



County Offices
Newland
Lincoln
LN1 1YL

30 June 2015

Adults Scrutiny Committee

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 8 July 2015 at 11.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tony McArdle', written over a horizontal line.

Tony McArdle
Chief Executive

Membership of the Adults Scrutiny Committee **(11 Members of the Council)**

Councillors C E H Marfleet (Chairman), R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs A E Reynolds, Mrs N J Smith, Mrs S M Wray and 1 Conservative Vacancy

**ADULTS SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 8 JULY 2015**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declaration of Councillors' Interests	
3	Minutes of the Meeting held on 27 May 2015	5 - 12
4	Research In Practice for Adults - Demonstration <i>(To receive a demonstration by John Griffin (Adult Workforce Quality and Development (Practitioner)), of the Research In Practice for Adults website (ripfa.org.uk). The demonstration will outline the key benefits of the website, in particular how it can support members of the Committee in their scrutiny activities. Following the meeting, it is intended that each member of the Committee will receive an email with their own personal log in for the site)</i>	Verbal Report
5	Neighbourhood Teams <i>(To receive a report from Nigel Gooding (Head of Portfolio and Programme Management Office, Lincolnshire Health and Care Programme Office), which informs and updates the Committee on the implementation of Neighbourhood Teams across the county)</i>	13 - 26
6	Quarter 4 Performance Report <i>(To receive a report from Emma Scarth (Commissioning Manager Performance, Quality & Workforce Development), which provides a summary of the Adult Care performance measures in the local performance framework including three Council Business Plan indicators for Quarter 4 of 2014/15)</i>	27 - 52
7	Adults Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans (Scrutiny Officer), which enables the Committee to consider its work programme for the coming months)</i>	53 - 58

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

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

Contact details set out above.

All papers for council meetings are available on:

www.lincolnshire.gov.uk/committeerecords



ADULTS SCRUTINY COMMITTEE 27 MAY 2015

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs A E Reynolds, Mrs N J Smith and Mrs S M Wray.

Councillor Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services) attended the meeting as an observer.

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Glen Garrod (Director of Adult Care), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Cheryl Hall (Democratic Services Officer), Steve Houchin (Assistant Head of Finance), Paul Jenkins (Adult Care Contributions Policy Adviser), David Laws (Adult Care Strategic Finance Adviser), Carl Miller (Commercial and Procurement Manager – People Services) and Miles Winterburn (Quality and Development Officer).

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

No apologies were received.

The Chairman welcomed Councillor S R Dodds who was a permanent replacement member for Councillor Mrs J M Renshaw.

2 DECLARATIONS OF MEMBERS' INTERESTS

No interests were declared.

3 MINUTES OF THE PREVIOUS MEETING OF THE ADULTS SCRUTINY COMMITTEE HELD ON 1 APRIL 2015

The Chairman reported that the *County All Party Parliamentary Group Report – State of Care in the Counties* could now be sent to Lincolnshire MPs, following the general election (Minute 140 refers).

RESOLVED

That the minutes of the meeting held on 1 April 2015 be approved as a correct record and signed by the Chairman.

4 DEMONSTRATION OF MOSAIC - SOCIAL CARE IT RECORDING SYSTEM

The Committee received a demonstration on Mosaic, the social care IT recording system from Miles Winterburn, the Quality and Development Officer from Adult Care. During the demonstration, the following points were noted:

- Mosaic was a web-based system;
- It displayed all aspects of workload instantly, with no requirement for the user to drill down through different screens;
- The dash-board was user friendly and was easier for social workers to access records and information when away from the office;
- It featured a genogram function which created a client's family tree based on the information provided;
- There was a document area where external documents could be uploaded and stored;
- A key element of the system was the workflow map, which illustrated the stages that required completing during a client's journey through adult care.

The Committee were invited to ask questions and the following points were noted:

- 95% of staff in Adult Care had received training on the system. The training took two days to complete for social workers;
- The system was currently in a period of analysis prior to going live. Once a go-live date had been set, staff would be given six weeks' notice, however there was no definite date as yet. This period of time was providing an opportunity to test the system efficiently and make it more refined when rolled out across Adult Care;
- The new system would create a substantial efficiency compared to its predecessor; the cost of the delay in implementing the system was negligible compared to the amount of staff time that would be saved from its use;
- There were resources for remote working with the system; this could be from staff member's home or from a client's home. The system could be worked on off-line and then work undertaken would be uploaded onto the system centrally once back at the office;
- There was scope to use a mobile version of Mosaic on tablets or mobile phones in the future, however data security was an issue to be considered when using portable devices.

RESOLVED

That the presentation be noted.

5 THE CONTRIBUTIONS POLICY CONSULTATION

Consideration was given to a report by David Laws (Head of Finance), which invited the Committee to consider the proposed Consultation on the Non-Residential Adult Social Care Services Contributions Policy. The report was due to be considered by

the Executive Councillor for Adult Care and Health Services, Children's Services on 1 June 2015, on which the Committee was requested to give its views.

The report set out the results of a review of the Non-Residential Adult Social Care Services Contributions Policy. It identified a number of areas where it was proposed to change the policy and set out the rationale for the proposals. Approval would be sought from the Executive Councillor to proceed to public consultation on the proposed changes and delegation to the Director of Adult Care, in consultation with the Executive Councillor, to determine the final form of the consultation document.

The Director of Adult Care; Adult Care Strategic Finance Adviser and the Adult Care Contributions Policy Adviser were in attendance and provided Members with a detailed presentation, covering the following areas: -

Introduction

Members were advised that the reason why the policy required revision was to bring it in line with current practice and legislation, particularly the Care Act 2014. A study undertaken by KPMG in 2012/2013 also showed income from contributions in Lincolnshire was 10% lower on older persons' services compared to other councils. It was also noted that the 2014 Fundamental Budget Review had recommended that the policy should be reviewed to look at opportunities to increase income.

Proposed changes for consultation

Members were advised that the proposed changes for consultation would include: -

- (i) To introduce a notice period for cancelling care and describe the method for calculating refunds;
- (ii) To introduce clearer rules covering the date when people begin to pay for their care;
- (iii) To assess contributions against the full cost of services received and remove the cap on the weekly chargeable cost;
- (iv) To consider awarding Disability Related Expenses through banded levels linked to eligibility for new customers only; and
- (v) To introduce an administration fee to cover the cost of managing care for people who had savings and/or assets over the capital limits.

Impacts

Members were advised that the above proposals could have the following impacts to the Council and service users: -

Proposal (i) would have no significant financial implications;
Proposal (ii) would give additional income estimated at £42k per annum;
Proposal (iii) would result in increased income of £634k per annum to the Council;

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The impact of Proposal (iii) would be that people assessed as being able to afford to, expected to pay increased contributions, as follows: -

- 709 people with an increase of up to £10 per week;
- 276 people with an increase of over £10 and up to £25 per week;
- 13 people with an increase of over £25 and up to £50 per week;
- 12 people with an increase of over £50 and up to £100 per week;
- 16 people with an increase of over £100 per week.

Members were advised that of those expected to pay more; 91% were older people; 5% were people with a physical disability; 3% were people with a learning disability; and a further 3% were people with mental health problems.

Proposal (iv) would introduce a more efficient and consistent way of assessing Disability Related Expenses.

Proposal (v) would enable the Council to recover the cost of meeting the new duty to manage care for self-funders on request.

Risks

Members were also advised that Proposals (i) and (ii) were assessed as very low risk, with anticipated high levels of public acceptability; Proposal (iii) was assessed as medium risk, with anticipated medium to low level of public acceptability; Proposal (iv) was assessed as a medium risk, with medium levels of public acceptability; and Proposal (v) was assessed as medium risk, with a medium level of public acceptability.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- The Executive Councillor for Adult Care and Health Services, Children's Services was due to take the decision on 1 June 2015 and subject to her approval, this would be following by the public consultation. The outcome of the public consultation and the proposed recommendations would then be presented to the Adults Scrutiny Committee on 28 October 2015, followed by a decision by the Executive on 3 November 2015;
- Extra time had been given in the Consultation process to allow for August, which was holiday season for most people;
- The Council's Communications Team was supporting officers in its consultation arrangements, in particular on how to engage with hard to reach groups;
- Concerns were raised that the proposed increase for the 709 people of up to £10 per week could have a detrimental effect on their wellbeing and day-to-day lives. Further to this, Members were assured that all proposed increases for individuals would be means tested;
- The Committee expressed a wish that the report on consultation responses reflect the level of responses received from each category of affected service user;

- The Committee emphasised the importance of engaging with as many people as possible and requested some clarity on the consultation pathways in the "How to Respond" section of the consultation document;
- Members were advised that any debits and credits on an individual's account would be dealt with annually, as the cost to the County Council to do this monthly would be exceptionally high and there would always be variations in need and therefore there would be variations each month on an individual's balance;
- It was possible that benefit checks could offset the cost of an increase in charges and therefore the Council would encourage all users to undergo these checks.

The Committee requested that the following issues be raised with the Executive Councillor: -

"The Committee gave detailed consideration to the report, which set out the five elements of the consultation. The Committee would like to emphasise the importance of engaging as many people as possible and requested some clarity on the consultation pathways in the "How to Respond" section of the consultation document.

In relation to the third element of the consultation [*Assessment of Contributions against the Full Cost of Services Received and the Removal of the Weekly Cap*], the Committee expressed a wish that the report on consultation responses reflect the level of responses received from each category of affected service user."

RESOLVED

- (1) That the report be noted.
- (2) That the recommendations to the Executive Councillor, as set out in the report, be supported with the addition of the comments made by the Committee as listed above.

6 HOME BASED REABLEMENT SERVICE RE-PROCUREMENT

Consideration was given to a report by Carl Miller (Commercial and Procurement Manager – People Services), which invited the Committee to consider a report on the Home Based Reablement Service. The report was due to be considered by the Executive Councillor for Adult Care and Health Services, Children's Services on 29 May 2015, on which the Committee was requested to give its views.

The Director of Adult Care; Senior Strategic Commercial and Procurement Manager – People Services; and the Commercial and Procurement Manager – People Services were in attendance and presented the report to the Committee.

Members were advised that the current home based reablement service had been in place since April 2014, delivering reablement based services for eligible people over 18 years old. Notice had been served on the current provider due to it not delivering

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the agreed volumes of activity, bringing the service to an end on 2 November 2015. By this date a new contract must be in place and new packages of reablement care would be directed exclusively to the new provider. It was stressed that the current contract was coming to an end and the County Council would have had to have gone through a further procurement exercise in any event.

The Committee discussed the proposals and requested that the following issues be raised with the Executive Councillor: -

- Whilst the current agreement was terminated on the basis of the capacity of the provider and not because of the quality of their provision, the Committee would like the future contract to give equal weight to both quality and capacity;
- The Committee was advised that arrangements would be put in place to ensure minimal disruption to service users during the transition period, if there were a change to a new provider. The Committee would like this to emphasise the importance of these transition arrangements.

RESOLVED

(1) That the report be noted.

(2) That the recommendations to the Executive Councillor, as set out in the report, be supported with the addition of the comments made by the Committee as listed above.

7 ADULT CARE OUTTURN 2014-2015

A report by David Laws (Adult Care Strategic Financial Adviser) was considered, which updated the Committee on the Adult Care Outturn for 2014/15.

Members were advised that the Adult Care outturn was £138.686 million, an under-spend of £1.108 million against a budget of £139.794 million. It was noted that Adult Care had offered to 'return' the underspend to the Council to help support the Council's overall financial pressures.

The Adult Care Strategic Financial Adviser provided Members with a detailed presentation, which covered the following areas: -

- Adult Care Budget 2014/15;
- Net Spend on Adult Care 2014/15;
- Key issues within the outturn;
- Ongoing pressures within the service;
- Changes in how Adult Care report activity from April 2015;
- Better Care Fund;
- Care Act.

Members were assured that the under-spend of £1.108 million derived from income and not through the non-delivery of service.

In response to questions, Members were advised that that the Care Quality Commission's standards of inspection would not be influenced by reduced local authority budgets; and it was confirmed that 92% of Adult Care services were outsourced.

RESOLVED

That the Budget Outturn for 2014/15 be noted.

8 CHANGES TO THE DEFERRED PAYMENT AGREEMENT SCHEME

Consideration was given to a report by Steve Houchin (Assistant Head of Finance), which invited the Committee to consider a report on the Changes to the Deferred Payment Scheme. The report was due to be considered by the Executive Councillor for Adult Care and Health Services, Children's Services on 29 May 2015, on which the Committee was requested to give its views.

The Assistant Head of Finance advised Members that the Care Act 2014 and Regulations made under it introduced an obligation for local authorities to enter into a deferred payment agreement (DPA) with an adult whose care and support plan had specified that their needs would be met through accommodation in a care home in certain circumstances. The Act and Regulation also gave the Council discretion in other circumstances to enter into a DPA with individuals whose needs would be met through supported living accommodation.

In relation to either type of DPA, the Council was given discretion to charge interest capped at a rate determined by central government monthly on a compound basis. The new law also gave authorities the discretion to collect administration fees in relation to the set-up of a DPA based on the actual cost to the Council of administering DPAs and to add the fee to the overall debt incurred by the service user.

The report to the Executive Councillor proposed that the charging of interest on all amounts deferred under a DPA entered into by the Council was at the maximum rate prescribed in the Regulations and that the charging of an administration fee of £600 was introduced.

Members were advised that a DPA scheme would terminate when an individual had passed away. Further to this, Members were assured that a property would not be taken into consideration when undertaking an assessment for a DPA if a spouse resided at that address.

The Committee discussed the proposals and requested that the following issue be raised with the Executive Councillor: -

- The Committee would like to record its concern that the deferred payment scheme would use a compound interest calculation, as this would be onerous to some participants in the scheme.

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RESOLVED

- (1) That the report be noted.
- (2) That the recommendations to the Executive Councillor, as set out in the report, be supported with the addition of the comments made by the Committee as listed above.

9 APPOINTMENT OF A LOOKED AFTER CHILDREN / CARE LEAVER REPRESENTATIVE

The Committee received a report which invited the Committee to appoint a Looked After Children/Care Leaver Representative for the Committee, following approval of the Corporate Parenting Strategy at the Council meeting on 19 December 2014.

Members were advised that the role of the Looked After Children/Care Leaver Representative would be to ensure that the Committee actively considered the potential impact of a policy, strategy or action carried out by the Committee on Looked After Children/Care Leavers and to seek further advice from relevant officers where this is unclear or unsure.

It was proposed that when the representative raises any issues at the Committee, this would be formally recorded in the minutes and passed onto the Assistant Director – Children's Safeguarding for information and any further action required. Members were advised that training for this role would be provided.

Councillor Mrs N J Smith volunteered to act as the Looked After Children/Care Leaver Representative for the Adults Scrutiny Committee.

RESOLVED

That Councillor Mrs N J Smith be appointed as the Looked After Children/Care Leaver representative for the Adults Scrutiny Committee.

10 WORK PROGRAMME

Consideration was given to a report which enabled the Committee to consider its forthcoming work programme.

RESOLVED

That the work programme be noted.

The meeting closed at 1.15 pm.

Open Report on behalf of Nigel Gooding, Head of Portfolio and Programme Management Office, Lincolnshire Health and Care Programme Office

Report to:	Adults Scrutiny Committee
Date:	8 July 2015
Subject:	Neighbourhood Teams

Summary:

The purpose of this report is to inform and update the Adults Scrutiny Committee on the implementation of Neighbourhood Teams across the county.

Actions Required:

To consider and comment on the information presented on the Neighbourhood Teams and to determine if and when further updates on Neighbourhood Teams may be necessary.

1. Background

In order to meet the challenges facing Lincolnshire and establish a sustainable and safe health and social care economy, commissioning and provider organisations across the county have established a joint programme of work known as Lincolnshire Health and Care.

Neighbourhood Teams are a key component of the Proactive Care Programme and are absolutely fundamental to the delivery of the Lincolnshire Health and Care Vision. Lincolnshire Health and Care aspires to a population-based model of health where wellbeing is maximised through communities, voluntary and statutory services working together. The aspiration is for the development of services from “cradle to grave”.

The Neighbourhood Team approach reflects a desire to move care wherever possible closer to home through building up neighbourhood teams meaning that there may be fewer situations where a journey to an acute hospital is required. It is common for those admitted to hospital to report having bad experiences due to the high demand, stretched resources and low number of step up and step down beds available, whilst support in the community is currently fragmented. Neighbourhood Teams will address such issues by working in a multidisciplinary way to provide more joined up care, enabling people to be treated and cared for closer to home where possible, avoiding lengthy hospital stays and re-admission.

What is a Neighbourhood Team?

Neighbourhood Teams are the delivery vehicles for the Proactive Care Programme. They are being developed to enable people to be:

- Treated proactively in their locality thus avoiding an admission to hospital
- Discharged earlier from care where a hospital stay has taken place and looked after in their community
- Supported to remain well, independent and safely at home
- Maintained as close to home as possible during a crisis
- Supported to experience a good death when at end of life
- Lead a local community based network of medical and support practitioners who support a community based proactive programme of sustainable health and self care.

The Neighbourhood Team brings together all people who work in the area to ensure that those with long term conditions and complex needs receive good quality co-ordinated care, relevant to their need. The Neighbourhood Teams include health, social care and third sector organisations across the community.

Neighbourhood Teams work to build care around individuals, enabling people to remain in or close to their own home whenever possible. Their aim is to identify individuals early and build a proactive care plan to help reduce dependency on acute services. By doing this, people should need to be treated in hospital less and in the event that they do, be able to come out more quickly.

Neighbourhood Teams will have links to a wealth of local services such as the Wellbeing Service, District Council Services, Community and Voluntary Sector Services. They will be liaising closely with staff at United Lincolnshire Hospitals NHS Trust (ULHT) in order to deliver care packages that both reduce the need for hospital visits and provide support for patients when they are discharged to avoid unnecessary lengthy stays.

An essential component of the proactive care approach will be working with individuals to promote their self-care, encourage lifestyle changes and to make use of all resources available to them in their community. Over time the neighbourhood will develop its own Directory of Services to facilitate this, and more importantly will be able to pull resource from the urgent care system to build capacity and expertise in the community.

There will be a core team in all of the Neighbourhood Teams, which will include such individuals as:

- GP
- Community and practice nurses
- Social care practitioner
- Community Psychiatric Nurse
- Independent Living Team

However, Neighbourhood Teams will work with all other organisations and groups including the voluntary sector and patients and carers to develop the best plan for the individual. They may hold multidisciplinary review meetings, carry out work to

proactively identify people at risk or with higher need, and signpost people to community resources open to them.

What are the benefits of Neighbourhood Teams?

The model of Neighbourhood Teams is well established and various multi-disciplinary have been trialled and implemented successfully both within the UK (South Devon and Torbay, Leeds, South Manchester, Lincolnshire's Independent Living Team and Frail Older People Services) and internationally (USA, Sweden, Spain, New Zealand).

In Torbay, the establishment of Integrated Health and Social Care teams helped older people to live independently in the community. This resulted in low rates of emergency hospital admissions for the over 65s with the average length of stay being less than five days, half the national average. There were minimal delays in transfers of care and the use of residential and nursing homes has fallen while at the same time there has been an increase in the use of home care services.

In North West London, general practices have come together in localities to work as multidisciplinary teams and have shown improvements in the quality of life for patients and also a 6% reduction on non elective admissions for case managed patients.

Gwent's frailty programme includes an urgent care co-ordination centre and the deployment of specialist teams to manage the sick and elderly at home through to independence, delivering a startling 50% reduction in emergency admissions.

Evidence has shown that Integrated Teams can deliver a better service to people. By building on work already undertaken in Lincolnshire, Neighbourhood Teams can be developed across the county. There is a range of benefits linked to the development of Neighbourhood Teams, which include:

- Providing a mechanism for health and care organisations in the local community to pool their resources
- Providing proactive care, closer to people's homes, that improves clinical effectiveness and patient/service user experience
- Reduction in hospital admissions and delayed discharges
- Removing frustrations of the patient/service user's journey that too often cause people to fall into the gaps between services
- Preventing patients/service users from having to repeat their story multiple times and means those delivering care to them know what is happening
- Eliminating day-to-day frustrations from care delivery and multi professional liaison
- Delivering improved clinical reasoning
- Developing a community based health care team that works together to not only treat but prevent
- Easier accessibility to services and more personalised treatment

Scenario 1: David and Susan

David is 86 and lives with his wife, and main carer, Susan near Stamford. David has hearing problems, a chronic breathing disorder and mental health issues including depression. He frequently falls, and Susan has to call 999 for help.

David's GP highlights his situation to his Neighbourhood Team Care Co-ordinator and they agree to review it in more detail at a Multi-Disciplinary Team (MDT) Meeting. As a result of the MDT Review it is agreed that:

- The Care Coordinator will work with David and Susan to look at how best to keep David safe and reduce his risk of falls, helping to reduce hospital admissions
- David is showing early signs of dementia, so the Team refer him to Alzheimer's Society for extra support
- Lincolnshire Adult Social Care review David's care plan and look into arranging personal and domestic care, which will in turn support Susan too
- An emergency carer's plan is put together to support Susan if David does have to go into hospital
- The Social Care Team help to set-up a personal budget to help David and Susan find suitable and enjoyable daytime activities

These actions and the benefits for David and Susan are developed and managed through the coordinated approach taken by the Neighbourhood Team.

Scenario 2: Shahana and Amir

Amir was 78 in March and is the main carer for his wife Shahana, aged 75, and they live in Grantham. Shahana has Type 1 diabetes and Parkinson's; she has had recent hypo attacks and has been admitted into A&E three times in the last six weeks.

Amir is partially sighted in one eye.

Health and care professionals from the Grantham Neighbourhood Team met at a GP surgery in May following Shahana's most recent admission into hospital and agreed the following action plan for Shahana and her husband; the overview of their needs and the actions required are with the Neighbourhood Team Care Coordinator.

- The specialist diabetes nurse has set up a short series of home visits to advise Shahana on her insulin regime and diet, and these visits will include Amir so he knows what to watch out for.
- The Grantham branch of Parkinson's UK and specialist Parkinson's nurse will work with Shahana to support her further
- The Social Care Team have worked with the couple to provide support with transport and home care when needed
- Amir has received support so that he can keep up to date with his eye examinations and update his glasses
- A carer plan has been agreed with Amir so he knows what to do and who to call when he needs additional help to care for Shahana.

This joined up approach across the Neighbourhood has helped Shahana to better manage her diabetes day-to-day, reduced the number of inappropriate A&E admissions and consequently made savings to the health economy.

The 'Neighbourhood Team Story' for Lincolnshire Staff

Staff of the various health and care organisations across Lincolnshire have been engaged throughout the process so far. For example, over 200 staff attended two Stakeholder Events in Skegness, where developments within the programme were shared and they were given the opportunity to feed in their own thoughts and experiences. Regular newsletters are also distributed to inform staff and other stakeholders of progress and these include the contact details of the appropriate people should anyone wish to feedback their input.

In Lincolnshire, Neighbourhood Team working means that health and social care specialists now work more closely together in a multi-disciplinary way so that:

- Cases of more vulnerable patients are better tracked and the multiple needs of one patient are considered at one, rather than a series, of meetings that lead to coordinated actions
- Working together means that professionals better understand each others pressures and can support each other appropriately
- Evidence already shows that pressure is eased on Lincoln County's A&E with some inappropriate admissions being reduced
- Information is exchanged in a more joined up way and more quickly, e.g. where a patient had to make just one call and the community matron was able to pass on the information to a social worker seamlessly
- Being able to share health and social care perspectives means that it is easier to share information.

When Lincolnshire people and patients have support from a range of different services, integrated working is absolutely fundamental.

Progress to Date

An early group of implementer Neighbourhood Teams were established last year and a review has taken place to input lessons learnt and develop the next stage in the development of Neighbourhood teams.

At present Neighbourhood Teams are established in:

- | | |
|------------------------------------|-----------------------------|
| - Skegness | Lincolnshire East CCG |
| - East Lindsey Coastal | |
| - Sleaford | |
| - Grantham Town and Grantham Rural | South West Lincolnshire CCG |
| - Stamford | South Lincolnshire CCG |
| - Long Sutton/Sutton Bridge | |
| - Lincoln City South | Lincolnshire West CCG |
| - Lincoln North | |

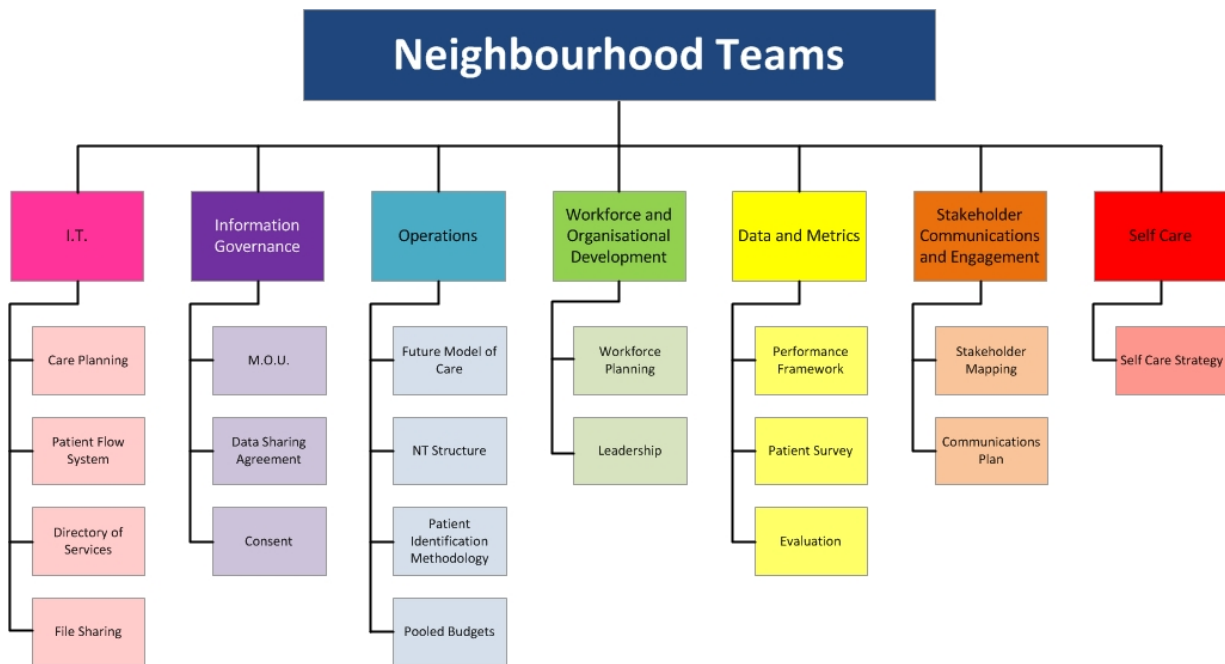
Current proposals are for 18 Neighbourhood Teams across the county by September 2015.

The emphasis of the work to date has been to

- Establish the 'core multi-disciplinary teams' within each of these areas
- Establish ways of working
- Building relationships locally
- Identify issues that hinder coordinated care for individuals

Moving Forward

A revised Project Group was set up in April to support the development of Neighbourhood Teams in Lincolnshire. A detailed project plan is currently being compiled. This contains a number of workstreams, each with a designated lead who reports in to the Project Team.



These are seen as being the important areas to focus on in order to achieve the outcomes required over the next 12 months.

Progress against the Project Plan will be monitored centrally by Programme Management Office support assigned by Lincolnshire Health and Care, alongside other live project documentation, including the Risk, Assumptions, Issues and Dependencies Log. This will ensure that progress is being made and the early identification of any issues or dependencies.

A central driver for the success of Neighbourhood Teams is effective working with the wide range of stakeholder groups in each area, so an important workstream for the project group is stakeholder communications and engagement. In the coming months there will be a growing focus on this workstream as the group maps the range of partners involved and develops the best approach to building effective two-way dialogue.

Consultation

A comprehensive Communications Plan is currently being developed in collaboration with all partners and there will be a growing focus on stakeholder engagement in the coming months. The LHAC Programme will be going to formal public consultation in December 2015.

2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the information presented on the Neighbourhood Teams and to determine if and when further updates on Neighbourhood Teams may be necessary.

3. Appendices - These are listed below and attached at the back of the report

Appendix A	Neighbourhood Teams Roll Out Status Report
Appendix B	Neighbourhood Teams Map

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 Alex Mehaffey and Duncan Richardson, who can be contacted on 01522 718051 or LHAC@lincolnshire.gov.uk

Neighbourhood Team Roll Out for Lincolnshire West CCG					
Locality	Current Progress	Lead	Status	Next Actions	Red Amber Green
Lincoln City South	<ul style="list-style-type: none"> Implemented 	Lisa	Complete	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green
North Lincoln	<ul style="list-style-type: none"> Implemented 	Lisa	Complete	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green
South of Lincoln	<ul style="list-style-type: none"> Implemented 	Lisa	Complete	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green
Gainsborough	<ul style="list-style-type: none"> Implemented 	Lisa	Complete	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green

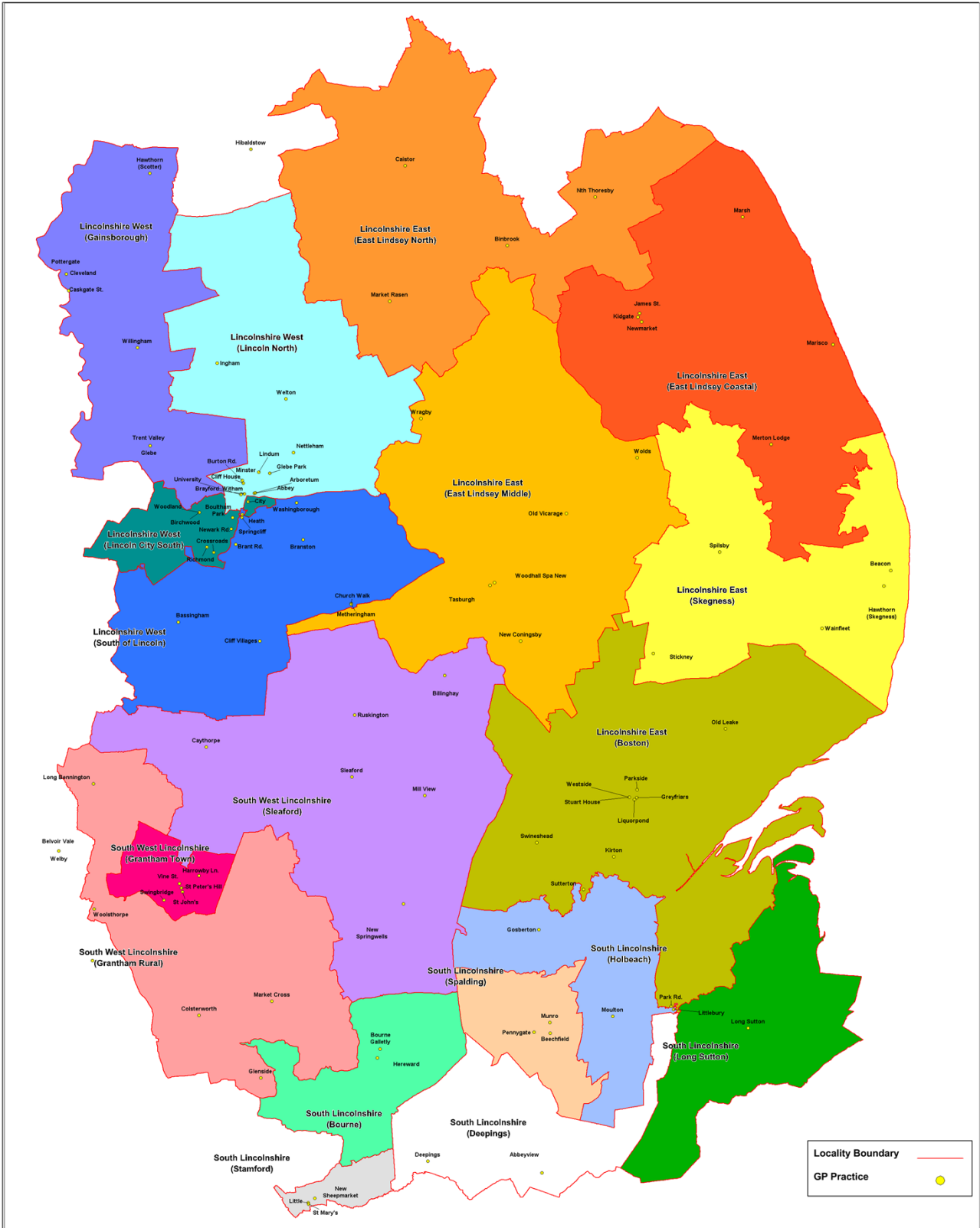
Neighbourhood Team Roll Out for South Lincolnshire CCG					
Locality	Current Progress	Lead	Status	Next Actions	Red Amber Green
Bourne Gellatly & Hereward	<ul style="list-style-type: none"> Initial meeting with Practice Managers Meeting to set up NHT and MDT to take place before 19th May 15 Meeting for the year to be booked in Contact list to be developed and sent out Care Co-ordinator register – agree template Dial in details to be available 	Sally C	31 st May		Green
Littlebury (Holbeach)/ Moulton Medical Centre /Sutterton Surgery/Gosberton Medical Centre	<ul style="list-style-type: none"> Call individual practice managers Initial meeting with Practice Managers Meeting to set up NHT and MDT to take place before 31st June Meeting for the year to be booked in Contact list to be developed and sent out Care Co-ordinator register – agree template Dial in details to be available 	Sally C	30 th June		Amber
Spalding Practices (Beechfield Medical Centre, Penny Gate Health Centre, Munro Medical Centre)	<ul style="list-style-type: none"> Call individual practice managers Initial meeting with Practice Managers Meeting to set up NHT and MDT to take place before 17th August Meeting for the year to be booked in Contact list to be developed and sent out Care Co-ordinator register – agree template Dial in details to be available 	Sally C	17 th August		Amber

Neighbourhood Team Roll Out for South Lincolnshire CCG					
Locality	Current Progress	Lead	Status	Next Actions	Red Amber Green
The Deepings & Abbey View Surgery (Crowland)	<ul style="list-style-type: none"> Meeting to take place with the Deepings 6th May NHT to be implemented by the 31st August 			Meeting took place – start up meeting to be arranged for 13 th July	Amber
The Little Surgery, The New Sheepmarket Surgery, St Marys Medical Centre (Stamford)	<ul style="list-style-type: none"> Meeting to take place with Ginny Blackoe on the 29th April to discuss NHT and MDT meeting for Stamford Following meeting actions to be agreed and GP practices to be invited to attend Venue to be agreed Liaison Officer to be advertised by 1st May Resend of all templates and paperwork 		31 st May	Liaison Officer post out to advert now 18/05/2015	Amber
Long Sutton	<ul style="list-style-type: none"> Implemented 	Sally C	Completed	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green

Neighbourhood Team Roll Out for South West Lincolnshire CCG					
Locality	Current Progress	Lead	Status	Next Actions	Red Amber Green
Sleaford	<ul style="list-style-type: none"> Implemented 		Completed	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green
Grantham Town	<ul style="list-style-type: none"> Implemented 		Completed	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green
Grantham Rural	<ul style="list-style-type: none"> Implemented 		Completed	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green

Neighbourhood Team Roll Out for Lincolnshire East CCG					
Locality	Current Progress	Lead	Status	Next Actions	Red Amber Green
Skegness	<ul style="list-style-type: none"> Implemented 		Completed	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green
East Lindsey Coastal	<ul style="list-style-type: none"> Implemented 		Completed	<ul style="list-style-type: none"> Explore co-location possibilities Roll out e-Frailty tool Widen links within Neighbourhood Community Identify format for Care Support Planning and progress Ensure internet connectivity for MDT during meetings 	Green
Boston			July		Amber
East Lindsey North			August		Amber
East Lindsey Middle			September		Amber

Map Showing Lincolnshire Neighbourhood Team Areas & GP Practices as at March 2015



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Open Report on behalf of Glen Garrod, Director Adult Social Services

Report to:	Adults Scrutiny Committee
Date:	8 July 2015
Subject:	Quarter 4 Performance Report

Summary:

This is the Adult Care Performance Report for Quarter 4 of 2014/15. The report provides a summary of the Adult Care performance measures in the local performance framework including three Council Business Plan indicators, and a summary of customer satisfaction from recent surveys and complaints monitoring.

Actions Required:

The Adults Scrutiny Committee is requested to consider and comment on the report and the detailed performance information that is attached as Appendix A.

1. Background

Within Adult Care, a local performance framework has been developed to monitor social care outcomes, the effectiveness of service provision and integration of Health and Social Care. The framework includes measures from the national Adult Social Care Outcomes Framework (ASCOF), and some have been locally defined.

Within the framework, three measures have been identified as a priority for the authority and therefore included in the Council Business Plan.

- % of people receiving reablement where the outcome was no ongoing support
- Delayed transfers of care attributable to social care or jointly to social care and the NHS per 100,000 population
- % of clients in receipt of long term support and carers who receive a direct payment

These measures monitor the effectiveness of the service at delaying or reducing the need for care and support, and promoting a good quality of life for people who use services. At the end of Quarter 4, two of the three council business plan measures are ahead of target. This report also gives an overview of all measures reported to Adult Care senior managers throughout the year, and additional

customer satisfaction information to give a richer picture of how the department have performed.

Performance Summary

2014/15 saw the introduction of a new statutory return called the Short and Long Term (SALT) return, which as a consequence resulted in some new indicators being created and changes to definitions for others.

The local performance framework includes a total of 29 measures. In summary, 16 out of the 25 measures that can be compared to 2013/14, have performed better than the previous year. 13 measures finished the year on or above target and 15 were below target.

Prevention

Adult Care has been working to provide support to people at an early stage to help them to stay independent for as long as possible in their own home by providing preventative services. Better information and advice can help people to find ways to meet their support needs and reduce reliance on funded services.

Overall Adult Care received 32,000 requests for support from new clients during the year. Almost half of these contacts were offered alternative support in the first instance.

There has been an increase in the uptake of Telecare equipment with 3,100 new clients benefitting in 2014/15 which is an increase of a third compared to 2013/14. Telecare is an ongoing low level support which can provide people with enough support to maintain their independence, or compliment an existing care package.

For those new contacts where preventative services were not appropriate they went on to receive an Adult Social Care Assessment. The target time for these assessments to be undertaken is 28 days. At the end of 2014/15, 95% of new clients had their assessment within this timescale. One contributory factor is that 70% of assessments were completed at the point of contact by a Customer Service Centre based team.

Reablement

The Lincolnshire Assessment and Reablement Service (LARS) was transferred to the Mental Health Trust on 01/04/2014, following a successful pilot involving a joint health and social care Independent Living Team (ILT). This service coupled with additional home and bed based support from the Community Health Trust make up Lincolnshire's Intermediate Care service.

Reablement performance at the start of the year was promising but deteriorated through Quarter 2 and 3 before recovering slightly in Quarter 4. Due to high demands in winter months from increased hospital strains, the service struggled to provide the required capacity and the number of people unable to access the service peaked in February. Due to focused improvements in the service in Quarter 4, performance improved by year-end and 57% of patients required no ongoing support from Adult Care, which was ahead of the annual target and higher than 2013/14.

The number of people admitted to hospital during their reablement episode also decreased this year, but increased as a proportion of the total reablement episodes to a level above the year-end target at 18.2%.

Although the proportion of people offered an intermediate care service was lower this year, 79% of older adults that did receive the service after a hospital stay were at home (with or without support) 91 days after discharge, which is ahead of target and a good improvement compared to 2013/14.

Personalisation

An additional 900 clients and carers have benefitted from a direct payment this year compared to 2013/14, which is a good increase of 19%. As a proportion of users for whom a direct payment could be provided in the community, the figure has increased from 39% in 2013/14 to 48% in 2014/15. Of the 5,500 total direct payment recipients, almost 4,000 are carers (70%), a number and proportion that continue to rise. Overall, the measure finished below the annual target of 50%, but just below the 2% target tolerance level.

This year, people have received their direct payments much quicker than they have done in previous years. 89% of direct payments provided in the year have been paid within 14 days.

Research suggests that people prefer to remain at home or in a community setting. 63% of Adult Care clients are currently supported in the community, and the remaining 37% are in residential care.

Several thousand clients in receipt of short term support in the community (e.g. equipment and short term care) are now excluded from the measure, which is why the proportion has reduced from 75% in 2013/14. The trend through the year shows very little variance, and big swings in support setting are hard to achieve over a short space of time. Nonetheless, the shift in support setting is moving in the right direction with a 1.3 percentage point increase in community provision since April last year. There was a comparatively low rate of admission to residential care this year with 86 fewer admissions to residential care for clients aged 65 and over, but the data suggests that a higher proportion of people in residential care are living longer so the full effect of the low admission rate has not been seen.

Of those clients who go on to receive a home support package, the target time for their package to be brokered is seven days. In 2014/15, 87% were brokered within timescale which is lower than 2013/14, but this is an achievement in light of the added pressure of packages being handed back by providers, increased referrals from health to reduce the pressure on hospitals, and picking up the reduced capacity in the reablement service.

Carers

A total of 5,900 adult carers were supported during the year by the council or one of the Carers Trusted Assessor organisations, and demand for carers assessments continues to rise.

52% of carers also benefit from the Carers Emergency Response Service (CERs), a proportion that was ahead of the target. The service provides 3,300 carers with a contingency plan which the council will activate in case of emergency, should the carer not be able to perform their caring role. An additional 680 plans were in place at the end of March 2015, compared to March 2014, and there were 68 activations during the year giving those carers peace of mind that their loved ones were looked after. In future developments, contingencies and emergency care will be incorporated into the assessment and support plan. The principal will be the same as CERs but all carers supported will benefit.

The Carers Service is also a good preventative service to carers to help sustain the independence of the person they care for, and reduce their dependence on funded service. 75% of carers supported are caring for people who are not a client of Adult Care. While this is encouraging, the renewed focus on Carers in the Care Act will however have an impact on this measure in the future. New Mosaic processes will likely increase the rate of referrals from Adult Care Teams, who feel carer support provided alongside Adult Care services will produce the best outcomes in a whole family approach to care provision.

Interface with Health

For people who have been in hospital, Adult Care has worked closely with health colleagues to reduce unnecessary delays and get people out of hospital quickly. For two consecutive years, Lincolnshire has been one of the best performing authorities in the country with respect to the national measure on delayed transfers of care.

On average, 10 people were delayed per month in acute and non-acute hospital beds through the year, where the delay was in part attributable to social care. Despite a small increase from 8 people last year, the rate per 100,000 of 1.66 is lower than the annual target set at 1.9. As expected the rate fluctuates cyclically in line with general hospital activity, and although the rate has increased since the mid-point in the year, the number of people delayed has been relatively low compared to hospital activity.

Brokerage had to deal with a 50% increase in volume of referrals from health compared to the previous year, all of which were prioritised above other sources of referral to ensure people's stay in hospital or an intermediate care bed were not delayed. By the end of March, 62% of health referrals were brokered within 48 hours, which was well below the 80% target for the year. The vast majority were however placed within seven days as mentioned previously.

Safeguarding

It is vital that we ensure that all vulnerable adults' rights are protected so they can live in safety and free from abuse and neglect. Robust safeguarding procedures mean that each adult at risk maintains choice and control, safety, health, quality of life and dignity and respect.

During 2014/15 the Safeguarding Team have been very good at managing the front end of the safeguarding referral process. A key indicator for this is the

percentage of Safeguarding Strategy Discussions held within 5 working days of a referral. In 2014/15 there was only one case out of 1,020 referrals where the strategy discussion was not held within 5 days of the referral date.

Following a referral safeguarding assessments should be completed within 28 days. Unfortunately despite good performance early in the year the year-end target of 75% was not met by 3%. This was due to the volume and complexity of the cases in the last quarter of the year.

The Department of Health are developing the collection of outcome based information in relation to 'Making Safeguarding Personal'. In particular, future monitoring will consider the alleged victim's desired outcomes and whether they have been met, and also report on customer experience for people who have been through the process.

Organisational

There is no Quarter 4 data available for the organisational measures due to the transition to Agresso.

It is unlikely that the year-end target on the percentage of appraisals completed has been met, given the trajectory through the year. At the end of February 2015, 68% of current staff had received an appraisal. Also, based on the cumulative performance up to February 2015, the sickness days target has not been met and the estimated performance for March 2015 of 12.7 days is similar to 2013/14 levels.

Customer Experience

In 2014/15 both the Adult Social Care User Survey (ASCS) and Survey for Adult Carers (SACE) were undertaken. The results obtained from the surveys are statistically significant so the views and experiences of the respondents are representative of all people who use services.

All of the ASCOF indicators sourced from the two surveys have improved in performance in 2014/15.

66% of people who use services reported they were 'extremely' or 'very satisfied' with their care and support. This was just short of the 68% target, which was set at the 2012/13 CIPFA upper quartile value.

The proportion of people who use services who feel safe increased to 75%, and the proportion of people who say that those services have made them feel safe has increased to 94%.

94% of service users feel that their care and support services help them to have a better quality of life.

This year, 49% of carers stated that they were either 'extremely satisfied' or 'very satisfied' with the support or services they and the person they care for have received from us. This is a good improvement from 41% of carers reporting the

same level of satisfaction in the last survey which was undertaken in 2012/13. The outturn is just short of the 52% target, which was set at the 2012/13 CIPFA upper quartile value.

Adult Care received a total of 215 complaints in 2014/15. Below is a breakdown of the quarters which they were received in.

Quarter 1	Quarter 2	Quarter 3	Quarter 4	2014/15
48	54	48	65	215

Despite an increase in complaints this year compared to last year, the level is 37% lower than four years ago.

146 complaints were closed in 2014/15, of which 83 were unsubstantiated, which represents 57% of complaints closed. Owing to system changes and the move over to Serco to monitor complaints, we are unable to provide any further breakdowns for complaints.

2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the report and the detailed performance information that is attached in Appendix A.

3. Consultation

a) Policy Proofing Actions Required

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Detailed Performance Report 2014/15 Q4

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 Hannah Farrar, who can be contacted on 01522 554003 or hannah.farrar@lincolnshire.gov.uk.

Adult Care Performance Report

2014/2015

Quarter 4

Performance is better than previous year
 Performance is worse than previous year
 Performance can not be compared to previous year
Total measures

Count of measures	
16	64%
9	36%
4	
29	

Symbols Key:

Local performance judgements

- + Over performance - current performance is above the 2% target range
- Performance is within the acceptable tolerance level - within +/-2% of the target range
- ◆ Under performance - current performance is below the 2% target range
- ? Performance judgement can not be determined due to missing / deferred targets

Total measures

10	36%
3	11%
15	54%
1	
29	

Chart Symbols Key:

- Actual
- Target
- ==== 2% target tolerances

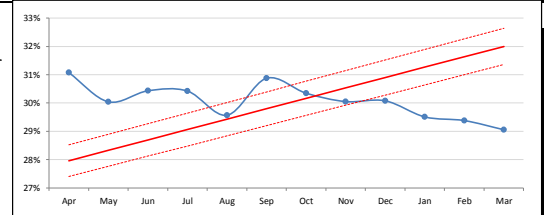
Indicator Type / ASCOF Outcome	Polarity (higher is better, or lower is better)	Indicator Description	Lead Officer(s)	Previous Year 2013/14			Current Year 2014/15			
				Actual	Target	CIPFA	Q4 Actual	Q4 Target	Alert	Y/E Target
Prevention										
Delaying/reducing need	↑	% of requests for support for NEW clients, where the outcome (sequel) was universal services / signposted to other services	Zoe Butler	28%	25%	n/a	29%	32%	♦	32%
Delaying/reducing need	↑	% of requests for support for NEW clients, where the outcome was 'Referral to Wellbeing' **NEW**	Robin Bellamy	-	-	n/a	16%	15%	+	15%
Delaying/reducing need	↑	% of new clients who make contact with Adult Care who are referred to Telecare. **NEW**	Robin Bellamy	-	-	n/a	20%	19%	+	19%
Reablement/Rehabilitation										
Delaying/reducing need	↑	% of people receiving reablement where the outcome (sequel) was no ongoing support (ASCOF 2D)(CBP)	Lynne Bucknell	50%	50%	n/a	57%	55%	+	55%
Delaying/reducing need	↓	% of people receiving reablement where the outcome (sequel) was hospital admission	Lynne Bucknell	17%	18%	n/a	18%	16%	♦	16%
Delaying/reducing need	↑	% people (65+) at home 91 days after discharge from hospital into reablement/rehabilitation (ASCOF 2B part i)(BCF) **NEW**	Lynne Bucknell	75%	-	81.0%	79%	76%	+	76%
Delaying/reducing need	↑	% of people returning home from the 62 LCC commissioned intermediate care beds **NEW**	Lynne Bucknell	65%	-	n/a	67%	70%	♦	70%
Personalisation										
Quality of Life	↑	% of clients in receipt of <u>long term support</u> and carers who receive a direct payment (ASCOF 1C Part ia)(CBP) **AMENDED**	Nigel Sheriden/ Jo Tubb	39%	35%	22%	47%	50%	♦	50%
Quality of Life	↑	% of clients in receipt of <u>long term support</u> helped to remain at home **AMENDED**	Nigel Sheriden/ Jo Tubb	75%	77%	n/a	63%	65%	♦	65%
Quality of Life	↓	Permanent admissions to residential and nursing care homes - aged 18 to 64 (per 100,000 popn) (ASCOF 2A part i) **NEW**	Jo Tubb/ Nigel Shriden	65 (15.3)	-	70 (17.2)	62	64	+	64
Quality of Life	↓	Permanent admissions to residential and nursing care homes - aged 65+ (per 100,000 popn) (ASCOF 2A part ii)(BCF) **NEW**	Nigel Sheriden	1,046 (674.3)	-	915 (673.3)	960	1,214	+	1,214
Operational										
Positive experience	↑	% of home support packages brokered within 7 days	Lynne Bucknell	92%	90%	n/a	87%	92%	♦	92%
Positive experience	↑	% of new direct payments processed within 14 days	Andrew Hancy	56%	65%	n/a	89%	90%	●	90%
Positive experience	↑	% of new clients assessments completed within 28 days	Nigel Sheriden/ Jo Tubb	86%	85%	n/a	95%	90%	+	90%
Keeping people safe	↑	% of clients in receipt of <u>long term support</u> who have been reviewed **AMENDED**	Nigel Sheriden/ JoTubb	81%	85%	n/a	75%	90%	♦	90%
Carers										
Positive experience	↑	% of carers for whom their first assessment was completed within 28 days **NEW**	Zoe Butler/ Emma Krasinska	24%	-	n/a	45%	90%	♦	90%
Delaying/reducing need	↑	% of carers supported with a Carers Emergency Response Plan **NEW**	Zoe Butler/ Emma Krasinska	48%	-	n/a	52%	50%	+	50%
Delaying/reducing need	↑	% of carers supported where the person cared for is NOT a client of SSD in receipt of <u>Long Term Support</u> **NEW**	Zoe Butler/ Emma Krasinska	72%	-	n/a	75%	75%	●	75%
Interface with health										
Delaying/reducing need	↓	Delayed transfers of care attributable to social care or jointly to social care and the NHS per 100,000 popn (ASCOF 2C Part ii)(CBP)	Lynne Bucknell	1.4	2.3	3.4	1.7	1.9	+	1.9
Delaying/reducing need	↑	% of home support packages brokered within 48hrs of referral from Health (Hospital, Intermediate Care or ILT) **AMENDED**	Lynne Bucknell	77%	85%	n/a	62%	80%	♦	80%
Safeguarding										
Keeping people safe	↑	% of Safeguarding Strategy Discussions held within 5 working days of referral **NEW**	Mandy Cooke	99%	-	n/a	100%	99%	●	99%
Keeping people safe	↑	% of Safeguarding investigation <u>assessments</u> completed within 28 days **AMENDED**	Mandy Cooke	-	-	n/a	72%	75%	♦	75%
Keeping people safe	↑	% of completed Safeguarding referrals where the result of management action taken is risk reduced or removed **NEW**	Mandy Cooke	56%	-	n/a	36%	57%	♦	57%
Keeping people safe	↑	% of people with a Safeguarding intervention who achieved their desired outcomes **PLACEHOLDER**	Mandy Cooke	-	-	n/a	-	-	?	not set
Customer Experience										
Positive experience	↑	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	Glen Garrod	63%	68%	66%	66%	68%	♦	68%
Positive experience	↑	Overall satisfaction of carers with social services (ASCOF 3B) **NEW**	Zoe Butler/ Emma Krasinska	41%	n/a	44%	49%	52%	♦	52%
Keeping people safe	↑	The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B) **NEW**	Mandy Cooke	85%	n/a	81%	94%	84%	+	84%
Organisational										
n/a	↑	% of appraisals completed for current staff **AMENDED**	Glen Garrod	86%	90%	n/a	70.0%	90%	♦	90%
n/a	↓	Sickness days lost per FTE (days)	Glen Garrod	12.5	9	n/a	12.7	9.0	♦	9.0

Prevention

1: % of requests for support for NEW clients, where the outcome (sequel) was universal services / signposted to other services
 Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	6,027	688	1,421	2,259	3,163	2,713	2,600	3,062	3,451	3,800	4,214	4,667	5,102
Denominator	21,839	2,214	4,730	7,423	10,397	9,175	8,421	10,090	11,484	12,634	14,280	15,885	17,559
Actual	27.6%	31.1%	30.0%	30.4%	30.4%	29.6%	30.9%	30.3%	30.1%	30.1%	29.5%	29.4%	29.1%
Target	25.0%	28.0%	28.3%	28.7%	29.1%	29.4%	29.8%	30.2%	30.5%	30.9%	31.3%	31.6%	32.0%
Performance	+	+	+	+	+	●	+	●	●	◆	◆	◆	◆

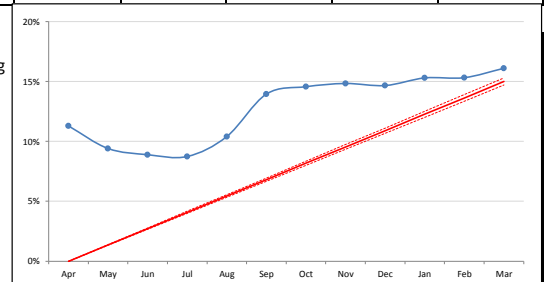
Commentary:
 From the SALT return, overall adult care and LPFT have received 32,000 distinct requests for [social care] support from NEW clients during the year. 20,000 of these were diverted away from long term support and provided with information and advice or signposted to other services. This represents almost two-thirds of requests, and shows that 'front door' management of demand is proving effective. This measure is less sophisticated than the processing done at year end for the SALT return. It was created as a proxy for the SALT table which tracks the outcomes for new people who make contact primarily with the Customer Service Centre. At the point of contact at the CSC, 29% of new clients were diverted away from Adult Care services which is a good improvement compared to 2013/14 performance but below the year end target of 32%.



2: % of requests for support for NEW clients, where the outcome was 'Referral to Wellbeing'
 Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	-	250	445	660	909	955	1,175	1,470	1,704	1,853	2,185	2,434	2,828
Denominator	-	2,214	4,730	7,423	10,397	9,175	8,421	10,090	11,484	12,634	14,280	15,885	17,559
Actual	-	11.3%	9.4%	8.9%	8.7%	10.4%	14.0%	14.6%	14.8%	14.7%	15.3%	15.3%	16.1%
Target	-	0.0%	1.4%	2.7%	4.1%	5.5%	6.8%	8.2%	9.5%	10.9%	12.3%	13.6%	15.0%
Performance		+	+	+	+	+	+	+	+	+	+	+	+

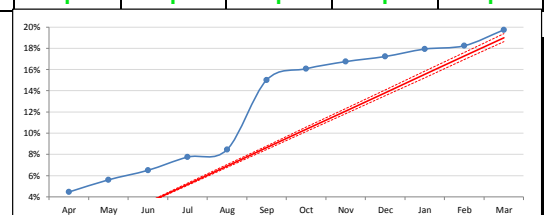
Commentary:
 From the SALT return, overall adult care and LPFT have received 32,000 distinct requests for [social care] support from NEW clients during the year, approximately 1 in 8 requests result in the provision of some short term support which includes Wellbeing and Short Term Care. In total, 2,800 contact from new clients were referred to the Wellbeing service for some short term support, with the intention of supporting people and reducing their reliance on funded social care support. Combined with the measure above, almost half of all contacts received have been offered alternative support in the first instance.



3: % of new clients who make contact with Adult Care who are referred to Telecare. **NEW**
 Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	2,310	165	377	615	954	960	1,242	1,554	1,825	2,059	2,387	2,647	3,106
Denominator	26,183	3,704	6,729	9,457	12,315	11,359	8,278	9,668	10,899	11,952	13,315	14,512	15,739
Actual	8.8%	4.5%	5.6%	6.5%	7.7%	8.5%	15.0%	16.1%	16.7%	17.2%	17.9%	18.2%	19.7%
Target	-	0.0%	1.7%	3.5%	5.2%	6.9%	8.6%	10.4%	12.1%	13.8%	15.5%	17.3%	19.0%
Performance		+	+	+	+	+	+	+	+	+	+	+	+

Commentary:
 3,100 new clients benefitted from Telecare equipment in 2014/15. The uptake has increased by a third compared to 2013/14. The measure has consistently been above target throughout the year and ended the year ahead of the 19% target. In the SALT return, the provision of Telecare is classed as ongoing low level support and is seen as a background service which can provide people with enough support to maintain their independence, or compliment an existing care package. To this end, over 3,000 existing clients of social care are receiving telecare in addition to their care package.

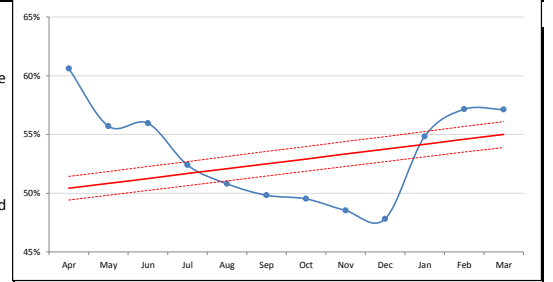


Reablement / Rehabilitation

1: % of people receiving Reablement where the outcome (sequel) was no ongoing support (ASCOF 2D)(CBP)
 Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	2,049	140	278	399	733	892	981	1,017	1,138	1,181	1,549	1,639	1,712
Denominator	4,094	231	499	713	1,399	1,756	1,969	2,054	2,345	2,470	2,825	2,868	2,997
Actual	50.0%	60.6%	55.7%	56.0%	52.4%	50.8%	49.8%	49.5%	48.5%	47.8%	54.8%	57.1%	57.1%
Target	50.0%	50.4%	50.8%	51.3%	51.7%	52.1%	52.5%	52.9%	53.3%	53.8%	54.2%	54.6%	55.0%
Performance	●	+	+	+	●	◆	◆	◆	◆	◆	●	+	+

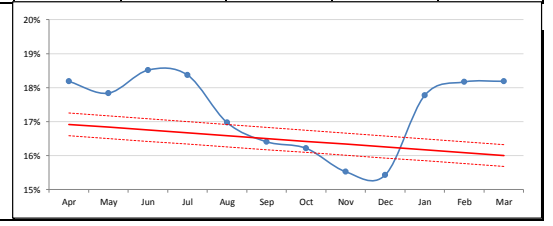
Commentary:
 In 2014/15 LPFT, our mental health NHS Trust took over the home support reablement service. Despite early promise in quarter 1, performance deteriorated consistently through Q2 and Q3. A high proportion of requests for the service come from hospital, and because of increased demand in hospital, particularly into November and December, this presented a challenge for the service which struggled to provide the required capacity. The number of people unable to access reablement peaked in February at 290. The Trust focused on improving the position working with the council, the hospital NHS trust, their own staff and referring agents. Subsequently, from January onwards, it has been a different story. Outcomes for patients have improved throughout Q4, and at the end of the year, 57% of patients require no ongoing support from Adult Care, which is ahead of the annual target and higher than 2013/14. Despite the improvement in outcomes for patients that did use the service, 25% less people accessed the service compared to last year. It should be noted that the reported figures do not strictly adhere to the indicator definition for the ASCOF measure. The guidance was released mid year so for consistency the figures are based on the pre-guidance local definition (which was a best guess at what the national measure would be). The target was also based on this. The official figure for ASCOF 2D that will be published for Lincolnshire is 85.8%, but this is based on a 3 month sample period.



2: % of people receiving Reablement where the outcome (sequel) was hospital admission
 Polarity: Smaller is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	712	42	89	132	257	298	323	333	364	381	502	521	545
Denominator	4,094	231	499	713	1,399	1,756	1,969	2,054	2,345	2,470	2,825	2,868	2,997
Actual	17.4%	18.2%	17.8%	18.5%	18.4%	17.0%	16.4%	16.2%	15.5%	15.4%	17.8%	18.2%	18.2%
Target	18.0%	16.9%	16.8%	16.8%	16.7%	16.6%	16.5%	16.4%	16.3%	16.3%	16.2%	16.1%	16.0%
Performance	+	◆	◆	◆	◆	◆	◆	●	+	+	◆	◆	◆

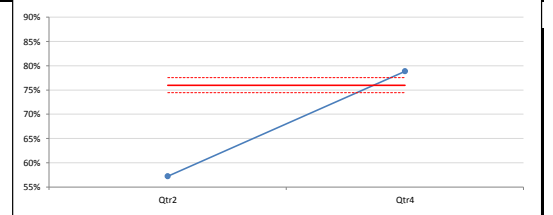
Commentary:
 Although the number of people admitted to hospital during their reablement episode has decreased this year, it has increased as a proportion of the total reablement episodes to a level above the year end target. 18.2% is only slightly worse than the performance achieved in 2013/14. This calls into question the suitability of people assessed for the service, and LPFT, who manage the service have done a lot of work with their own staff and referring agencies to improve the quality of the referrals.



3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part i)(BCF) **NEW**
 Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	869	-	-	-	-	-	226	-	-	-	-	-	652
Denominator	1,165	-	-	-	-	-	395	-	-	-	-	-	827
Actual	74.6%	-	-	-	-	-	57.2%	-	-	-	-	-	78.8%
Target	-	-	-	-	-	-	76.0%	-	-	-	-	-	76.0%
Performance	-	-	-	-	-	-	◆	-	-	-	-	-	+

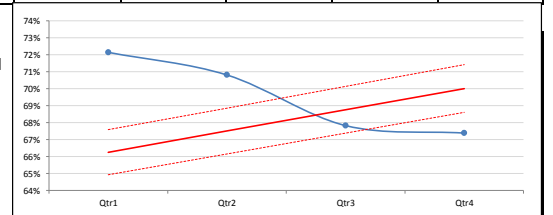
Commentary:
 Fewer older adults have accessed the Reablement/ /rehabilitation services following a hospital stay over the winter period compared to last year. This is mainly due to reduced capacity in the Reablement home support service provided by LPFT. For older adults that did access Reablement/ /rehabilitation support, 79% were at home (with or without support) 91 days after discharge from hospital, which is ahead of target and a good improvement compared to 2013/14.



4: % of people returning home from the 62 LCC commissioned intermediate care beds **NEW**
 Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	264	-	-	88	-	-	182	-	-	255	-	-	316
Denominator	381	-	-	122	-	-	257	-	-	376	-	-	469
Actual	69.3%	-	-	72.1%	-	-	70.8%	-	-	67.8%	-	-	67.4%
Target	-	-	-	66.3%	-	-	67.5%	-	-	68.8%	-	-	70.0%
Performance	-	-	-	+	-	-	+	-	-	●	-	-	◆

Commentary:
 Performance has continued to dip and just dropped below target at the end of March. This could be a reflection on the pressure being felt with increased admissions and discharges from hospitals combined with increased community activity to avoid hospital admittance over the winter. The 23% increase in the number of people using the commissioned intermediate care beds would certainly attest to this, and as is often the case there is a trade off between volumes and quality.



Personalisation

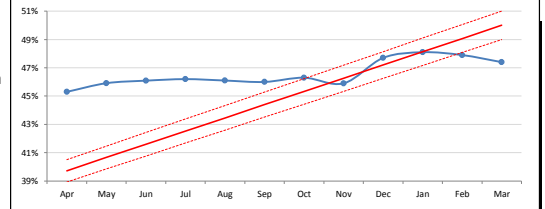
1: % of clients in receipt of long term support and carers who receive a direct payment (ASCOF 1C Part iia)(CBP) **AMENDED**

Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	4,601	5,363	5,529	5,595	5,737	5,665	5,669	5,759	5,641	5,900	5,906	5,905	5,485
Denominator	11,862	11,834	12,043	12,139	12,417	12,282	12,331	12,441	12,277	12,368	12,278	12,316	11,486
Actual	38.8%	45.3%	45.9%	46.1%	46.2%	46.1%	46.0%	46.3%	45.9%	47.7%	48.1%	47.9%	47.4%
Target	35.0%	39.7%	40.7%	41.6%	42.5%	43.5%	44.4%	45.3%	46.3%	47.2%	48.1%	49.1%	50.0%
Performance	+	+	+	+	+	+	+	+	●	●	●	◆	◆

Commentary:

An additional 900 clients and carers have benefitted from a direct payment this year compared to 2013/14, which is a good increase of 19%. As a proportion of users for whom a direct payment could be provided in the community, the figure has increased from 39% in 2013/14 to 48% in 2014/15. Of the 5,500 total direct payment recipients, almost 4,000 are carers (70%), a number and proportion that continue to rise. Overall, the measure finished below the annual target of 50%, but just below the 2% target tolerance level. Although capacity and improvements in direct payment processing have been made, in times of crisis people still rely on the council to manage their personal budget for them rather than taking on the responsibility to arrange their own care. Home support packages can be brokered and provided much quicker, particularly after a client has been in hospital.



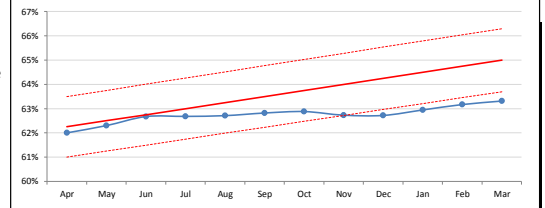
2: % of clients in receipt of long term support helped to remain at home **AMENDED**

Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	10,334	5,545	5,603	5,670	5,680	5,706	5,736	5,717	5,684	5,683	5,597	5,622	5,831
Denominator	13,754	8,943	8,992	9,047	9,062	9,099	9,131	9,092	9,061	9,061	8,892	8,900	9,210
Actual	75.1%	62.0%	62.3%	62.7%	62.7%	62.7%	62.8%	62.9%	62.7%	62.7%	62.9%	63.2%	63.3%
Target	77.0%	62.3%	62.5%	62.8%	63.0%	63.3%	63.5%	63.8%	64.0%	64.3%	64.5%	64.8%	65.0%
Performance	◆	●	●	●	●	●	●	●	●	◆	◆	◆	◆

Commentary:

Since the change in the definition this year, a much lower proportion of clients with long term support and supported in the community. Several thousand clients in receipt of short term support in the community (e.g. equipment and short term care) are now excluded from the measure. The trend through the year shows very little variance. Big swings in the proportion of clients supported in the community are hard to achieve over a short space of time, but nonetheless the shift in support setting is moving in the right direction with a 1.3 percentage point increase in community provision since April last year. There was a comparatively low rate of admission to residential care this year, but the data suggests that a higher proportion of people in residential care are living longer so the full affect of the low admission rate has not been seen. At the same time there has been growth in home care provision and direct payments which have increased the proportion of community provision. The challenge remains with offering alternative community provision for people already in a care home setting.



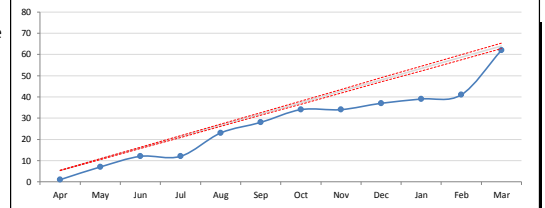
3: Permanent admissions to residential and nursing care homes - aged 18 to 64, per 100,000 popn (ASCOF 2A part i) **NEW**

Polarity: Smaller is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	65	1	7	12	12	23	28	34	34	37	39	41	62
Denominator	423,775	423,775	423,775	423,775	423,775	423,775	423,775	423,775	423,775	423,775	423,775	423,775	423,775
Per 100,000	15.3	0.2	1.7	2.8	2.8	5.4	6.6	8.0	8.0	8.7	9.2	9.7	14.6
Target	-	5	11	16	21	27	32	37	43	48	53	59	64
Performance		+	+	+	+	+	+	+	+	+	+	+	+

Commentary:

62 admissions to residential care for clients aged 18 to 64 were made during the year; 3 fewer than 2013/14 and 2 fewer than the target for the year. Admissions for all adults have been lower this year, which is helping to keep people of working age stay independent in the community.



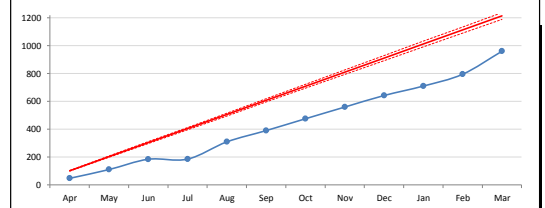
4: Permanent admissions to residential and nursing care homes - aged 65+, per 100,000 popn (ASCOF 2A part ii)(BCF) **NEW**

Polarity: Smaller is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	1,046	47	110	184	185	309	390	475	559	642	710	795	960
Denominator	155,115	159,953	159,953	159,953	159,953	159,953	159,953	159,954	159,953	159,953	159,953	159,953	159,953
Per 100,000	674.3	29.4	68.8	115.0	115.7	193.2	243.8	297.0	349.5	401.4	443.9	497.0	586.4
Target	-	101	202	304	405	506	607	708	809	911	1,012	1,113	1,214
Performance		+	+	+	+	+	+	+	+	+	+	+	+

Commentary:

There were 86 fewer admissions to residential care for clients aged 65 or over this year compared to last. This is a Better Care Fund measure and goes a long way to demonstrating the effectiveness of Adult Care at preserving people's independence in a community setting. The measure is way ahead of target and is likely to compare favourably across the region in relation to the rate per 100,000.



Operational

1: % of home support packages brokered within 7 days
Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	5,139	490	1,024	1,514	2,019	2,429	2,933	3,463	3,899	4,193	4,810	5,212	5,628
Denominator	5,577	539	1,131	1,645	2,218	2,699	3,265	3,871	4,334	4,639	5,457	5,967	6,491
Actual	92.1%	90.9%	90.5%	92.0%	91.0%	90.0%	89.8%	89.5%	90.0%	90.4%	88.1%	87.3%	86.7%
Target	90.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%	92.0%
Performance	+	●	●	●	●	●	●	●	●	●	●	●	●

Commentary:
 Brokerage reversed the downward trend mid-year despite managing a big increase in demand for home support, and having to deal with the added pressure of packages being handed back by providers, and picking up the reduced capacity in the reablement service. Workshops improved the working relationships with the providers from the workshops, and provider incentives were introduced to account for mileage and hard to reach areas of the county. The pressures continued into Quarter 4 and performance fell below the 92% target. 87% at year end is still a good achievement given the challenges through the year, and most notably having to arrange almost 1,000 additional care packages compared to last year.

2: % of new direct payments processed within 14 days
Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	281	62	105	157	305	352	423	499	565	613	633	675	739
Denominator	502	66	110	166	319	390	461	538	605	660	707	757	828
Actual	55.9%	93.9%	95.5%	94.6%	95.6%	90.3%	91.8%	92.8%	93.4%	92.9%	89.5%	89.2%	89.3%
Target	65.0%	56.0%	59.1%	62.2%	65.3%	68.4%	71.5%	74.6%	77.7%	80.8%	83.9%	87.0%	90.0%
Performance	●	+	+	+	+	+	+	+	+	+	+	+	●

Commentary:
 There have been dramatic improvements to the length of time required to process a new direct payment for clients compared to 2013/14. The percentage completed within 14 days of all the paperwork being ready has increased from 56% to 89% in 12 months. Furthermore, the improvement has been sustained throughout the year with the Direct Payments Team having to manage a 65% increase in volume (almost 30 additional new direct payments per month). The year end target has been met despite a slight blip in the last quarter as arrangements were being made to transfer the function to Serco. This improvement will improve the experience of clients, however, faster payment processing times is only one aspect of quicker service delivery. Practitioners also need to ensure that the request to the Direct payments team is made swiftly and all of the completed paperwork is submitted to reduce delays in getting the payment ready to pay. Mosaic workflows will streamline the process further to minimise delays.

3: % of new clients assessments completed within 28 days
Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	8,775	770	1,554	2,298	3,209	4,046	4,899	5,790	6,583	7,348	8,158	8,932	9,835
Denominator	10,264	821	1,661	2,449	3,395	4,270	5,155	6,089	6,923	7,729	8,589	9,421	10,386
Actual	85.5%	93.8%	93.6%	93.8%	94.5%	94.8%	95.0%	95.1%	95.1%	95.1%	95.0%	94.8%	94.7%
Target	85.0%	86.3%	86.7%	87.0%	87.3%	87.7%	88.0%	88.3%	88.7%	89.0%	89.3%	89.7%	90.0%
Performance	●	+	+	+	+	+	+	+	+	+	+	+	+

Commentary:
 The figures this year follow the same definition as the previous year, however the figures come from a more sophisticated reporting routine that was developed for team reporting in the operational scorecards. Assessment timescales for new clients has been consistently high throughout the year, and as a result the year end target has been achieved. One contributory factor is that 70% of assessments were completed at the point of contact by a Customer Service Centre based team.

4: % of clients in receipt of long term support who have been reviewed **AMENDED**
Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	11,098	1,321	2,517	3,517	4,572	5,396	6,296	7,143	7,858	8,470	9,222	9,879	10,508
Denominator	13,754	13,501	13,597	13,739	13,815	13,903	13,937	13,966	13,995	14,020	13,855	13,942	14,022
Actual	80.7%	9.8%	18.5%	25.6%	33.1%	38.8%	45.2%	51.1%	56.1%	60.4%	66.6%	70.9%	74.9%
Target	85.0%	7.5%	15.0%	22.5%	30.0%	37.5%	45.0%	52.5%	60.0%	67.5%	75.0%	82.5%	90.0%
Performance	●	+	+	+	+	+	●	●	●	●	●	●	●

Commentary:
 Since October, review performance has not been able to keep pace with the target, and by the end of March, 75% of clients had a review in the year, which was below the year end target of 90%. Hundreds of man hours were lost in assessment and care management teams because of mandatory Care Act and Mosaic training. Furthermore, there were some home closures that needed specific attention to ensure residents were reviewed and transferred to a suitable placement. Despite the downturn, review lists have been managed effectively and more higher risk cases were reviewed as a priority.

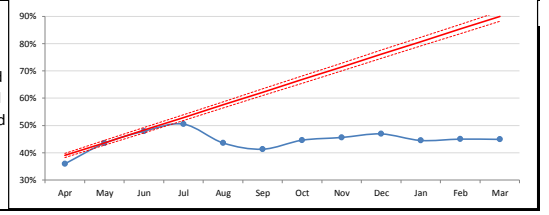
Carers

1: % of carers for whom their first assessment was completed within 28 days **NEW**

Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	401	46	113	147	202	215	247	400	430	492	551	593	655
Denominator	1,167	128	260	307	400	493	598	896	942	1,049	1,238	1,318	1,460
Actual	34.4%	35.9%	43.5%	47.9%	50.5%	43.6%	41.3%	44.6%	45.6%	46.9%	44.5%	45.0%	44.9%
Target	-	39.0%	43.6%	48.3%	52.9%	57.5%	62.2%	66.8%	71.5%	76.1%	80.7%	85.4%	90.0%
Performance		◆	●	●	◆	◆	◆	◆	◆	◆	◆	◆	◆

Commentary:
 A total of 2,070 assessments for new carers were completed in the reporting year, 70% of which are accounted for in this measure where the appropriate contact date and assessment end date have been recorded on the case management system. Without both dates it is impossible to report whether the assessment was done within 28 days. A large proportion of assessments that do not have a contact date are for Trusted Assessors, as the paperwork does not contain the date and there is no process for collecting and recording this information. This however will be addressed with Mosaic as all contacts for Carers Assessments will be received by the CSC. At year end, 45% of assessments were completed within 28 days, which is well below the 90% target, which was set to be consistent with timescales for Adult Care assessments. The CSC dispute the reported figures so manual reporting is in place to monitor telephone assessments and timescales. If this measure is to continue into 2015/16, a change to the definition is advisable to exclude delays caused by carer availability, which is beyond the control of the carers assessors.

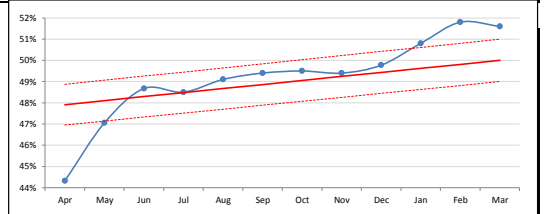


2: % of carers supported with a Carers Emergency Response (CERS) Plan **NEW**

Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	2,558	2,650	2,856	2,989	3,013	3,098	3,148	3,122	3,155	3,180	3,265	3,350	3,238
Denominator	5,849	5,979	6,070	6,141	6,208	6,306	6,370	6,312	6,388	6,389	6,429	6,469	6,274
Actual	43.7%	44.3%	47.1%	48.7%	48.5%	49.1%	49.4%	49.5%	49.4%	49.8%	50.8%	51.8%	51.6%
Target	-	47.9%	48.1%	48.3%	48.5%	48.7%	48.9%	49.1%	49.2%	49.4%	49.6%	49.8%	50.0%
Performance		◆	◆	●	●	●	●	●	●	●	+	+	+

Commentary:
 There has been a slow and steady increase in the number of carers with a Carers Emergency Response Plan. An additional 680 plans are in place at the end of March 2015, compared to 12 months ago. Almost 52% of carers currently supported have a plan, which is ahead of the year end target of 50%. 68 of the plans have been activated in the reporting year giving the carer peace of mind that the person they care for has been looked after when the carer was unable to. When the carers service is re-commissioned later in the year, contingencies and emergency care will be incorporated into the assessment and support plan. The principle will be the same but all carers supported will benefit, and the carer will have a single plan, rather than support plan and CERS plan currently. Therefore, this measure is proposed for deletion in 2015/16.

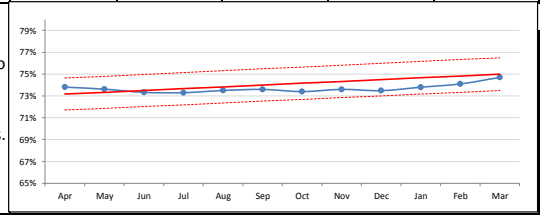


3: % of carers supported where the person cared for is NOT a client of SSD in receipt of Long Term Support **NEW**

Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	4,301	4,413	4,469	4,503	4,549	4,635	4,690	4,633	4,701	4,695	4,745	4,796	4,686
Denominator	5,849	5,979	6,070	6,141	6,208	6,306	6,370	6,312	6,388	6,389	6,429	6,469	6,274
Actual	73.5%	73.8%	73.6%	73.3%	73.3%	73.5%	73.6%	73.4%	73.6%	73.5%	73.8%	74.1%	74.7%
Target	-	73.2%	73.3%	73.5%	73.7%	73.8%	74.0%	74.2%	74.3%	74.5%	74.7%	74.8%	75.0%
Performance		●	●	●	●	●	●	●	●	●	●	●	●

Commentary:
 The proportion of carers supported where the person they care for is not a client of Adult Care is within target and has been very stable through the year with very little variance. At present the carers service is providing a good preventative service to carers to help sustain the independence of the person they care for and reduce their dependence on funded services. The renewed focus on Carers in the Care Act will have an impact on this measure in the future, and new Mosaic processes will likely increase the rate of referral from Adult Care Teams, who feel carer support provided along side Adult Care services will produce the best outcomes.



Interface with Health

1: Delayed transfers of care attributable to social care or jointly to social care and the NHS per 100,000 popn (ASCOF 2C Part ii)(CBP)													
Polarity: Smaller is Better													
	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	8.0	9.0	8.5	8.0	7.8	5.8	5.5	8.3	9.0	8.9	9.7	9.5	9.7
Denominator	583,728	583,728	583,728	583,728	583,728	583,728	583,728	583,728	583,728	583,728	583,728	583,728	583,728
Actual	1.37	1.54	1.45	1.31	1.24	0.99	0.94	1.42	1.54	1.52	1.66	1.64	1.66
Target	2.3	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9
Performance	+	+	+	+	+	+	+	+	+	+	+	+	+

Commentary:
 On average, 10 people are delayed in acute and non-acute hospital beds at the end of the month, where the delay was in part attributable to social care. Despite a small increase from 8 people last year, the rate per 100,000 of 1.66 is lower than the annual target set at 1.9. As expected the rate fluctuates cyclically in line with general hospital activity, and although the rate has increased since the mid-point in the year, the number of people delayed has been relatively low compared to hospital activity. This has also been the case with delayed days. In summary, a low number of patients are delayed and their stays are shorter which has to result from better integrated discharge planning and earlier involvement from social care practitioners.

2: % of home support packages brokered within 48hrs of referral from Health (Hospital, Intermediate Care or ILT) **AMENDED**													
Polarity: Bigger is Better													
	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	721	92	187	279	375	467	569	662	747	779	817	830	837
Denominator	939	127	295	441	597	738	894	1033	1211	1270	1367	1385	1412
Actual	76.8%	72.4%	63.4%	63.3%	62.8%	63.0%	63.6%	64.1%	61.7%	61.3%	59.8%	59.9%	61.5%
Target	85.0%	72.7%	73.3%	74.0%	74.7%	75.3%	76.0%	76.7%	77.3%	78.0%	78.7%	79.3%	80.0%
Performance	◆	●	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Commentary:
 As with the other measure concerned with timescales for home support packages, the level of performance was lower than expected. By the end of March, 62% of health referrals were brokered within 48 hours, which was well below the 80% target for the year. The vast majority were however placed within 7 days (health cases are included in the other timescale measure). Brokerage had to deal with a 50% increase in volume of referrals from health compared to the previous year, all of which were prioritised above other sources of referral to ensure people's stay in hospital or an intermediate care bed were not unnecessarily delayed. Also, capacity issues in the reablement service meant that cases were being transferred to the Adult Care brokerage service instead. Early identification of a social care need on the wards and effective multi-disciplinary discharge planning has ensured that delayed transfers of care attributable to social care have been avoided, especially where people are awaiting a care package.

Safeguarding

1: % of Safeguarding Strategy Discussions held within 5 working days of referral **NEW**													
Polarity: Bigger is Better													
	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	711	50	109	171	603	899	372	516	635	725	779	925	1,019
Denominator	718	50	109	171	603	899	372	516	635	725	779	926	1,020
Actual	99.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Target	-	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
Performance		●	●	●	●	●	●	●	●	●	●	●	●

Commentary:
There was only one case out of 1,020 referrals where the strategy discussion was not held within 5 days of the referral date. This is a key timescale indicator and the Safeguarding Team have been very good at managing the front end of the referral process.

2: % of Safeguarding investigation assessments completed within 28 days **AMENDED**													
Polarity: Bigger is Better													
	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	-	34	75	91	180	199	279	343	407	477	491	563	625
Denominator	-	47	91	112	220	244	345	430	522	621	641	756	865
Actual	-	72.3%	82.4%	81.3%	81.8%	81.6%	80.9%	79.8%	78.0%	76.8%	76.6%	74.5%	72.3%
Target	-	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%
Performance		◆	+	+	+	+	+	+	+	+	+	●	◆

Commentary:
Performance against this measure was on or above the 75% target for 10 out of the 12 months. Unfortunately, despite good performance early on in the year, the trend was downwards for the rest of the year, and owing to the volume and complexity of cases in the last quarter, performance dipped below target at year end.

3: % of completed Safeguarding referrals where the result of management action taken is risk reduced or removed **NEW**													
Polarity: Bigger is Better													
	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	430	24	38	48	59	91	132	150	180	195	212	227	263
Denominator	766	58	96	136	198	267	336	398	488	558	605	653	725
Actual	56.1%	41.4%	39.6%	35.3%	29.8%	34.1%	39.3%	37.7%	36.9%	34.9%	35.0%	34.8%	36.3%
Target	-	0.0%	5.2%	10.4%	15.5%	20.7%	25.9%	31.1%	36.3%	41.5%	46.6%	51.8%	57.0%
Performance		+	+	+	+	+	+	+	●	◆	◆	◆	◆

Commentary:
Performance was generally consistent throughout the year, but fell short of the year end target. In order to fully understand the impact of this measure it is necessary to know what the desired outcomes of the client were (in relation to risk). Work is currently being undertaken to capture desired and actual outcomes. Removing or reducing risk is only part of the story. This measure is calculated using figures from the national Safeguarding Adults Return (SAR), so with the first publication of the national figures in the summer, it will be possible to benchmark our performance with other authorities, to determine if this performance is good or otherwise.

4: % of people with a Safeguarding intervention who achieved their desired outcomes **PLACEHOLDER**													
Polarity: Bigger is Better													
	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	-	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Denominator	-	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc	tbc
Actual	-												
Target	-	not set	not set	not set	not set	not set	not set	not set	not set	not set	not set	not set	not set
Performance		?	?	?	?	?	?	?	?	?	?	?	?

Commentary:
No data has been reported for this indicator. Desired outcomes from part of the Safeguarding Adult Return for 2015/16 and Mosaic processes will be amended to account for the direction of the national returns. This measure has been chosen as a Council Business Plan measure for 2015/16.

Customer Experience

1: Overall satisfaction of people who use services with their care and support (ASCOF 3A)

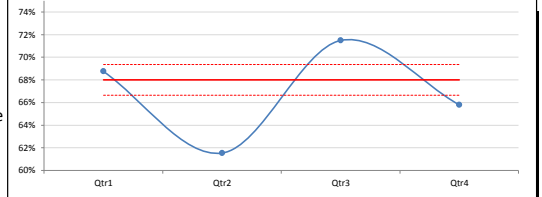
Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	271	-	-	55	-	-	64	-	-	183	-	-	248
Denominator	433	-	-	80	-	-	104	-	-	256	-	-	377
Actual	62.6%	-	-	68.8%	-	-	61.5%	-	-	71.5%	-	-	65.8%
Target	68.0%	-	-	68.0%	-	-	68.0%	-	-	68.0%	-	-	68.0%
Performance	◆			●			◆			+			◆

NOTE: The in year figures are calculated from results of the Touchstone survey and the year-end figure is calculated from the results of the 2014/15 National Adult Social Care User Survey

Commentary:

Performance has increased for overall satisfaction of people who use services with their care and support compared to last year, however it is just short of 68% target, which was set at the 2013/14 CIPFA upper quartile value. This indicator is calculated from the number of people who answer that they are either 'extremely' or 'very satisfied' with their services, and the number of people who answered the Learning Disabilities questionnaire with 'I am very happy with the way staff help me, it's really good'.



2: Overall satisfaction of carers with social services (ASCOF 3B) **NEW**

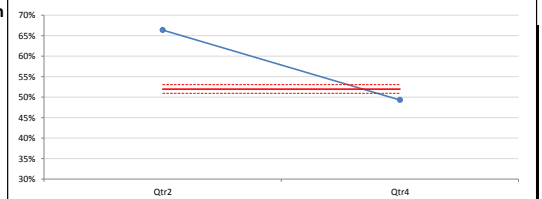
Polarity: Bigger is Better

	2012/13	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	136	-	-	-	-	-	77	-	-	-	-	-	179
Denominator	333	-	-	-	-	-	116	-	-	-	-	-	363
Actual	40.8%	-	-	-	-	-	66.4%	-	-	-	-	-	49.3%
Target	-	-	-	-	-	-	52.0%	-	-	-	-	-	52.0%
Performance							+						◆

NOTE: The in year figures are calculated from results of the Carers Touchstone survey and the year-end figure is calculated from the results of the 2014/15 Survey of Adult Carers

Commentary:

The Survey of Adult Carers is undertaken every two years to help gather the views of Carers. In 2014/15 49.3% of carers who responded to the survey stated that they were either 'extremely satisfied' or 'very satisfied' with the support or services they and the person they care for have received from us. This is a good improvement compared to the results from the last survey which was undertaken in 2012/13. The outturn is just short of the 52% target, which was set at the 2012/13 CIPFA upper quartile value.



3: The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B) **NEW**

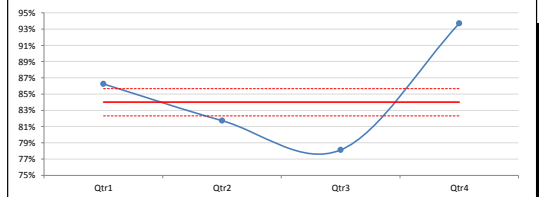
Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	361	-	-	69	-	-	85	-	-	200	-	-	346
Denominator	426	-	-	80	-	-	104	-	-	256	-	-	369
Actual	84.7%	-	-	86.3%	-	-	81.7%	-	-	78.1%	-	-	93.7%
Target	-	-	-	84.0%	-	-	84.0%	-	-	84.0%	-	-	84.0%
Performance				+			◆			◆			+

NOTE: The in year figures are calculated from results of the Touchstone survey and the year-end figure is calculated from the results of the 2014/15 National Adult Social Care User Survey

Commentary:

346 clients (93.7%) told us through the Adult Social Care Survey that the services they receive make them feel safe and secure. This is a 9% increase compared to 2013/14, and ahead of the 84% target which was the CIPFA average for 2013/14.



Organisational

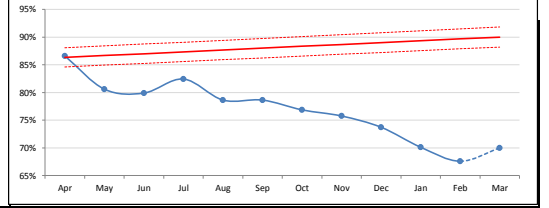
1: % of appraisals completed for current staff **AMENDED**

Polarity: Bigger is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	695	707	462	457	474	449	449	432	425	407	385	372	not available
Denominator	811	814	573	572	575	571	571	562	561	552	549	550	not available
Actual	85.7%	86.6%	80.6%	79.9%	82.4%	78.6%	78.6%	76.9%	75.8%	73.7%	70.1%	67.6%	70%
Target	90.0%	86.3%	86.7%	87.0%	87.3%	87.7%	88.0%	88.3%	88.7%	89.0%	89.3%	89.7%	90.0%
Performance	◆	●	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Commentary:

There is no quarter 4 HR data available due to the move over to Agresso. We are currently waiting to hear when reports will be available to run. It is unlikely that the year end target has been met given the trajectory through the year. Also, despite an expected increase in the appraisal activity in the last month of the year, the transition to Agresso is likely to have had an impact on the level of recording, so a best guess has been provided above.



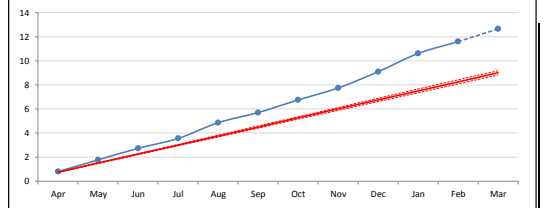
2: Sickness days lost per FTE (days)

Polarity: Smaller is Better

	2013/14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Numerator	7,430	454	904	1,332	1,690	2,279	2,646	3,106	3,543	4,137	4,803	5,230	not available
Denominator	596	577	512	489	477	469	464	460	458	455	453	451	not available
Actual	12.5	0.8	1.8	2.7	3.6	4.9	5.7	6.8	7.7	9.1	10.6	11.6	12.7
Target	9.0	0.8	1.5	2.3	3.0	3.8	4.5	5.3	6.0	6.8	7.5	8.3	9.0
Performance	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Commentary:

There is no quarter 4 HR data available due to the move over to Agresso. We are currently waiting to hear when reports will be available to run. The year end target has not been met and it remains to see if the year end outturn is lower or on a par with 2013/14 performance. An estimate for March has been calculated based on the average sickness days for the year to February.



Prevention

% of requests for support for NEW clients, where the outcome (sequel) was universal services / signposted to other services	
Rationale	The figures calculated in this measure demonstrate that the Customer Service Centre (CSC), Field Work Team and the Emergency Duty Team (EDT) are able to effectively screen people and signpost to the appropriate agencies without the need for social care intervention.
Numerator	The number of requests for support (contacts) where the sequel to the request (contact outcome) was universal services or signposted to other services.
Denominator	The number of requests for support (contacts) received <u>by CSC based teams</u> for NEW clients in the period. New client defined as not known to Adult Care at the time of the contact. This is a count of contacts, not the number of people.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of requests for support for NEW clients, where the outcome was 'Referral to Wellbeing' **NEW**	
Rationale	The figures calculated in this measure demonstrate that the Wellbeing Service is able to effectively assess people eligible for on-going low level support.
Numerator	The number of requests for support (contacts) for new adult clients who have a 'Contact Outcome' of 'Referral to Wellbeing Service'
Denominator	The number of requests for support (contacts) received <u>in total</u> for NEW clients in the period. New client defined as not known to Adult Care at the time of the contact. This is a count of contacts, not the number of people.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of new clients who make contact with Adult Care who are referred to Telecare. **NEW**	
Rationale	This measure identifies the uptake of Telecare services. Telecare can aid people with a wide range of conditions in their own homes and offer support to their carers helping them remain as independent for as long as possible.
Numerator	Of the people in the denominator, the number who have been referred to the Telecare service in the period.
Denominator	The number of NEW clients requesting support in total in the period. New client defined as not known to Adult Care at the time of the contact. This is a count of people, not contacts.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

Reablement / Rehabilitation

% of people receiving reablement where the outcome (sequel) was no ongoing support (ASCOF 2D) (Council Business Plan)	
Rationale	Reablement is a key service to helping people regain their independence and necessary skills to exercise control over their lives; reducing or eliminating the need for on-going support.
Numerator	Number of episodes closed during the reporting month where 'Sequel to Short Term Service' is: No services provided – Universal services/signposted to other services No services provided – Needs identified but self-funding No services provided – Needs identified but support declined No services provided – No identified needs All of the above sequels replace the 'reabled to no service' outcome.
Denominator	Number of reablement episodes closed during the reporting period
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of people receiving reablement where the outcome (sequel) was hospital admission	
Rationale	Reablement is a key service to helping people regain their independence and necessary skills to exercise control over their lives; reducing or eliminating the need for on-going support. On occasion people are readmitted to hospital from the ILT service.
Numerator	Number of episodes closed during the reporting month where 'Sequel to Short Term Service' = 'Early Cessation of Service - Admitted to Hospital'
Denominator	Number of episodes closed during the reporting period
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% people (65+) at home 91 days after discharge from hospital into reablement/rehabilitation (ASCOF 2B part 1) (Better Care Fund) **NEW**	
Rationale	Reablement is a key service to helping people regain their independence and by determining whether an individual remains living at home 91 days following discharge from ILT services.
Numerator	Number of older people (within a 3 month period) discharged from acute or community hospitals to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.
Denominator	Number of older people (within a 3 month period) discharged from acute or community hospitals to their own home/residential or nursing care home/ extra care housing for rehabilitation, with a clear intention that they will move on/back to their own home.
Frequency & Reporting Basis	Reported on 6 monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of people returning home from the 62 LCC commissioned intermediate care beds. **NEW**	
Rationale	Reablement is a key service to helping people regain their independence and by determining whether an individual returns home following discharge from an LCC commissioned intermediate care bed.
Numerator	Number of people discharged from an LCC commissioned intermediate care bed in the period, whose outcome is 'returned home'.
Denominator	Number of people discharged from an LCC commissioned intermediate care bed in the period.
Frequency & Reporting Basis	Reported on quarterly This measure is reported cumulatively (adding the current months totals to the previous months totals)

Personalisation

% of clients in receipt of long term support and carers who receive a direct payment (ASCOF 1C Part ii) (Council Business Plan) **AMENDED**	
Rationale	LCC's aims to have all people receiving social care where their services are delivered through self-directed support, (i.e. a personal budget) where this is appropriate. Some services are 'Non Personal Budget Services' and have been removed from this measure. These are Reablement, Professional Support, Equipment, Telecare and Long Term Care. It is assumed that all specific services for Carers are eligible for a personal budget.
Numerator	The number of clients currently receiving direct payments PLUS the number of carers who have received a direct payment at any point during the period.
Denominator	The number of clients currently receiving long term support in the community PLUS the number of carers receiving carer's specific services at any point during the period.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of clients in receipt of long term support helped to remain at home **AMENDED**	
Rationale	Adult Care wants to support people to remain as independent, for as long as possible and implements this by providing long term support services. This measure identifies people who use long term support services enabling them to remain at home.
Numerator	The current number of clients in a permanent residential or nursing placement.
Denominator	The current number of clients receiving long term support (community or residential/nursing placement)
Frequency & Reporting Basis	Reported on monthly This measure is a snapshot on the last day of the reporting month

Permanent admissions to residential and nursing care homes - aged 18 to 64, per 100,000 popn (ASCOF 2A part i) **NEW**	
Rationale	Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency and evidences Local Health and Adult Care working together to reduce avoidable admissions.
Numerator	The number of LCC funded/part funded permanent admissions of younger adults, aged 18-64, to residential and nursing care during the year.
Denominator	Size of younger adult population (aged 18-64) in Lincolnshire based on the Office of National Statistics mid year population 2013 estimates.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

Permanent admissions to residential and nursing care homes - aged 65+, per 100,000 popn (ASCOF 2A part ii)(BCF) **NEW**	
Rationale	Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency and evidences Local Health and Adult Care working together to reduce avoidable admissions.
Numerator	The number of LCC funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.
Denominator	Size of older people population (aged 65+) in Lincolnshire based on the Office of National Statistics mid year population 2013 estimates.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

Operational

% of home support packages brokered within 7 days	
Rationale	Adult Care support people to regain independence in their own home and implements this by providing home support services. To ensure care provision is not delayed, home support packages should be brokered and started within 7 days. This measure identifies people who need community home support services to be brokered through LCC.
Numerator	Number of home support packages placed where the time between the referral and placement date is less than or equal to 7 calendar days.
Denominator	Number of home support packages placed in the period.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of new direct payments processed within 14 days	
Rationale	Adult Care support people to regain independence in their own home and implements this by providing community based services in the form of a Direct Payment. To ensure care provision is not delayed, Direct Payments should commence within 14 days of referral to the Customer Finance Team.
Numerator	The number of new direct payments for clients that were successfully processed within 14 calendar days. <i>Note: Direct Payments are deemed as being successfully processed when the direct payment is either paid or where payment is imminent. The DP process starts from the date Mouchel notify the Customer Finance Team (CFT) they have set up the vendor and the CFT have received full and completed information from social care teams (full name, address, care plan details, signed Direct Payment agreement and bank account details).</i>
Denominator	All new direct payments for clients successfully processed in the reporting period
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

Operational Cont'd ...

% of new clients assessments completed within 28 days	
Rationale	Users and carers should expect practical help and other support to arrive in a timely fashion soon after their problems have been referred to Adult Care.
Numerator	For those in the denominator, the number for whom the length of time from first contact to completion of assessment was less than or equal to 4 weeks (28 calendar days).
Denominator	The total number of NEW clients aged 18 and over with a completed assessment in the period.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of clients in receipt of long term support who have been reviewed **AMENDED**	
Rationale	LCC have 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	The number of current service users who have received an assessment or reassessment of need in the year.
Denominator	The current number of people receiving long term support in the community or a residential / nursing placement.
Frequency & Reporting Basis	Reported on monthly This measure is a snapshot on the last day of the reporting month

Carers

% of carers for whom their first assessment was completed within 28 days **NEW**	
Rationale	For all carers assessments completed where the event is linked to a contact, the percentage for whom the time between the contact and the assessment end date was less than or equal to 28 calendar days
Numerator	For those in the denominator, the number for whom the length of time from first contact to completion of assessment was less than or equal to 4 weeks (28 calendar days).
Denominator	The total number of NEW carers who have received an assessment in the period.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of carers supported with a Carers Emergency Response Plan **NEW**	
Rationale	Of all carers (caring for adults) currently supported by the carers service (an open involvement to the carers team or a trusted assessor), the percentage who have a Carers Emergency Response plan recorded
Numerator	Of the carers supported, the number who have an active Carers Emergency Response Plan.
Denominator	The number of carers (caring for adults) currently supported by the authority (i.e. the carer has an open worker or team involvement from the Carers Team or a Trusted Assessor).
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of carers supported where the person cared for is NOT a client of SSD in receipt of Long Term Support **NEW**	
Rationale	Of all carers (caring for adults) currently supported by the carers service (an open involvement to the carers team or a trusted assessor), the percentage where the person cared for is not in receipt of long term support (i.e. a personal budget or residential care)
Numerator	Of the carers supported, the number where the person cared for IS NOT in receipt of long term support.
Denominator	The number of carers (caring for adults) currently supported by the authority (i.e. the carer has an open worker or team involvement from the Carers Team or a Trusted Assessor).
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

Interface with Health

Delayed transfers of care attributable to social care or jointly to social care and the NHS (per 100,000 popn) (ASCOF 2C part ii) (Council Business Plan)	
Rationale	This measures the impact of hospital services; acute and non-acute; and community based care in facilitating timely and appropriate transfer from all health settings for all adults. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of Adult Care.
Numerator	The average number of delayed transfers of care that are attributable to Adult Care or jointly to Adult Care and the NHS. This is the average of the 12 monthly snapshots collected in the monthly Situation Report (SitRep)
Denominator	Size of adult population in Lincolnshire, per 100,000 population
Frequency & Reporting Basis	Reported on monthly This measure is reported as an average of 12 monthly snapshots

% of home support packages brokered within 48hrs of referral from Health (Hospital, Intermediate Care or ILT) **AMENDED**	
Rationale	Adult Care support people to regain independence in their own home and implements this by providing home support services. This measure identifies people who need long term support services on discharge from hospital or intermediate care, to be brokered through LCC. This also measures brokerage's performance to broker the package of care within 48 hours of receiving the request from hospital or intermediate care.
Numerator	Of the placements in the denominator, the number where the time between the referral and placement date is less than or equal to 48 hours.
Denominator	Number of home support packages placed in the period where the referral is from a health source (hospital, Independent Living Team or Intermediate Care).
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

Safeguarding

% of Safeguarding Strategy Discussions held within 5 working days of referral **NEW**	
Rationale	Following the multi-agency policies and procedures, the timescales for the first strategy discussion should be held within 5 working days of being accepted by the Safeguarding team.
Numerator	The number of Safeguarding referrals, where the time between the referral date and the first strategy event date is less than or equal to 5 working days.
Denominator	The total number of Safeguarding referrals received in the period.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of Safeguarding investigation assessments completed within 28 days **AMENDED**	
Rationale	In order to keep vulnerable people safe, it is important to make sure that LCC led safeguarding investigations are completed as quickly as possible. SCIE guidance imposes a 28 calendar day (20 working days) deadline by which a safeguarding investigation should be completed.
Numerator	The number of LCC led safeguarding referrals completed within 28 calendar days of the initial alert.
Denominator	The total number of completed LCC led safeguarding referrals in the period
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of completed Safeguarding referrals where the result of management action taken is risk reduced or removed **NEW**	
Rationale	This is a local measure which attempts to establish the effectiveness of Safeguarding interventions, from the perspective that if the risk has been removed or reduced this is a more favourable outcome for the person, and help them to feel safe.
Numerator	The total number of concluded safeguarding referrals in the period, where the result of management action taken is 'risk reduced' or 'risk removed'.
Denominator	The total number of concluded safeguarding referrals in the period.
Frequency & Reporting Basis	Reported on monthly This measure is reported cumulatively (adding the current months totals to the previous months totals)

% of people with a Safeguarding intervention who achieved their desired outcomes **PLACEHOLDER**	
Rationale	This measure is to be developed from the new Safeguarding audit process and should determine whether or not the individual achieved the outcomes they specified at the beginning of the Safeguarding intervention.
Numerator	tbc
Denominator	The total number of Safeguarding cases that have been audited
Frequency & Reporting Basis	Audits to be conducted monthly, so results are likely to be available monthly and reported on a cumulative basis throughout the year.

Customer Experience

Overall satisfaction of people who use services with their care and support (ASCOF 3A)	
Rationale	This measures the satisfaction with services of people using adult care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of people's overall experiences of services and quality.
Numerator	Of the people that responded to the question, the number who selected the response 'I am extremely satisfied' or 'I am very satisfied'
Denominator	All those that responded to the question, 'Overall, how satisfied or dissatisfied are you with the care and support services you receive?'
Frequency & Reporting Basis	Reported on quarterly This measure is reported as a snapshot for each specific quarter.

Overall satisfaction of carers with social services (ASCOF 3B) **NEW**	
Rationale	This measures the satisfaction with services of carers of people using Adult Care, which is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of the overall experiences of services and quality.
Numerator	Of the people that responded to the question, the number who selected the response 'I am extremely satisfied' or 'I am very satisfied'
Denominator	All those that responded to the question, 'Overall, how satisfied or dissatisfied are you with the care and support services you receive?'
Frequency & Reporting Basis	Reported 6 monthly This measure is reported as a snapshot for each specific quarter.

The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF 4B) **NEW**	
Rationale	This measure reflects the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors such as crime levels and socio-economic factors.
Numerator	Of the people that responded to the question, the number who selected the response 'Yes'.
Denominator	All those that responded to the question, 'Do care and support services help you in feeling safe?'
Frequency & Reporting Basis	Reported on quarterly This measure is reported as a snapshot for each specific quarter.

Organisational

% of appraisals completed for current staff **AMENDED**	
Rationale	It is the LCC policy to use an appraisal process to assess both the performance and the training and development needs of all staff. <i>Note: The percentage of LCC staff that have had an appraisal, where appropriate, within the last 12 months. This excludes employees marked as 'non-appraisals', where employees are on a fixed term or temporary contract or on long term sick / maternity leave and an appraisal may not be required.</i>
Numerator	The number of appraisals completed for current FTE's in the last 12 months.
Denominator	The current number of FTE's in Adult Care.
Frequency & Reporting Basis	Reported on Monthly This measure is reported on a rolling 12 month period

Sickness days lost per FTE (days)	
Rationale	Managers have a structured framework to assist them in managing sickness absence and monitoring an employee's sickness in accordance with the trigger points. <i>Note: The percentage of Adult Care staff who have had reported sickness days in comparison to the number of average full time equivalent (FTE) staff within Adult Care.</i>
Numerator	The total number of sickness days lost in the year to date.
Denominator	Average full time equivalents in the year to date.
Frequency & Reporting Basis	Reported on Monthly This measure is reported on a rolling 12 month period

**Open Report on behalf of Richard Wills,
Executive Director responsible for Democratic Services**

Report to:	Adults Scrutiny Committee
Date:	8 July 2015
Subject:	Adults Scrutiny Committee Work Programme

Summary:

This report enables the Adults Scrutiny Committee to consider its work programme for its forthcoming meetings, which is attached at Appendix A.

Actions Required:

To consider and comment on the work programme as set out in Appendix A to this report.

1. Background

Current Work Programme

The current work programme for the Committee is attached at Appendix A to this report. Also attached at Appendix B is a document, which tracks the items, previously considered by the Committee.

Forward Plan

There are no relevant current entries in the County Council's Forward Plan relating to Adult Care.

Scrutiny Activity Definitions

Set out below are the definitions used to describe the types of scrutiny, relating to the items:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to respond to) a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

2. Conclusion

The Committee is invited to consider its work programme.

3. Appendices - These are listed below and attached at the back of the report

Appendix A	Adults Scrutiny Committee Work Programme
Appendix B	Adults Scrutiny Committee Tracker

4. 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, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk.

ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Chairman: Councillor Hugo Marfleet
 Vice Chairman: Councillor Rosanne Kirk

8 July 2015		
Item	Contributor	Purpose
Research in Practice for Adults Website Demonstration	John Griffin Adult Workforce Quality and Development (Practitioner)	Status Report
Neighbourhood Teams	Gary Thompson, Transformation Director, Lincolnshire Health and Care Programme. Nigel Gooding, Head of Portfolio and Programme Management Office. Lincolnshire Health and Care Programme	Status Report
Adult Care – Quarter 4 Performance Report and Customer Satisfaction Report	Emma Scarth, Performance, Quality and Workforce Development Commissioning Manager	Performance Scrutiny

9 September 2015		
Item	Contributor	Purpose
Care Quality Commission – Update on Inspections in Lincolnshire	Deanna Westwood, Inspection Manager Adult Social Care Directorate Central Region Care Quality Commission	Update Report
Adult Care – Quarter 1 Performance Information	Emma Scarth, Performance, Quality and Workforce Development Commissioning Manager	Performance Scrutiny
Budget Monitoring Report – Quarter 1	David Laws, Head of Finance	Budget Scrutiny

9 September 2015		
Item	Contributor	Purpose
Safeguarding Boards Scrutiny Sub Group – Report of 16 July 2015 Meeting	Catherine Wilman, Democratic Services Officer	Update Report

28 October 2015		
Item	Contributor	Purpose
Non-Residential Care Contributions Policy – Outcome of the Consultation	David Laws, Head of Finance	Pre-Decision Scrutiny <i>Executive Decision 4 November 2015</i>

9 December 2015		
Item	Contributor	Purpose
Adult Care – Quarter 2 Performance Information	Emma Scarth, Performance, Quality and Workforce Development Commissioning Manager	Performance Scrutiny
Safeguarding Boards Scrutiny Sub Group – Report of 7 October 2015 Meeting	Catherine Wilman, Democratic Services Officer	Update Report

Adults Scrutiny Committee Work Programme Tracker

Item	2013				2014							2015									
	12 June	24 July	27 Sept	30 Oct	27 Nov	24 Jan	26 Feb	9 Apr	2 May	4 June	30 Jul	1 Oct	26 Nov	23 Jan	25 Feb	1 Apr	27 May	8 July	9 Sept	28 Oct	9 Dec
Adult Care – General Strategic Items			✓						✓												
Advocacy Re-commissioning				✓																	
Autism Items		✓												✓							
Better Care Fund Items													✓	✓							
Care Bill / Care Act 2014 Items						✓					✓				✓						
Care Quality Commission Items							✓	✓											✓		
Carers Strategy and Related Items			✓							✓			✓								
Case Management Partnership Programme										✓											
Community Support / Home Care														✓							
Contributions Policy																	✓				
Day Services Items							✓					✓									
Deferred Payment Agreements																		✓			
Dementia Related Items						✓															
Direct Payment Items			✓								✓										
Extra Care Housing											✓					✓					
Healthwatch Items									✓												
Hospital Discharge Arrangements	✓																				
Independent Living Team					✓																
Integrated Community Equipment Services			✓									✓									
Learning Disability Items									✓												
Lincolnshire Assessment and Reablement					✓												✓				
Mental Health Items												✓	✓								
My Choice My Care Website				✓																	
Neighbourhood Teams																		✓			
Procedures Manual									✓												
Quality Assurance Items			✓			✓															
Residential Care Items												✓		✓							
Safeguarding Adults						✓									✓						
Staff Absence Management				✓																	
Wellbeing Service & Related Items		✓					✓			✓						✓					
RECURRING STANDARD ITEMS																					
Adult Social Care Outcomes Framework	✓											✓									
Budget Items	✓	✓		✓		✓				✓				✓			✓		✓		
Quarterly Performance	✓		✓		✓	✓		✓		✓	✓	✓	✓		✓		✓		✓		✓
Safeguarding Board Minutes	✓		✓		✓	✓					✓	✓		✓		✓		✓		✓	✓