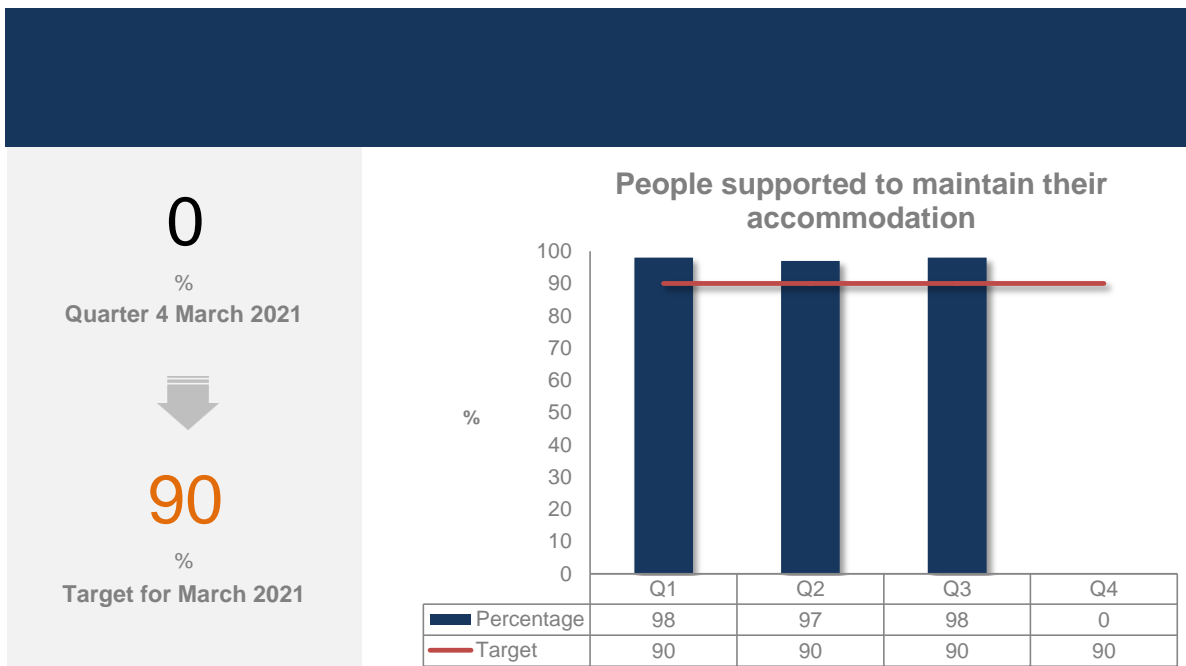
The latest published data by PHE for 2018/19 showed that the crude rate per 100,000 population aged 16+ for smokers that successfully quit at 4 weeks in Lincolnshire was 2,056; this is similar to the regional rate (1,953 per 100,000 population aged 16+). Of Lincolnshire's comparator areas Lancashire (3,323 per 100,000 population aged 16+) performed significantly better than its counterparts, whilst Worcestershire (115 per 100,000 population aged 16+) and Staffordshire performed significantly worse (261 per 100,000 population aged 16+). Since 2015/16, it can be seen that the rate of successful quits has been reducing in Lincolnshire which is comparable to the national trend.



Area Name	Value
Lancashire	3,323
Nottinghamshire	2,902
Norfolk	2,622
Leicestershire	2,508
Lincolnshire	2,056
Suffolk	1,919
England	1,894
Gloucestershire	1,847
Northamptonshire	1,647
Devon	1,533
North Yorkshire	1,482
Somerset	1,380
Derbyshire	926
Warwickshire	570
Cumbria	550
Staffordshire	261
Worcestershire	115

People supported to maintain their accommodation via Housing Related Support Service (HRSS)

Percentage of service users supported to achieve an overall improvement across their outcomes following a period of three months of housing related support which is the expected average length of support someone will receive.

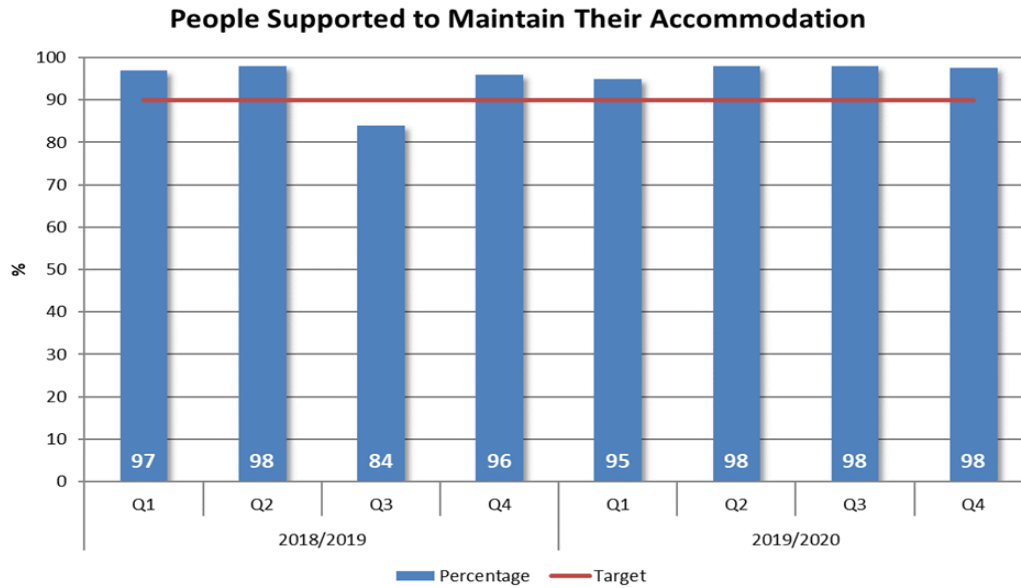


About the latest performance

The Housing Related Support reporting system is currently under review to build new reporting mechanisms. This work has been needed for some time and meets the needs of the new service pathways developed during the service re-commissioning, and improves both data quality and data security. This unfortunately means we are unable to report the data for this quarter. However good contract management arrangements remain in place and from this we can report that utilisation of the new service is very high and near capacity. Although we cannot report this particular outcome we can confirm the percentage of service user that have improved on all outcomes is 98% and the percentage of service users that were supported to develop new/improved skills to manage a tenancy/mortgage independently of support service is 99%.

We expect to be able to report this outcome fully from Quarter 1 2021/22 report.

Further details



About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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

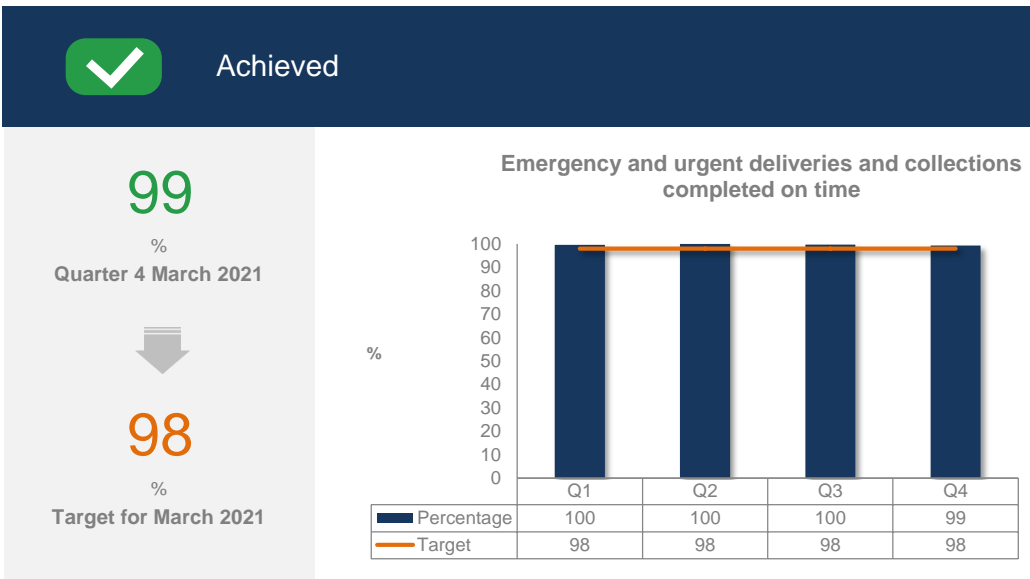
Emergency and urgent deliveries and collections completed on time

The delivery of emergency and urgent pieces of equipment is crucial as the situations within which these are requested will often involve individuals who require equipment in order to support discharge from hospital, prevent hospital admission or provide end of life care. In the event of the death of a service user, it is crucial to commence the process of collecting equipment quickly to ensure that, where possible, it can be recycled to support other users who may have need for it. Emergency deliveries and collections are defined as being undertaken within 4 hours of receipt of the authorised order. Urgent deliveries are within 24 hours and urgent collections are within 48 hours of receipt of the authorised order. The measure is an amalgamation of four KPIs within the Integrated Community Equipment Service contract which consist of: Number of emergency deliveries (within 4 hours); number of emergency collections (within 4 hours); number of urgent deliveries (within 24 hours) and; number of urgent collections (within 48 hours).

Numerator: Number of emergency deliveries and collections within 4 hours, number of urgent deliveries within 24 hours and number of urgent collections within 48 hours.

Denominator: Total number of emergency and urgent deliveries and collections.

A higher percentage indicates a better performance.

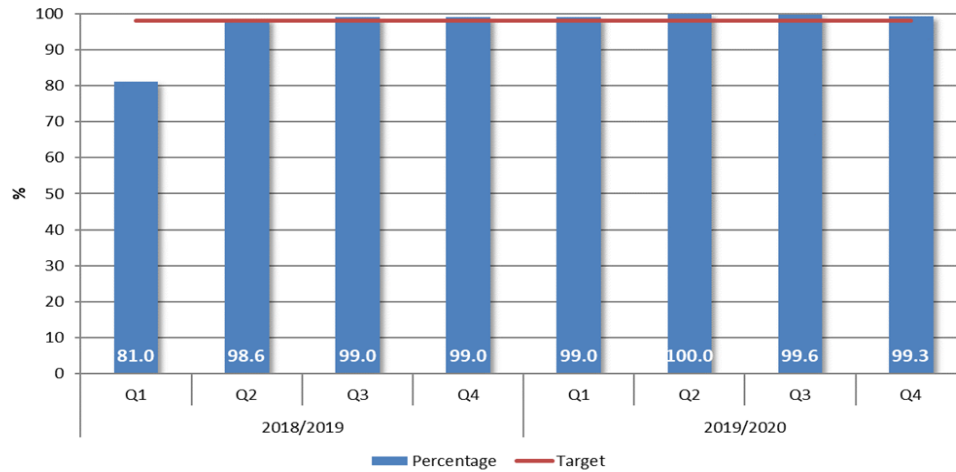


About the latest performance

The substantial increase in demand during this report period could be attributed by the Covid-19 related activities towards the year end which is in line with the second wave of the pandemic. Additionally a trend has been observed which indicates prescribers choosing the urgent delivery levels over 5 day activities. This spike in demand witnessed in the last quarter has been managed successfully by the provider.

Further details

Emergency and Urgent Deliveries and Collections Completed on Time



About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	14 July 2021
Subject:	Adult Care and Community Wellbeing Financial Position 2020-21

Summary:

The Adult Care and Community Wellbeing (ACCW) budget for 2020-21 was £227.781m net. For the financial year 1 April 2020 – 31 March 2021, ACCW spent £218.859m and finished the financial year with an under spend of £8.922m.

Action Requested:

To note financial performance and the drivers of the financial position.

1. Financial Position

Adult Care and Community Wellbeing (ACCW) is organised into the following three delivery strategies;

- Adult Frailty and Long Term Conditions
- Specialist Adult Services and Safeguarding
- Public Health and Community Wellbeing (including Carers)

The table below highlights the outturn position for each of the above delivery strategies prior to transformation programme support.

Delivery Strategy	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Adult Frailty & Long Term Conditions	122.850	119.298	(3.552)
Specialist Adult Services & Safeguarding	81.148	79.373	(1.775)
Public Health & Community Wellbeing	23.783	20.188	(3.595)
Total	227.781	218.859	(8.922)

1.1 Adult Frailty and Long Term Conditions (AF & LTC)

The Adult Frailty and Long Term Conditions strategy brings together older people and physical disability services as well as hosting the Directorate budgets for back office functions in infrastructure budgets. The financial allocation of this delivery strategy aims to support eligible individuals to receive appropriate care and support. This strategy includes budgets for community based care including home support, reablement, day care and direct payments.

The financial position is driven by:-

- AF & LTC has prioritised and redeployed members of its workforce to respond to the unprecedented impact of the Covid-19 pandemic. In addition, payments have been made to adult social care providers based upon activity levels prior to the pandemic. This was to provide financial sustainability throughout the pandemic as occupancy levels in residential care dropped. £4.661m of Covid-19 costs have been supported through Covid-19 grant monies.
- AF & LTC forecast an equivalent to 24wte (6%) vacancies and built a vacancy factor into the 2020-21 budget. Coupled with the challenges of recruitment as a result of Covid-19, £0.966m underspend was generated as a result of vacancies. Following successful recruitment over recent months, this level of underspend is not forecast to continue.
- At the start of the financial year, the Direct Payment (DP) audit team had 371 DP service users to review. The 371 audits are complete and recouped £0.805m more income than planned.
- A debt review programme commenced in 2020-21 which focusses on the age of debt held by ACCW. The programme has identified alternative ways of working which will deliver a more efficient debt recovery process as we move to a gross payment basis. The debt provision on the balance sheet has been updated to reflect the findings of the review.

1.2 Specialist Adult Services & Safeguarding

The financial allocation of this delivery strategy supports delivery of services for eligible adults with learning disabilities, autism and/or mental health needs.

The financial position is driven by;

- Financial support was paid to providers, day services and community supported living providers in particular. This was to provide financial sustainability throughout the pandemic as services were unable to open or operate at full capacity due to Covid-19 restrictions. £1.094m of Covid-19 costs have been supported through Covid-19 grant monies.

- The conclusion of a long running ordinary residence case which concluded Lincolnshire County Council was not the responsible authority. This outcome released a £0.750m provision.
- 2020-21 saw the transfer of financial monitoring for mental health packages of care from Lincolnshire Partnership Foundation Trust (LPFT) to Lincolnshire County Council (LCC). Increasing demand was indicating a financial pressure for 2020-21. An improvement programme across organisations, overseen by the Assistant Director Specialist Adult Services and Safeguarding was established and included a revised process for the agreement of packages of care by service user. With this in place, some underspend on staffing budgets and additional income received from the Department of Health & Social Care, mental health care delivered within financial allocation but with some budget pressures for 2021-22 driven predominately by discharges from NHS Mental Health Inpatient Care.

1.3 Public Health & Community Wellbeing

The financial allocation of this delivery strategy supports delivery of Adults Public Health services funded by the Public Health Grant and Adult Wellbeing Services. Wellbeing includes community equipment, the wellbeing service and housing related support. Children's public health expenditure is reported within the Children's Directorate.

The financial position is driven by;

- Public Health and Wellbeing has tailored its financial resources to meet the needs of the population across Lincolnshire as the pandemic has evolved. Public Health and Wellbeing has prioritised and redeployed members of its workforce and commissioned services to respond to the unprecedented impact of the Covid-19 pandemic. £3.280m of Covid-19 costs across wellbeing services have been supported through Covid-19 Outbreak Management Grant monies received from the government. Maximising the Covid-19 grants resulted in a £7.106m underspend across those services funded by the Public Health Grant. This underspend has been carried forward as per the conditions of the grant in the dedicated Public Health Grant Reserve.
- There were plans to pilot improvement initiatives during 2020-21 however due to all staff needing to support the response to the pandemic, these have been delayed until 2021-22.

1.4 Better Care Fund

The Lincolnshire Better Care Fund (BCF) is an agreement between the Council and the Lincolnshire CCG and is overseen by the Health and Wellbeing Board. The BCF pools funds from the organisations to aid the objective of integrated service provision. 2020-21 saw, in the main, a roll-over of the 2019-20 programme in line with national guidance increased for the nationally set social care maintenance measure of £0.985m.

2. Covid-19

2.1 The Council received financial support from the government as a result of the Covid-19 pandemic. Against this general Covid-19 Support Grant, ACCW incurred £14.879m. The tables below highlight how this funding was utilised.

Delivery Strategy	2020-21 Cost / Loss (£m)
Adult Frailty & Long Term Conditions	9.683
Specialist Adult Services & Safeguarding	3.205
Public Health & Community Wellbeing	1.991
Total	14.879

For AF & LTC, the costs / losses were incurred through;

- The Sustainability Fund provides financial support to commissioned providers across adult social care (ASC). Through an open book approach, this fund has paid £4.230m to in excess of 170 ASC providers. Provider's evidence based actual costs incurred prior to any payment being made. Costs supported relate to Personal Protective Equipment (PPE) usage, the social care workforce and the adult social care (ASC) environment. The majority of care home and home care providers are now able to procure their PPE through the recently introduced national process going forward. Costs supported primarily cover workforce costs. The criteria of the fund are kept under regular review with changes agreed with the Lincolnshire Care Association (LinCA) prior to implementation. The fund has been agreed to operate until 30 June 2021.
- £3.70m top-up payments to residential care providers. These are payments made to providers to maintain their cash flow during the pandemic. Payments are based on pre Covid-19 activity levels. A reduction in occupancy levels is resulting in material cash flow challenges for a number of providers.
- £0.886m reduction in service user contribution resulting from both a reduction in residential service users and service users not in receipt of care where providers closed as a result of lockdown rules.
- £0.592m costs incurred in increasing homecare capacity to meet demand. Increased capacity was provided by commissioning a crisis response team of additional carers between 7am – 10pm, piloting new ways of working to increase capacity through the direct payment mechanism and a loss of planned savings due to the reablement provider configuring themselves to support the Covid-19 response by providing additional home care capacity to meet the demand.
- The balance comprises other smaller costs across AF & LTC, its service users and the market including £0.052m savings delivered through a reduction in stationery costs and training expenses.

For Adult Specialties, the costs / losses were incurred through;

- £1.485m incurred through increased packages of care for service users unable to access services due to closure/shielding etc. Following individual needs assessments, service users have received changes to their packages of care. Each individual is regularly reviewed to understand on-going need.
- £1.094m top-up payments to Community Supported Living (CSL) and day care providers. These are payments made to providers to maintain their cash flow during the pandemic. Payments are based on pre Covid-19 activity levels.
- £0.375m financial sustainability payments were paid to direct payment providers who were unable to provide services / limited capacity services due to Covid-19 restrictions. Providers who approached the council for financial support received 80% of the lost service user contributions.
- £0.21m costs incurred in delivering additional Deprivation of Liberty Standards assessments and safeguarding reviews.

For Public Health & Wellbeing, the costs / losses were incurred through;

- £0.807m costs incurred in the distribution of PPE and community equipment for service users.
- £0.41m PPE costs incurred to date for use across council services / staff.
- £0.32m increased costs resulting from a delay in the procurement of housing related services.
- £0.29m costs incurred in responding to the pandemic including operating a 7 day a week Covid-19 response community hub during the emergency phase of the pandemic and suspending telecare charges for service users to encourage increased communication.

2.2 In addition to the general grant above, Lincolnshire County Council received a number of specific grants to support adult social care providers, service users and the council and its partners across the county respond to the pandemic. The grants and their purpose are listed in the table below. Through operating the Accelerated Discharge / Hospital Avoidance model established at the start of the pandemic, Lincolnshire County Council was also able to recharge the net costs incurred for up to the first six weeks of care following discharge.

Grant / Recharge	Purpose
Infection Control Wave 1 & 2	Ring-fenced grant to support adult social care providers to reduce the rate of Covid-19 transmission within and between care settings.
Outbreak Management	Ring-fenced grant for public health purposes to tackle Covid-19, break the chain of transmission and protect the most vulnerable.
Test and Trace	Ring-fenced grant to provide support towards expenditure to mitigate against and management of local outbreaks of Covid-19.
Clinically Extremely Vulnerable (CEV)	Unringfenced grant to support CEV individuals by delivering the activities and outcomes outlined in the Shielding Framework.
DEFRA Emergency Support	Unringfenced grant to support people who are struggling to afford food and other essentials due to Covid-19.
Care Home Rapid Testing	Ring-fenced grant exclusively for actions which support care homes to implement additional rapid testing.
Workforce	Ring-fenced grant to deliver measures to supplement and strengthen adult social care staff capacity to ensure safe and continuous care.
Community Testing	Ring-fenced grant to provide community testing
Accelerated Discharge / Hospital Avoidance model	Recharge of costs incurred in the discharge of people from hospital, up to 6 weeks of care funded via the NHS.

The table below shows the income received and the associated spend against each grant received and the NHS recharge for net costs incurred in delivering the Accelerated Discharge / Hospital Avoidance model.

Grant / Recharge	2020-21 Income	Actual Expenditure	Unspent Grant *	Expenditure 2020-21
Infection Control Wave 1 & 2	19.333	18.663	0.670	19.333
Outbreak Management	19.139	12.126	7.014	19.139
Test and Trace	3.070	1.574	1.496	3.070
Clinically Extremely Vulnerable	2.042	0.301	1.741	2.042
DEFRA Emergency Support	0.824	0.529	0.295	0.824
Care Home Rapid Testing	2.616	2.554	0.062	2.616
Workforce	1.684	1.562	0.122	1.684

Grant / Recharge	2020-21 Income	Actual Expenditure	Unspent Grant *	Expenditure 2020-21
Community Testing	2.432	2.432		2.432
Total ACCW Grants	51.140	39.739	11.400	51.140
NHS Discharge to Assess	6.687	6.687		6.687
Total ACCW Recharges	6.687	6.687		6.687
Total	57.827	46.426	11.400	57.827

**Unspent grant to be returned to DHSC (IPC / Workforce / Rapid Testing) and carry forwards into 2021-22 to cover committed Covid-19 costs.*

3. Capital

Included within ACCW transformation programme is the extra care housing (ECH) agenda. ACCW are investing the majority of its £12.7m capital programme into extra care and maximising independence housing. ACCW have spent £1.4m on the start of the DeWint development and are forecast to pay a further £1.4m on completion on the development expected in the latter half of 2021-22. The February 2021 meeting of the Executive agreed to the Hoplands development, Sleaford which is due to commence in 2022-23 at a cost of £2.56m. The forecast reduction in revenue spend expected from these developments is built into ACCW Medium Term Financial Plan.

4. Medium Term Financial Plan (MTFP)

The medium term financial plan forecasts delivery within the 2021-22 financial allocation. The MTFP does however indicate potential pressures greater than ACCW base budget for 2022-23 onwards. This is driven by;

- growing demand in particular within working age adult social care services.
- the need to reflect the market conditions within the rates paid to commissioned providers.

For 2022-23, however, it is envisaged that non-recurrent actions will enable ACCW to deliver within the financial allocation available.

July will see the medium term plan across the council, including ACCW's specific MTFP, refreshed for the period 1 April 2022 to 31 March 2026.

5. Conclusion

For the ninth consecutive year, Adult Care and Community Wellbeing have delivered within the financial allocation. ACCW medium term financial plan has become a critical financial forecasting tool, which underpins the wider council MTFP, providing the earliest indication of potential financial pressures enabling actions to be taken where possible to minimise / mitigate the pressure.

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 Pam Clipson, Head of Finance Adult Care, who can be contacted on 07775 003614 or pam.clipson@lincolnshire.gov.uk.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	14 July 2021
Subject:	Proposals for Scrutiny Reviews

Summary:

On 17 June 2021, the Overview and Scrutiny Management Board requested each overview and scrutiny committee to identify potential topics for in-depth scrutiny review, which would be undertaken by the two Scrutiny Panels, taking into account the prioritisation toolkit. The Overview and Scrutiny Management Board is due to consider suggestions at its meeting on 30 September 2021, with a view to making a decision on which reviews would be approved.

Actions Required:

To consider the request from the Overview and Scrutiny Management Board for suggestions for scrutiny reviews; and in responding to the Board, to be mindful of Section 6 of this report.

1. Background

One of the essential roles of overview and scrutiny is to carry out in-depth reviews where the outcomes can clearly influence and improve policy and service delivery for the people of Lincolnshire. In accordance with the Council's constitution, this role is undertaken by the two scrutiny panels, Scrutiny Panel A and Scrutiny Panel B.

These two scrutiny panels provide an opportunity for scrutiny councillors to consider a particular topic in great detail, for example by engaging with a range of individuals in less formal settings, which is not always possible in the formal setting of a committee meeting. Based on the evidence received, a report is compiled, with the panel making recommendations for possible improvement.

Scrutiny Panel A and Scrutiny Panel B will conduct each review in accordance with the following principles:

- Scrutiny panels should aim to collect a broad range of evidence on the particular review, interviewing interested parties, and engaging local communities, where this is feasible.
- Scrutiny panels should focus on developing realistic recommendations for improvement in relation to the topic under review.
- Scrutiny panels will submit their draft reports to the relevant overview and scrutiny committee for consideration, approval and onward referral as appropriate.

Scrutiny Panel A and Scrutiny Panel B will undertake in-depth scrutiny reviews in accordance with the terms of reference and timetable determined for each review by the Overview and Scrutiny Management Board.

2. Identifying Potential Scrutiny Review Topics

A Scrutiny Panel should only be set up when a suitable topic for a scrutiny review is identified by the Overview and Scrutiny Management Board using the Prioritisation Toolkit. Suggestions for scrutiny reviews may come from a variety of sources such as the scrutiny committees, other non-Executive Councillors, Executive Councillors, and senior officers.

When considering a potential topic for a scrutiny review, it is important that the Board ensures that the potential scrutiny review will not be duplicating any review work that is being undertaken by officers or external partners. The remit for the potential scrutiny review should be focused and not too broad, so that an in-depth review can be completed within a set timescale and will lead to achievable outcomes.

3. Role of Overview and Scrutiny Management Board

The Overview and Scrutiny Management Board is responsible for making decisions whether a scrutiny panel is merited, and in so doing the Board applies the guidance in the prioritisation toolkit attached at Appendix A.

Once a potential topic for a scrutiny review has been identified by the Overview and Scrutiny Management Board and assigned to a scrutiny panel, the terms of reference will be drafted by the Scrutiny Panel and submitted to the Overview and Scrutiny Management Board, if they have not already been approved by the Board. This does not prevent the panel from undertaking initial work on its topic.

4. Composition of Scrutiny Panels

Each scrutiny panel may comprise up to eight members including its chairman and vice chairman, who were appointed by the County Council on 21 May. The remaining members of each panel are appointed for each particular review, and there is an aim to make the membership politically inclusive. All non-executive councillors are eligible, with nominations for membership being sought from the leader of each political group.

5. Role of Overview and Scrutiny Committees – Approval of Final Report

As stated above, when each scrutiny panel completes its review, its draft report is submitted to the relevant overview and scrutiny committee for consideration and approval. Following its approval, the final report, including any recommendations, is submitted to the relevant decision-making body, which in most instances would be the Executive for matters relating to the County Council's executive functions. The relevant scrutiny committee is responsible for receiving the response to the review and for any future monitoring of recommendations.

6. Timing of Suggestions

There are seven newly appointed members of this Committee, as well as a recently appointed executive councillor with responsibility for adult care and public health. Given the breadth of this Committee's remit, as well as the complexity of some of the service areas, it might be prudent at this stage to reconsider this topic at a later meeting, say 1 December 2021 or 12 January 2022, by which time all members of the Committee would be better acquainted with adult care and public health.

Furthermore, greater clarity would also be expected by December 2021 or January 2022 on some of the national policy and funding issues, where Government announcements would be expected.

7. Conclusion

Following the decision by the Overview and Scrutiny Management Board on 17 June 2021, this Committee is being asked to consider the request from the Overview and Scrutiny Management Board. In responding to the Board, the Committee may wish to be mindful of Section 6 of this report.

8. Appendices

These are listed below and attached at the back of the report	
Appendix A	Scrutiny Prioritisation - Prioritisation Toolkit

9. 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 Nigel West, Head of Democratic Services and Statutory Scrutiny Officer, who can be contacted on 01522 552840 or by e-mail at nigel.west@lincolnshire.gov.uk

Scrutiny Prioritisation

Prioritisation is a key tool for successful scrutiny. Selecting the right topics where scrutiny can add value is essential for scrutiny to be a positive influence on the work of the Council. Scrutiny committees must be selective about what they look at and need to work effectively with limited resources. Scrutiny activity should be targeted, focused and timely and include issues of corporate and local importance, where scrutiny activity can influence and add value.

The questions below are a guide to help members and officers consider and identify key areas of scrutiny activity for consideration.

Will Scrutiny input add value?

- Is there a clear objective for scrutinising the topic?
- What are the identifiable benefits to residents and the council?
- Is there evidence to support the need for scrutiny?
- What is the likelihood of achieving a desired outcome?
- Is the topic strategic and significant rather than relating to an individual complaint?
- Are there adequate resources to ensure scrutiny activity is done well?

Is the topic a concern to local residents?

- Does the topic have a potential impact for one or more section(s) of the local population?
- Has the issue been identified by Members through surgeries and other contact with constituents?
- Is there user dissatisfaction with service (e.g., increased level of complaints)?
- Has the topic been covered in the local media or social media?

Is it a Council or partner priority area?

- Does the topic relate to council corporate priority areas?
- Is there a high level of budgetary commitment to the service/policy area?
- Is it a poor performing service (evidence from performance indicators /benchmarking)?

Are there relevant external factors relating to the issue?

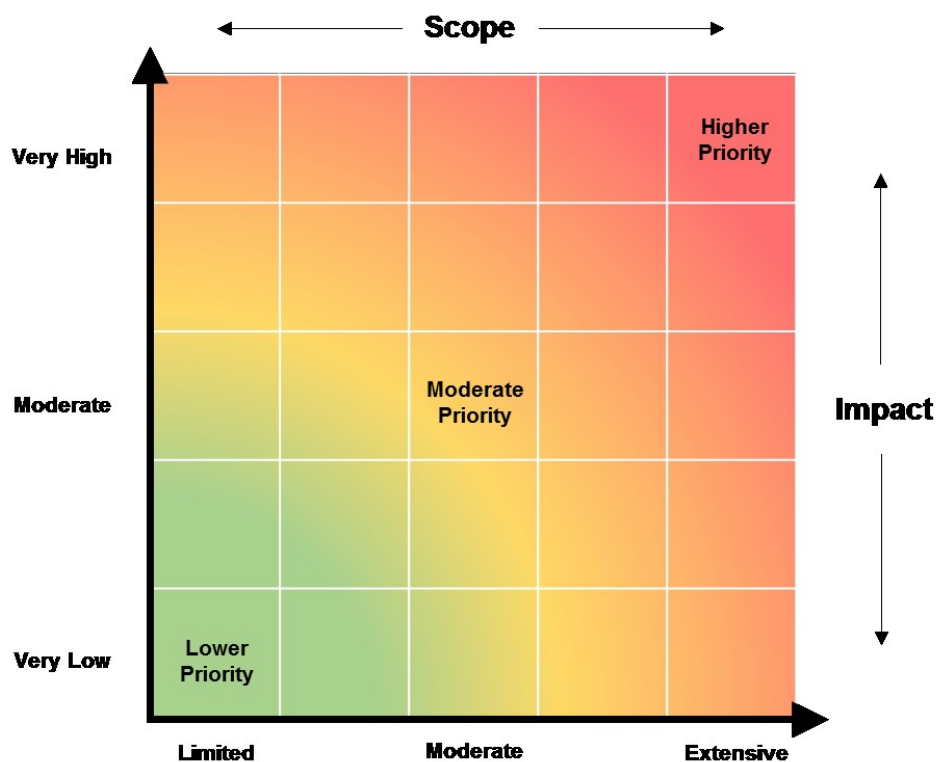
- Central government priority area.
- New government guidance or legislation.
- Issues raised by an internal or external audit or from formal inspections, etc.
- Key reports or new evidence provided by external organisations.

Criteria for not considering topics

- There is no scope for scrutiny to add value/make a difference or have a clear impact.
- New legislation or guidance is expected within the next year.
- The issue is being examined elsewhere - e.g., by the Executive, working group, officer group or other body.
- The objective of scrutiny involvement cannot be achieved in the specified timescale required.

Prioritisation Matrix

The prioritisation matrix shown below is a framework to aid in prioritising a number of scrutiny options or topics. Each topic should be assessed in terms of the impact it would have and the overall scope of the activity.

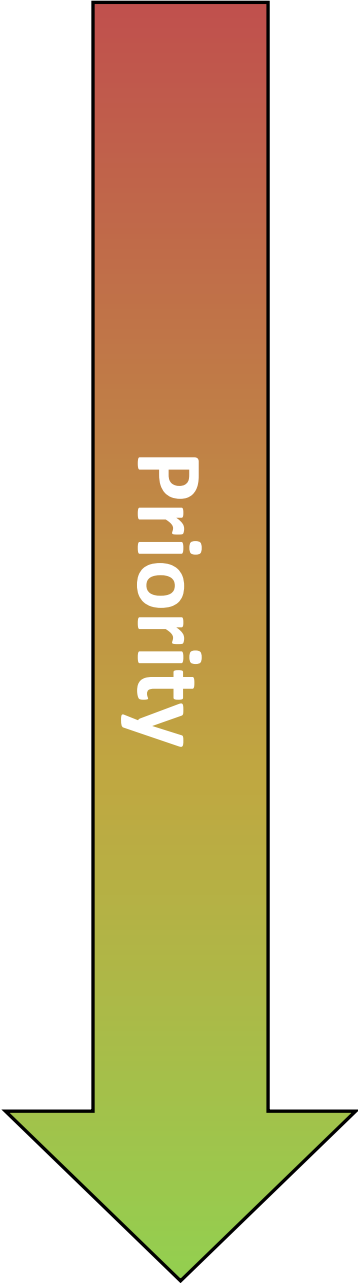
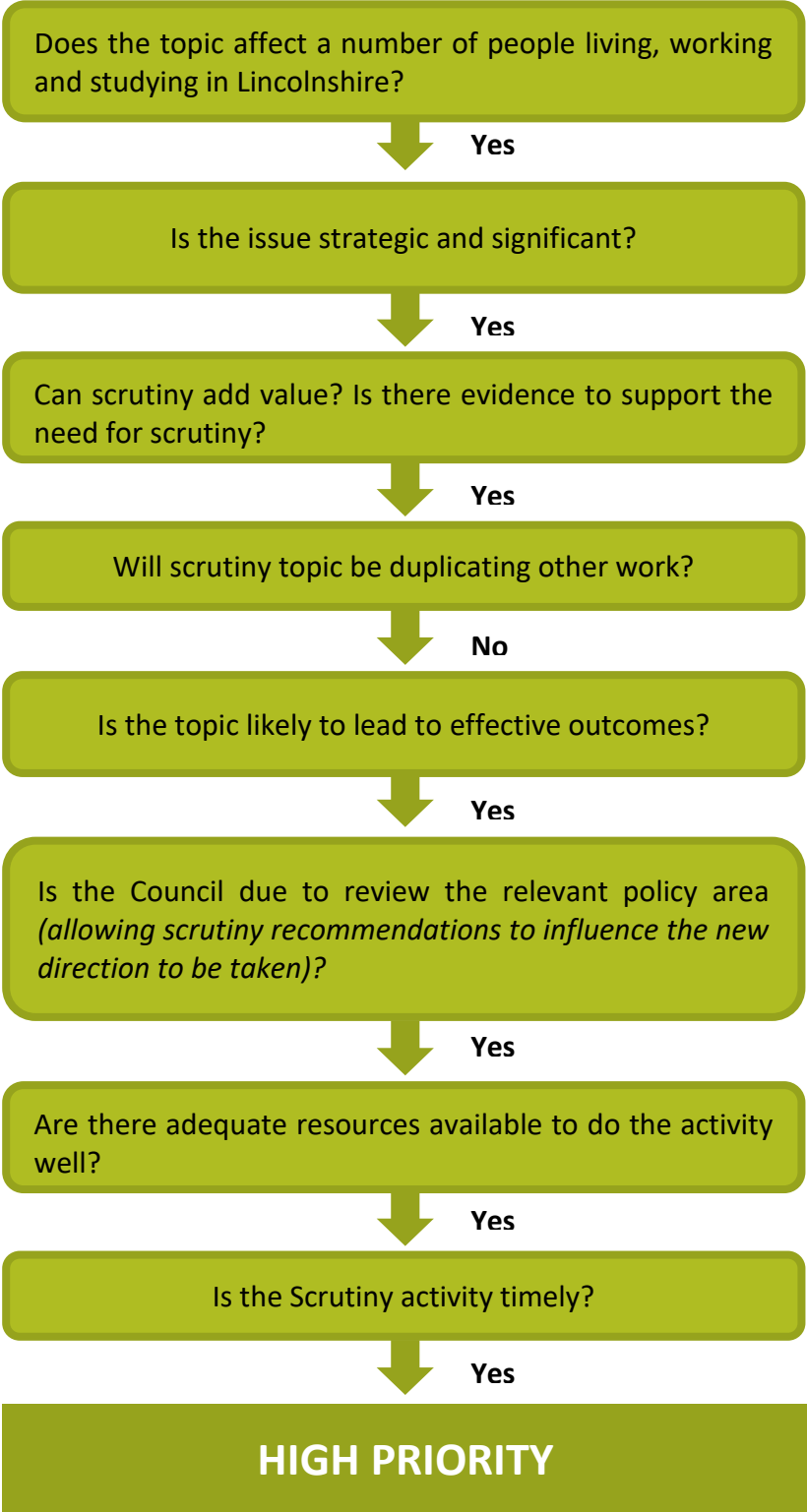


When considering the scope and impact of a Scrutiny item it is important to consider the following areas:

- | | |
|---|---|
| <ul style="list-style-type: none"> • People / Communities • Assets / Property • Financial • Environmental | <ul style="list-style-type: none"> • Reputation • Likelihood of Impact • Resource Required • Cost Effectiveness |
|---|---|

Prioritisation tool

The prioritisation tool below can be used in deciding on whether an issue would warrant being considered by Scrutiny or the subject of a Scrutiny Review.





**Open Report on behalf of Andrew Crookham,
Executive Director – Resources**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	14 July 2021
Subject:	Adults and Community Wellbeing Scrutiny Committee - Work Programme

Summary:

It is standard practice at each meeting for the Committee to consider its forward work programme, which is set out in the report.

The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

Actions Required:

To review the Committee's work programme for the remainder of 2021-22, as set out in the report.

1. Current Items

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

14 July 2021 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1 Lincolnshire Safeguarding Adults Board – Update Report	Heather Roach, Chair of Lincolnshire Safeguarding Adults Board David Culy, Lincolnshire Safeguarding Adults Board Business Manager	This is the regular update report from the Board.

14 July 2021 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
2	Flat Rate Respite Care (Local Government and Social Care Ombudsman Report)	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	Proposals for flat rate respite care are due to be considered by the Executive on 7 September 2021.
3	Performance Against Corporate Performance Framework – 2020-21 Quarter 4	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
4	Adult Care and Community Wellbeing Budget Outturn 2020-21	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This item invites the Committee to consider the outturn position for 2020-21.

2. Planned Items

Set out below are the items planned for future meetings of the Committee, up to April 2022.

8 September 2021 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Overview of Prevention	Derek Ward, Director of Public Health Semantha Neal, Head of Prevention and Early Intervention	To consider an overview of prevention services and support provided by the County Council
2	Role of Director of Public Health and Service Areas	Derek Ward, Director of Public Health	To consider an introduction to the role of the Director of Public Health and the services provided.
3	Extra Care Housing – De Wint Court, Lincoln, Update	Emma Rowitt, Project Manager Corporate Property	To consider an update on De Wint Court Extra Care Housing Scheme in Lincoln
4	Extra Care Housing Scheme Proposal (Item subject to confirmation)	Emma Rowitt, Project Manager Corporate Property	To consider a proposal for an extra care housing scheme, which would be determined by the Executive on 5 October 2021

8 September 2021 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
5	Performance Against Corporate Performance Framework – 2021-22 Quarter 1	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

20 October 2021 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Care Quality Commission Update	Catriona Eglinton, Lincolnshire Inspection Manager, Care Quality Commission	This item enables the Committee to consider the approach of the Care Quality Commission in Lincolnshire.
2	Adult Care - Specialist Services	Justin Hackney, Assistant Director of Specialist Services	This item enables the Committee to take an overview of adult care specialist services.
3	Adult Care and Community Wellbeing Budget Monitoring 2021-22	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is a regular report to the Committee on the budget.

1 December 2021 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Mental Health Services (Including Managed Care Network)	Sarah Connery, Chief Executive, Lincolnshire Partnership NHS Foundation Trust Jane Marshall, Director of Planning, Strategy and Partnerships, Lincolnshire Partnership NHS Foundation Trust Justin Hackney, Assistant Director of Specialist Services	On 29 June, 2021, the Committee requested an item on mental health services, including the managed care network, which enables organisations and individuals, including volunteers, to support people's wellbeing.

1 December 2021 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
2	Occupational Therapy Service / Disabled Facilities Grants / Community Equipment Services	Roz Cordy, Interim Assistant Director Adult Frailty and Long Term Conditions Gareth Everton, Head of Integration and Transformation Prashant Agrawal, Partnership Manager, Community Equipment Services	On 29 June, 2021, the Committee requested an item on the occupational therapy service, disabled facilities grants and community equipment services.
3	Overview of Adult Frailty and Long Term Conditions	Roz Cordy, Interim Assistant Director Adult Frailty and Long Term Conditions	This item enables the Committee to take an overview of services in the area of adult frailty and long term conditions.
4	Performance Against Corporate Performance Framework – 2021-22 Quarter 2	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

12 January 2022 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Adult Care and Community Wellbeing Budget Proposals for 2022-23	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	The views of the Committee will be sought on the budget proposals for Adult Care and Community Wellbeing
2	Lincolnshire Safeguarding Adults Board – Update Report	Heather Roach, Chair of Lincolnshire Safeguarding Adults Board David Culy, Lincolnshire Safeguarding Adults Board Business Manager	This is a regular update report from the Board.
3	Annual Report of the Director of Public Health 2021	Derek Ward, Director of Public Health	This is a requirement each year for Directors of Public Health.

12 January 2022 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
4	Procurement of Residential Care and Residential with Nursing Care	Alina Hackney, Head of Procurement - People	This item enables the Committee to consider a proposed decision by the Executive on 1 February 2020 on the procurement of residential care and residential with nursing care.

23 February 2022 – 10.00 am			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
1	Performance Against Corporate Performance Framework – 2021-22 Quarter 3	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2	All Age Autism Strategy	To be confirmed.	The strategy is due to be approved by the Executive on 1 March 2022.

6 April 2022 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1		

3. Other Potential Items

Set out below is a list of items, which have previously been identified as potential items for the Committee.

- Legislation and Government White Papers:
 - Liberty Protection Standards (Legislation to be fully implemented by April 2022)
 - Reforming Mental Health Act (published 13 January 2021, with consultation closed after fourteen weeks)
 - Health and Social Care (Integration and the Future Funding of Social Care)
 - Transforming Public Procurement (Green Paper consultation 15 December 2020 to 15 March 2021)

- Procurements, where decision is due by the Executive of Executive Councillor
- Digital Roadmap Update
- Post Covid-19: Issues, Outcomes and Progression

4. Conclusion

The Committee is invited to consider its work programme.

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

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk