

# Combined Assurance Status Report



## What we do best...

**Innovative assurance services**

Specialists at internal audit

**Comprehensive risk management**

Experts in countering fraud

## ...and what sets us apart

**Unrivalled best value to our customers**

Existing strong regional public sector partnership

**Auditors with the knowledge and expertise to get the job done**

Already working extensively with the not-for-profit and third sector



# Combined Assurance Status Report

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# Combined Assurance Status Report

## Introduction

This is the fourth combined assurance report for Adult Care and Community Wellbeing within the Council.

By grouping the different sources of assurance in a single model we provide the basis for Senior Management and Audit Committees to gain a better understanding of their organisations assurance status and needs.

We do this by coordinating assurance arrangements – providing some structure – this is our Assurance Map.

We have well established Assurance Maps that help us to focus our work plans on the make or break risks that affect the successful delivery of services and strategic objectives. The Maps also recognise the importance of critical business systems that support successful delivery and ‘protect the business’ – the due diligence activities.

The Maps give an overview of assurance provided across the whole organisation – not just those from Internal Audit – making it possible to identify where assurances are present, their source, and where there are potential assurance ‘unknowns or gaps’.

The Maps are an invaluable tool for senior managers, providing a snapshot of assurance at any point of time. This report explores those assurances in more detail.

We gathered and analysed assurance information in a control environment that:

- takes what we have been told on trust, and
- encourages accountability with those responsible for managing the service.

## Scope

We gathered information on our:

- **Critical systems** – those areas identified by senior management as having a significant impact on the successful delivery of our priorities or whose failure could result in significant damage to our reputation, financial loss or impact on people.
- **Due diligence activities** – those that support the running of the Council and ensure compliance with policies.
- **Key risks** – found on our strategic risk register, operational risk registers or associated with major new business strategy / change.
- **Key projects** – supporting corporate priorities / activities.
- **Key partnerships** – partnerships that play a key role in successful delivery of services



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## Methodology

To ensure our combined assurance model shows assurances across the entire Council, not just those from Internal Audit, we leverage assurance information from your 'business as usual' operations. Using the '3 lines of assurance' concept:



Our approach includes a critical review or assessment on the level of confidence the Board can have on its service delivery arrangements, management of risks, operation of controls and performance.

We did this by:

- Speaking to senior and operational managers who have the day to day responsibility for managing and controlling their service activities.
- Working with corporate functions and using other third party inspections to provide information on performance, successful delivery and organisational learning.
- Using the outcome of Internal Audit work to provide independent insight and assurance opinions.
- Considering other information and business intelligence that feed into and has potential to impact on assurance.

We used a Red (low), Amber (medium) and Green (high) rating to help us assess the level of assurance confidence in place.

The overall assurance opinion is based on the assessment and judgement of senior management. Internal audit has helped co-ordinate these and provided some challenge **but** as accountability rests with the Senior Manager we used their overall assurance opinion.



## Key Messages

In previous editions of this document the modernisation of Adult Care and the creation of a new business model based upon a 'commissioning ethos' was the primary focus in securing a sustainable financial base in support of the most vulnerable adults in our communities. At the end of 2016/17 Adult Care will have achieved a balanced budget for 5 years in succession, quite a feat when compared with 74% of Councils in October 2016 who said that adult care would be overspent by year end. The Directorate is 95% externally commissioned activity and as such is perhaps the strongest reflection of a commissioning model within the Council. Indeed, by the end of 2015/16, 82% of all commissioned activity was retendered representing a vital test of quality, financing and supply. Robust financial management, tight gatekeeping and the excellent support provided by the Corporate Commercial Unit have been key to success.

Performance in a number of areas has improved as has the number of people supported, the level of integrated working with health has never been greater.

However, the Directorate faces new challenges in the year ahead, not least of these will be developing a newly integrated service that brings together both Adult Care and Public Health into one structure – Adult Care and Community Wellbeing - and provides opportunity for further synergy. One additional

and increasingly worrying phenomenon is the fragility of the social care 'market' of providers. The CQC report in October 2016 indicated social care to be at 'a tipping point' in many parts of the Country and whilst, in Lincolnshire, we have a reasonably stable provider market there are signs of stress and in the next few years quality and supply will suffer if additional investment – and a higher unit price – is not provided. All at a time when the Council continues to need to make challenging savings.

In addition, Adult Care is responsible for the single largest block of income generation from charges across the County Council (£36m pa). It is therefore reassuring to note that income collection is above 99% (an improvement on the previous year) and one of the best performing in the country.

As with the previous Assurance Report the work to secure substantial improvements in a replacement care management system (Mosaic), financial system (Agresso) and customer services (Serco) will both deliver significant productivity gains and help ensure Adult Care is compliant with the requirements of the Care Act. It is unfortunate that the experience of implementation of a fully functioning AGRESSO and the arrival of the MOSAIC ICT system has been so badly delayed. The delivery of a new ICT platform has represented an 'Achilles heel' to Adult care and one that hopefully will be addressed as MOSAIC is finally implemented in December 2016.



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How Adult Care organises its activity is now through 4 of the 17 County Council Commissioning Strategies. These are **adult frailty and long term conditions; specialist services; carers** and **adult safeguarding**. All of the strategies are joint with another statutory partner notably Health and the Police. Furthermore, in a number of cases these joint strategies are also "all ages". So, for example, the autism (as part of specialist services) and carers strategies are intended to reflect the needs of both young people and adults.

Notwithstanding the above, the financial constraints, demographic changes and increased responsibilities (notably arising from the introduction of the Care Act) will mean that Adult Care may not be able to sustain the improved performance and increased levels of activity seen in recent years. Integration with health has moved from a policy exhortation to a mandatory requirement with the threat of considerable financial penalties for those systems that fail to progress. An integration plan will be required by 2017 with full implementation by 2020. This represents a profound change bearing upon Adult Care and whilst the expectation is that improved outcomes for people can be achieved by greater levels of integration, they are unlikely to achieve substantial savings for Adult Care at a time when either savings or additional resources are required to balance the supply/demand equation.

Additionally, many of the critical activities we perform are supported by high levels of corporate or third party assurance.

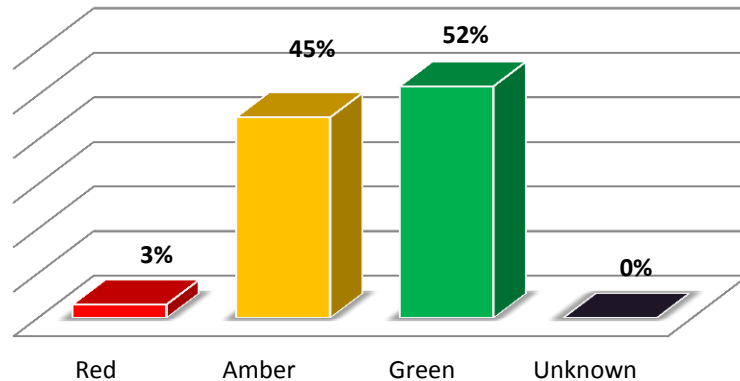
These may be provided through regular reports submitted to Scrutiny Committees or processes such as Inspections and Peer Reviews.

Assurance is also provided through reviews conducted by Corporate Audit and Risk Management. This provides independent oversight and added value through recommendations made for improvement and complements any external reviews or inspections carried out. Any recommendations made are monitored to ensure implementation with progress reported to the Audit Committee.

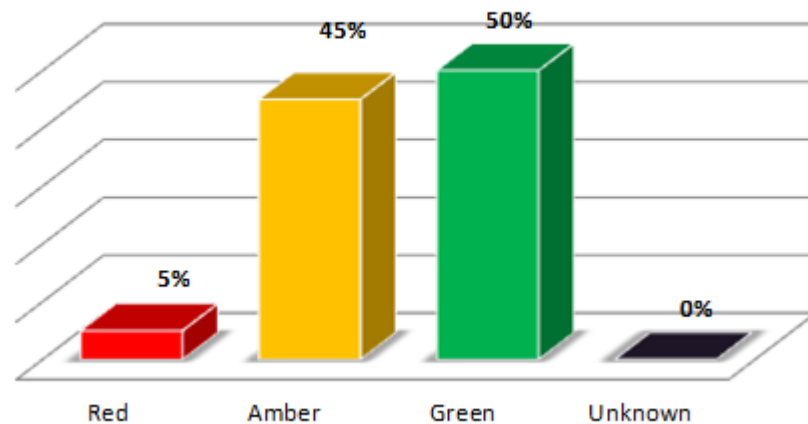


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## Overall Assurance Status 2016/17



## Overall Assurance Status 2015/16



## Suggested next steps.....

As previously indicated in "key messages" the modernisation journey for Adult Care continues unabated. In 2010/11 Adult Care employed over 1155 fte staff and was a substantial provider of direct care services. Staffing as of November 2015 is 451 fte with minimal direct care service remaining.

In parallel the introduction of the Better Care Fund (BCF) has secured additional support for the "protection of adult social care". In the previous 2 years of the BCF Adult Care has successfully negotiated with local the NHS £6m more than was required by the Government

The Government has announced that the BCF will continue on a two year cycle in 2017/18 and 2018/19 so the process of renegotiation has begun.

The existing programmes of activity in Adult Care are:

1. Integration with Health – Despite being one of only 6 systems in the Country achieving our level of integration more is expected and this will profoundly affect the County Council.
2. Case Management Partnership Programme (Mosaic) – the new client information system that will come into effect to replace our ageing and inefficient database.
3. The effectiveness of the Wellbeing Service which colleagues in Public Health are leading on. This will need to be combined with work involving the districts in better





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meeting housing needs for people with social and health care needs.

4. Sustaining a vibrant and diverse social care market without which the NHS will not cope with its own pressures and vulnerable adults will wait longer for much needed care and support or, be left waiting in hospital.

The level of inter-dependency with colleagues in delivering improved outcomes and greater efficiencies continues to grow. For example the number of young profoundly disabled people moving into adulthood from Children's Services is a significant contributor to increased costs in Adult Care. Attempts to reduce these costs are ongoing, for example, increased efforts to maximise independence help make Adult Care financially sustainable. The Wellbeing Service commissioned by colleagues in Public Health and the Serco contract which includes responsibility for the Customer Service Centre will help manage the "front door" into Adult Care facilitating the opportunity for people to receive information and advice and self-support thus relieving pressure on limited staff and more expensive processes to undertake assessments and reviews. Added to this is the need to deliver savings for the Council. During the previous 5 years Adult Care delivered in full its required £42m savings figure and had agreed to seek to find an additional £5.3m during 2016/17 with more to follow in 17/18 and 18/19. Notwithstanding these efforts the ability to deliver ever greater efficiencies or, reduce spend is increasingly limited and the

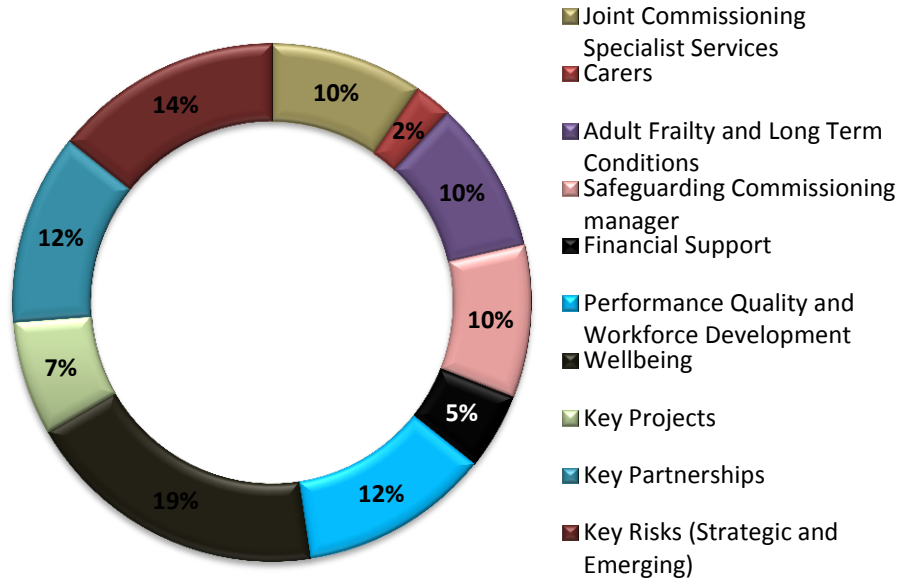
sums involved for potential savings grow smaller – much smaller.

## Critical Systems

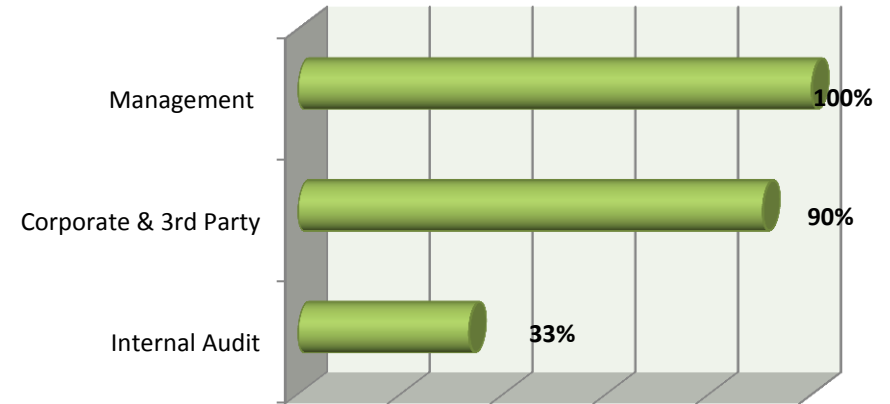
In the preceding assurance report the ICT platform upon which Adult Care relies was described as the 'achilles heel' of the Department. It is very pleasing to note that in the intervening period and with considerable effort on the part of key staff MOSAIC was implemented in December 2016. Whilst it is 'early days' this new platform is a key element in the future effectiveness and intelligence within Adult Care. At the same time Public Health and Adult Care have been brought together in a newly integrated Adult Care and Community Wellbeing Directorate. This will generate opportunities but also presents a resource drain in the short term to ensure a successful blending of skills and resources.



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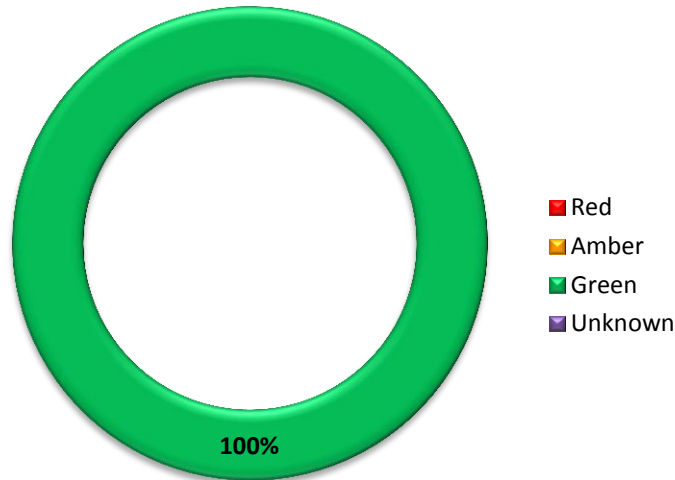
## Who Provides Your Assurance





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## Specialist Adult Services



### Overall Assurances

<b>Green</b>
Learning Disabilities – Assessments, Reviews and Case Management
Directly Provided Services
Adult Social care Mental Health
Autism

### Overall Comments

The overall level of Management Assurance for Specialist Adult Services has been agreed as Green. Learning Disability services have continued to operate within allocated budget and achieve good performance against corporate KPI's. Regional Improvement work supported by an Independent Consultant has identified a number of areas of good practice within Learning Disability Services in Lincolnshire. In House Day services have also been subject to a thorough review by Adult Care. An All Age Autism Strategy has been approved by the Council and Strategic Partners. Lincolnshire were identified as an example of good practice in the recently updated National Autism Strategy for our partnership working. A new Section 75 Agreement for Adult Mental Health Services 18-64 has been agreed which was underpinned by quality assurance work informed by the lead professional and Lincolnshire Partnership NHS Foundation Trust. .

### Management of Risk

Associated risk is overseen and managed via Adult Care and Community Wellbeing Exec DMT, DMT and the Specialist Adult Services Management team. This is supplemented by an Adult Care Quality and Safeguarding Board that provides an additional level of assurance. In addition joint commissioning arrangements are also subject to governance by the Lincolnshire Joint Commissioning Board (JCB) and Specialist Adult Services Delivery Board which maintains,



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monitors and manages an associated risk register. The key risks in relation to specialist adult services relate to changing market conditions, the volume and complexity of need is increasing (so, more profoundly disabled people will need to be supported) and related additional budget pressures.

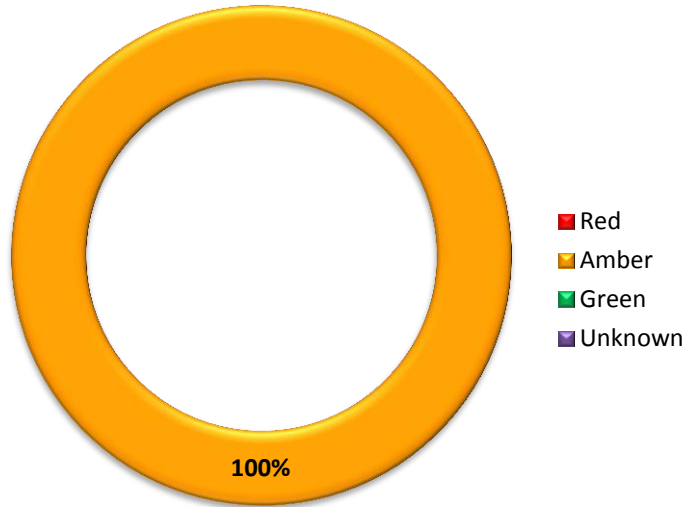
## **Lower Assurance**

There are no areas currently assessed as amber or red with specialist adult services.



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## Carers



### Overall Comments

The commissioning arrangements for the carers' service are now all in place; the commissioning strategy is approved and the second procurement was successful in awarding a contract. The Lincolnshire Carers Service is delivered through two primary contracts: Serco customer service centre (care & wellbeing hub) and Carers FIRST. Core principles of the carers commissioning strategy have started to be incorporated into other strategic and commissioning areas and in the adult care quality assurance programme.

From June 2016 activity has

- Delivered the mobilisation of the Carers FIRST contract
- Reviewed and updated the information for Lincolnshire JSNA carers
- Delivered carers service workforce learning events with a focus on legislation, assessment & eligibility, prevention, wellbeing and safeguarding.
- Established working processes between Serco and Carers FIRST as a foundation to delivering a unified Lincolnshire Carers Service
- A review of the carers service delivered by Serco

The review of the Serco carers service identified areas for development. An action plan to address findings has not yet

### Overall Assurances

<b>Amber</b>
Carers



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been finalised as further analysis is required to support its completion within the contractual framework.

A Carers Commissioning Strategy annual report 2016-17 will be developed to publish key messages for strategic and service planning linked to the JSNA.

There is more to do to ensure that carers are identified early and effective joint working arrangements are in place across all organisations. A new national Carers Strategy is anticipated to be released in early 2017 and the Lincolnshire Joint Carers Strategy will be reviewed.

## Management of Risk

The commissioning strategy is monitored using:

- Regular contract monitoring meetings
- Quality Assurance framework that includes auditing of case activity
- Governance steering group to co-ordinate the service delivery programme
- Performance reporting

The availability of reliable data to report performance and carer outcomes has been restricted by the capabilities of the council's case management system. Improvements are anticipated once the new system is fully implemented. Countering this risk is the database used by Carers FIRST, a bespoke system designed to record and report on carer

demographics, needs and outcomes. This offers the opportunity for improved analysis and strategic service planning in the future.

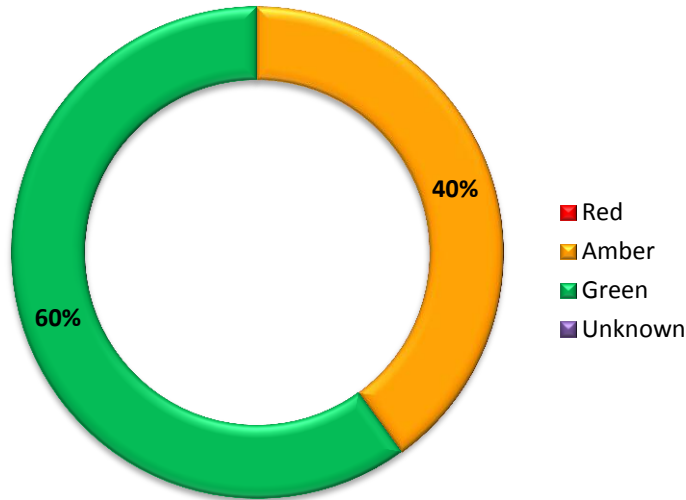
## Lower Assurances

The Serco carer service review has identified areas for development and an action plan is to be finalised within the contractual monitoring arrangements. In the meantime there are regular audits of records of the contacts made by carers to the customer service centre and other carer related activity delivered by Serco and Carers FIRST. The audit activity has led to identification of areas for improvement as well as informing service development such as the need for improved proportionate assessment of needs at first contact in the customer service centre to provide a more responsive personalised service.



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## Adult Frailty and Long Term Conditions



### Overall Comments

The purpose of this strategy area is to ensure that eligible individuals of Adult Social Care who are over the age of 18 and have a predominant physical disability receive appropriate care and support that enables them to feel safe and live independently. In delivering these services the expected outcomes are that we will enhance the quality of life for people with care and support needs, delay or reduce their need for assistance and ensure that people have a positive experience of the support they receive. The services that we commission to deliver these outcomes include; reablement, domiciliary care, community support, residential care, dementia support services, assessment & care management and a social work and occupational therapy service. The strategy area currently supports in excess of 12,000 of the most vulnerable adults in the County with long term support requirements. .

### Management of Risk

Demand for services in this area is being driven by a growing population of increasingly frail older people. Lincolnshire is a net importer of older people that means there are two primary sources for the increased numbers which represents the largest growth in the East Midlands. As a result the service is seeing an increasing demand for residential and nursing placements as a result of increasing admissions and length of stay with domiciliary care budgets experiencing pressure as a

### Overall Assurances

Green	Amber
Brokerage	Adult Physical Disabilities – assessment, reviews and case management
Hospitals	Workforce development
Commissioning – Adult Frailty and Physical Disability	



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result of the increasing number of people requiring higher intensity support. Provision for people under the age of 65 represents a smaller proportion with respect to the number of vulnerable adults and the budget. The growth in population and associated case work has an impact on staffing requirements again recruitment and retention challenges. With the growth in the population this also has an impact on the number of people being supported by services and the increase is the cost of delivering these.

Risk in relation to this strategy area is managed through operational and strategic management oversight on an ongoing basis. With action taken to manage and mitigate risks as and where appropriate. Where the risk cannot be adequately managed with the strategy area it is escalated to the Director Management Team and managed at this level.

## Lower Assurances

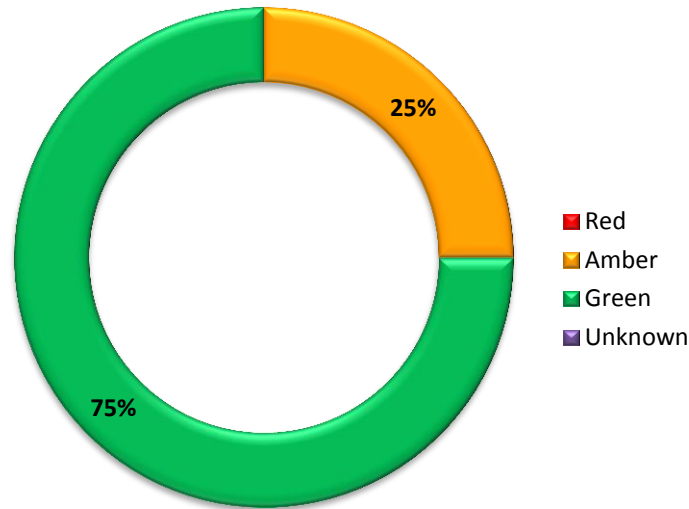
The areas of lower assurances are managed and are understood being considered in the same way as all risk, noted above. These specific areas include the implementation of a new case management system, recruitment and retention, budget management, meeting timescales in relation to assessments and reviews, meeting our statutory reporting requirements and the delivering of services enabling the council to meet its statutory duties. Pressures and associated risks in relation to the strategy area will be impacted by a number of external factors including (but not limited to), funding reforms, changing budget streams, national policy and integration with the NHS. These challenges will sit alongside the continued work to secure residential care and domiciliary

care services, whilst maintaining budgets with a balanced quality and quantity of supply.





## Adult Safeguarding



### Overall Comments

The level of Management Assurance for Adult Safeguarding is 75% green and 25% amber. The adult safeguarding function has been subject to peer review in 2016 and was confirmed as effective. No areas of improvement were identified for Adult Care in the Joint Agency Inspection of Domestic Abuse. There has been a significant amount of improvement work which has resulted in new policies and procedures, a revised performance management framework, high rates of safeguarding training completed. An internal Audit of the Mental Capacity Act also provided substantial assurance and confirms Deprivation of Liberties (DoL's) risks were being managed effectively. Demand pressures do however continue to represent a level of risk and impact on available capacity and resources across the Safeguarding, DoLs and EDT teams.

### Overall Assurances

Green	Amber
Lincolnshire Safeguarding Adults Board	Emergency Duty Team (Adults)
Safeguarding Adults Team	
Deprivation of Liberty Team	

### Management of Risk

Associated risk is overseen and managed via Adult Care and Community Wellbeing Exec DMT, DMT and the Adult Safeguarding Management team. This is supplemented by an Adult Care Quality and Safeguarding Board that provides an additional level of assurance. In addition the Lincolnshire Safeguarding Adults Board (LSAB) manage a risk register with all partners. The volume of DoLs applications remains a



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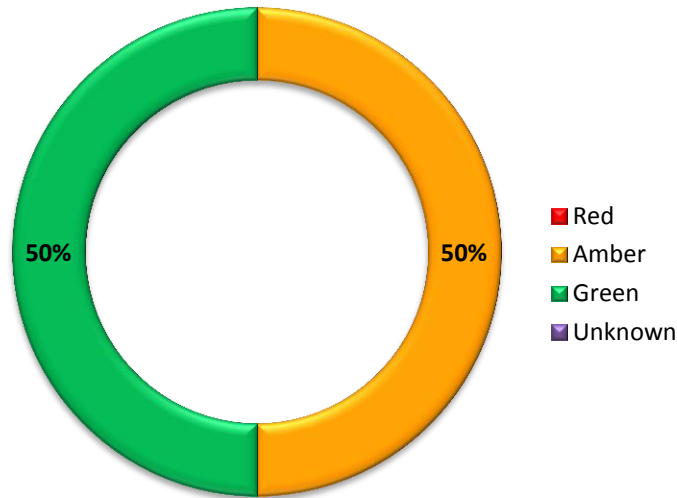
risk that is being managed with the use of the ADASS risk management tool and additional resources have been allocated to help manage the increased demand. There are some pressures on the EDT in relation to Adult Mental Health Professional rota's. Demand on the adult safeguarding team with safeguarding concerns is also ongoing pressure on existing capacity. Adult care are working closely with LSAB who's priorities now include Making Safeguarding Personal and developing a Safeguarding Prevention Strategy both work stream will help minimise the impact of demand pressures on Adult Care.

## **Lower Assurances**

In relation to managing the risks in relation to the DOLs team and the increased number of DoLs applications the team are securing additional signatory capacity to assist with managing the demand pressures. Further work is also being completed with the EDT team to understand the specific demand pressures on this service and to inform further improvement.



## Financial Support



### Overall Comments

The Adult Care budget for 2015/16 is £145.647m, and is projected to spend within budget. This being the case it will be the fifth year in succession that Adult Care has achieved a balanced budget which reinforces the view that Adult Care has a robust approach to budget management, is highly focussed on meeting eligible needs and benefits from a strong procurement element and range of 'front'-door' services that seek to prevent, reduce or defer higher needs materialising. Adult Care also continues to spend less on 'overheads', staffing and senior pay grades than other local authorities both nationally and regionally. Also that comparatively Adult Care spends less on nearly all types of social care service commissioned when compared with most regional authorities whilst delivering good to very good performance and an overall better than average quality of care services commissioned.

The importance of the Better Care Fund (BCF) to the financial sustainability of Adult Care has generated an additional £6m of income from the NHS, over and above that prescribed as the minimum amount for Adult Care, to meet demographic pressures and preserve services from further cuts.

### Overall Assurances

Green	Amber
Court of Protection and Appointee ship	Budget and Financial Management



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The service has a wide range of performance information and other information available from peripheral systems, legacy systems and spreadsheets and this has enabled it to continue a degree of financial monitoring and budgetary oversight that has helped address some of the problems resulting from the weaknesses with the Agresso financial systems. This alongside regular discussions with budget holders, principle practitioners and managers, together with the experience, close working relationship and knowledge of those involved, provide a level of assurance on financial management activity. Budget monitoring reports have been produced regularly through the year in addition to the ongoing work to support preparation of the financial outturn.

Income collection across the board continues to be a strong performer with collection rates of over 99%, combined with ongoing work to ensure service users contribute appropriately for services provided. The Council's Executive approved changes to the Non-Residential Contributions Policy in November 2015 and this has made the policy fairer and more equitable, updated for the effects of the Care Act, easier to administer and also lead to a further increase in income of £1m per annum.

The Learning Disability Service has seen growth in Supported Living and Direct Payments; this has mainly been down to school/college leavers requiring packages of support to replace their education due to parents working. There has

also been an increase in new residential packages with some of the cost mitigated by the closure of existing packages.

Additional financial pressures have been experienced in Deprivation of Liberty Safeguarding (DOLS) as a consequence of the Cheshire (West) judgement.

Additional funding to address the financial pressures came from three key sources:-

- The Government provided £6.4m (in grant funding and through the Better Care Fund) to address the financial pressures resulting from the Care Act
- The Council was able to agree with the 4 Lincolnshire CCGs, Better Care Funding of £20m to protect Adult Care services. This helped fund a variety of ongoing and new pressures eg £4.4m to help protect the pooled Learning Disabilities budget, £4.25m to meet demographic pressures, £2m for reablement services, £1.4m for the Hospital Discharge Teams, etc
- The Council agreed an additional £1.9m funding to address the pressures in the Safeguarding service

The budget also includes a commitment to deliver £3.388m savings during 2015/16 from a number of initiatives including a Senior Management and Workforce Development Review, a continuation of the work to maximise service user contributions, the review of the contributions policy, the



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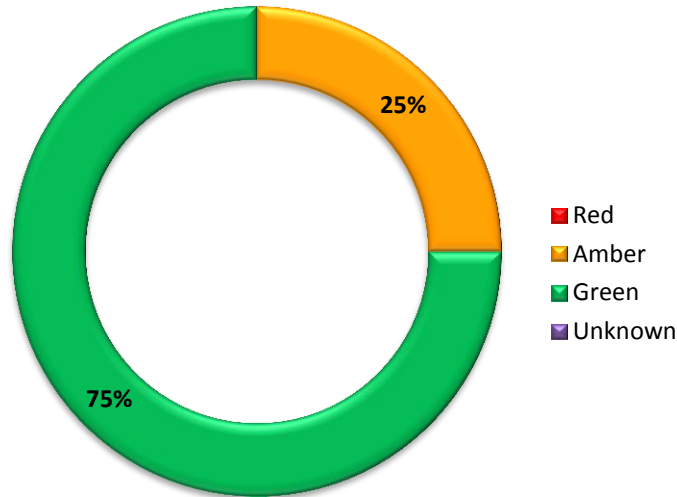
renegotiation of several contracts and additional efficiencies brought about as a result the implementation of the Care Act. The vast majority of these savings are on target to be delivered and any not achieved can be funded from underspending in other parts of the service's budget.

Financial pressures will continue to increase in 2016/17 with further demographic pressures, the impact of the recently announced National Living Wage and other increases in contract prices. These increases come at the same time as the council's overall financial position is impacted by the Government's decisions to reduce grant, and the CCG's come under additional financial pressures. There is however a recognition across the council and within the health community of the pressures in Adult Care, and a strong commitment to support the funding of services. The Government's decision to allow councils to increase council tax annually through a 2% social care precept, is one of the opportunities available going forward to help fund the increasing cost of Adult Social Care.



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## Performance Quality and Information



### Overall Assurances

Green	Amber
Performance and Analysis team	Information systems Team
Quality Assurance team	
Financial assessments	

### Information and Systems Team:

#### Overall Comments

The Information and Systems Team is responsible for ensuring that the adult care case management system is effective and efficient in managing adult care activity and managing adult cares Information and Advice offer. The delivery of a new cases management system for adults, public health and children's is a corporate project and a significant number of member of this team have been seconded to this programme. The programme has also recruited a large number of experienced consultants to support the implementation. The corporate delays to the programme have increased the risk to adult care as no development activity has taken place in the current system AIS for a significant period of time. Adult Care's ability to ensure it is compliant with legislation is also challenged by the delays. Mosaic is now due to go-live on 12<sup>th</sup> December 2016 and there will be a challenging transitions period.

The Information and Systems Team are also responsible for training all users of Mosaic, including adults, children's and public health staff. This has required over a 50% increase in staffing levels to meet the demand. They also provide ongoing support to users of Mosaic, through training material, answering 'how do I calls', remote access support and online support.



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The Information and Advice offer has been strengthened over the last 12 months with the a full review of the adult care website and a migration of information to LCC Connects, the successful implementation of the Accessible Information Standards and an ongoing review of publications . A review of adult care websites was undertaken by Independent Age earlier in the year and Lincolnshire County Council's website was ranked second in the country for Care Act compliance.

## Management of Risk

There is a clear governance structure proposed once Mosaic has gone live but there remain risks in ensuring that once Mosaic goes live the service has the capacity, skills and knowledge to maintain the new system. There are plans in place for Early Life Support to support the transition from implementation to Business as Usual.

## Lower Assurances

Here managers can provide more commentary on those areas with Amber or Red assurance remembering to describe how these are being managed for better assurance in the future.

## Performance and Analysis Team:

### Overall Comments

The Performance and Analysis team are responsible for producing all data requirements for adult care, including statutory returns, national and local performance reporting,

management information and freedom of information requests. Within adult care a local performance framework has been developed which incorporates local defined measures in addition to the measures from the national Adult Social Care Outcomes Framework (ASCOF) and the National Health Service Outcomes Framework (NHSOF). The measures are aligned to the 4 Commissioning Strategies within adult care and provide assurance on the effectiveness of adult care services. The production of performance information was highlighted as good practice following a recent Peer Review.

## Management of Risk

Performance reporting will be impacted by the implementation of Mosaic as all current reports will require rebuilding following go-live. In order to mitigate this risk we have identified an experienced consultant to support the team for a period of 3 months between January and March 2017.

## Quality Assurance Team:

### Overall Comments

The Adult Care Quality Model is based on three principles of Safe Services, Effective Services and People's Experience of Care and Support. The Quality Assurance team's role is to provide a strategic quality assurance function for Adult Care for both internal and external service delivery. There is a clear work programme in place across all 4 Commissioning



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Strategies. The governance for the majority of the QA team activity sits with the Quality and Safeguarding Board that is chaired by the DASS.

## **Management of Risk**

All risks are currently managed and mitigated.

## **SERCO – Financial Assessments**

### **Overall Comments**

The delivery of financial assessments for adult care is delivered as part of the corporate Serco contract. There are agreed key performance indicators and performance indicators in operation for both residential and non-residential financial assessments. Performance is monitored through monthly 1-1's, service reviews and an overarching Operations Board. Performance has remained consistent throughout 2016/17. An audit of financial assessments was undertaken in September 2016 and identified no major issues.

### **Management of Risk**

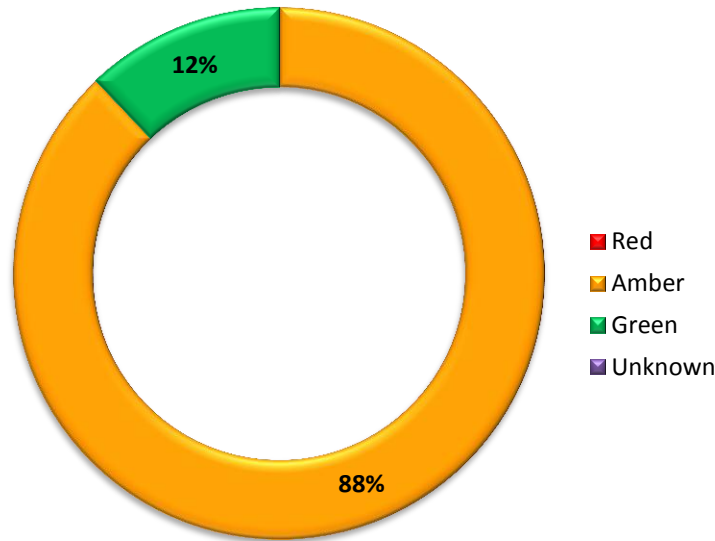
There is a formal risk log for Serco financial services, the key risk affecting financial assessments is the implementation of Mosaic. This is mitigated through regular project boards and continual review of performance





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## Wellbeing



### Overall Comments

The Amber rating spreads over a wide range of services, with a diverse set of risks under management.

Much risk and under developed assurance are an indication of change – risks to reputation from decommission services and risk to assurance of movement of patients between large clinical service providers.

The more stable the work, for example work supporting CCGs, the higher the assurance rating.

### Management of Risk

Risk is managed through management team level risk register, with subsequent risk plans established for big projects.

An assurance group led by a Consultant brings all risk and governance issues together. This group reports directly to management team, where problems are escalated.

### Lower Assurances

Health Improvement Services decommissioning has been well managed. The risk of reputational damage is inevitable when valued services are decommissioned. On balance the actual damage has been minimal, though risk is on-going.

### Overall Assurances

Green	Amber
Support to CCG's	Health Improvement, Prevention and Self- Management
	Health Protection
	Sexual Health Services
	Specialist Equipment and Integrated Community Equipment Scheme
	Housing Related Support
	Wellbeing service
	Substance Misuse



# Combined Assurance Status Report

Health Protection Services are governed by a partnership body co-chaired by the DPH. There is a constant drive to improve the timeliness of data sharing and this will be subject to audit in the coming year.

Sexual Health Services risks are around mobilisation of a major new contract. A detailed transition plan has been tightly managed. More oversight of management teams will be built into all major projects going forward – improving assurance.

ICES Contract is new, and operating within normal parameters other than its inability to currently offer profit to the supplier. Work is underway to move activity from other contracts into this one to mitigate lower than tendered activity levels. A well-established partnership board, strategic plan and detailed tracking offer assurance – but not solutions to the structural risk.

These solutions will come from activity moves over coming months.

Housing Related Support Services are well monitored. This monitoring has identified variation in application of standard operating procedures between providers.

An action plan to address this is under development and assurance will improve as this is implemented.

The Wellbeing Service is under redesign. Part of the short term redesign will be the movement of some contract lots to

other suppliers. Negotiations to achieve these shifts are underway and assurance will improve as these negotiations are concluded.

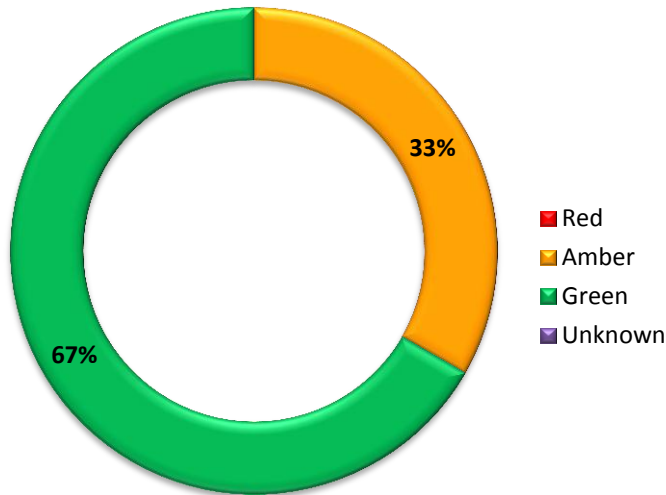
The Substance Misuse contract arrangements are new. Good systems and processes are in place to manage mobilisation and assurance will improve as systems settle within the new supplier.

The Joint Public Health and Clinical Governance Assurance Board oversee this work, and are rated as green, a further source of assurance.



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## Key Projects



### Overall Comments

The implementation of the Care Act 2014 and the Home Care Transformation project have been completed and are now fully operationalised, with the programmes closed down.

### Better Care Fund

With the Better Care Fund (BCF), a series of projects are in place to reduce the pressure on the local hospitals, reduce demand on Adult Care for more costly support and keep people at home for longer. Social Care have helped by supporting the County's Accident and Emergency departments, being involved in joint discharge planning, arranging care packages quickly for patients ready for discharge, and making sure assessments are completed quickly. Although there are current pressures around delayed discharges, delays attributable to Social Care are still relatively low. Other measures that pertain to the effectiveness of the BCF from a Social Care perspective include recently published survey results which indicate that 93% of Adult care clients enjoy a better quality of life as a result of the services they receive.

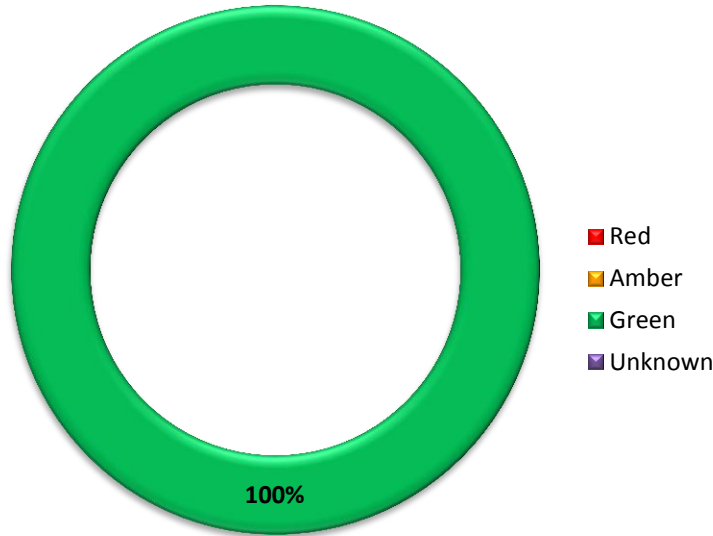
### Overall Assurances

Green	Amber
HomeCare Transformation Project	Better Care Fund
Care Act Implementation	



# Combined Assurance Status Report

## Key Partnerships



### Overall Comments

The commissioning business model for Adult Care has proven highly successful in the previous 5 years. In large measure key partnerships have secured success both within the Council (eg. the Commercial Unit), with the NHS and with other strategic partners (eg. LINCA).

### Management of Risk

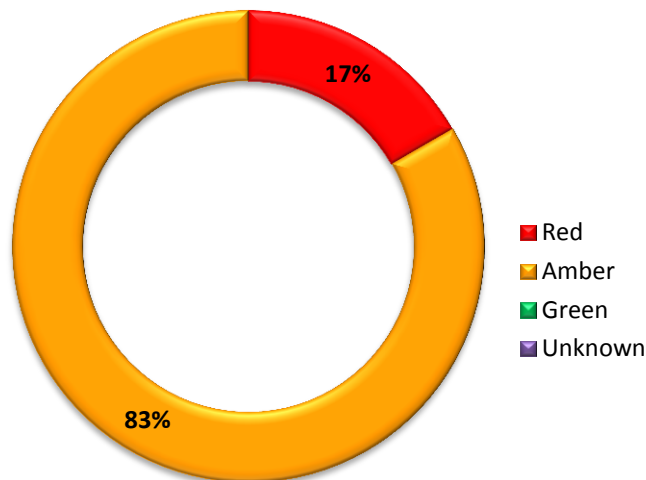
Each strategic partner is clearly identified and the case of NHS partnerships detailed in legally binding and detailed Section 75 agreements. All strategic partnerships have a governance structure and – where appropriate – risk assessed on a regular basis. The strength of these partnerships is driven by critical relationships and processes for engagement

### Overall Assurances

Green
Joint Commissioning Board
Health and Wellbeing Board
Joint Public Health and Clinical Governance Assurance Board
Joint Delivery Board
Lincolnshire Safeguarding Adults Board



## Key Risks



Amber	
Safeguarding Adults (Strategic risk)	
Adequacy of Market Supply to meet eligible needs for adults (Strategic risk)	
Mosaic Implementation (Emerging Risk)	
Better Care Fund (Becoming secondary priority for CCG's and DFG grant usage) (Emerging Risk)	
Impact of PH decommissioned services - LCC reputational impact and relationship with NHS (Emerging Risk)	
Red	
Increase in Long Term Care placements (Emerging Risk)	

## Strategic Risks

Council's highest rated Strategic Risks for this area of the business

**Safeguarding adults**

**Market supply to meet eligible needs**

The significance of the issues facing Adult Care is reflected in the Council's Strategic Risk Register. The risk rating reflects a natural disposition to caution given the vulnerability of the people being served and the scale of the budget and the pressures faced. Outlined below is:

### Safeguarding Adults

On 1<sup>st</sup> April 2015 Safeguarding Adults became a statutory responsibility along similar lines to child protection.



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This requires closer working and information sharing with Police, Health and a wide range of other partners.

Closer links with domestic abuse, human trafficking are also be required to ensure adults are protected and where necessary we respond appropriately.

A recent Review which included Adult Safeguarding reflected significant progress and a strong infrastructure around joint working. A further recent triple-inspection also reflected well on the council's approach to domestic abuse.

## Market Supply to Meet Eligible Needs

In essence there are two primary markets for adult care services: home support and residential care.

It is a statutory requirement to provide a service to meet an eligible need and supply of service. Whilst the market for both is relatively stable there are areas of the County where a service is difficult to source and demand continues to grow. The renegotiation of fee rates will commence in 2017 as part of the 3-yearly cycle to secure rates for service at an acceptable level of quality and supply.

## Emerging Risks

The number of Long Term Care placements is increasing. This is due to various triggers having an impact. Historic

practices within the County Council in relation to short term care for people coming out of hospital or those in crisis impact on the increasing numbers. LCC will be working with Health Colleagues in the coming months about not raising expectations in relation to residential care support. LCC are part of phase 2 implementation of Neighbourhood Teams and integrated community work. Whole system health and care needs to be undertaken and the Better Care Fund residential targets will assist and support this.



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## Strategic Risk Register as at November 2016

No of Risk	Risk Owner	Risk description	Risk Appetite (How much risk are we prepared to take & the total impact of risk we are prepared to accept)	Current risk score	Target risk score	Assurance Status (Full, Substantial, Limited, No)	Direction of Travel (Improving, Static, Declining)
2	Glen Garrod	<b>Safeguarding</b> Safeguarding adults	<b>Cautious</b> (Regulatory standing & legal compliance - recognised may need to change the ways we do things are done but will be tightly controlled)			Limited	Improving
4	Glen Garrod	<b>Market Supply AC</b> Adequacy of market supply to live within budget	<b>Cautious</b> (Regulatory standing & legal compliance - recognised may need to change the ways we do things are done but will be tightly controlled)			Limited	Improving

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