



County Offices
Newland
Lincoln
LN1 1YL

26 June 2018

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 4 July 2018 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

A handwritten signature in blue ink that reads 'Richard Wills'. The signature is written in a cursive style and is underlined with a single horizontal line.

Richard Wills
Head of Paid Service

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

Councillors C E H Marfleet (Chairman), Mrs E J Sneath (Vice-Chairman), M T Fido, Mrs P Cooper, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, A P Maughan, C E Reid, M A Whittington and Mrs M J Overton MBE

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 4 JULY 2018**

Item	Title	Pages
1	Apologies for Absence/Replacement Councillors	
2	Declarations of Councillors' Interests	
3	Minutes of the meeting of the Adults and Community Wellbeing Scrutiny Committee held on 30 May 2018	5 - 14
4	Announcements by the Chairman, Executive Councillor and Lead Officers	~
5	Homecare Customer Experience Survey 2017/18 <i>(To receive a report by Carolyn Nice (Assistant Director (Adult Frailty and Long Term Conditions)), which presents the findings of a survey conducted by the Quality Assurance team into the customer experience of people who use Council-commissioned homecare)</i>	15 - 28
6	Payment Arrangements for Residential Care and Residential Care with Nursing <i>(To receive a report by Carolyn Nice (Assistant Director (Adult Frailty and Long Term Conditions)), which invites the Committee to consider an Executive Councillor Report concerning Payment Arrangements for Residential Care and Residential Care with Nursing. The comments of the Committee will be presented to the Executive Councillor prior to taking the decision)</i>	To Follow
7	Adult Care and Community Wellbeing Quarter 4 2017/18 Performance Report <i>(To receive a report by Theo Jarratt (County Manager, Performance Quality and Information), which presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 4 2017/18)</i>	29 - 84
8	Adult Frailty and Long Term Conditions Review Performance <i>(To receive a report by Carolyn Nice (Assistant Director (Adult Frailty and Long Term Conditions)) and Emma Scarth (Strategic Programme Lead for Mosaic), which asks the Committee to note the improved performance on review performance and the continued focus on reviews for 2018/19)</i>	85 - 88
9	Adult Care and Community Wellbeing 2017/18 Final Outturn <i>(To receive a report by Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), which invites the Committee to note the final budget outturn for Adult Care and Community Wellbeing for 2017/18)</i>	89 - 98

10 Adults and Community Wellbeing Scrutiny Committee Work Programme 99 - 104

(To receive a report by Simon Evans (Health Scrutiny Officer), which invites the Committee to consider its work programme for the coming months)

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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

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**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
30 MAY 2018**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), M T Fido, R J Kendrick, Mrs C J Lawton, C E Reid, M A Whittington, Mrs M J Overton MBE and S R Dodds

Councillors: Mrs S Woolley attended the meeting as observers

Officers in attendance:-

Alex Craig (Commercial and Procurement Manager - People Services), David Stacey (Programme Manager, Public Health), Daniel Steel (Scrutiny Officer), Professor Derek Ward (Director of Public Health) and Rachel Wilson (Democratic Services Officer)

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs J E Killey and A P Maughan.

It was noted that the Interim Chief Executive had advised that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, he had appointed Councillor S R Dodds as a replacement member of the Committee in place of Councillor Mrs J E Killey, for this meeting only.

2 DECLARATIONS OF MEMBERS' INTERESTS

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

**3 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE HELD ON 11 APRIL 2018**

RESOLVED

That the minutes of the meeting held on 11 April 2018 be signed by the Chairman as a correct record.

**4 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR
AND LEAD OFFICERS**

There were no announcements by the Chairman or Lead Officers. However, it was commented by the Chairman, following a call from a resident trying to get an assessment, that there was a need for the Customer Service Centre, when dealing

with an initial adult social care contact to ensure that the caller was provided with definitive information in relation to timelines and what would happen next.

On this issue, the Executive Councillor for NHS Liaison and Community Engagement advised that she had received positive feedback from a resident following contact through the website and the speedy way that they had been dealt with.

The Executive Councillor advised that there were currently two surveys running which the Council would be providing a response to. She would let the Chairman know when the closing dates were.

5 THE 2017 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH
FOR LINCOLNSHIRE

Consideration was given to a report which provided the Committee with the opportunity to consider the Annual Report of the Director of Public Health (DPH).

Members were advised that one of the statutory duties of each local authority was to produce an independent report on the state of the health of the people they serve on an annual basis. It was noted that the 2017 DPH Annual Report covered two topics which were high on the agenda for organisations locally, which were:

- A chapter on the case for investing in prevention in support of the Lincolnshire Health and Care System's need to shift investment into proven prevention interventions.
- A chapter reviewing the focus on the biological and environmental threats to people's health and the systems in place to track those hazards and protect Lincolnshire people from harm.

The Committee received a short powerpoint presentation from the Director of Public Health on the Annual Report, and further information in relation to the following areas was provided:

- Ageing Apocalypse
- Years to Life! Life to Years?
- Life to years works
- All is not lost
- Every gain helps

Members were advised that this was a retrospective report, and it was important to note that there was a statutory duty for the Director of Public Health to produce this report and a statutory responsibility for the Council to publish the report.

It was noted that there was there was a big growth expected in the 65-74 and 75+ age groups by the year 2039.

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

- The presentation focused on the concept of 'healthy ageing' and how the benefits of exercising could help to prevent or delay the onset of some conditions associated with older age.
- It was commented that evidence from recent studies on dementia, that exercise was not a panacea for 'curing' dementia. However, it was acknowledged that it could be helpful in preventing vascular dementia.
- It was noted that older people with dementia could decline very quickly, and there was evidence that those in the 70-75 age group, living a reclusive life could decline even quicker. It was important to be able to give people with dementia the confidence to go out and participate in activities such as singing and dancing which had been shown to slow the progression of dementia.
- It was reported that when babies were born their neural pathways developed, and there was emerging evidence that with some forms of dementia, certain types of stimulation helped to find new neural pathways and could help to relieve some of the symptoms.
- Members were also advised that unhealthy behaviours tended to cluster, and people demonstrating these behaviours were likely to develop more than one health condition as they aged. However, if a person currently only had one condition, it was important to help them to maintain that health to avoid development of further conditions. This was known as secondary prevention.
- It was commented that it was important to acknowledge the link between mental health and exercise.
- It was noted that there had been an increase in people with addictions to prescription medication coming through the substance misuse programme.
- It was highlighted that there had been a health referral scheme run by East Lindsey District Council which offered a whole range of activities such as walking etc. but had fallen victim to funding cuts. However, it was commented that investing in these services was a way to save money further down the line. It was also noted that there was a lot that communities could do themselves, but initial investment may be required.
- It was suggested that it was those people who were now in their late 30's and 40's who needed to be targeted to improve their health/exercise level to try and reduce the number of health issues when they were older. It was also suggested that the children of people in this age range needed to be involved as well as the clustering of bad behaviours could take place within families and if the parents' habits were tackled, this could also have an effect on the children.
- In relation to dementia, it was commented that social contact was just as important as physical exercise for relieving some of the symptoms.
- It was queried why there had not been a n improvement in people living healthier for longer, as work had been taking place on this issue for a long time. It was queried whether there was any evidence that the work had had an impact or whether it could be converted to a monetary amount that the NHS had been saved, so that Public Health could argue for additional funding. Members were advised that this was difficult question to answer, as Public Health was about avoiding something from happening, whereas the public sector generally was about dealing with something when it happened. However, one area where it was easy to demonstrate benefits was with health

protection programmes and vaccinations, as if these were not carried out there would be outbreaks of measles etc.

- It was suggested that there was a need to better understand the food available such as the amount of ready-made meals in supermarkets and the increasing number of takeaways. There was a need for people to make a decision about the type of food they fed their families.
- It was suggested that there was a need for parents to take more responsibility and say no to their children when they asked for unhealthy food/snacks. However, it was acknowledged that children could be very persuasive in supermarket situations when sweets were right in front of them. There were small changes though which could have a cumulative impact.
- It was noted that by 2040 the numbers of those people economically dependent and economically active would be almost 50/50 in Lincolnshire.
- In the future, people may choose to be economically active for longer, and so a fit and healthy workforce would be vital. Ill health was something which could be tackled.
- It was commented that no matter how much work and engagement was carried out there would always be a minority of people who would not change their unhealthy behaviours.
- It was noted that the smoking prevalence rate was 18% in Lincolnshire. It had taken 40 years to get to the 'tipping point' and now a reduction in smoking was starting to be seen. With the increase in popularity of e-cigarettes, it was expected that the numbers would continue to reduce. However, it was still expected that there would be approximately 10% of the population who would continue to smoke. However, in terms of obesity, this was a much higher proportion of the population.
- It was noted that risks from high density, pre-packed processed food were not fully understood yet.
- In relation to fast food outlets in close proximity to schools, there were local conditions which could restrict the opening times of these fast food outlets so they could not open between 3pm and 5pm, when children would be leaving school.
- It was commented that a discussion was needed in relation to personal responsibility and personal freedom, and also that there were establishments which needed to earn a living.
- In relation to the data relating to TB, it was confirmed that the disease had been almost been eradicated several years ago and it had got to the point where the BCG vaccine was no longer required. It was noted that there continued to be individual cases of TB, due mainly to a person's country of origin. It was noted that one of the main issues with TB, once it was identified, was the treatment regime as it could anywhere between 12 and 24 months, and it was important to ensure that the treatment regime was completed.
- Members were informed that there was currently a debate within NHS Lincolnshire whether those people being listed for elective surgery (such as knee/hip replacements) that smoke, should be asked to stop smoking prior to the surgery. Similar conversations were starting to take place regarding obesity as well.

- It was commented that it was not known what the impact of some of the additives being put into food would be in the future.
- In relation to the three recommendations set out in the report, they were three areas of prevention. When working towards the report for the following year, there was a need to engage with those three areas to see how they had been influenced. It was important to demonstrate that money spent on preventative treatment and measures was worthwhile, as there was a need for more funding for preventative services.

RESOLVED

That the Committee receive the Annual Report on the Health of the People of Lincolnshire.

6 PRESENTATION ON THE ROLE OF THE DIRECTOR OF PUBLIC HEALTH

The Committee received a presentation from the Director of Public Health which provided members with an overview of the role of public health and particularly focused on the following areas:

- What is Public Health?
- 3 Core aspects to Public Health
- Money
- What do we do with it?
- Role of Scrutiny

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

- It was suggested that in terms of sexual health, there was a need for more emphasis on the importance of the emotional aspects and consent.
- In relation to bus passes and rural bus routes, it was commented that if those rural routes were better subsidised, this would interconnect with the general health of the older population. It was thought this could have a positive impact on their health as well as helping to reduce isolation. It was suggested that bus passes should be part of the health service.
- The benefits of volunteering on a person's mental health could be amazing, and these sorts of activities should not be underestimated in the way that they could transform people's lives, and it was thought that schemes which encourage this should be encouraged throughout the country.
- It was acknowledged that there was a lot that could be done without spending a lot of money. Models and systems where people could be connected with existing community groups could be established. It was noted that the challenge was when finances got tighter how the benefits of these models could be quantified.
- It was commented that there was no reason why councillors could not help to facilitate these sorts of connections at a local level, and it was queried whether

members were aware of every activity taking place within their division. It was noted that assisting in this way did not cost any money, but it did take time.

- It was queried what impact it was thought the Director of Public Health could have with the NHS and CCG's in terms of the STP, as not a lot of progress was being made with the NHS locally through the Health Scrutiny Committee for Lincolnshire. It was queried how the County Council could get the message through the NHS. Members were informed that the NHS Lincolnshire had agreed to invest £500,000 into the integrated lifestyle project.
- Public health was part of the NHS from 1974 – 2013. Consultants were employed by Public Health that were recognised by the NHS and so there was the opportunity to influence. It was about finding those areas which could be influenced at an officer to officer level.
- The BCF was one way to get some engagement, and the Executive Director for Adult Care was starting work into delayed discharges.
- The UK was the 4th most obese nation in the world.
- Some districts had recently agreed to employ health trainers who would work with either families or individuals. Evidence has shown that this type of work can be effective.
- It was queried whether it was thought that Public Health had lost its image, and there was a need to get back to its real purpose, getting people to be healthier, and for the service to be inspirational and an innovator.
- It was commented that this was time to challenge, as the NHS had no economic incentive to change, and there was currently a cultural incentive for it to stay the 'national sickness service'.
- It was important to look at what factors could be measured, as there only seemed to be value on what could be measured. However, there were so many other factors which were important to people's health which could not be measured. It was queried whether there was a need for an increase to the risk appetite to enable the Service to try new and innovative ideas.
- There was a need to prove the benefits so that funding levels would be maintained.

RESOLVED

That the presentation and comments made be noted.

(NOTE: Councillor C E H Marfleet left the meeting at 12.05pm)

Councillor Mrs E J Sneath in the Chair

7 LOCAL HEALTHWATCH PROCUREMENT

Consideration was given to a report which invited the Adult and Community Wellbeing Scrutiny Committee to consider a report on Local Healthwatch Procurement, which was due to be determined by the Executive Councillor for NHS Liaison and Community Engagement between 1 and 7 June 2018.

It was reported that the Council's existing grant agreement for Local Healthwatch Services in Lincolnshire had been in place for five years. The report gave an update on Local Healthwatch Services, the proposed re-commissioning and sought approval to proceed with the re-procurement of this service on a grant agreement basis.

Members were informed that giving people a greater say in how the health and care system worked was a central pillar of the coalition Government's ambition and a key component of the Health and Social Care Act 2012. To achieve this, the government had outlined a framework for a network of local Healthwatch organisations with the aim of creating a credible, representative and influential public voice in the system. Local authorities with adult social care responsibilities were required, under the Act, to commission a local Healthwatch service covering the local authority area. The Act also made provision for contractual arrangements between local authorities and their local Healthwatch organisation, however, it did allow flexibility for councils to choose the commissioning route that offered the best value for money in their communities.

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

- It was confirmed that the grant was currently £300,000, and it was queried whether funding was also available from other sources.
- It was noted that a separate trading arm had been set up, which could generate additional work and therefore additional income. It had been specified that the Council would want to investigate this aspect further.
- It was noted that unless an activity was covered under the grant agreement, it was asked that any additional activities be funded from other sources.
- In terms of opening this up for competition, it was noted that there were six possible providers. It was considered positive that there were six potential providers as it was a very bespoke service.
- In relation to the potential for cost pressures, it was noted that there was acceptance that the current provider was able to deliver the core functions with the existing level of funding.
- It was clarified that the Healthwatch service was only able to advise, however they could present their recommendations and the commissioners were duty bound to respond to any recommendations.
- It was noted that there was a Healthwatch Lincolnshire website which received approximately 50,000 hits per year. There were also around 12,000 reactive contacts per year. However, there were also a number of pro-active contacts from events held within communities.
- It was noted that whichever organisation was selected to operate the service, they would use the Healthwatch branding including the logo, and any other Intellectual Property relating to discharging the Local Healthwatch function which would be adopted.
- It was requested whether there could be some assurance that due diligence work would be carried out on the financial viability of potential providers. Members were advised that questions on these core areas would form part of the basic process.

- In terms of the funding which was provided, it was noted that £192,000 came from central government which was calculated with a central methodology, which was why some areas received more funding than others. Local authorities would then top up the funding. It was queried what would happen if the funding formula changed, but the organisation had budgeted to spend £300,000 and how any gap in funding could be budgeted. It was noted that if the government grant was reduced to such a point where it was unsustainable, the authority would work with the provider to understand what the absolute minimum in terms of statutory requirements was.
- It was queried why this procurement did not fall into open legislation. Members were advised that there was a grey area between contracts and grants. However, the proposal had been through legal services and had been confirmed that it would be a grant.
- It was queried whether there would be anything in the specification which would give benefit to local bodies. It was noted that it would be clear that the operation would need to be delivered from within the boundaries of Lincolnshire. Part of the assessment would also rely on a provider's ability to provide local knowledge.
- The organisation would have the right to choose what it investigated, but there would be governance around how it made that decision.

RESOLVED

1. That the Committee support the recommendations to the Executive Councillor for NHS Liaison and Community Engagement as set out in the report.
2. That the comments of the Committee be presented to the Executive Councillor for consideration.

8 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB GROUP - UPDATE

Consideration was given to a report which enabled the Adults and Community Wellbeing Scrutiny Committee to have an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, in particular the Sub-group's consideration of adult safeguarding matters. The draft minutes of the last meeting of the Scrutiny Sub-Group held on 16 April 2018 were attached for consideration.

Councillor S Dodds, Chairman of the Lincolnshire Safeguarding Boards Scrutiny Sub Group, advised that it was important to have all representatives attend every meeting to ensure they were observing the work of the Board.

It was highlighted that an ongoing long term area of concern was the amount of reviews in the system.

RESOLVED

That the draft minutes of the meeting of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, held on 16 April 2018 be endorsed.

9 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME

Consideration was given to a report which enabled the Committee to consider its work programme, which was reviewed at each meeting. Members of the Committee were encouraged to highlight items which could be included for consideration.

Members were informed that the report on Integrated Lifestyle Support would be presented to the next meeting of the Committee.

It was suggested whether there was a need to consider the Health and Wellbeing Strategy in sections. The idea of having a number of themes to follow through over a number of meetings was supported.

RESOLVED

That the work programme as set out in the report be noted.

The meeting closed at 1.05 pm

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	04 July 2018
Subject:	Homecare Customer Experience Survey 2017/18

Summary:

This report presents the findings of a survey conducted by the Quality Assurance team into the customer experience of people who use Council-commissioned homecare.

The survey explores people's experience with care staff, the planning and communication of their visit and their provider's office and leadership.

Council commissioned homecare is used by over 2,800 adults of all ages with eligible care needs. Over 65,000 homecare visits are made each week across the county by independent providers.

The survey, undertaken between November 2017 and January 2018, gathers the views of a representative sample of people who received this homecare.

Actions Required:

The Committee is requested to consider and comment on findings of the survey.

1. Background

The report and the intelligence it offers is used for a variety of purposes across the Directorate to provide an evidence base which informs current and future commercial, practice and service delivery and design. It is part of a range of information which is shared with colleagues involved in the delivery and commissioning of home care services as well as providing direct customer feedback on areas of good performance whilst highlighting areas for improvement. The Customer Survey report is attached to this cover report as Appendix A.

The attachment includes full details for the Committee about:

- methodology used
- sample size
- analysis of responses

- findings
- our approach to continuous improvement
- next steps

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Council Business Plan information shown in Appendix A.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Customer Experience Homecare Survey report 2017/18

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 Carolyn Nice, who can be contacted on 01522 553762 or Carolyn.Nice@lincolnshire.gov.uk .

Full findings have been condensed into 6 summary findings.

- **People report good experience with care staff** (ave. 4.57 out of 5) and consensus is high – most people report a similar experience. Results on visit arrangements and providers are lower (ave. 3.21 and 3.05 respectively), there is less consensus suggesting experiences vary.
- **The good experience of care staff is similar to last year’s results, but people feel the planning and communication of their visits* is worse and satisfaction with the provider’s office staff and leadership is down.** Satisfaction scores for some survey questions are down by as much as 20% on last year.
- **Comments largely reinforce low satisfaction with the administering of the service,** people report frustration with the provider’s office staff, but also highlight concerns about service capacity and HR practices.
- **People reporting problems with the planning and communication of their visits* are very dissatisfied with the provider’s office staff and leadership.** People more satisfied with the planning and communication of their visits* are generally much more satisfied with the office staff and leadership.

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The factors people scored as most important were sometimes surprising, (in order of importance) 1. care staff staying as long as they should, 2. continuity of care staff, 3. communication of who will visit and when, 4. punctuality and 5. communication of changes. A comparison of experience and importance scores suggest efforts to improve communication of changes and of who will visit and when would have the largest impact on overall satisfaction.

- **Comparing responses in each of the 12 zones, results come out reasonably close.** There is just a 0.8 difference in highest and lowest average score (on a scale of 1-5). High margins of error make results in the zones less reliable, this also makes it difficult to see clear and reliable differences between zones.

* Definition: “Planning and communication of visits”

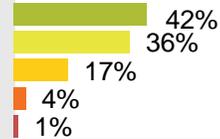
Under this term we are including factors that suggest effective call management, those administrative elements of the service that care staff generally are not responsible for, such as:

- the visit time offered or agreed upon
- communication of who will visit and when
- continuity of care staff
- punctuality
- communication of changes

OVERALL SATISFACTION

Comments from the overall satisfaction question tended to be broad statements. Generally these were broad positive comments about care staff and broad negative comments about the provider's office, with the positive comments about care staff totalling slightly higher.

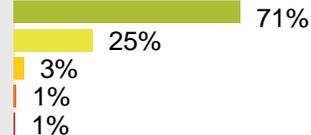
How satisfied are you with your homecare service?



Ave. 4.13



How much difference does your homecare service make to your quality of life?



Ave. 4.64

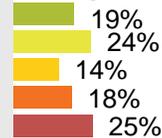


PLANNING AND COMMUNICATION OF VISITS

Average scores for planning and communication are comparatively low, and include the lowest scores in the survey. Low consensus suggests planning and communication varies – people are having varied experiences.

Compared to similar questions last year, satisfaction with planning and communication may have declined by as much as 20%, but the method used is crude and the response scales don't directly compare. There have also been changes that may be contributing to this downtrend, like the introduction of banded visit times; how well this is communicated (by LCC staff and providers) may affect responses to questions about visit times and punctuality.

How good is your provider at letting you know who will be visiting you and when?

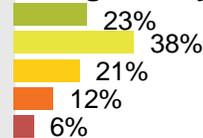


Ave. 2.95



We asked how important this is
Ave. 4.7

How good is your provider at making sure you are visited by the same familiar care staff?

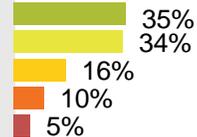


Ave. 3.58



We asked how important this is
Ave. 4.7

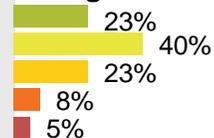
How satisfied are you with the visit times offered by your provider?



Ave. 3.84



How good are your care staff at arriving on time?



Ave. 3.68



We asked how important this is
Ave. 4.7

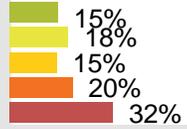
PLANNING AND COMMUNICATION OF VISITS (cont.)

People with lower planning and communication scores tend to have low office/leadership scores also – although we can confidently say there is correlation we cannot say one factor causes the other (see pg. 10).

Comments from planning and communication questions frequently related to rotas - not receiving rotas anymore, frustration at moves to online rotas and rotas not being followed. Comments also suggest people are relating planning and communication issues to concerns to service capacity and HR practices – e.g. staffing levels, staff feeling rushed, poor retention, workforce management, providers planning what seem illogical even unachievable routes for staff.

How good is your provider at informing you of changes to your visit?

Regarding changes to care staff...

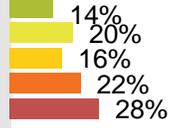


Ave. 2.64



down 10%

Regarding changes to times, including when running late...



Ave. 2.69

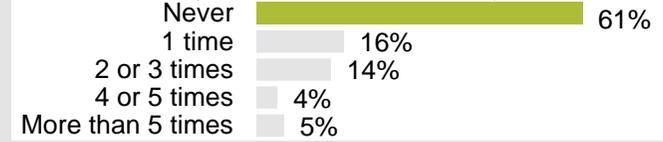


down 10%



We asked how important this is
Ave. 4.6*
* Both measured together in one question.

Over the last year, how often have your care staff missed your visit?



Never 61%



down 2%

Do your visit arrangements become irregular or get worse at particular times?

No 64%

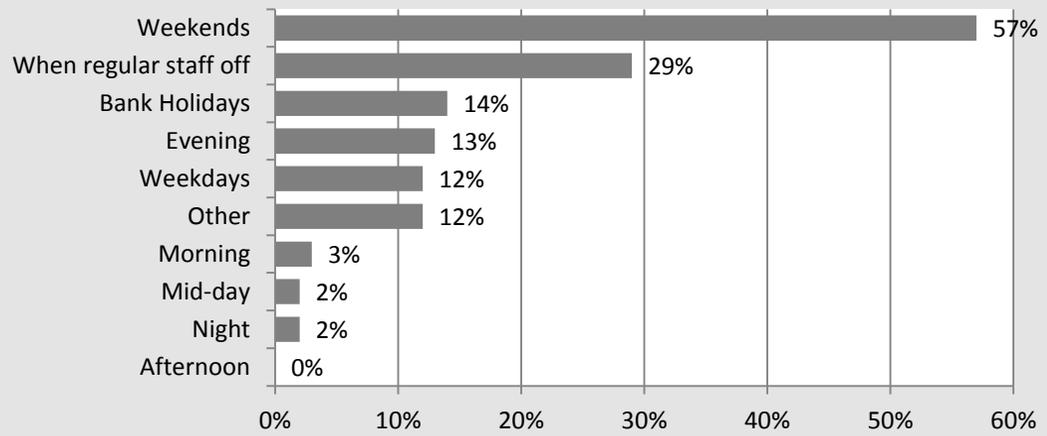


Top 3 issues

1. Weekends
2. When regular staff are off
3. Bank Holidays

People reporting the times when visits become irregular or get worse.

(Of the people who told us their visit arrangements become irregular or worse at times)



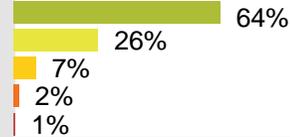
CARE STAFF

Responses regarding care staff are encouragingly high and there is a lot of consensus across responses – suggesting most people are experiencing something similar.

People told us ‘care staff staying as long as they should’ was the most important factor to them (see pg. 10). The high satisfaction score (second down) would suggest we’re meeting expectation fairly well here and probably isn’t a priority improvement area.

Comments suggest people are experiencing better care with their regular care staff. They are more likely to attribute issues with care staff to individual carers, or the way office staff and leadership administer the service (e.g. care staff rushed due to extra calls/busy rota, poor retention of experienced staff and insufficient training). People seem increasingly aware and sympathetic to pressures care staff are under. There was a concerning example of the implications of this in a report from family, their family member reportedly declined a meal and other care so as not to hold care staff up, who were trying to catch up on their visits.

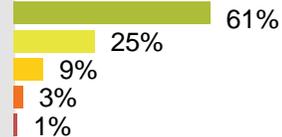
How good are your care staff at doing everything you need done during your visit?



Ave. 4.52



How good are your care staff at staying as long as they are supposed to?

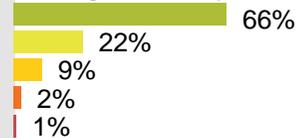


Ave. 4.43



We asked how important this is
Ave. 4.8

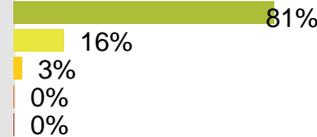
How good are your care staff at helping you at the right pace, without rushing you?



Ave. 4.5



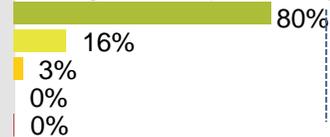
How respected and dignified do your care staff make you feel?



Ave. 4.77



How good do you feel your relationship is with your care staff?



Ave. 4.77



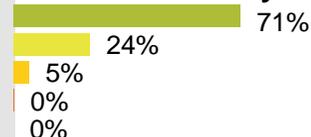
How safe do you feel with your care staff?



Ave. 4.88



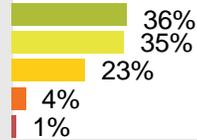
How in control of your care do your care staff make you feel?



Ave. 4.65



How skilled and well trained do you feel your care staff are?



Ave. 4



Does the quality of your care decline at particular times?

No 75%

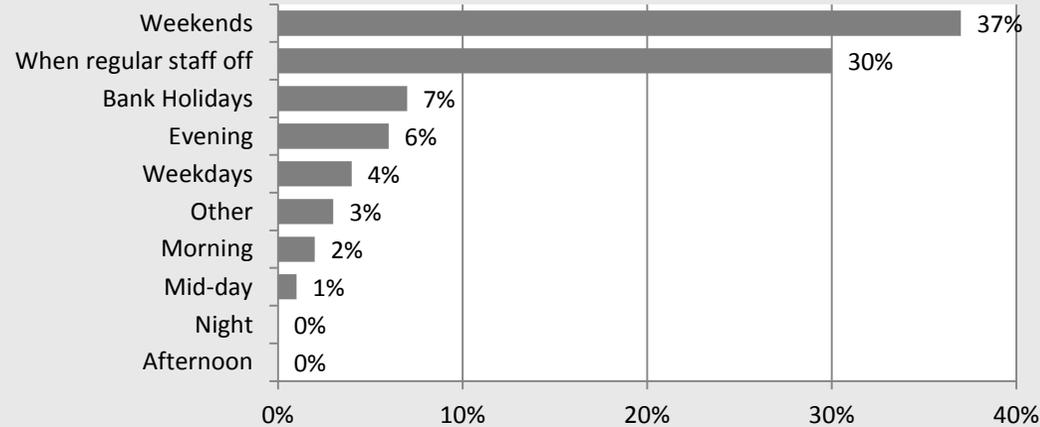


Top 3 issues

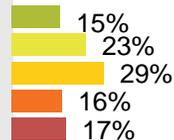
1. Weekends
2. When regular staff are off
3. Bank Holidays

People reporting the times when care become irregular or get worse.

(Of the people who told us their care become irregular or worse at times)



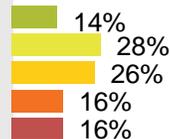
How satisfied are you with your provider's office staff?



Ave. 3.04



How well run do you feel your provider is?



Ave. 3.08



PROVIDER'S OFFICE AND LEADERSHIP

These scores are amongst the lowest and low consensus suggests quite differing experiences across respondents.

Comments largely point to poor communication from the provider's office staff, a poor perception of office staff's skills and lack of trust in office staff and leadership.

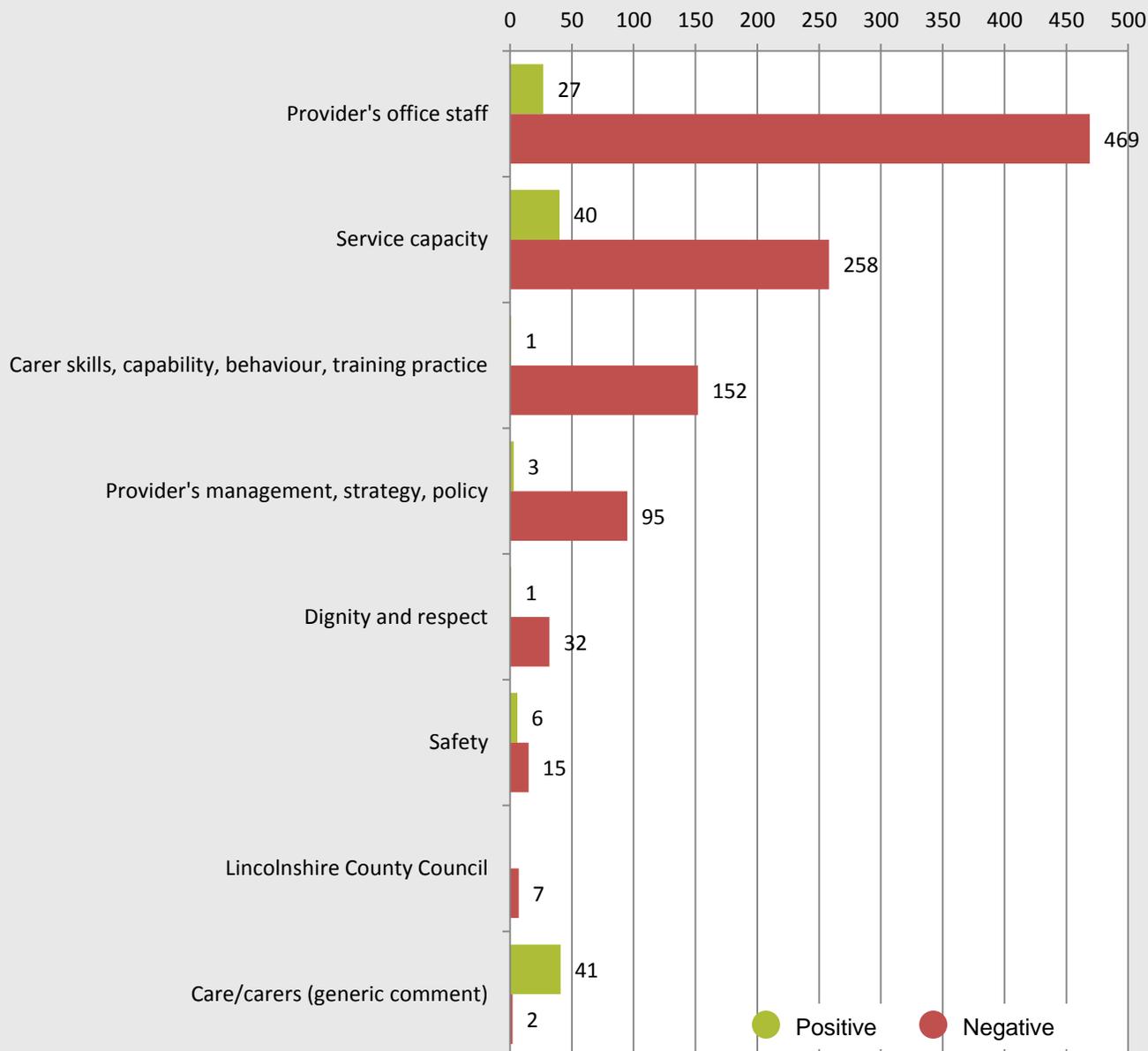
COMMENTS

Over 2500 comments were recorded and analysed. Where a comment offered additional insight into a person's response it was categorised.

Top level results suggest people have a strong negative perceptions of the provider's office staff and service capacity – the two are likely to be linked.

160 individual categories sit beneath the themes and sub-themes, an overwhelming number mentioned not receiving a rota or issues with rotas. Many described poor communication of staff changes/lateness. Interestingly both issues came up quite frequently in response to other questions, not just questions related to rotas or being informed of changes – for example communication came up 33 times in relation to the quality of life question.

Broad Themes from Comments (top level analysis)



IMPORTANCE QUESTIONS

Six survey questions included an additional question, to measure how important the person feels the particular factor is (e.g. question about punctuality, followed by question about how important punctuality is to them personally). This helps us understand where improvement is likely to have most impact on overall satisfaction.

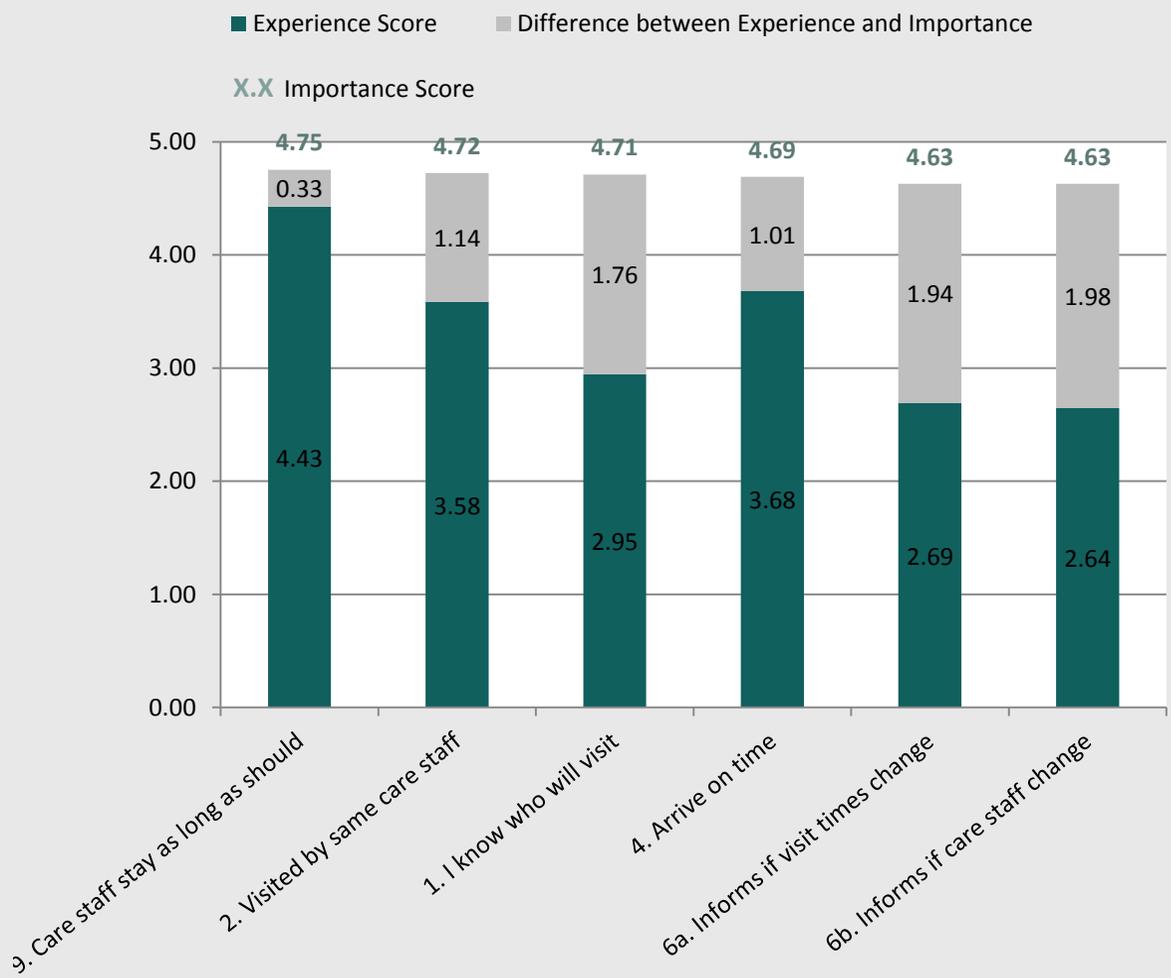
The order of importance is illustrated in the chart; from left to right.

‘Care staff staying as long as they should’ is most important to people, but experience is so high here that any attempts to improve this would have little impact on satisfaction. In terms of where improvement work has most potential to raise satisfaction, the order is quite different.

1. Being informed of changes to care staff due to visit
2. Being informed of changes to visit times
3. Knowing who will visit them and when
4. Being visited by the same care staff
5. Arriving on time
6. Care staff staying as long as they should

Comparison of average importance and experience scores

(In order of importance from left to right, left is most important)

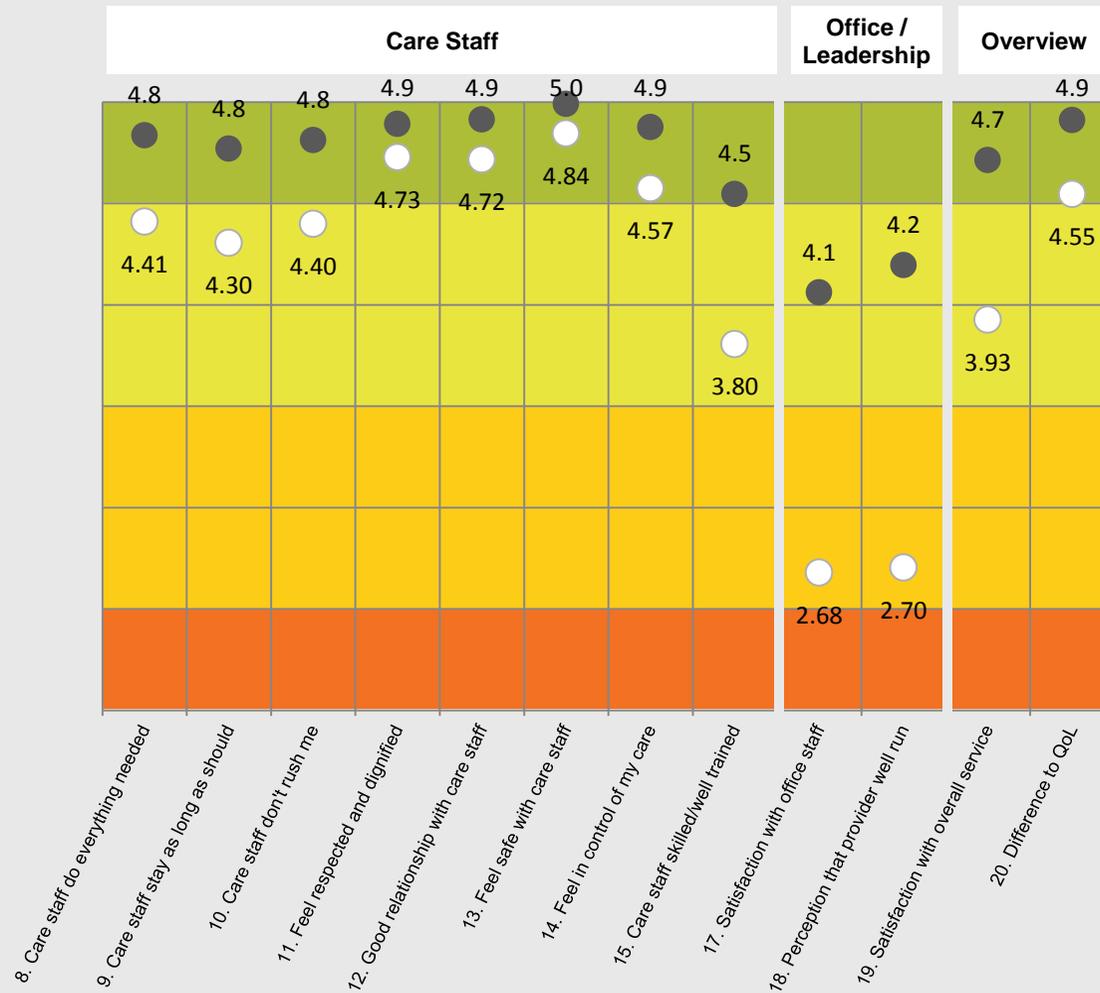


COMPARISONS

Comparison highlighted significant differences in how people with high and low planning and communication scores feel about the provider's office staff and leadership – those who experienced poor planning and communication were very negative about the provider's office staff and leadership, and vice versa. Other perceptions do not seem as strongly affected, there is a much smaller difference in how each group feel about their carers and overall.

Comparison of under 65 and 65+ OP/PD clients suggests little difference between the two, similarly there is little difference between the experience of men and women.

Comparison of responses from people with a high planning and communication score and those with a poor planning and communication score (a score of 4 or greater ● and average score of 3 or less ○)
(higher is better, questions 5, 7 and 16 do not produce scores and are not included)



It is important that the voices of people who use service influences the department's decision making. The Quality Assurance Team are coordinating the following steps to ensure this happens.



Next Year's Survey:

The survey will be repeated next year and for the duration of the current homecare contract. The survey will remain largely the same, allowing us to benchmark and understand improvements or deteriorations in peoples experience. Although it is unlikely we can directly attribute improvement to action taken, we aim for sustained improvement in experience correlating with activity documented in the action plan.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	04 July 2018
Subject:	Adult Care and Community Wellbeing Quarter 4 2017/18 Performance Report

Summary:

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 4 2017/18.

A summary of performance against target for the year has been provided in Appendix A of this report.

A full analysis of each indicator over the year has been provided in Appendix B of this report.

Actions Required:

The Committee is requested to consider and comment on the Quarter 4 performance of the Directorate.

1. Background

The report constitutes a year end position on many of the indicators within the Directorate's Council Business Plan suite of measures. For others with a lag time in data being available, it represents the latest data available.

As in previous performance reports to the committee, a one-page summary has been provided as Appendix A to this report – this shows at a glance the status against target for each Council Business Plan measure for the Council.

In Summary this report demonstrates that for the Adult Care & Community Wellbeing Council Business Plan measures in 2017/18:

- 9 have exceeded the target
- 10 have achieved the target or are within an agreed tolerance
- 6 have not achieved the target or performed within the tolerance range allowed

More detail, including commentary from owners on the performance, benchmarking and comparison with other areas is provided in Appendix B. This includes activity to improve performance in each measure, where appropriate. This has been provided to the Committee to provide a full and detailed picture of performance at year end.

For some measures it will be the final report of performance, as a revised set of Council Business Plan measures to reflect the Directorate's priorities has been agreed for 2018-19. Performance against the revised set of measures will start to be reported to the Adults and Community Wellbeing Scrutiny Committee from Quarter 1 at the meeting on 5 September 2018.

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Council Business Plan information shown in Appendix A.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Q4 Adult Care & Community Wellbeing Performance Summary
Appendix B	Q4 Adult Care & Community Wellbeing Full Performance Analysis

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 Theo Jarratt, who can be contacted on 01522 555177 or theo.jarratt@lincolnshire.gov.uk .

	2016/17	2017/18			Trend vs. 2016/17	CBP Alert Target tolerance of +/- 5% pts
	Actual	Q4	Target			
Safeguarding - Communities are Safe and protected						
% of people who report that they feel safe ASCOF 4B **SURVEY MEASURE**	79%	91%	94%		↑	Achieved
% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate, family or friend	100%	100%	100%	-	↔	Achieved
% of safeguarding enquiries where the 'Source of Risk' is a service provider - i.e. social care support SAC SG3d	14%	19%	16%		↑	Achieved
% of completed (and substantiated) safeguarding enquiries where the risk was reduced or removed	79%	98%	60%		↑	Exceeds
Public Health - Health and Wellbeing is improved						
% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months PHOF 2.15iii latest data Dec 2017	36.0%	36.1%	40.0%		↑	Not achieved
% of people aged 40 to 74 offered and received an NHS health check PHOF 2.22iv latest data Dec 2017	59.7%	60.3%	55.0%		↑	Achieved
Chlamydia diagnoses per 100,000 15-24 year old PHOF 3.02 latest data Sept 2017	1,941	2,232	2045		↑	Exceeds
Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	-	1,258	1000		↑	Exceeds
Older people supported by the Wellbeing Service to maintain their independence latest data December 2017	89.4%	90.0%	85.0%		↑	Exceeds
Specialist Adult Services - Health and Wellbeing is improved						
% of adults with a learning disability (or autism) who live in their own home or with their family ASCOF 1G	77%	77%	76%		↔	Achieved
% of adults in contact with secondary mental health services living independently, with or without support ASCOF 1H	71%	71%	62%		↔	Exceeds
% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	48%	51%	50%		↑	Achieved
% of people in receipt of long term support who have been reviewed in the period (learning disability, 18+ plus mental health, 18-64)	88%	91%	95%		↑	Achieved
% of learning disability clients who are 'very happy' with the care and support they receive ASCOF 3A **SURVEY MEASURE**	78%	76%	81%		↓	Not achieved
Carers - Health and Wellbeing is improved						
Percentage of carers who receive a direct payment ASCOF 1C (2b)	81%	100%	85%	-	↑	Exceeds
Carer-reported quality of life ASCOF 1D **SURVEY MEASURE**	7.4 out of 12	7.3	8.0 out of 12		↔	Not achieved
% of carers who have been included or consulted in discussions about the person they care for ASCOF 3C **SURVEY MEASURE**	64%	67%	71%		↑	Achieved
Carers supported to delay the care and support for the person they care for	65%	57%	75%	-	↓	Not achieved
% of carers who find it easy to find information about services ASCOF 3D(ii) **SURVEY MEASURE**	59%	56%	66%		↓	Not achieved
Total number of carers (caring for Adults) supported in the last 12 months	8,180	9,875	8,565	-	↑	Exceeds
Above expressed as a rate per 100,000 population (18 to 64)	1,375	1,631	1,440		↑	Exceeds
Adult Frailty & Long Term Conditions - Health and Wellbeing is improved						
Permanent admissions to residential and nursing care homes, aged 65+ ASCOF 2A(ii) numerator **Better Care Fund**	1,067	1,020	1,129		↑	Exceeds
% of requests for support for new clients, where the outcome was universal services/ signposted to other services	59%	47%	67%		↓	Not achieved
% of people who report that they have control over their daily life ASCOF 1B **SURVEY MEASURE**	80%	78%	81%		↓	Achieved
% of clients in receipt of long term support who receive a direct payment ASCOF 1C (2a) **AMENDED - now just Adult Frailty clients**	34%	35%	28%		↑	Exceeds
% of people in receipt of long term support who have been reviewed in the period **AMENDED - now just Adult Frailty clients**	77%	86%	89%		↑	Achieved

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Communities are safe and protected

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity

People report they feel safe

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.

The relevant question drawn from the Adult Social Care Survey is 'Which of the following statements best describes how safe you feel?' to which the following answers are possible:

- * I feel as safe as I want
- * Generally I feel adequately safe, but not as safe as I would like
- * I feel less than adequately safe

Numerator: Number who responded 'I feel as safe as I want'.

Denominator: Number of respondents to the question.

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

A higher percentage of care service users who report they feel safe indicates a better performance.



Achieved

91

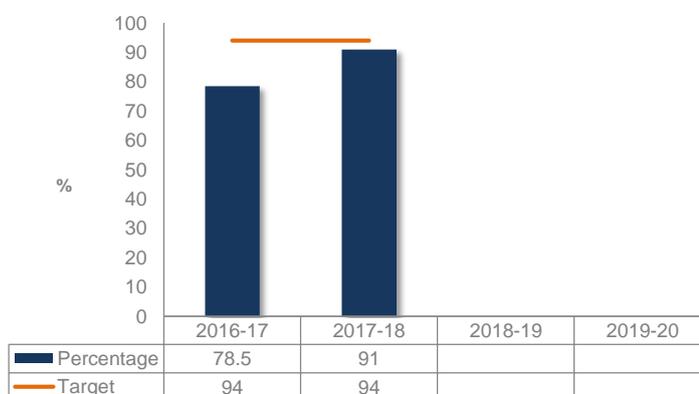
%
March 2018



94

%
Target for March 2018

People report they feel safe

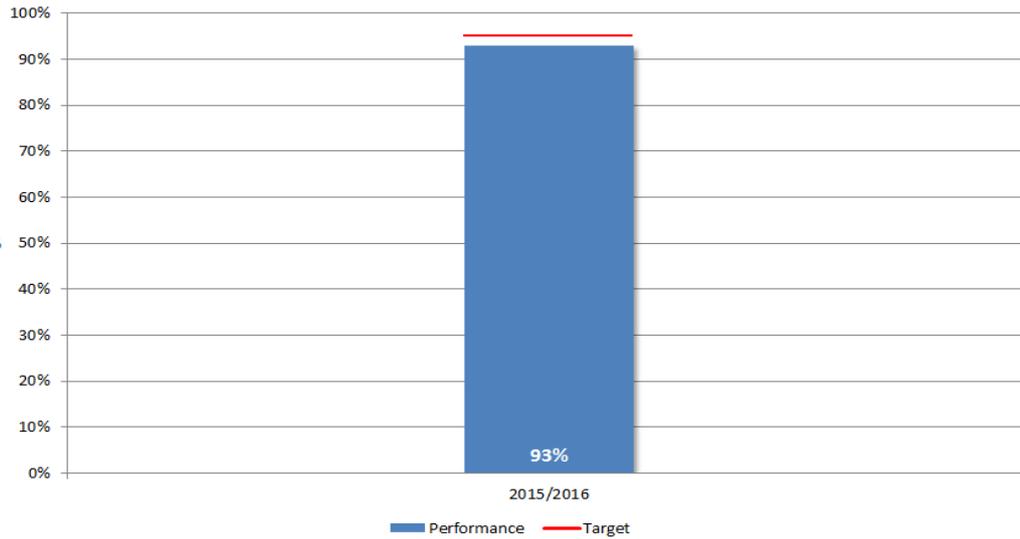


About the latest performance

This is an annual Adult Social Care Outcomes Framework (ASCOF 4B) measure from the statutory Adult Social Care Survey (ASCS). The target has been met this year. It should be noted that respondents haven't necessarily been subject to an Adult Safeguarding intervention, so this measure is not specific to the Safeguarding service, but more of a general view of social care users and the extent to which they feel support services help them feel safe. As part of the survey process we also have a duty to investigate where there is an indication that there may be a risk to their health and safety. A handful of cases were flagged and each was followed up as appropriate.

Further details

People Report That They Feel Safe



About the target

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

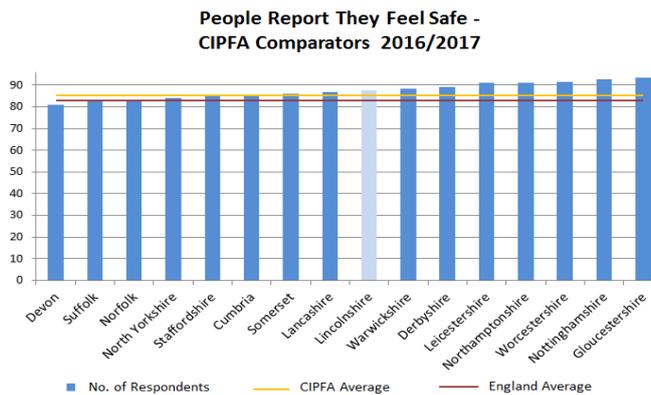
About the target range

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

About benchmarking

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

	Margin of error	#Base	#No. of Respondents
Devon	3.2	540	81.1
Suffolk	2.8	890	82.5
Norfolk	3.1	495	83.3
North Yorkshire	2.2	710	84.2
Staffordshire	3.2	420	85.5
Cumbria	3.1	495	85.7
Somerset	3	460	86.1
Lancashire	3	460	86.9
Lincolnshire	3.3	360	87.5
Warwickshire	3.1	380	88.5
Derbyshire	3	405	89.1
Leicestershire	2.6	420	90.9
Northamptonshire	2.2	560	91
Worcestershire	2.7	355	91.4
Nottinghamshire	2.2	445	92.8
Gloucestershire	2	520	93.4
CIPFA Average	2.8	494.7	87.5
ENGLAND	0.3	68,660	86.4



* Number of respondents to Adults Social Care Survey (ASCS) Q7b
 ** Proportion of respondents to Adult Social Care Survey (ASCS) Q7b who say that the Services they receive have made them feel safe and secure (%) - weighted value



Communities are safe and protected

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity

Safeguarding cases supported by an advocate

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

An advocate can include:-

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

Numerator: Number of concluded Section 42 safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend

Denominator: Number of concluded Section 42 safeguarding enquiries in the period, where the person at risk lacks Mental Capacity

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100. A higher percentage of cases supported by an advocate indicates a better performance.



Achieved

100

%

Quarter 4 March 2018

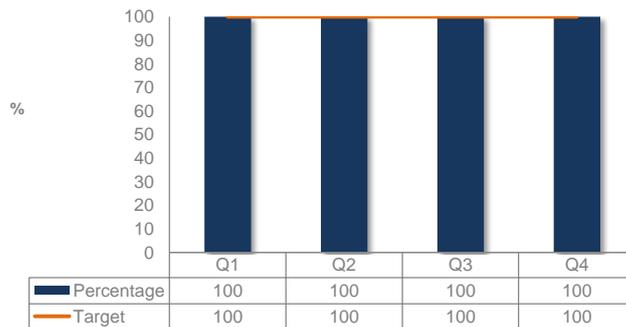


100

%

Target for March 2018

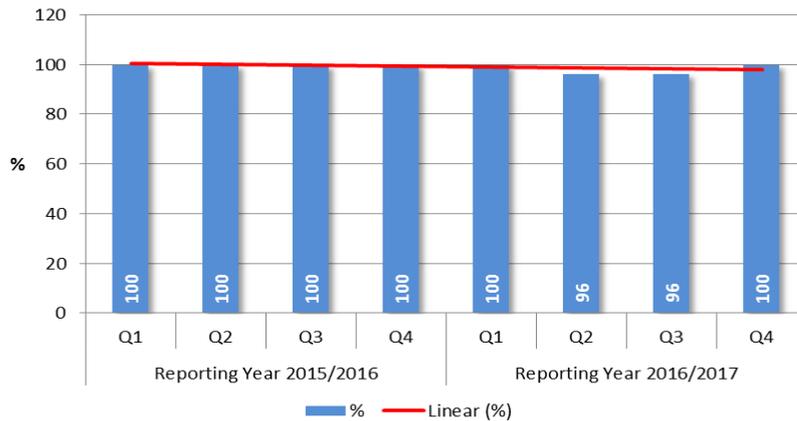
Safeguarding cases supported by an advocate



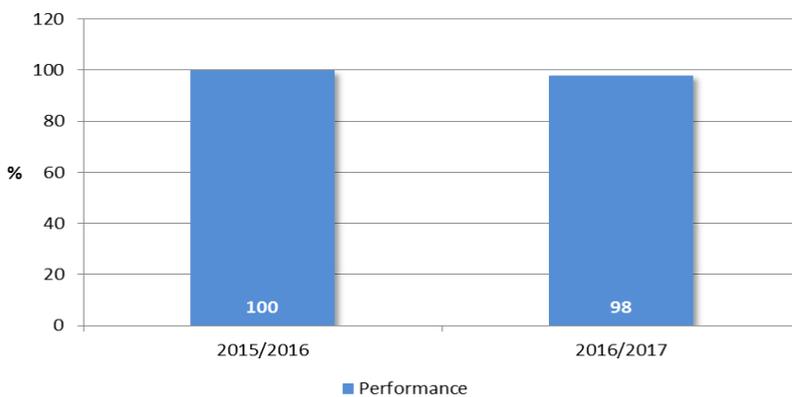
About the latest performance

Performance against this indicator continues to be strong. This remains an important measure to ensure we are offering personalisation and control for the outcome the person wants to achieve.

Percentage of Safeguarding Cases Supported by an Advocate



Annual Percentage of Safeguarding Cases Supported by an Advocate



About the target

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

About the target range

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

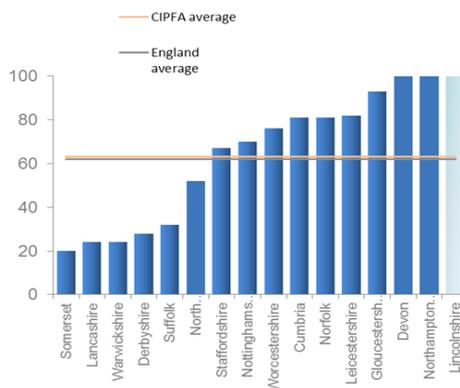
About benchmarking

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

Safeguarding cases supported by an advocate 2015/16.

CIPFA	Numerator*	Denominator**	%***
Somerset	130	650	20
Lancashire	190	800	24
Warwickshire	35	145	24
Derbyshire	90	320	28
Suffolk	35	110	32
North Yorkshire	85	165	52
Staffordshire	110	165	67
Nottinghamshire	490	700	70
Worcestershire	95	125	76
Cumbria	175	215	81
Norfolk	250	310	81
Leicestershire	90	110	82
Gloucestershire	65	70	93
Devon	1195	1195	100
Northamptonshire	290	290	100
Lincolnshire	120	120	100

*Supported by advocate
 **Total 542 enquiries where person lacked capacity
 ***% Safeguarding cases supported by an advocate





Communities are safe and protected

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity

Safeguarding referrals where the source of risk is a service provider

This measure records the proportion of safeguarding referrals where 'source of risk' is a 'service provider'.

Numerator: Number of Section 42 safeguarding enquiries where the 'source of risk' is a 'social care provider'.

Denominator: Number of concluded Section 42 safeguarding enquiries in the period.

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

A lower percentage of safeguarding referrals where the 'source of risk' is a service provider indicates a better performance.



Achieved

19.3

%

Quarter 4 March 2018

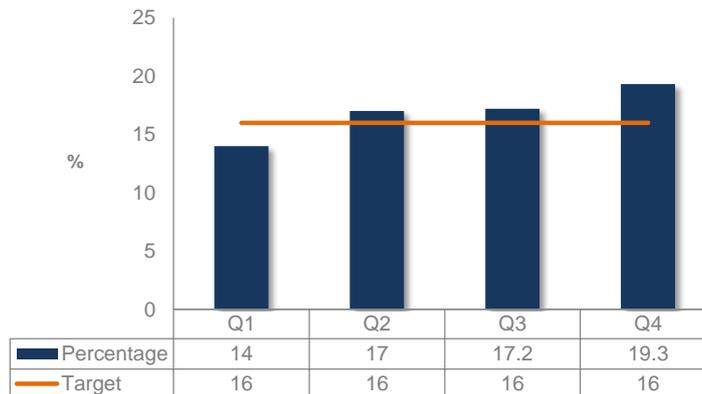


16

%

Target for March 2018

Safeguarding referrals where the source of risk is a service provider

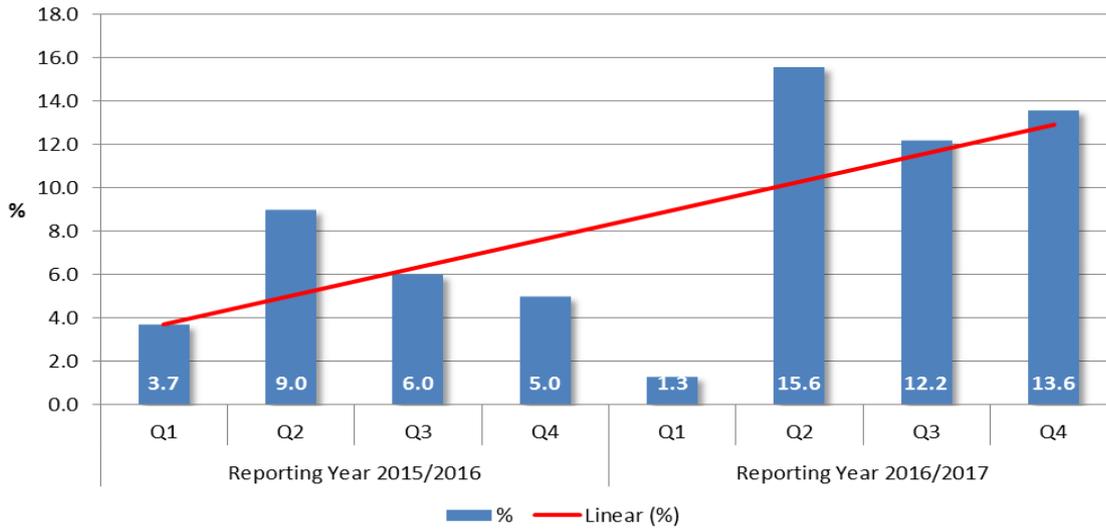


About the latest performance

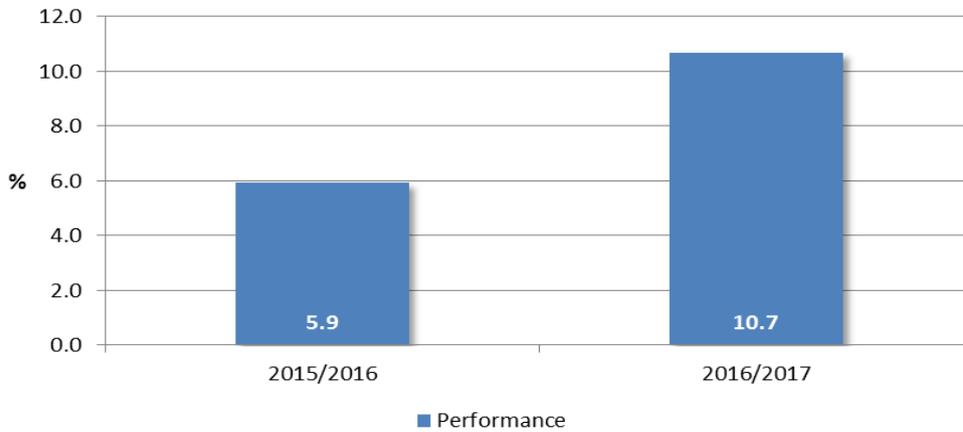
Whilst actual performance is slightly higher than the target level, we are seeking to achieve performance of 16% or lower. The definition for this measure has been reviewed for the 2018/19 Council Business Plan to enable benchmarking with other authorities using data published from the Safeguarding Adults Collection (SAC). A new Safeguarding Ambassador role being launched with the Care Sector in 2018-19 will also help to improve performance.

Further details

Percentage of Safeguarding Referrals Where the Source of Risk is a Service Provider



Annual Average Percentage of Safeguarding Referrals Where the Source of Risk is a Service Provider



About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Communities are safe and protected

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity

Adult safeguarding reviews where risk was reduced or removed

This measure records the proportion of completed (and substantiated) safeguarding referrals where the risk was reduced or removed.

Numerator: Number of concluded Section 42 enquiries in the denominator, the number where the result of management action was 'risk reduced' or 'risk removed'

Denominator: Number of concluded Section 42 safeguarding enquiries in the period that were substantiated partially or in full, or where the risk of abuse was found to be true.

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

A higher percentage of safeguarding referrals where the risk was reduced or removed indicates a better performance.



Achieved

97.8

%

Quarter 4 March 2018

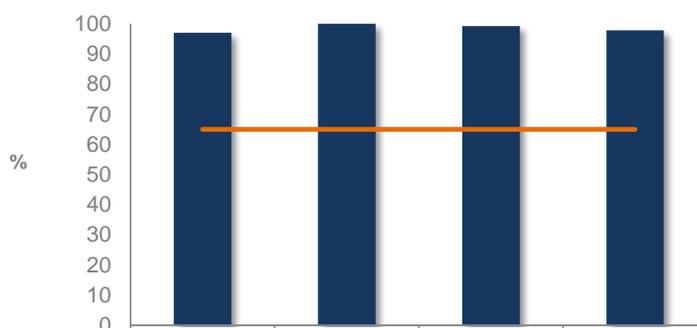


65

%

Target for March 2018

Adult safeguarding reviews where risk was reduced or removed



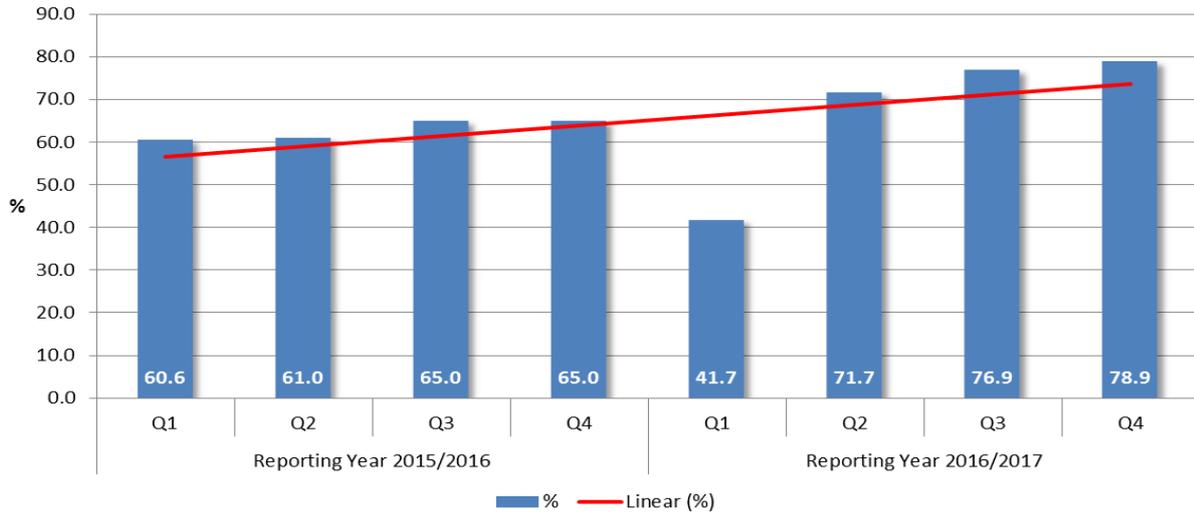
	Q1	Q2	Q3	Q4
Percentage	97	100	99.2	97.8
Target	65	65	65	65

About the latest performance

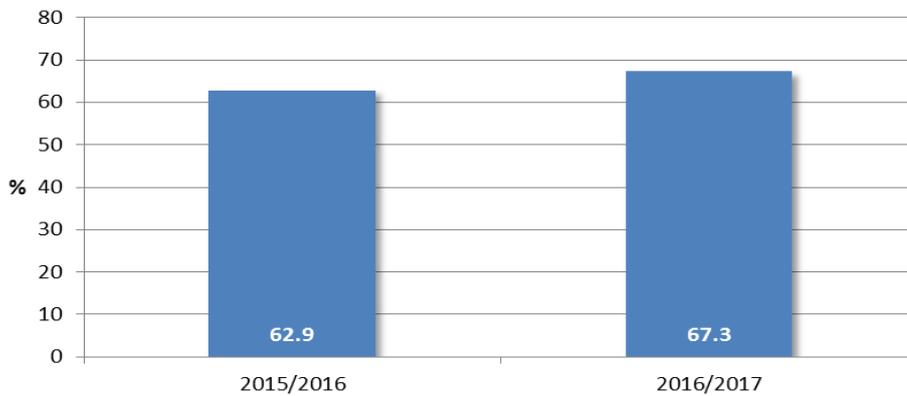
Performance against this indicator continues to be strong. Further work is also being planned for 2018-19 to look at the quantity of repeat referral activity to understand the effectiveness of the interventions put in place over the medium to longer term.

Further details

Percentage of Adult Safeguarding Reviews Where Risk was Reduced or Removed



Average Annual Percentage of Adult Safeguarding Reviews Where Risk was Reduced or Removed



About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

People are supported to live healthier lifestyles

Percentage of alcohol users that left drug treatment successfully

This measure tracks the percentage of people who leave alcohol treatment successfully and did not re-present to treatment within 6 months. Data is reported with a 3 month (1 quarter) lag. Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. In light of recent changes to the national Public Health Outcome Framework (PHOF) the wording and definition of this measure has changed with effect from Quarter 2 2016/2017, from 'People referred for alcohol treatment completing treatment in a planned way' to 'Percentage of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months'. This aligns to the wording and definition of the PHOF indicator.

The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in the 'Protecting the public' commissioning strategy.

Numerator:

Number of successful completions
National Drug Treatment Monitoring System (NDTMS)

Denominator:

Number of completions
National Drug Treatment Monitoring System (NDTMS)

A higher percentage of alcohol users that do not re-present for treatment within 6 months indicates a better performance.



Improving but not achieved

36.1

%

Quarter 3 December 2017

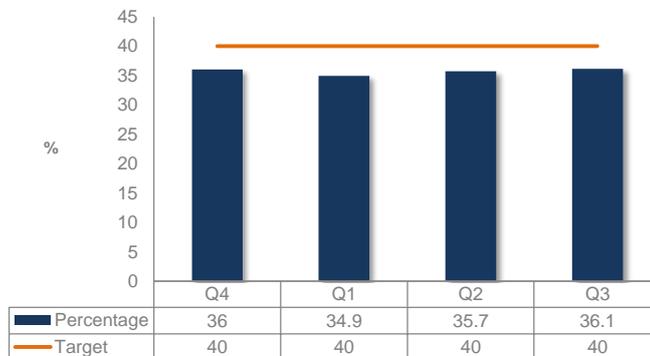


40

%

Target for December 2017

Percentage of alcohol users that left drug treatment successfully



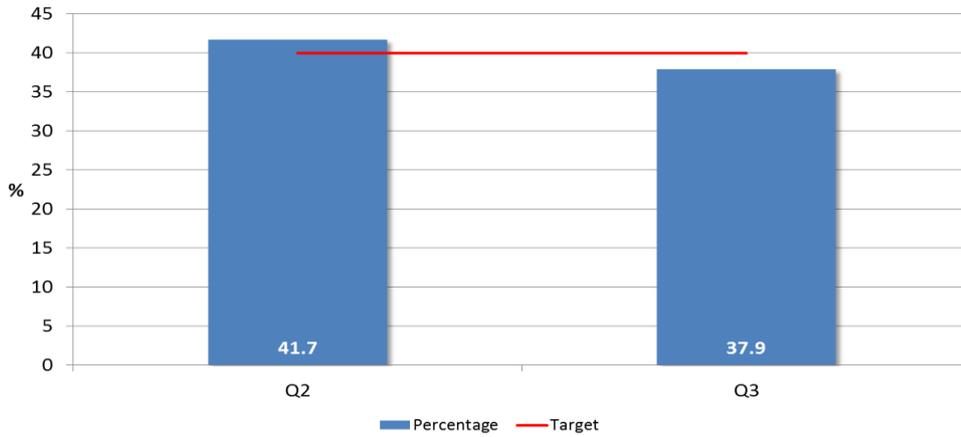
About the latest performance

Following retendering and the subsequent performance drop, the new service continues to embed the new ways of working. During Quarter 3 a further increase from 35.7 to 36.1 has been seen. Targets for the new service are currently under review following the issue of the 2017 National Drug Strategy. This guidance has moved the focus to sustained recovery, making successful completions less important in favour of long term recovery outcomes. The new service is designed to achieve this but is smaller than the previous commissioned model; this, combined with clients being retained in treatment to improve the possibility of sustained recovery, may lead to lower successful completions than seen previously.

Further details

The definition for this measure was revised in Q2 of the 2016/17 reporting period, therefore data prior to this is not available for comparison.

**Percentage of alcohol users that left drug treatment successfully
2016/2017**



About the target

A target of 40% has been set from Q2 2016/2017 to reflect the revised wording and definition of this measure.

About the target range

The target range for this measure is between 38% and 42% (of people who leave alcohol treatment in a planned and successful way). This is based on an expectation of fluctuation in performance across the year.

About benchmarking

Benchmarking data is not available for this measure.

 Health and Wellbeing is improved

Health and Social Care staff have the skills and knowledge to support people to take responsibility for their own health and wellbeing.

Health and Social Care staff trained in Making Every Contact Count (MECC)

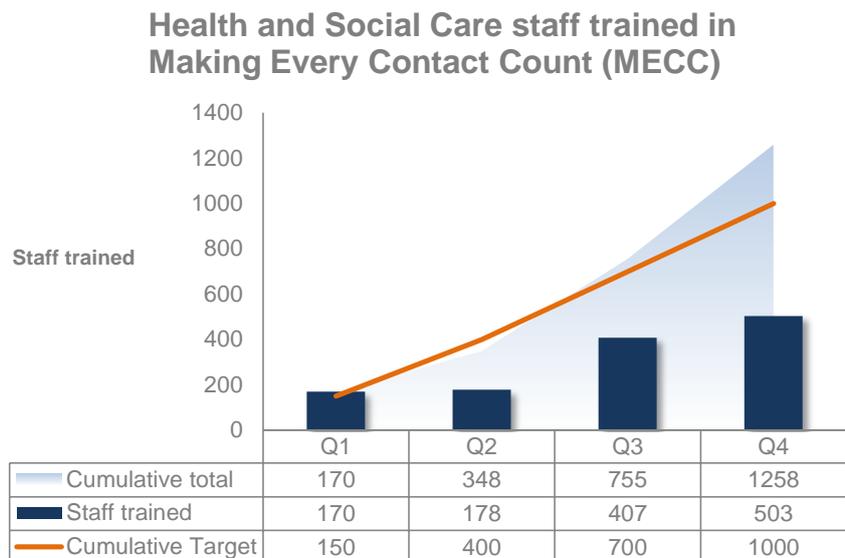
This measure records the number of Health and Social Care staff who receive training to offer brief advice to service users; they are also trained in referring people to the appropriate services in order to make positive changes to their health and wellbeing, both mentally and physically. The training completed by staff will either be face-to-face training or e-learning. The aim of this measure is to ensure that Health and Social care staff 'Make Every Contact Count' (MECC). A higher number of Health and Social care staff trained indicates a better performance.

 **Achieved**

1,258
Staff trained
Cumulative Actual as at March 2018

↓

1,000
Staff trained
Cumulative Target as at March 2018



About the latest performance

This measures the number of staff and volunteers working in health and care related services who have received Making Every Contact Count training. This training enables service providers to deliver healthy lifestyle advice and signposting information to clients. By the end of Quarter 4, 1258 individuals have been trained, with 503 being trained this quarter.

Further details

Although MECC activity was monitored for 2016/17, anomalies in data reporting have produced unreliable quarterly reporting figures. For this reason a historic quarterly breakdown is not available. The final training figure for 2016/17 was 870 Health and Social care staff trained.

About the target

The annual cumulative target has been calculated based on activity on the MECC programme in 2016 – 2017 and inflated from 800 in 2016-17 to 1000 in 2017-18, due to increased staff capacity and redesign of the programme delivery. The quarterly targets have been set to reflect the work plan; Q1, 150; Q2, 250; Q3, 300; Q4, 300.

About the target range

An intuitive target range of +/- 5% has been set.

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.



Health and Wellbeing is improved

Older people are able to live life to the full and feel part of their communities

Older People supported by the Wellbeing Service to maintain their independence

This measure tracks the percentage of people who cited needs linked to aids and adaptations who had their needs met by the Wellbeing Service. Data is reported with a 3 month (1 quarter) lag.

Numerator:

All clients citing assistive technology, aids and adaptations support needs as 'met' when they exit the service.

Denominator:

All clients highlighting a support need linked to assistive technology, aids and adaptations at the point of accessing service.

A higher percentage of people who had their needs met by the Wellbeing Service indicates a better performance.



Achieved

90.0

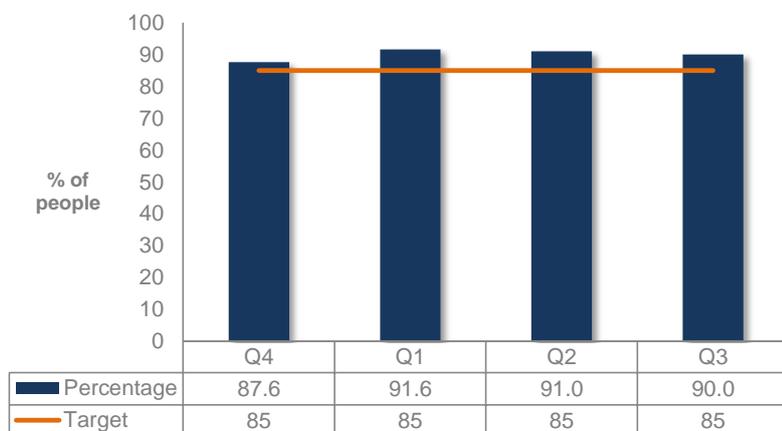
% of people
Quarter 3 December 2017



85

% of people
Target for December 2017

Older People supported by the Wellbeing Service to maintain their independence

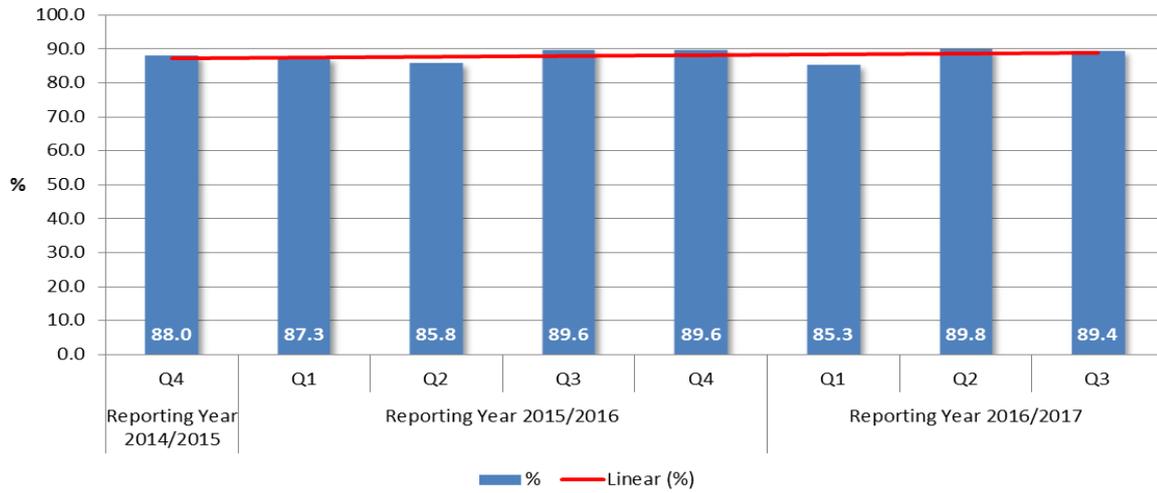


About the latest performance

The Wellbeing Service continues to exceed target on this outcome measure for this target population. By reducing and delaying escalation of individuals into more costly care services, the service continues to enable users to maintain and enhance their independence for longer.

Further details

Percentage of Older People Supported by the Wellbeing Service to Maintain Their Independence



About the target

The target is locally set given this is a local specific measure reflecting people receiving support from the Wellbeing Service to maintain their independence. It has been set to ensure our Wellbeing service meets high standards of customer satisfaction, ensuring that the service delivered meets their identified needs.

About the target range

The target range for this measure is between 85% and 95%, this is based on an expectation of fluctuation in performance across the year

About benchmarking

Benchmarking data is not available for this measure.



Health and Wellbeing is improved

Peoples' health and wellbeing is improved

People aged 40 to 74 offered and received an NHS health check

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

This measure tracks the cumulative percentage (see Further Details) of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check between 2013/14 to 2017/18 (5 year cycle). So for example performance reported at Q2 2017/2018 is cumulative from April 2013 to 30th September 2017.

Numerator:

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

Denominator:

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

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



Achieved

127,298

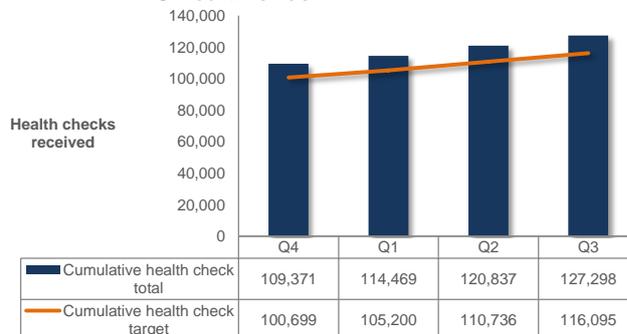
Health checks received
Quarter 3 December 2017



116,095

Health checks received
Target for December 2017

People aged 40 to 74 offered and received an NHS health check

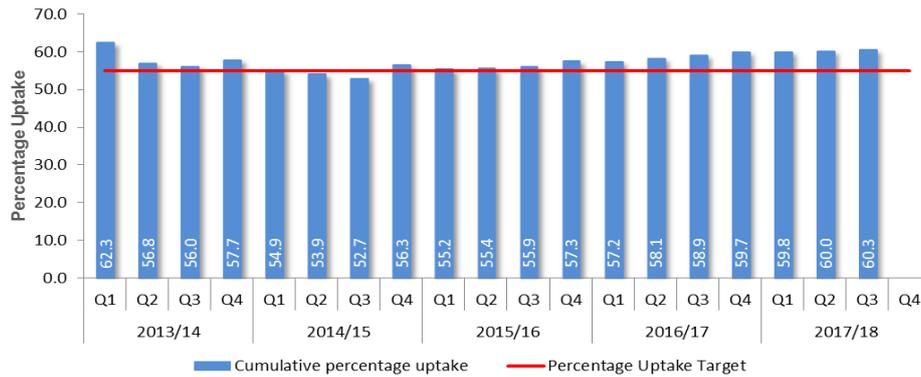


About the latest performance

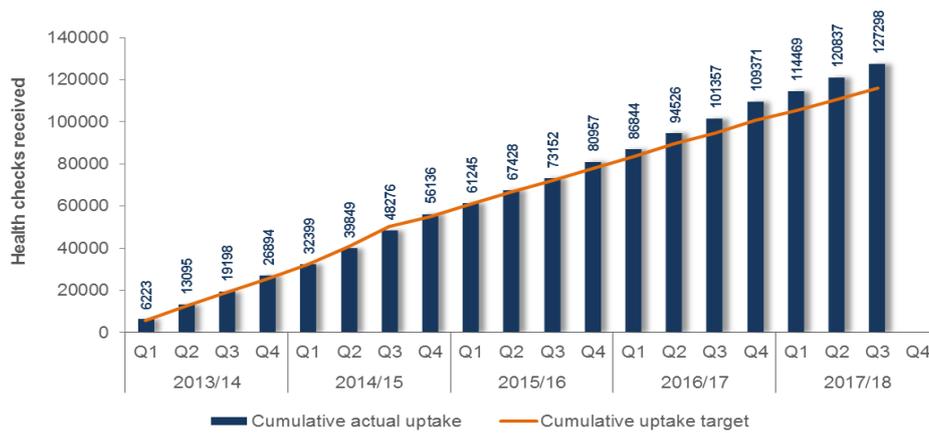
This measures the number of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check between 2013/14 to 2017/18 (5 year cycle). Please see Further Details for the cumulative percentage. Providers remain on track to meet the 5 year cycle target and the 'uptake to offer' percentages continue to improve.

Further details

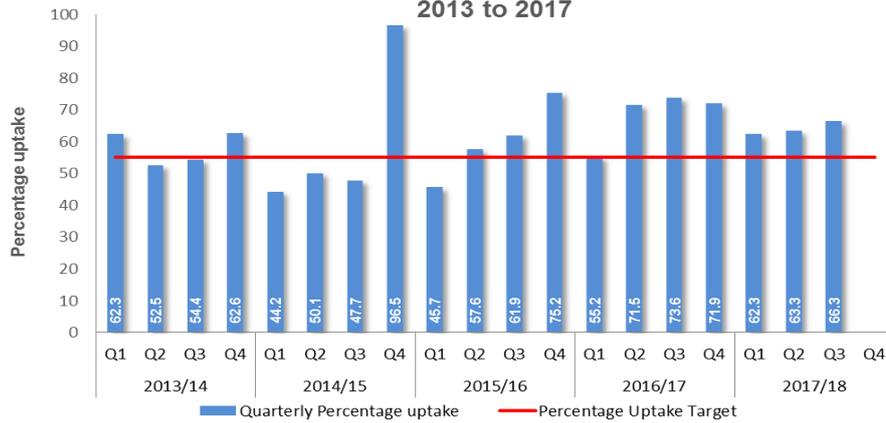
Cumulative percentage uptake of NHS Health Check offers 2013 to 2017



Number of NHS 40-74 Health Checks attended 2013/17



Quarterly Percentage uptake of NHS Health Check offers 2013 to 2017



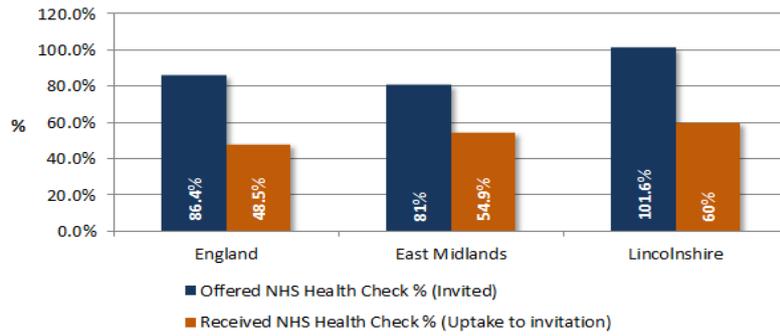
About the target

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

About the target range

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

Cumulative NHS Health Checks Q1 2013/14 to Q3 2017/18



	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	86.4%	81%	101.6%
Received NHS Health Check % (Uptake to invitation)	48.5%	54.9%	60%

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



Health and Wellbeing is improved

Peoples' health and wellbeing is improved

Chlamydia diagnoses

Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence. Data is reported with a 6 month (2 quarter) lag. A higher rate of chlamydia diagnoses indicates a better performance.

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity.

Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia.

Detection Rate Indicator definition: All Chlamydia diagnoses in 15-24 year olds attending specialist and non-specialist sexual health services (SHSs), who are residents in England, expressed as a rate per 100,000 population.

Numerator:

The number of people aged 15-24 diagnosed with chlamydia
(<http://www.chlamydia-screening.nhs.uk/ps/data.asp>)

Denominator:

Resident population aged 15-24
(Office of National Statistics)



Achieved

2,232

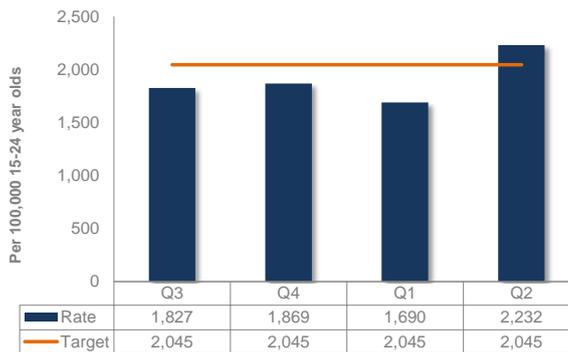
Per 100,000 15-24 year olds
Quarter 2 September 2017



2,045

Per 100,000 15-24 year olds
Target for September 2017

Chlamydia diagnoses

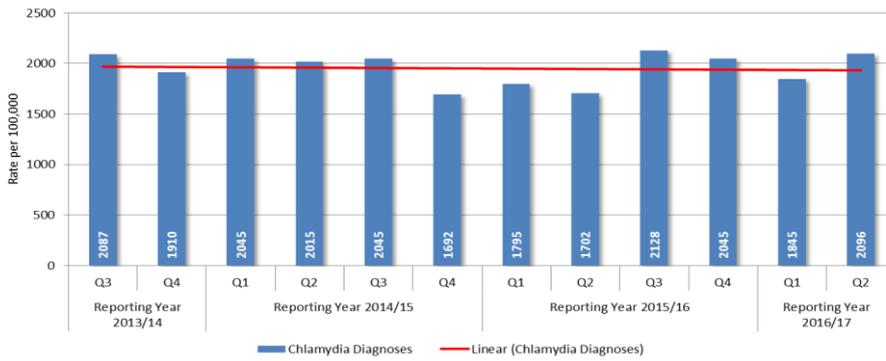


About the latest performance

The performance in this quarter exceeded expectations. Service Credits were in place from June 2017 and work has been done by Lincolnshire Integrated Sexual Health Services (LISH) to improve their performance, by closer contract management of their outreach service and setting of defined targets. Lincolnshire is ranked 1st out of 9 Local Authorities for the Detection Rate Indicator in East Midlands. The percentage of positive test results remains high at 10.4% (target 8%) ranked fourth out of 9 East Midlands Local Authorities, suggesting the services are well targeted. The Public Health England (PHE) Regional Advisor for Sexual Health has advised that the focus should be on the positivity rate as the main quality indicator. Quality of postcode recording for tests has also been addressed within the service. The data is published nationally 6 months in arrears. Relationships with their contracted General Practitioner's and Pharmacies, as well as their sub-contracted outreach provider, to improve and promote the chlamydia testing offer are ongoing. Online testing remains very popular and has the highest positivity rate indicating this service is well targeted and LISH are being encouraged to increase their online offer.

Further details

Chlamydia Diagnosis Rate per 100,000 Young Adults (15-24)



About the target

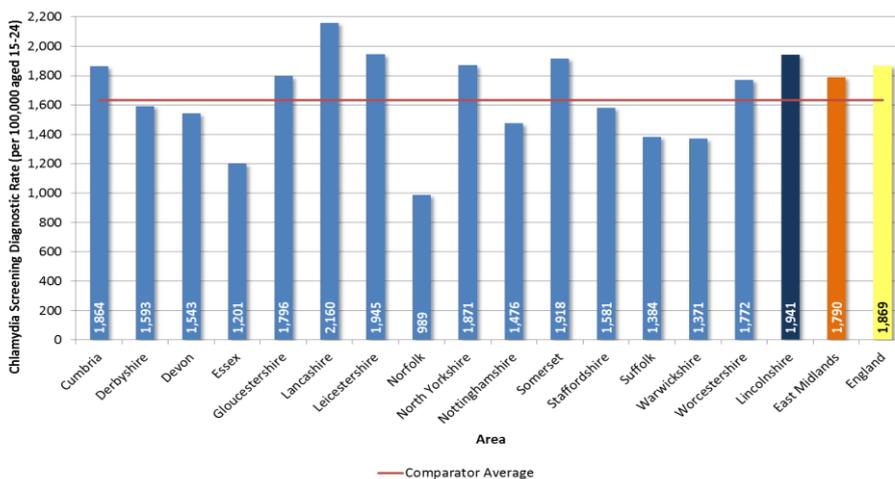
The target of 2,045 has been set for 2017/18 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if so, whether it is due to a general decline in chlamydia within the population at large.

About the target range

The target range for this measure is between 2004 and 2086, this is based on an expectation of fluctuation in performance across the year.

About benchmarking

Chlamydia Diagnoses Benchmarking Data 2016/17 (Public Health England)





Health and Wellbeing is improved

Enhanced quality of life and care for people with learning disability, autism and or mental illness

Adults with learning disabilities who live in their own home or with family

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.

Individuals 'known to the council' are adults of working age with a learning disability who received long term support during the year.

'Living on their own or with family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.

Numerator: For adults in the denominator, those who were recorded as living in their own home or with their family.

Denominator: Adults aged 18 to 64 with a primary support reason of learning disability, who received long-term support during the year .

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100. A higher percentage of adults with learning disabilities living in their own home or with family indicates a better performance.



Achieved

76.9

% of adults

Quarter 4 March 2018

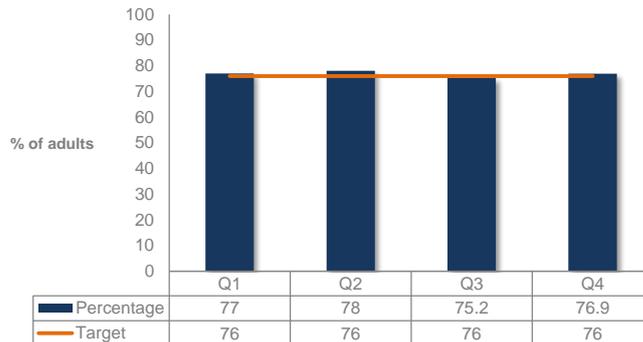


76

% of adults

Target for March 2018

Adults with learning disabilities who live in their own home or with family

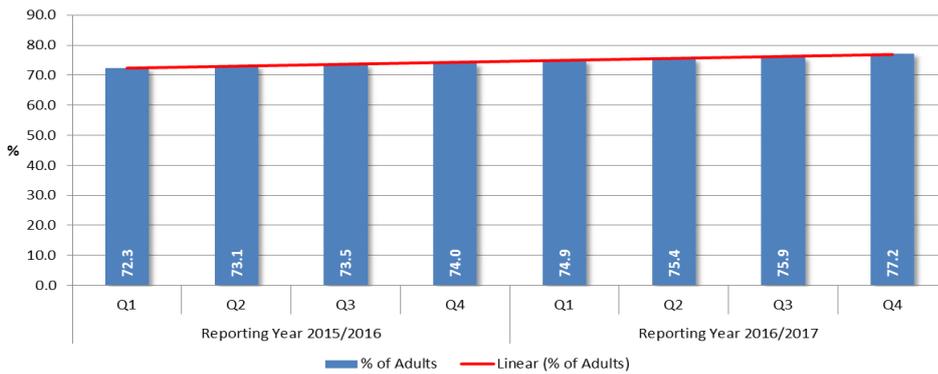


About the latest performance

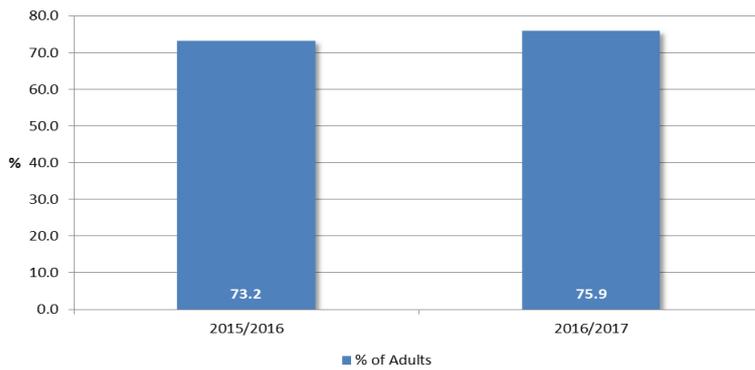
Performance for year end is good, noting specifically an increase of 1.7% compared with Quarter 3. Of the 408 service users who were identified as not living at home or with family, 99.3% are in either Residential or Nursing Care; the remaining 0.7% are living in acute or long stay hospital settings or are in temporary accommodation.

Further details

Percentage of Adults with Learning Disabilities Who Live in Their Own Home or With Family



Average Annual Percentage of Adults with Learning Disabilities Who Live in Their Own Home or With Family



About the target

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

About the target range

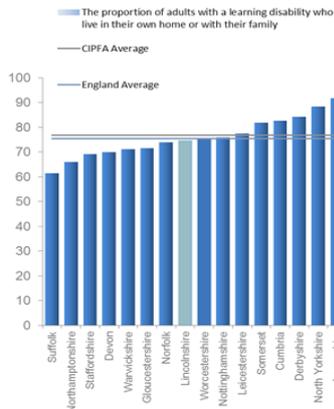
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

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

Adults with learning disabilities who live in their own home or with family- CIPFA Comparators 2015/16

	***Numerator	**Denominator	***Outcome
Suffolk	1074	1747	61.5
Northamptonshire	1117	1692	66.0
Staffordshire	1198	1732	69.2
Devon	1479	2113	70.0
Warwickshire	806	1133	71.1
Gloucestershire	919	1283	71.6
Norfolk	1622	2191	74.0
Lincolnshire	1166	1561	74.7
Worcestershire	962	1281	75.1
Nottinghamshire	1544	2035	75.9
Leicestershire	1108	1430	77.5
Somerset	1286	1571	81.9
Cumbria	994	1202	82.7
Derbyshire	1577	1871	84.3
North Yorkshire	1330	1506	88.3
Lancashire	2937	3198	91.8
CIPFA Average	21119	27546	76.7
England Average	96288	127732	75.4



*Number of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family
 **Number of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support
 ***Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family (%)



Health and Wellbeing is improved

Enhanced quality of life and care for people with learning disability, autism and or mental illness

Adults in contact with secondary mental health services living independently

The measure shows the percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

Adults 'in contact with secondary mental health services' is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). Data is reported with a 3 month (1 quarter) lag.

'Living independently, with or without support' refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their usual accommodation in the medium-to-long-term, or is part of a household whose head holds such security of tenure/residence.

Numerator: For adults in the denominator, those who were recorded as living independently at the time of their latest review.

Denominator: Adults aged 18 to 69 on the Care Programme Approach (CPA) in contact with secondary mental health services during the year.

A higher percentage of adults who are living independently and in contact with secondary mental health services indicates a better performance.



Achieved

70.9

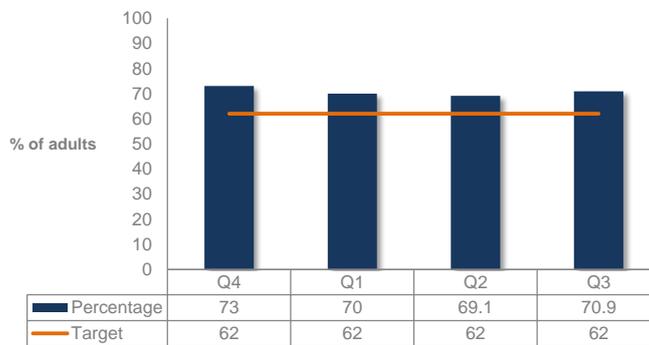
% of adults
Quarter 3 December 2017



62

% of adults
Target for December 2017

Adults in contact with secondary mental health services living independently

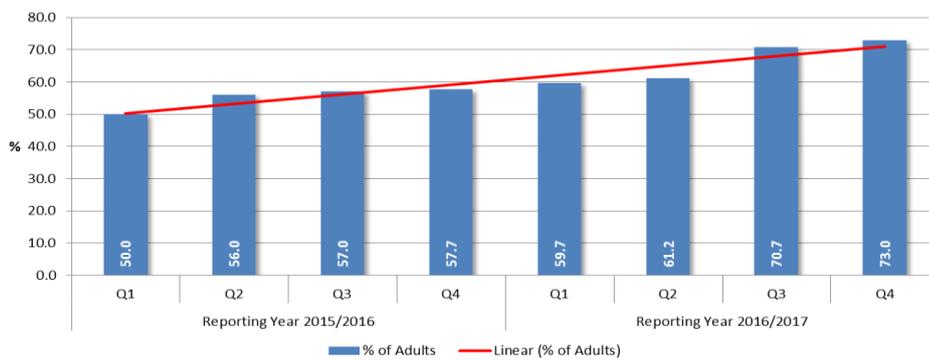


About the latest performance

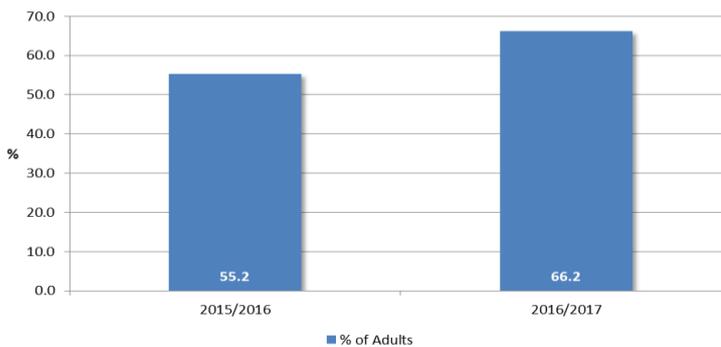
The reported figures relate to data submitted in January 2018, which is the latest published data available from NHS-Digital, as the data comes from the Mental Health Minimum dataset (which has a 4 month reporting lag). As a result of the time lag and the cohort of people in scope of this national measure (people in contact with secondary mental health services), this measure will be replaced with a more meaningful local version which will specifically relate to those clients also getting social care support.

Further details

Percentage of adults in contact with secondary mental health services living independently



Average annual percentage of adults in contact with secondary mental health services living independently



About the target

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

About the target range

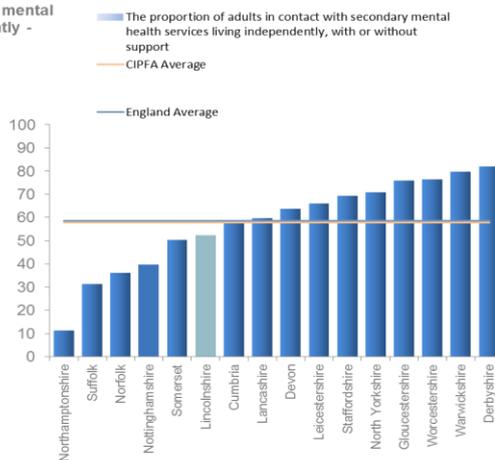
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

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

Adults in contact with secondary mental health services living independently - CIPFA Comparators 2015/16

Authority	Outcome
Northamptonshire	11.4
Suffolk	31.4
Norfolk	36.3
Nottinghamshire	39.7
Somerset	50.3
Lincolnshire	52.4
Cumbria	57.7
Lancashire	59.9
Devon	63.8
Leicestershire	66.2
Staffordshire	69.3
North Yorkshire	70.9
Gloucestershire	75.9
Gloucestershire	75.9
Worcestershire	76.5
Warwickshire	79.8
Derbyshire	82.1
CIPFA Average	57.7
England Average	58.6



*Proportion of working age adults (18-69) who are receiving secondary mental health services and who are on the Care Programme Approach (CPA) at the end of the month, who are recorded as living independently (with or without support) (%)



Health and Wellbeing is improved

Enhanced quality of life and care for people with learning disability, autism and or mental illness

Adults who receive a direct payment (Learning Disability or Mental Health)

This measure reflects the proportion of people using services who receive a direct payment.
 Numerator: Number of Learning Disability and Mental Health service users receiving direct or part direct payments.
 Denominator: Number of Learning Disability and Mental Health service users aged 18 or over accessing long term support.
 The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
 This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.
 A higher percentage of adults who receive a direct payment indicates a better performance.



Achieved

51.3

%

Quarter 4 March 2018

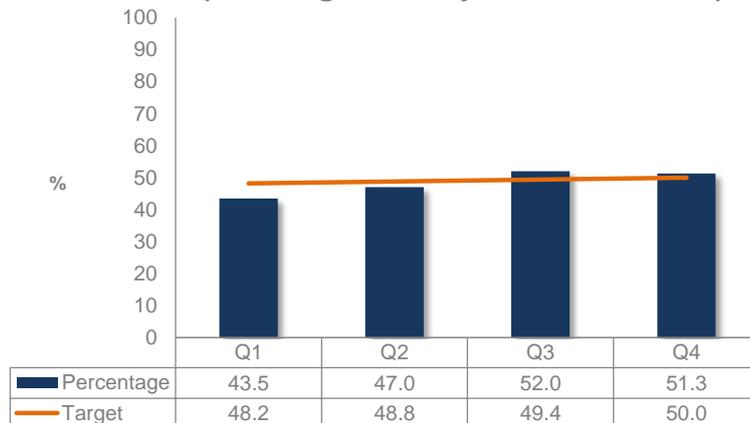


50.0

%

Target for Quarter 4 March 2018

Adults who receive a direct payment (Learning Disability or Mental Health)

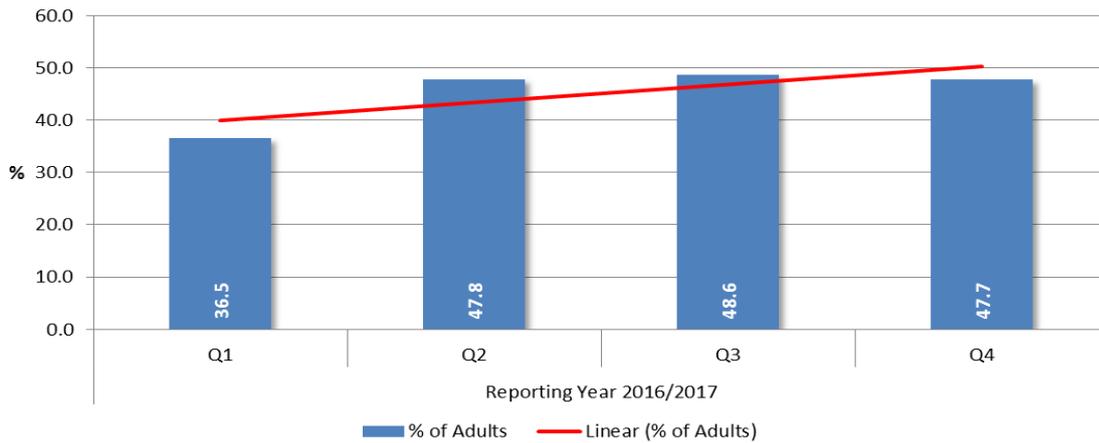


About the latest performance

At year end, this measure has been met, though performance has decreased by a small margin. Looking at the cohorts individually, 43.6% of service users with Learning Disability are receiving a direct payment, whereas for services users who have a primary support reason of Mental Health the figure is 86.8%.

Further details

**Percentage of adults who receive a direct payment
(Learning Disability or Mental Health)**



About the target

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

About the target range

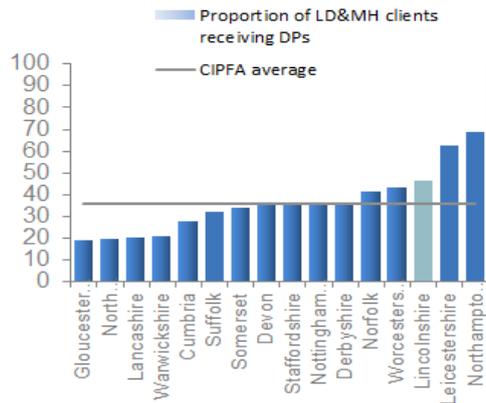
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

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

**Adults who receive a direct payment (LD & MH Services Only)
- CIPFA comparators 2015/2016**

CIPFA	Number of LD & MH clients receiving DPS LTS001b	Number of LD & MH clients receiving community services LTS001b	Proportion of LD&MH clients receiving DPs
Gloucestershire	185	980	18.9
North Yorkshire	370	1880	19.7
Lancashire	750	3710	20.2
Warwickshire	140	670	20.9
Cumbria	355	1285	27.6
Suffolk	525	1630	32.2
Somerset	500	1450	34.2
Devon	950	2710	35.1
Staffordshire	800	2245	35.6
Nottinghamshire	785	2145	35.7
Derbyshire	630	1745	36.1
Norfolk	970	2340	41.5
Worcestershire	535	1235	43.3
Lincolnshire	715	1540	46.4
Leicestershire	950	1520	62.5
Northamptonshire	1080	1570	68.8
CIPFA Average	10220	28665	35.7





Health and Wellbeing is improved

Enhanced quality of life and care for people with learning disability, autism and or mental illness

Adults who have received a review of their needs (Learning Disability or Mental Health)

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

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

Denominator: Number of current Specialist Adult (Learning Disability and Mental Health) service users receiving long term support in the community or in residential care for 12 months or more.

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

A higher percentage of adults who have received a review of their needs indicates a better performance.



Achieved

91

%

Cumulative Actual as at March 2018

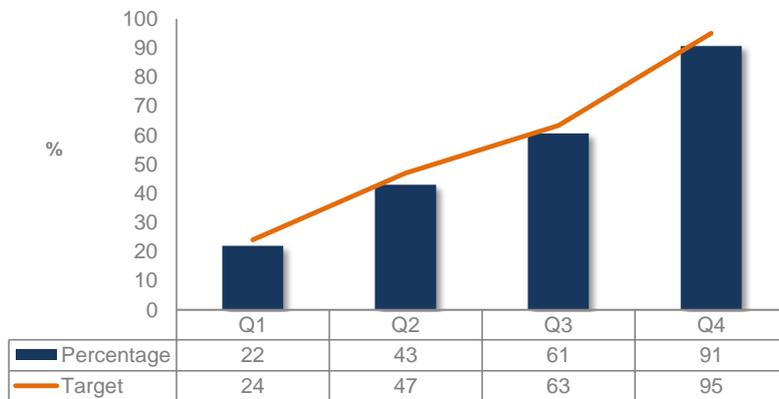


95

%

Cumulative Target as at March 2018

Adults who have received a review of their needs (Learning Disability or Mental Health)



About the latest performance

This measure is within the tolerance level of +/-5 percentage points. Looking at the cohorts individually, 92.6% of those in the Learning Disability cohort, and 78.3% of those in the Mental Health cohort have received a review of their needs.

Further details

This measure has been amended from Q1 2017/18 therefore historical data is not available for direct comparison.

About the target

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

About the target range

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

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.



Health and Wellbeing is improved

People have a positive experience of care

Satisfaction with learning disability and autism care and support services

The relevant question drawn from the Easy Read Adult Social Care questionnaire is : "How happy are you with the way staff help you?" to which the following answers are possible:

- * I am very happy with the way staff help me, it's really good
- * I am quite happy with the way staff help me
- * The way staff help me is OK
- * I do not think the way staff help me is that good
- * I think the way staff help me is really bad

Numerator: All those responding who choose "I am very happy with the way staff help me, it's really good".

Denominator: Total number of respondents to the survey.

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

A higher percentage of respondents who are satisfied with the services provided indicates a better performance.



Not achieved

75.6

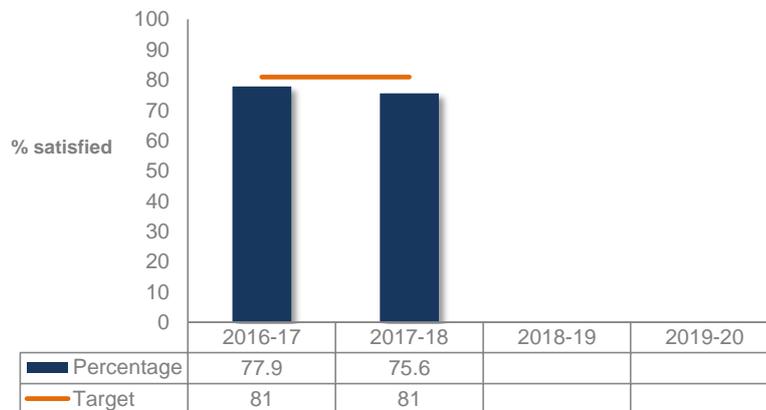
% satisfied
March 2018



81

% satisfied
Target for March 2018

Satisfaction with learning disability and autism care and support services

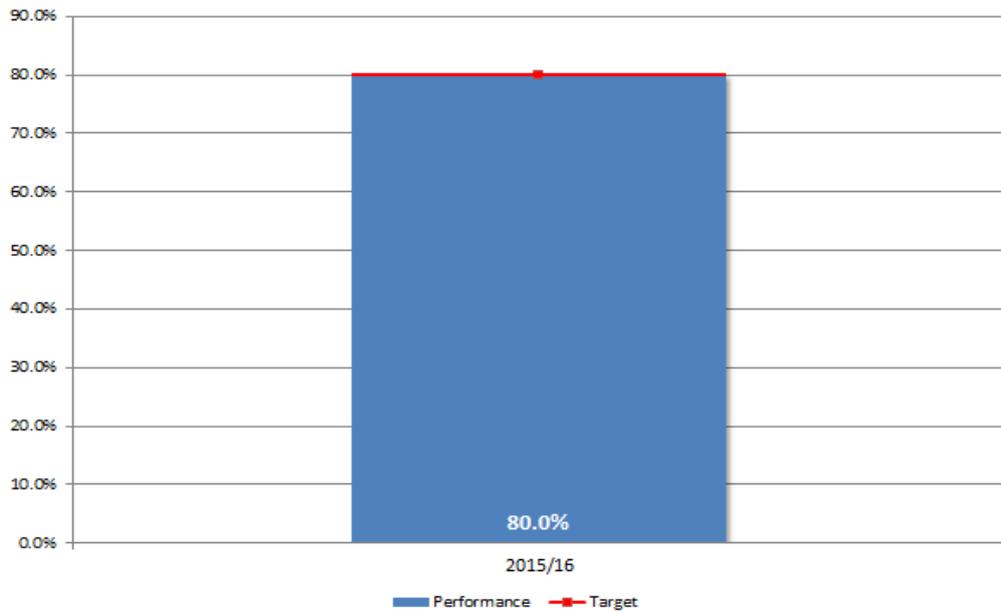


About the latest performance

75.6% of respondents with a learning disability reported in the annual Adult Social Care Survey (ASCS) that they are 'extremely' or 'very' satisfied with the care and support they receive. This measure is a subset of the Adult Social Care Outcomes Framework (ASCOF) measure about satisfaction of all adult care users. Due to a small reduction this year, the target has not been achieved.

Further details

Satisfaction with learning disability and autism care and support services



About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

Carers feel valued and respected and able to maintain their caring roles

Carers who receive a direct payment

This measure reflects the proportion of carers who receive a direct payment.
 Numerator: Number of carers who have received a direct payment or part direct payment in the year (starting 1st April).
 Denominator: Number of carers receiving direct carer services in the year (starting 1st April).
 The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
 A higher percentage of carers receiving a direct payment indicates a better performance.



Achieved

100.0

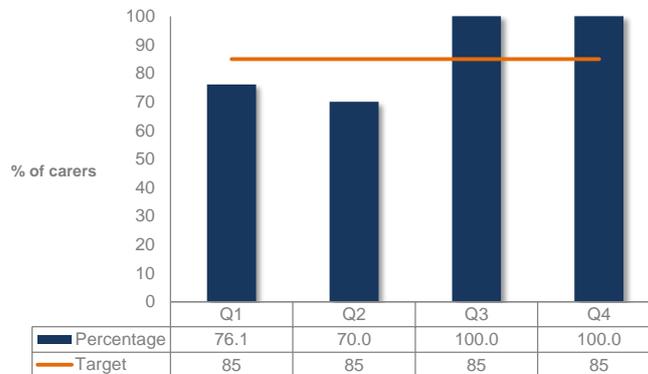
% of carers
Quarter 4 March 2018



85

% of carers
Target for Quarter 4 March 2018

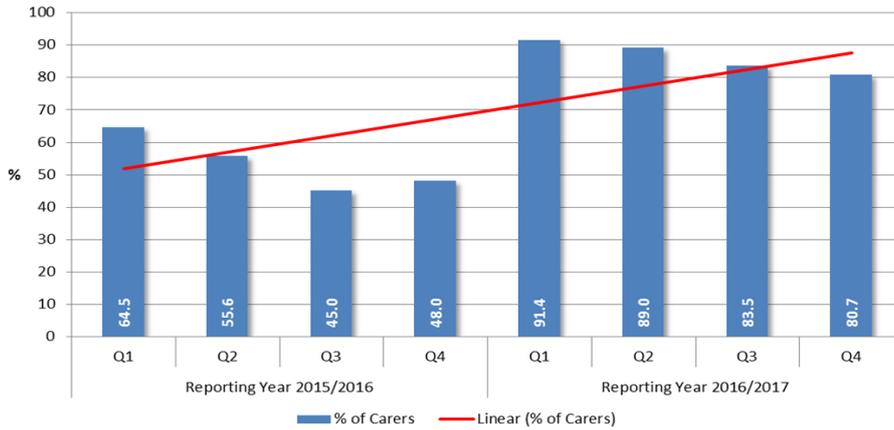
Carers who receive a direct payment



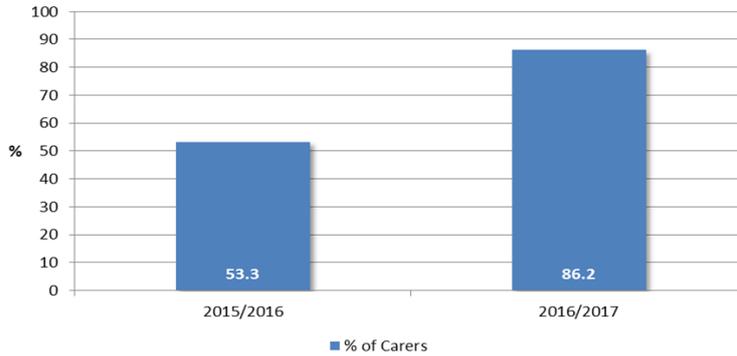
About the latest performance

Improved recording of Direct Payments has allowed us to more easily identify Direct Payments used to purchase short breaks; 254 more carers have been identified as received their Personal Budget as a Direct Payment compared to Quarter 3, resulting in this increase. Short And Long-Term support (SALT) defines two categories of service offered: Direct Payment or Information & Advice. 'Information and Advice' covers the universal service offer from the Lincolnshire Carers Service. As well as tailored, expert information and advice & signposting, the universal offer also includes support groups; one to one emotional & practical support; case work & informal advocacy; a specialist Benefits Service; the Hospital In-reach service; Carer Learning; the Carers Emergency Response Service; 1:1 emotional and practical support; 1:1 Employment support and a regular 'What's On Guide'. Currently, all carers who receive a Personal Budget, or costed service, receive it as a Direct Payment, as the best way to offer choice & control. This measure will be at 100% each quarter going forward and will no longer be monitored in 2018/2019.

Percentage of Carers who receive a direct payment



Average Annual Percentage of Carers who receive a direct payment



About the target

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

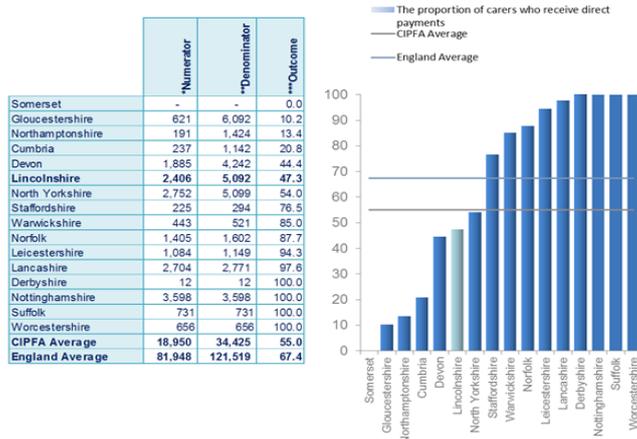
About the target range

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

About benchmarking

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

Carers who receive a direct payment - CIPFA Comparators 2015/16



*Number of carers receiving direct payments or part-direct payments in the year (15/16) to 31 March
 **Number of carers receiving carer-specific services in the year (15/16) to 31 March
 ***Proportion of carers receiving carer-specific services in the year (15/16) to 31 March who received direct payments (%)



Health and Wellbeing is improved

Carers feel valued and respected and able to maintain their caring roles

Carer reported quality of life

This is a composite measure which combines individual responses to 6 questions measuring different outcomes related to overall quality of life. These outcomes are mapped to six domains:- occupation, control, personal care, safety, social participation and encouragement and support.

The 6 questions, drawn from the Carers Survey, are:-

- *Occupation - which of the following statements best describes how you spend your time?
- *Control - Which of the following statements best describes how much control you have over your daily life?
- *Personal Care - Thinking about how much time you have to look after yourself (in terms of getting enough sleep or eating well), which statement best describes your present situation?
- *Safety - Thinking about your personal safety, which of the statements best describes your present situation?
- *Social Participation - Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?
- *Encouragement and support - Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?

Each of the questions has three possible answers, which are equated with having:

- * No unmet needs in a specific life area or domain (the ideal state);
- * Some needs met, and;
- * No needs met

Responses to the questions indicate whether the carer has unmet needs in any of the six areas. The measure gives an overall score based on respondents' self-reported quality of life across the six questions. All six questions are given equal weight.

Numerator: The total score for all respondents , with a maximum of 2 points for no need, and 0 points for critical need to each question.

Denominator: Total number of respondents answering all 6 outcomes-based quality of life questions. A target of an average 8 points scored in the survey has been set for this measure.

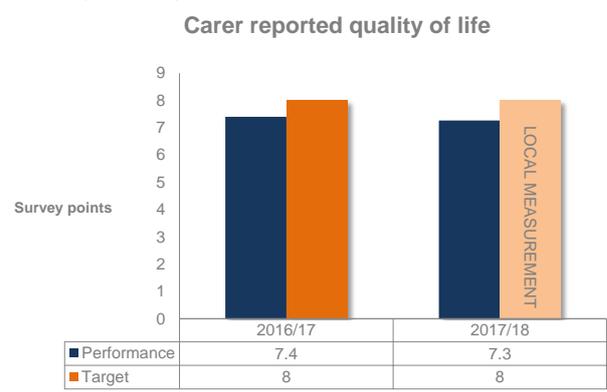
Not achieved

7.3

Survey points
March 2018

8

Survey points
Target for March 2018



About the latest performance

This measure is taken from the 'Survey of Adults Carers in England' (SACE) which surveys the experience of carers in Adult Care, usually undertaken biennially. For 2017/2018 Lincolnshire County Council undertook an additional survey. It combines responses to 6 different questions about a carer's overall feeling about their quality of life including work, control, personal care, safety, social participation and encouragement. Some carers will be supported via Adult Care only; some only by the Lincolnshire Carer's Service; and some by both. There has been no significant change from the 2016/2017 survey. This is a key measure for Adult Care & Community Wellbeing as a whole to improve.

Further details

This measure comes from the national Survey of Adult Carers in England (SACE) which is submitted to the Department of Health on a biennial basis. Historical information is not available for this measure.

About the target

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

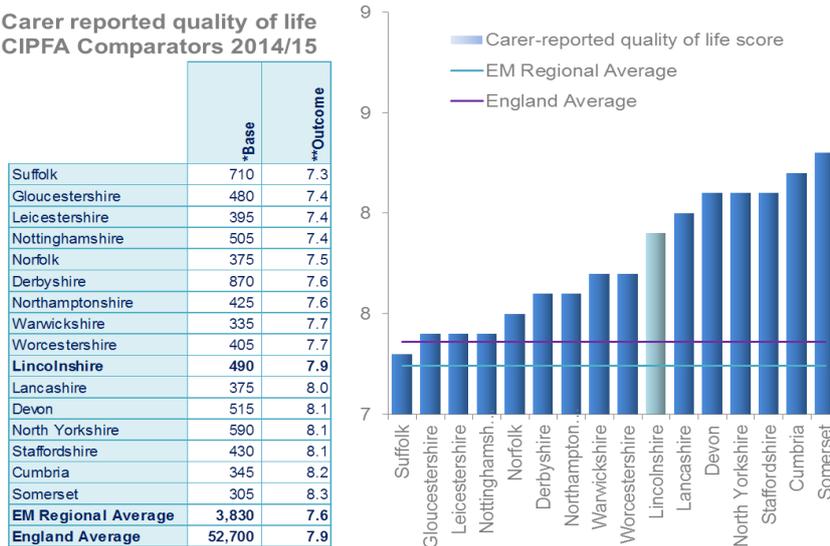
About the target range

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

About benchmarking

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

Carer reported quality of life
CIPFA Comparators 2014/15



*Number of respondents who answered all six of the relevant questions in the Carers Survey (CS)
 **Sum of the scores for all respondents who answered all six of the relevant questions in the Carers Survey (CS), divided by the number of respondents who answered all six of the relevant questions in the CS (Score out of 12)



Health and Wellbeing is improved

Carers feel valued and respected and able to maintain their caring roles

Carers included or consulted in discussions about the person they care for

This measures responses to the question in the Carers Survey "In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?", to which the following answers are possible:

- * There have been no discussions that I am aware of in the last 12 months
- * I always felt involved or consulted
- * I usually felt involved or consulted
- * I sometimes felt involved or consulted
- * I never felt involved or consulted

Numerator: All those responding who choose the answer "I always felt involved or consulted" and "I usually felt involved or consulted".

Denominator: Total number who responded to the survey.

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



Achieved

66.7

%

March 2018

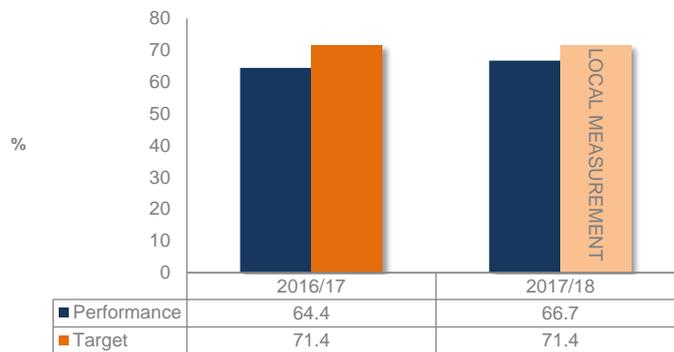


71.4

%

Target for March 2018

Carers included or consulted in discussions about the person they care for



About the latest performance

This measure is taken from the 'Survey of Adults Carers in England' (SACE) which surveys the experience of carers in Adult Care, usually undertaken biennially. For 2017/2018 Lincolnshire County Council undertook an additional survey. The response rate of 35.2% was lower than the expected 40% of previous years. This measure has increased by 2.3 percentage points when compared to the 2016/2017 survey results.

Further details

This measure comes from the national Survey of Adult Carers in England (SACE) which is submitted to the Department of Health on a biennial basis. Benchmarking data is available for this measure (see About Benchmarking), however this measure was not formally added to the Council Business Plan until 2016/17, therefore historical data is not available.

About the target

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

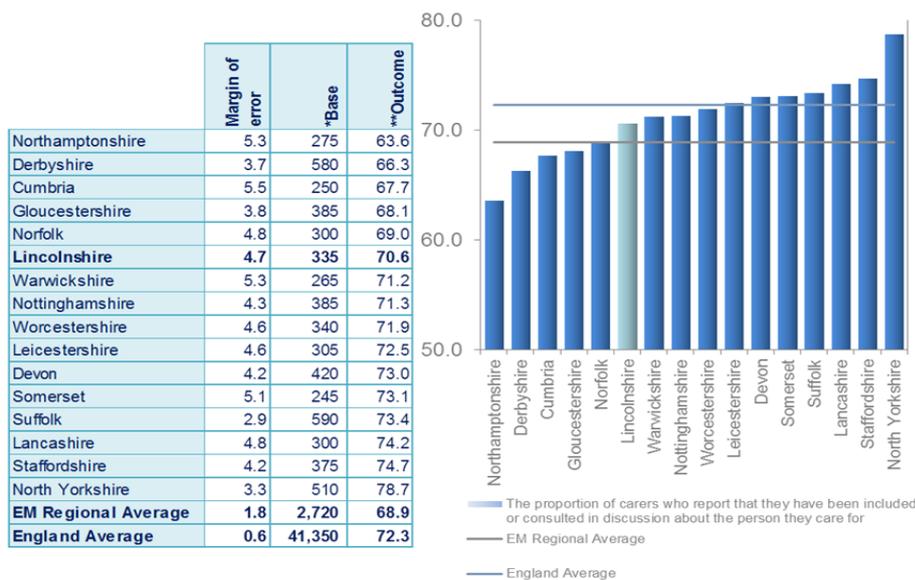
About the target range

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

About benchmarking

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

Carers included or consulted in discussions about the person they care for - CIPFA Comparators 2014/15



*Number of respondents who answered Carers Survey (CS)

**Proportion of respondents who answered Carers Survey (CS) Q15 who said that they usually or always felt involved or consulted in discussion about the person they care for (%)



Health and Wellbeing is improved

Carers feel valued and respected and able to maintain their caring roles

Carers supported to delay the care and support for the person they care for

This measure identifies the proportion of all carers currently supported by the carers service.
 Numerator: Number of people cared for not in receipt of long term support (i.e. a personal budget or residential care).
 Denominator: Number of carers (caring for adults) currently supported by the carers service (an open involvement to the carers team or a trusted assessor).
 The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
 A higher percentage of carers supported indicates a better performance.



Not achieved

57.4

%
Quarter 4 March 2018



75

%
Target for Quarter 4 March 2018

Carers supported to delay the care and support for the person they care for

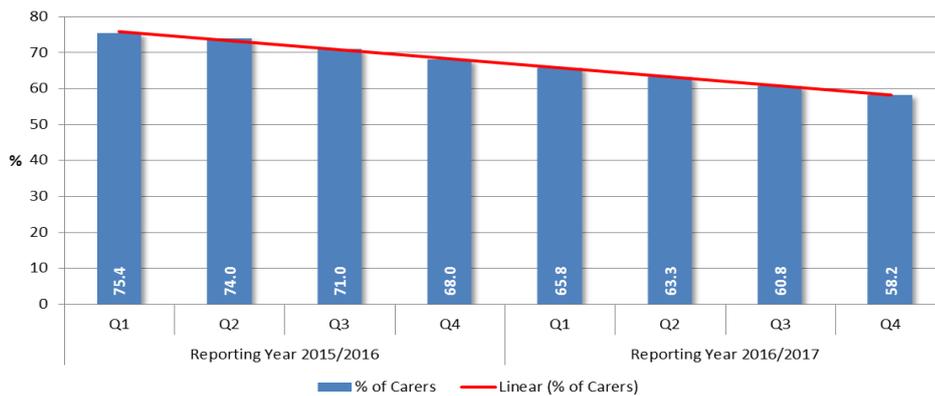


About the latest performance

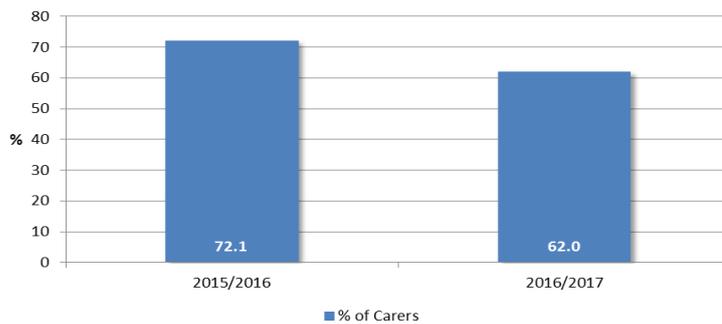
There has been a reduction of 9.8 percentage points compared to Quarter 3. This measure is 17.6 percentage points below target. This measure was initially designed to capture the preventative approach of the Lincolnshire Carer's Service, by identifying the number of carers who were caring for an adult who was not yet known to Adult Care. A greater proportion of carers are being identified through Adult Care client assessments. As these cared-for adults are more likely to be in receipt of services following their assessment this measure has been showing a downward trend. However, this represents a more 'whole family' approach where the needs of adults and their carers are being considered together. This measure will no longer be monitored in 2018/2019.

Further details

Percentage of Carers supported to delay the care and support for the person they care for



Average Annual Percentage of Carers supported to delay the care and support for the person they care for



About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

Carers feel valued and respected and able to maintain their caring roles

Carers who find it easy to find information about services

The relevant question is drawn from the Carers Survey "In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services". The following answers are possible:

- * I have not tried to find information or advice in the last 12 months
- * Very easy to find
- * Fairly easy to find
- * Fairly difficult to find
- * Very difficult to find

Numerator: Number of those responding who select the response "very easy to find" and "fairly easy to find".

Denominator: Number of those who responded to the survey.

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



Not achieved

55.7

%

March 2018



66

%

Target for March 2018

Carers who find it easy to find information about services



About the latest performance

This measure is taken from the 'Survey of Adults Carers in England' (SACE) which surveys the experience of carers in Adult Care, usually undertaken biennially. For 2017/2018 Lincolnshire County Council undertook an additional survey.

This measure has decreased by 3.2 percentage points when compared to the previous year's survey. However, 83.5% of respondents who received Information & Advice found it helpful. LCC is working on a project to improve Adult Care online information and advice.

Further details

This measure comes from the national Survey of Adult Carers in England (SACE) which is submitted to the Department of Health on a biennial basis. Benchmarking data is available for this measure (see About Benchmarking), however this measure was not formally added to the Council Business Plan until 2016/17, therefore historical data is not available.

About the target

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

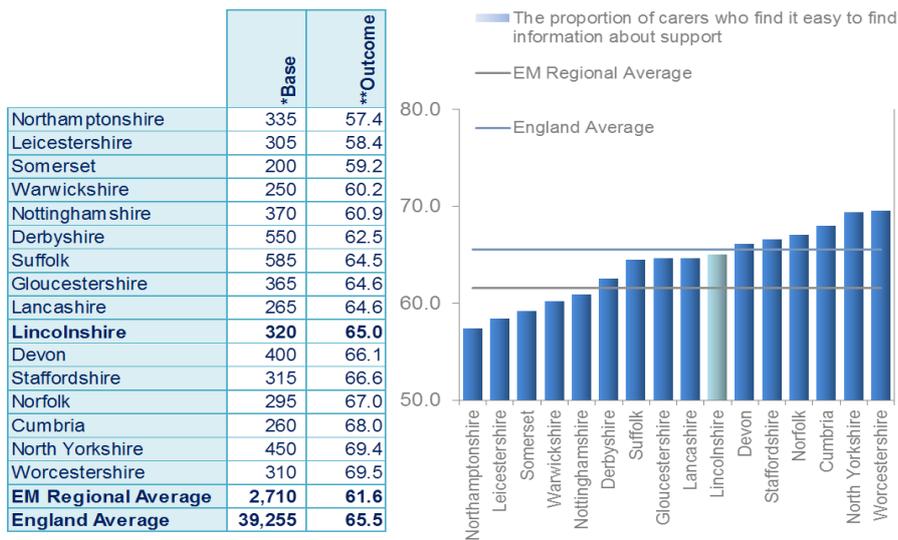
About the target range

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

About benchmarking

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

Carers who find it easy to find information about services - CIPFA Comparators 2015/16





Health and Wellbeing is improved

Carers feel valued and respected and able to maintain their caring roles

Carers supported in the last 12 months

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



Achieved

1,631

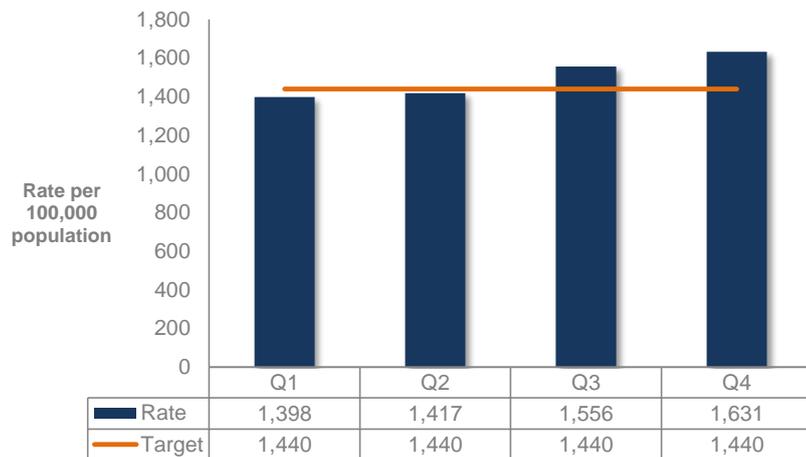
Rate per 100,000 population
Quarter 4 March 2018



1,440

Rate per 100,000 population
Target for Quarter 4 March 2018

Carers supported in the last 12 months

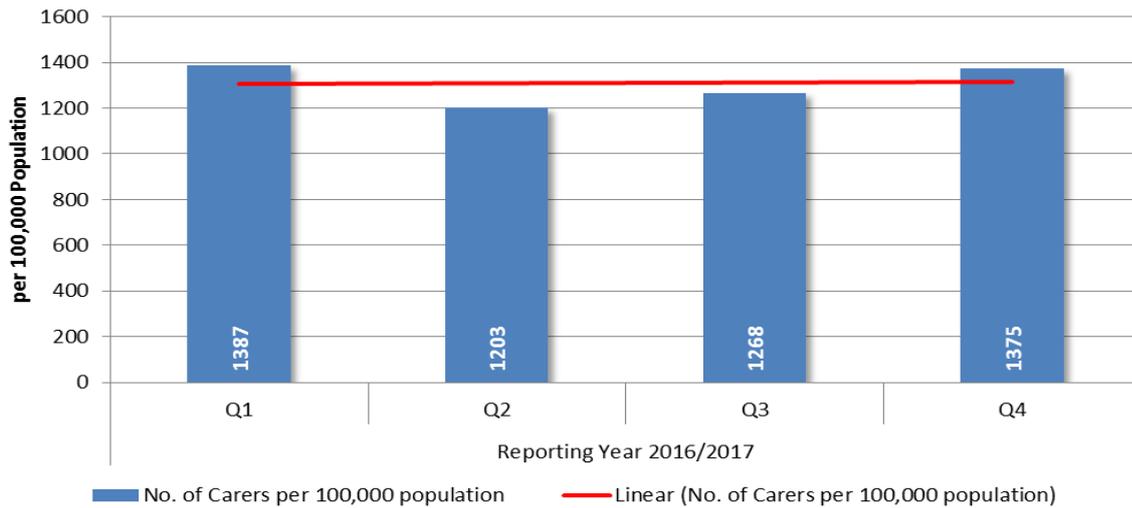


About the latest performance

In Quarter 4 this measure has surpassed the target by 191 carers per 100,000 population; this equates to an actual figure of 449 carers supported. The driver for this is that around 250 new carers are referred to the Lincolnshire Carers Service every month, and with the ongoing support offered by Carers First, these Carers invariably remain 'on the books' and results in net growth in the number of carers supported. The shift in services provided to carers has continued as expected with 84% of carers now supported with lower level support (an increase from 71% in 16/17), with all eligible carers supported with direct payments as required. This continues the trend of being able to support more carers with existing resources, and target the higher level needs with more substantial carer payments. There has been a significant increase in the number of carers jointly assessed with the person they care for, as reporting on this involvement has improved with Mosaic and is more indicative of the more holistic approach to care and support for the family. This is supported by the 37% increase in the number of people provided with traditional respite care in a residential home (from 310 in 16/17 to 425 in 17/18), primarily for the benefit of the carer for them to have a break.

Further details

Carers supported in the last 12 months



About the target

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

About the target range

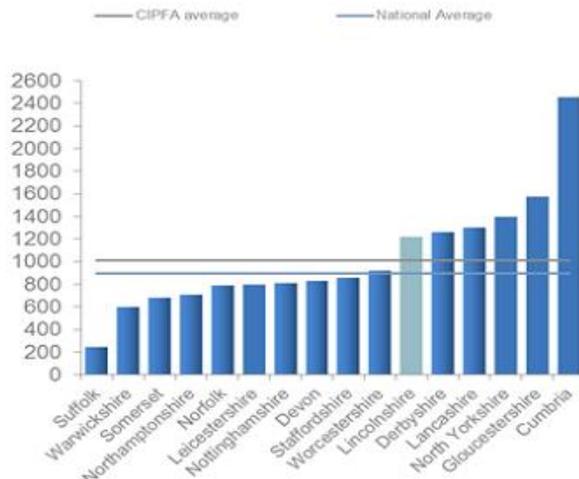
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Carers supported in the last 12 months per 100,000 - CIPFA Comparators 2015/2016

CIPFA	Numerator*	Denominator**	Outcome***
Suffolk	1450	590605	245.5
Warwickshire	2645	441340	599.3
Somerset	2965	436207	679.7
Northamptonshire	3955	560409	705.7
Norfolk	5630	717037	785.2
Leicestershire	4290	539616	795.0
Nottinghamshire	5190	642564	807.7
Devon	5240	630486	831.1
Staffordshire	5925	693720	854.1
Worcestershire	4255	463334	918.3
Lincolnshire	7265	594466	1222.1
Derbyshire	7935	628988	1261.6
Lancashire	12300	946175	1300.0
North Yorkshire	6770	485158	1395.4
Gloucestershire	7735	492363	1571.0
Cumbria	9935	405166	2452.1
CIPFA Average	93485	9267634	1008.7
England Average	386600	43108471	896.8



*Total of carers receiving support in year (LTS003) Table 1 total of carers.
 **18+ population.
 ***carers supported in the last 12 months per 100,000.

 Health and Wellbeing is improved

Delay and reduce the need for care and support

Permanent admissions to residential and nursing care homes aged 65+

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

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

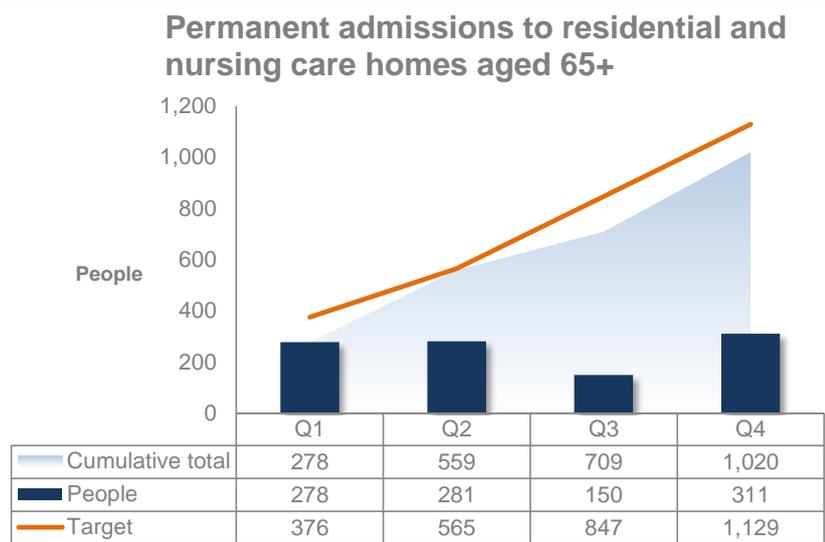
A smaller number of people permanently admitted to residential and nursing homes indicates a better performance.

 **Achieved**

1,020
People
Cumulative Actual as at March 2018

↓

1,129
People
Cumulative Target as at March 2018

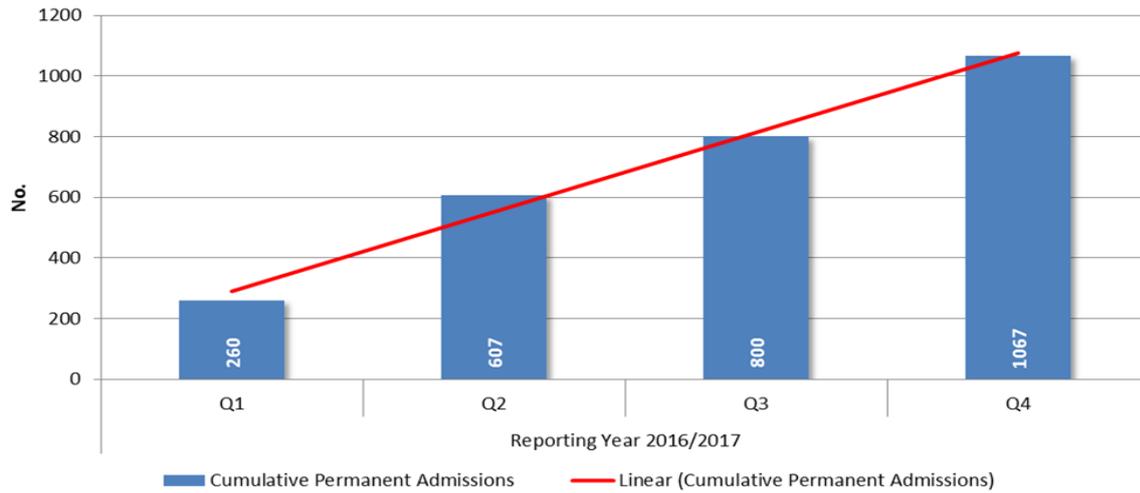


About the latest performance

This target has been exceeded by 109 permanent admissions. Compared to the previous year, where 1067 admissions were made, 4% fewer admissions have been made this year, despite a similar level of demand for support. This is also a key metric in the Better Care Fund and enables Adult care to evidence improved independence for Lincolnshire citizens.

Further details

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



About the target

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

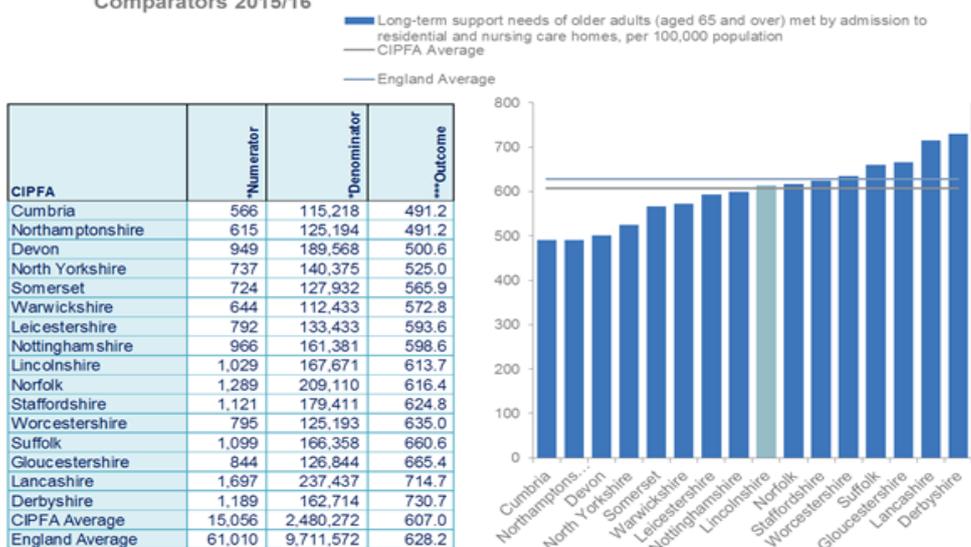
About the target range

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

About benchmarking

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

Permanent admissions to residential and nursing care homes aged 65+ CIPFA Comparators 2015/16



*The number of council-supported older adults (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
 **Size of the older adult population (aged 65 and over) in the area
 ***Number of council-supported older adults (aged 65 and over) whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population

 Health and Wellbeing is improved

Delay and reduce the need for care and support

Requests for support for new clients, where the outcome was universal services/ signposting

This measure demonstrates that the:-
Customer Service Centre (CSC);
Field Work Team; and

Emergency Duty Team (EDT) is able to effectively screen people and signpost to the appropriate agencies without the need for social care intervention.

Numerator: Number of requests for support for new clients, where the outcome was 'Universal services / signposting to other services' or 'No services provided'.

Denominator: The number of requests for support received by Adult Care from new adult clients (i.e. adults who were not in receipt of services at the time of the request).

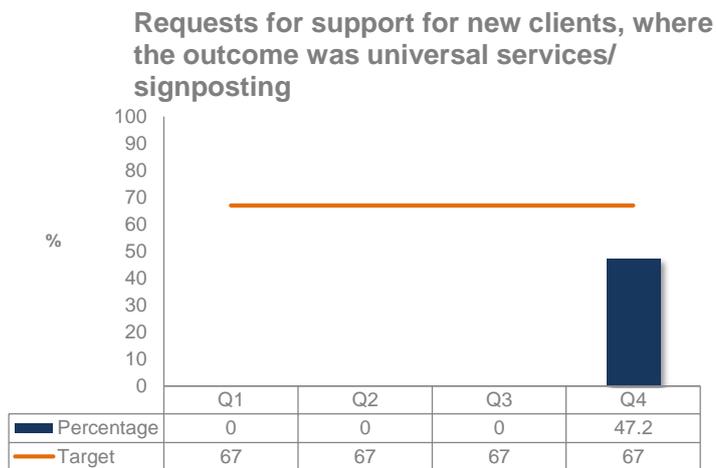
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

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.

A higher percentage of new clients requesting support where the outcome was universal services or signposting indicates a better performance.

 **Not achieved**

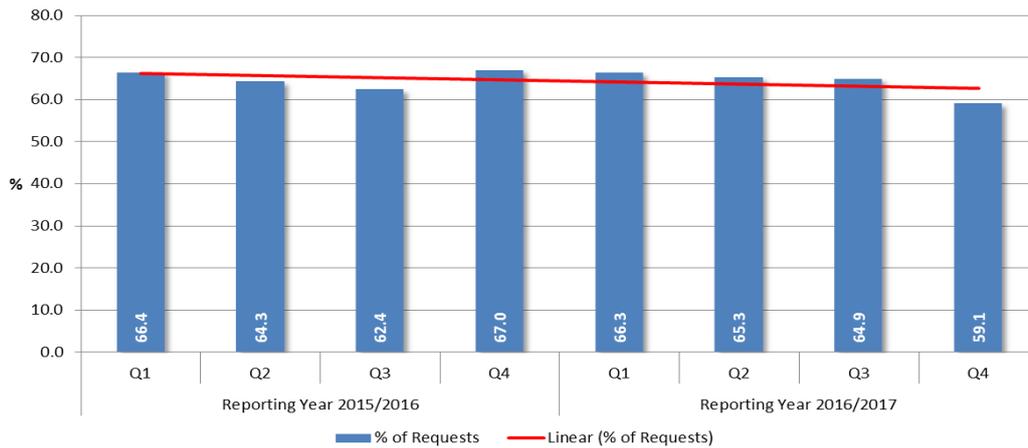


About the latest performance

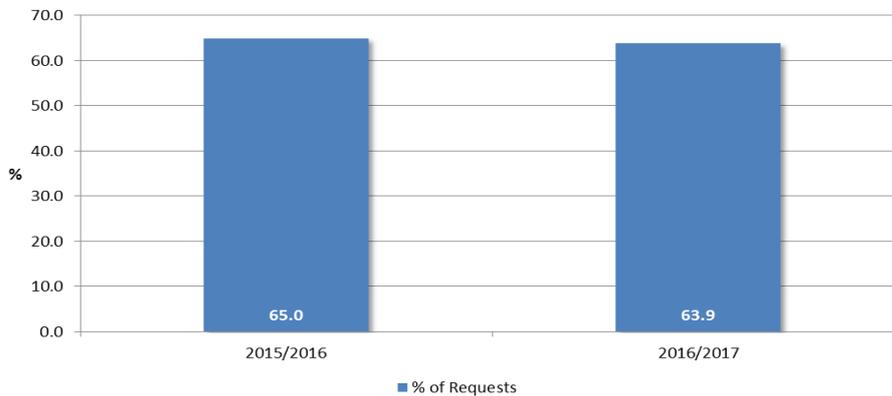
There has been a modest 5% increase in actual requests from new clients this year, 42.5% of which resulted in the provision of information and advice, or signposting to other services in the community. Whilst the target has not been achieved, it is apparent that this measure is no longer fit for purpose. The reduction in information and advice this year has been driven by the increase in clients offered reablement (+20%), wellbeing (+11%) and equipment (+25%). This measure will be replaced in 2018/19 to include all of these early intervention services, which collectively serve to delay and reduce the need for longer term funded support.

Further details

Percentage of Requests for support for new clients, where the outcome was universal services/ signposting



Average Annual Percentage of Requests for support for new clients, where the outcome was universal services/ signposting



About the target

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

About the target range

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

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. Benchmarking data is not yet available for this measure.



Health and Wellbeing is improved

Enhance the quality of life for people with care and support needs

People using the service with control over their daily life

This measure is drawn from the Adult Social Care Survey question 'Which of the following statements best describes how much control you have over your daily life?', to which the following answers are possible:

- * I have as much control over my daily life as I want;
- * I have adequate control over my daily life;
- * I have some control over my daily life but not enough
- * I have no control over my daily life

Numerator: Number of those responding either 'I have as much control over my daily life as I want' or 'I have adequate control over my daily life'.

Denominator: Total number of people who responded to the survey.

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

A higher percentage of service users indicating they have control over their daily life indicates a better performance.



Achieved

78

%

March 2018

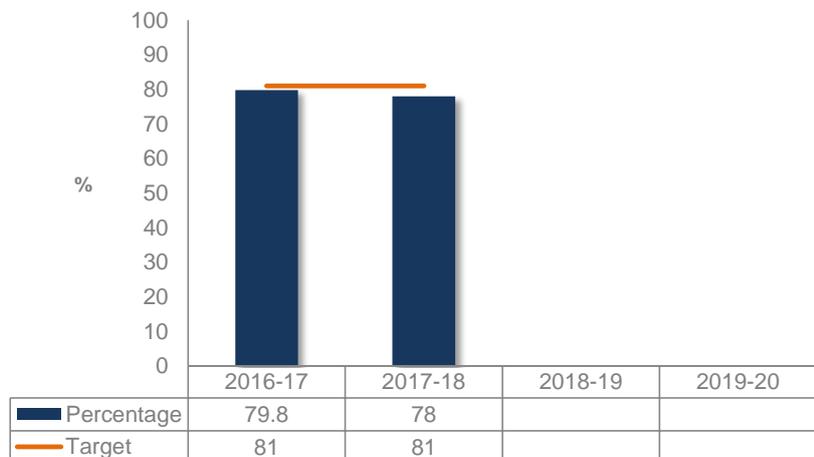


81

%

Target for March 2018

People using the service with control over their daily life

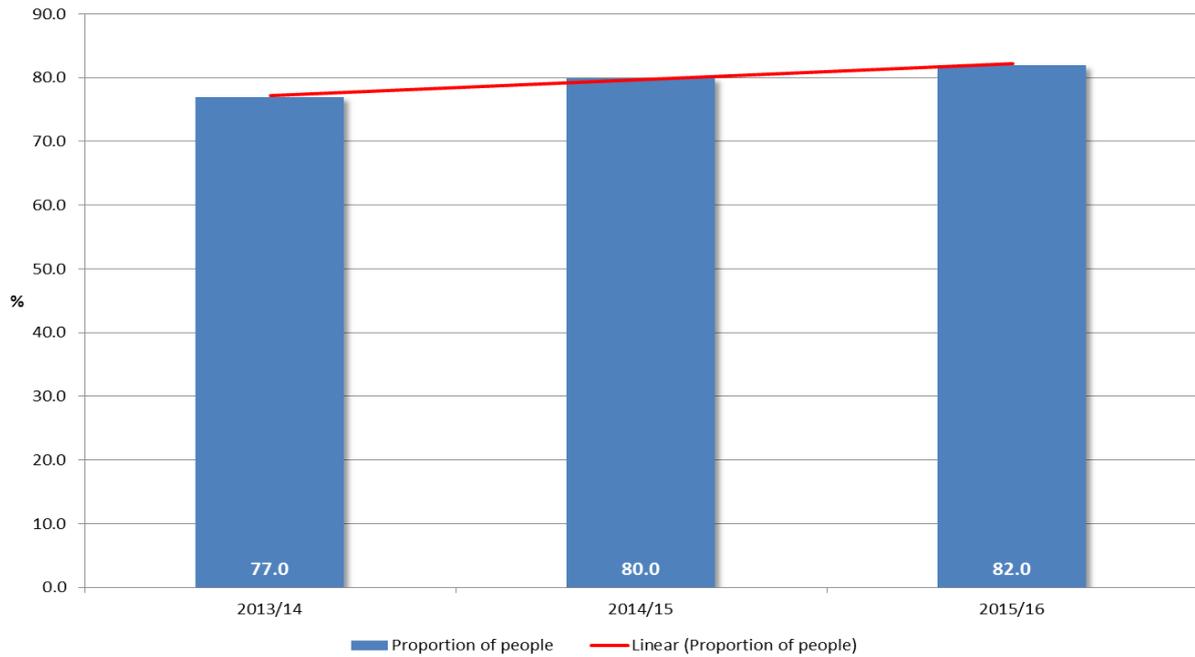


About the latest performance

We will continue to monitor the impact that social care services have had on people's lives through our personalisation programme and our Quality Assurance approach. The numerator and denominator are weighted to standardise the responses across different service user groups. A total of 400 clients responded to this question.

Further details

Proportion of people using the service who have control over their daily life (Annual survey)



About the target

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

About the target range

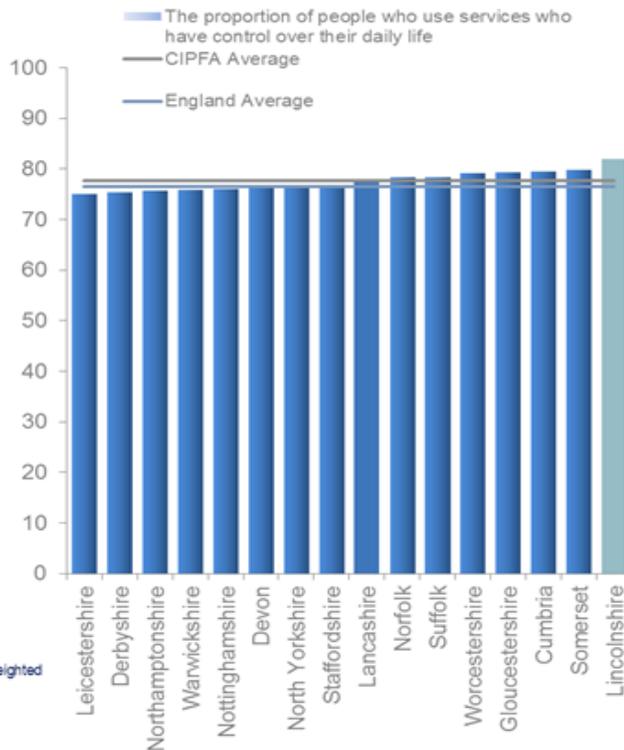
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

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

The proportion of people who use services who have control over their daily life 2015/16

	Margin of error	*Base	**Outcome
Leicestershire	4.1	417	74.9
Derbyshire	3.6	526	75.3
Northamptonshire	3.5	540	75.6
Warwickshire	4.3	362	75.8
Nottinghamshire	4.2	402	75.9
Devon	3.3	612	76.8
North Yorkshire	3.2	719	76.8
Staffordshire	4.2	444	76.8
Lancashire	4.1	392	77.4
Norfolk	3.7	453	78.2
Suffolk	3.2	730	78.2
Worcestershire	3.7	411	79.1
Gloucestershire	3.7	461	79.2
Cumbria	4.0	381	79.4
Somerset	3.3	489	79.7
Lincolnshire	4.0	349	82.0
CIPFA Average			77.6
England Average	0.4	71,357	76.6



*Number of respondents to Q3a of the Adult Social Care Survey (ASCS)
 **Proportion of respondents who felt they had control over their daily life (%) - values are weighted

 Health and Wellbeing is improved

Enhance the quality of life for people with care and support needs

Adults who receive a direct payment

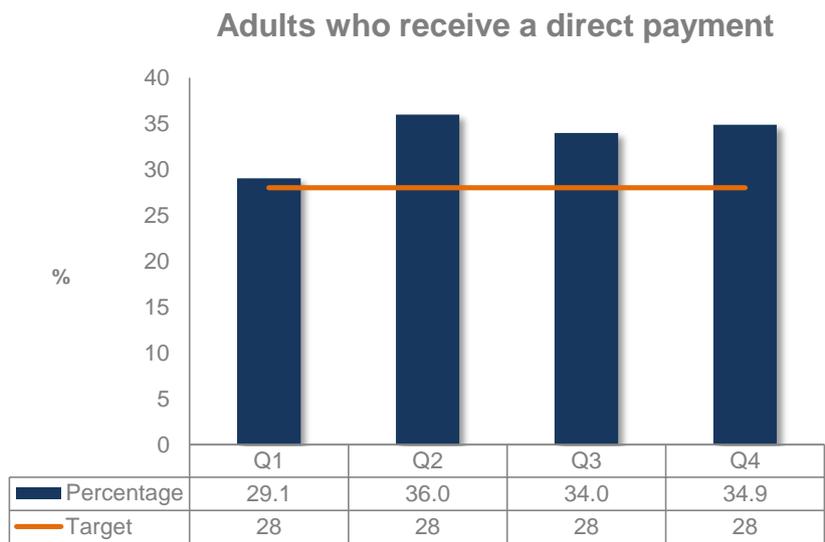
This measure reflects the proportion of people using services who receive a direct payment.
 Numerator: Number of users receiving direct or part direct payments.
 Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.
 The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
 This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.
 A higher percentage of adults that receive a direct payment indicates a better performance.

 Achieved

34.9
%
Quarter 4 March 2018



28
%
Target for Quarter 4 March 2018



About the latest performance

It is encouraging to see that the proportion of adults in the community receiving a direct payment is growing, in light of the difficulties with getting older people to take on a direct payment. An increasing number of clients with a direct payment are supported by the Penderels Trust, who help clients to manage their direct payment. Pre-payment cards have also been introduced this year which is another method by which clients can pay for their care.

Further details

This measure previously contained direct payment activity for Specialist Adults. From Q1 2017/18, this is no longer the case and so historical data is not available for direct comparison.

About the target

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

About the target range

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

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. Benchmarking is not available due to changes in the definition of this measure (see further details).



Health and Wellbeing is improved

Ensure that people have a positive experience of care and support

People in receipt of long term support who have been reviewed

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

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

Denominator: Number of current Adult Frailty and long term conditions (Older people and physical disability) service users receiving long term support in the community or in residential care for 12 months or more.

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



Achieved

86.2

%

Cumulative Actual as at March 2018

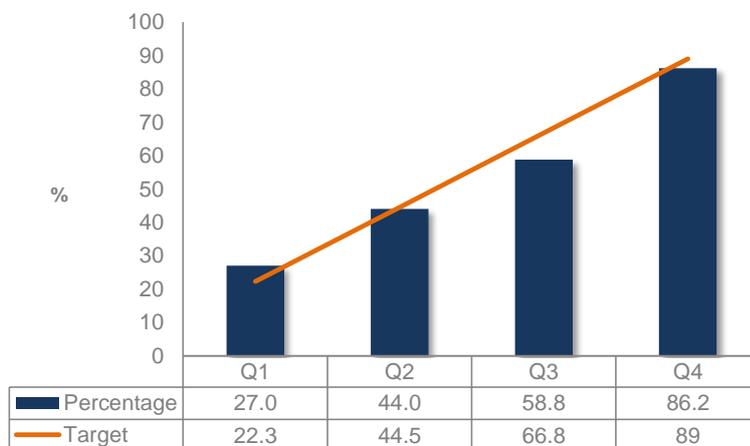


89.0

%

Cumulative Target as at March 2018

People in receipt of long term support who have been reviewed

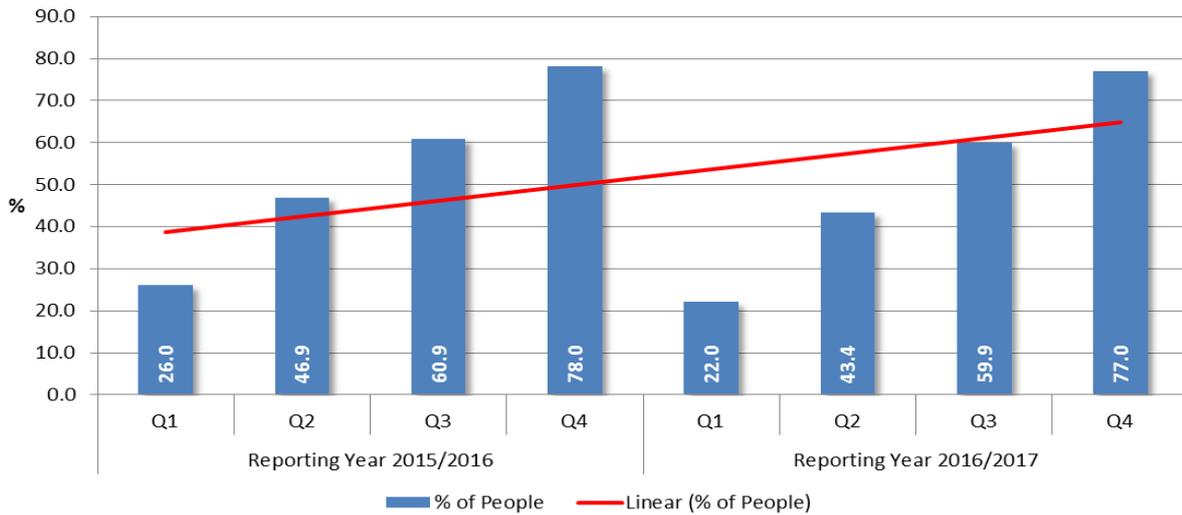


About the latest performance

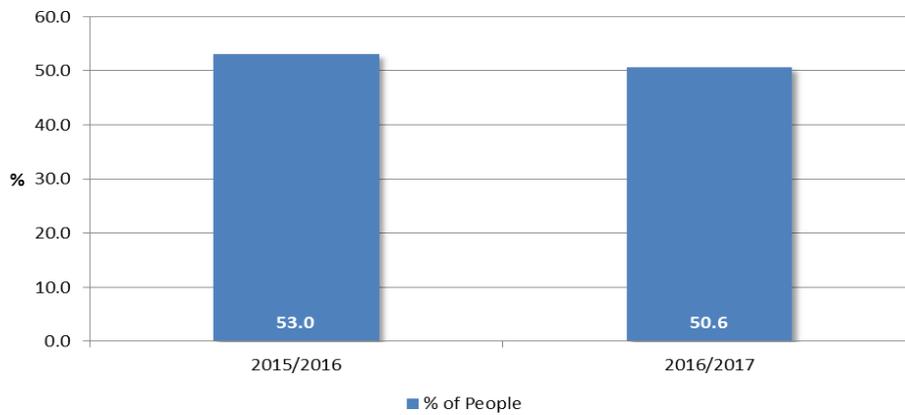
The target is within tolerance for the year, which is an incredible achievement. The target for the year was ambitious given that in 2016/17, less than 80% of people were reviewed. Caseloads, team allocations and validity of service records have been checked and corrected; there have been amendments to the process with new reviewing teams and the system. Review performance will be tightly monitored throughout 2018/19 to keep up this momentum.

Further details

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



Average Annual Percentage of people in receipt of long term support who have been reviewed



About the target

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

About the target range

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

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	04 July 2018
Subject:	Adult Frailty and Long Term Conditions Review Performance

Summary:

Reviews of existing Adult Frailty and Long Term Conditions (AFLTC) customers' needs are measured as an indicator which is reported as part of the Directorate's Council Business Plan measures. Performance on this measure has been below target for a number of years.

There has been an increased focus on review performance in 2017/18 and this report provides an update on the outturn position.

Actions Required:

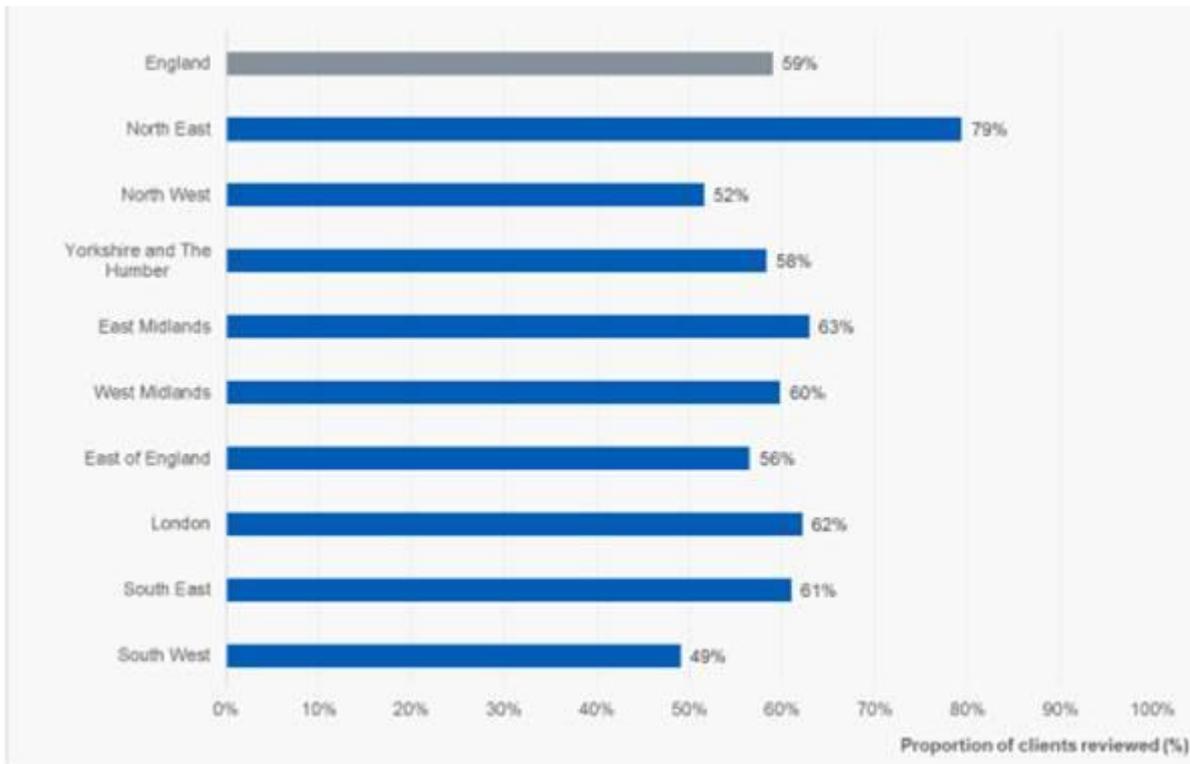
To note the improved performance on review performance and the continued focus on reviews for 2018/19.

1. Background

The year-end performance for 2017/18 shows that 86.1% of Adult Frailty and Long Term Conditions customers have had their needs reviewed during the year. In total 4,004 customers out of 4,469 have had their needs reviewed in the year. This represents a significant improvement on the previous year where 77% of customers were reviewed, and the best performance in recent years.

Year	Performance
2017/18	86.1%
2016/17	77%
2015/16	78%
2014/15	75%

Whilst direct comparisons are not available for this year, Lincolnshire performance is significantly better than regional and national performance for 2016/17



Source: SALT Collection, 2016-17, NHS Digital - See Table 38 in Reference Data Tables

The improved performance is despite the service facing a number of challenges during 2017/18 including the implementation of Mosaic, which whilst now working effectively did initially take time to bed in. Further work was required following go-live to ensure all processes worked effectively and that the migrated data was accurate.

The service has also faced some challenges with recruitment in the year with a number of vacancies proving difficult to fill on a permanent basis. These challenges are also reflected at a regional and national level, with work ongoing with partners to improve recruitment and retention being a priority area within Health and Care. A focused countywide recruitment strategy is currently being developed to ensure that vacancies are filled and therefore increasing capacity to continue to build on this year's review performance is expected for 2018/19.

A number of other measures are being implemented to ensure the continued improvement in performance on reviews in 2018/19:

- Dedicated review teams in each area (East/South/West) are in place to focus on non-residential reviews.
- Care homes will be allocated across the county to specific team members and it will be their task to ensure all referrals are completed at these sites.

- Area Managers and Locality Leads have met with the County Manager to plan how they will ensure review targets are met in all areas this year.
- Regular updates on the number of reviews completed and reviews outstanding will be available as a dashboard for individual team managers.
- Performance data about reviews will be a standing item at meetings in area teams so that they will be aware of the challenge and the achievement in completing the work in order to meet the targets.
- Supervising staff will monitor review progress with staff at supervision to ensure Mosaic processes are completed in a timely manner.
- A deep dive will be taking place to understand our review processes in line with personalisation and the Care Act 2014 to ensure people are engaging in meaningful and individual service provision.

2. Conclusion

Following the success of 86.1% of reviews being achieved this year, local staff are aware of the importance of the function of reviews and are motivated to continue to progress the task in 2018/19. Completion of reviews are not only a statutory obligation but they also ensure the overall wellbeing of customers who receive a paid service from the local authority whilst ensuring released capacity within the care market when a package can be released.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

N/A

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 Emma Scarth/ Carolyn Nice, who can be contacted on 01522 554224 or emma.scarth@lincolnshire.gov.uk .

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	04 July 2018
Subject:	Adult Care and Community Wellbeing 2017/18 Final Outturn

Summary:

The Adult Care outturn is £206.960m, an under-spend of £1.483m against a budget of £208.443m.

Actions Required:

Adults and Community Wellbeing Scrutiny Committee is asked to note the final budget outturn for 2017/18.

1. Background

An analysis of the Adult Care and Community Wellbeing budget and final outturn for 2017/18 is illustrated below and includes the impact of the Better Care Fund costs being included in the budget for the first time.

	<u>Net</u>	<u>Budget</u>	<u>Variance</u>
	<u>Expenditure</u>		
	£m	£m	£m
<i>Older People/Physical Disability</i>	102.686	102.971	-0.285
<i>Infrastructure</i>	8.875	10.189	-1.314
Total for Adult Frailties & Long Term Conditions	111.561	113.160	-1.599
Learning Disabilities	55.795	55.815	-0.020
Mental Health	6.648	6.648	0.000
Total for Specialist Adult Services	62.443	62.463	-0.020
Carers	2.003	2.327	-0.324
Safeguarding Adults	4.092	3.656	0.436
Community Wellbeing	26.862	26.838	0.024
Total	206.960	208.443	-1.483

The increasing strategic importance of the Better Care Fund (BCF) has meant that the impact to Adult Care & Community Wellbeing now has to be reflected in service

budgets, with a detailed exercise undertaken over the summer and autumn months to incorporate all schemes funded via the BCF into the Adult Care & Community Wellbeing budget in 2017/18 onwards.

This reflects the fact that the BCF has a growing influence on how Adult Care & Community Wellbeing pressures are funded in the Council with it being the only means in which the vast majority of pressures identified below will be funded over the next two years.

The report will look at each of these areas in turn.

2. Adult Frailty & Long Term Conditions (AF<C)

The Adult Frailty & Long Term Conditions strategy brings together Older People and Physical Disability services as well as hosting the budgets for back office functions. This commissioning strategy aims to ensure that eligible individuals receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Reablement and Intermediate Care
- Domiciliary Care
- Direct Payments
- Community Support
- Extra Care Housing
- Residential Care
- Dementia Support Services
- Assessment & Care Management and Social Work Service

The 2017/18 outturn for the Older Persons/Physical Disabilities part of the Adult Frailty and Long Term Conditions service was £102.686m against a budget of £102.971 representing a £0.285m underspend.

Physical Disabilities

The Physical Disabilities (PD) service over the previous two financial years has started to see growing pressures and each year has overspent with the actual outturn in 2017/18 overspending by £0.979m against a budget of £13.184m.

Direct Payments expenditure did not grow as expected in the last three months, projected overspend at the end of January was £0.700m but actual outturn was £0.482m overspent.

Home Support projected outturn was £0.386m overspent, however this reduced to £0.233m by the end of the financial year because of service users transferring to Older Persons. Supported Living was £248k overspent by the financial year end.

Residential/Nursing placements, long and short term total overspend was £0.037m this was due to year end accruals for paperwork that had been unable to be processed for the final pay run.

Income for the Physical Disabilities service is often volatile and the service appears to have more issues with non-payment, however the outturn for 2017/18 PD income was £0.060m over target due to additional income in Direct Payments refunds and Adult Charging income.

Older People

The Older Person's service actual outturn was £1.265m underspent against a budget of £89.787m.

Direct Payments expenditure including the Penderels management fee was £0.208m underspent at the end of 2017/18. Home Support activity has seen some growth in 2017/18 but not grown as expected because demand for Direct Payments has continued. The home support underspend at financial year end was £1.945m.

Residential/Nursing – long term care numbers had been projected to be similar to 2016/17, approximately 1,109 new long term placements and in 2017/18 it was 1,101. There was an overspend of £5.505m for long term care largely due to a high number of accruals for former self-funding cases where funding needed to be backdated.

Short Term care underspent by £3.050m and this helped offset some of the long term care overspend. A realignment of the budgets has been made for 2018/19 to take account that service users are staying in short term care for much shorter periods than in 2016/17.

Block Beds had been projected as on target but the new beds that were being considered did not get commissioned and so the budget line underspent by £0.287m.

Training was overspent by £0.068m but this was offset by the Telecare underspend of £0.107m.

Direct Payment service user income was £0.174m below target, however Direct Payment Audit income continued to exceed targets and was over target by the end of the financial year by £0.557m.

Fairer charging income had a considerable shortfall of £1.149m, largely due to the demand not being in the service, which is reflected by the underspend in the expenditure budget of Home Support, but also there are some backlogs of financial assessments that may also be affecting income collection.

Residential/Nursing income is on target as the income was £0.265m over target due to long term care accruals. Debtor income relating to income from property being included within the financial assessment exceeded projections and was £1.015m over target, this was partially because of a correction to write off where it was found that income had been received and so the write off was reversed.

However a significant amount of the debt is now unsecured because of changes in the Care Act. The bad debt provision was reviewed in detail in March 2018, the bad debt provision remains at £2.700m for Adult Care.

This is due to the decision by the Government to revoke the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA) where a charge could be secured on a property where there was non-cooperation or legal authority to manage finances was in progress.

As a result it is no longer possible to do this, and as a result the Council increased its bad debt provision in 2016/17 to compensate for the additional increase in bad debts.

The staffing budget for 2017/18 is £13.136m this includes £2.2million of BCF funding primarily for integrated community reablement, increased qualified staff and seven day working at the hospitals.

Recruitment has been ongoing over the past few months since the additional staff were agreed but at year end a number of vacancies remained and were backfilled by agency staff. The final outturn for assessment staffing was £0.057m underspent.

Infrastructure

The infrastructure budget currently includes expenditure in relation to the Executive Director, along with individual Heads of Service covering Operational Services for OP/PD, Learning Disability, Policy and Service Development, Performance, Workforce Development and Quality, Carers and Safeguarding.

Infrastructure finished the year at £1.314m underspent against a budget of £10.189m.

The total underspend included a large proportion of funding that was allocated to Adult Care & Community Wellbeing from the previous year's carry forward figure. However, there were still a number of lines of additional expenditure incurred during the year including consultancy costs for the recent Residential Rate review, Mental Health resilience training and additional funding for business support.

There was also some small savings within the Quality, Carers and Performance Intelligence team costs as they all had staff vacancies during the year. There was a small overspend of £0.052m for additional staff costs within the Brokerage team for the year.

In addition to this a transfer of £0.180m to Infrastructure from Business Support in the last year that related to CSC staff costs that have now been transferred to Serco. This was not spent and so included within the total underspent. This amount also makes up some of the savings for the 2018/19 budget.

3. Specialist Adult Services

This commissioning strategy aims to ensure that eligible Adults with Learning Disability, Autism and/or Mental Health needs receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Residential and Nursing Care
- Community Supported Living
- Homecare
- Direct Payments
- Day Services
- Respite Services

- Adult Supporting Adults
- Transport
- Assessment and Care Management and Social Work Service
- Section 75 agreement with Lincolnshire Partnership Foundation Trust for Mental Health Services

The budget for this commissioning strategy is £62.463m, with the service producing a small underspend of £0.020m.

a) Learning Disability Services

The Adult Learning Disabilities service is administered via a Section 75 agreement between the Council and NHS commissioners in Lincolnshire. This is funded via a combination of Council funding, CCG contributions and BCF income.

The total budget which also includes costs for the Council's in-house day care service for 2017/18 is £55.815m. Specialist Adult Services finished 2017/18 with a small underspend of £0.020m.

Direct Payments overspend for this financial year finished at £0.745m. This was due to a number of new cases coming through and also increases to packages that were back dated to earlier in the year. As reported previously, there has been pressure on this budget from the second quarter of the year due to the higher than anticipated cost of the large number of new packages agreed during the summer months relating to school and college leavers, plus the additional cost of the night rate payments for clients who have Personal Assistants introduced this year.

Supported Living costs were overspent in year by £2.200m which is due to the number of changes to packages coming through the practice enablement group who agree changes to service plans. This has been the case in the last few months that have seen some large increases in the number of hours required that were over and above amounts that were built into the budget. The increase in cost was also due to backdated rate increases that were with four of the major service providers during the year.

The final outturn for Long Term Residential Care resulted in a £0.371m overspend. This was due to a number of high cost placements placed earlier in the year. Short Term Residential Care also produced an overspend totalling £0.566m due to the increased costs of providing additional 1:1 support within a short term care setting.

Total income received exceeded budgeted expectations throughout the year with an additional £1.996m raised, offsetting the majority of overspends within the service. The Council received an additional £0.542m of other Local Authority payments, an additional £0.500m from Lincolnshire CCGs for costs attributed to Continuing Health Care (CHC) over and above the initial £11.4m due.

There have also been further increases in Direct Payment refunds, and a £0.499m increase in Supported Living income partly due to a number of financial assessments that have finally come through the system and have been back dated to the early part of this financial year.

b) Mental Health Services

The Mental Health service is run on behalf of the Council by the Lincolnshire Partnership Foundation Trust by way of a Section 75 agreement.

The budget for the Mental Health service totals £6.648m and produced a balanced budget in 2017/18.

The Mental Health services are reporting a balanced budget this year, however we have had to increase the budget in year by £0.405m. This was to ensure that the provider of the service, Lincolnshire Partnership NHS Foundation Trust (LPFT), were able to meet all obligations around demographic growth and inflationary increases.

A considerable amount of partnership work has been done this year between Lincolnshire County Council and LPFT to ensure that any higher than average cost placements were challenged and endorsed before they were agreed. This will continue into the new financial year.

4. Community Wellbeing

The current budget for Community Wellbeing is £27.838m and the service produced a small underspend totalling £0.024m.

Services are delivered as part of the Council's statutory obligation to improve the public health of local populations as per the conditions of the Public Health Grant, in addition there are also a number of non-statutory services which the Council deliver.

Community Wellbeing services include:

- Health Improvement Prevention & Self-Management
- Public Health Statutory Services
- Wellbeing Service
- Sexual Health
- Housing Related Service
- Prevention & Treatment of Substance Misuse

Health Improvement delivered an underspend of £0.593m. The main area of underspend was around the Smoking Cessation contract as a result of falling service demand, Water Fluoridation as a result of lower than anticipated costs and a £45k saving on the Healthy Living Pharmacy project which started later than anticipated in the year and will now roll into 2018/19.

Public Health Statutory Services was also underspent by £0.334m, this is due to Public Health consultancy and general staffing vacancies, a reduction in overheads spend, and the identification of a number of uncommitted budgets.

These large underspends were largely offset by an overspend in the Wellbeing service which included additional costs in the implementation cost of the Telecare service (£0.210m) and a £0.405m overspend within the Integrated Community Equipment Service due to increasing demand.

Within the Sexual Health service there was an underspend of £0.243m. The main areas of underspend related to the Sexual Health prescribing for Long Acting Reversible Contraception (LARC), GP LES IUD and Implants and out of county Genito Urinary Medicine.

Housing Related Support did overspend its original budget by £329k this financial year, this was covered by the additional IBCF income we received in 2017/18. Hence we are reporting this in this report as break even. This additional pressure in 2017/18 on the Housing Related Support Service is due to the fact that this contract (Domestic Abuse Floating Support Service) was due to be decommissioned in this financial year. However, a decision was taken after the budgets were set to continue the contract for the duration of 2017/18.

Prevention and Treatment of Substance Misuse costs were £0.105m underspent due to delays in two planned tender programmes.

5. Carers

The Carers Strategy aims to prevent or delay ongoing care needs by supporting adult carers so they are able to sustain their caring role, reducing the need for costly services in primary and acute care, and long term social care.

The strategy is also responsible for services provided to young carers helping to prevent inappropriate caring, helping to reduce the negative impact on the child's wellbeing and development by ensuring adequate support for the adult and to support the child to fulfil their potential.

The service ended 2017/18 with an underspend of £0.324m against a budget of £2.327m.

The number of Direct Payments to carers continues to be below historic levels due to changes in the eligibility criteria set out in the Care Act 2014. However following the implementation of the new carers contract there has been an increased uptake of personal budgets over the financial year.

During this year our provider, Carers FIRST has promoted a focus on early identification and support of carers providing a wide range of services including carers universal support services, community networks, information and advice as well as statutory assessments. This has been delivered within the allocated budget. This has been achieved despite a substantial growth in the number of carers supported in this way.

6. Safeguarding Adults

The Safeguarding Adults strategy aims to protect an adult's right to live in safety, free from abuse and neglect. The service works both with people and organisations to prevent and stop both the risks and experience of abuse and neglect ensuring that an adult's wellbeing is being promoted.

The Lincolnshire Safeguarding Adults Board discharges its function to safeguard adults on a multi-agency basis. This is led by an Independent Chair.

The final outturn for Safeguarding Adults was £4.92m, an overspend of £0.435m on a budget of £3.656m.

The service continues to see significant pressures due to the 2013 Cheshire West ruling regarding Deprivation of Liberty Safeguards (DOLs).

Whilst considerable work has been done to reduce the backlog this financial year, assessment activity in this area continues to increase, with an additional 800 assessments being received in the year than was originally budgeted for. However despite this, the backlog of assessments and reviews carried forward from last year have been significantly reduced by over 50% in the year – this is very welcome progress given the statutory nature of the activity and its impact on individuals. This was largely the cause of the planned overspend.

7. Better Care Fund

The Lincolnshire Better Care Fund (BCF) is a framework agreement between Lincolnshire County Council and the Lincolnshire Clinical Commissioning Groups (CCGs) and looks to pool funds from those organisations to help support the national and local objective of closer integration between the Council and the CCGs.

The total pooled amount in 2017/18 was £221.857m which included £54.817m that was allocated to the Lincolnshire BCF from the Department of Health and Social Care. This has increased to £230.391m in 2018/19.

Lincolnshire's fund is one of the largest in the country and includes pooled budgets for Learning Disabilities, Children and Adolescence Mental Health Services (CAMHS) and Community Equipment plus 'aligned' Mental Health funds from the County Council and the four CCGs.

In addition to the continuation of existing pooled funds, there are a number of other funding streams, these increases result from:

- Inflationary increases in CCG funding, and as a result in the CCG funding for the Protection of Adult Care Services
- The addition of the iBCF funding that was announced in the Chancellor's November 2015 budget totalling £2.105m in 2017/18, increasing to £14.249m in 2018/19
- The announcement of iBCF Supplementary funding in the Chancellor's March 2017 budget. This provides an additional £15.265m in 2017/18, this fund will reduce to £9.609m in 2018/19

Overall BCF funding from central government is expected to increase by £6.772m in 2018/19.

There is a requirement to ensure that the funding has a positive impact on performance in the areas of Delayed Transfers of Care, Non-Elective Admissions, Residential Admissions and positive outcomes following Reablement, these have been reflected in our plans.

8. Capital

Capital investment within Adult Care & Community Wellbeing is mostly delivered via a capital reserve. Adult Care & Community Wellbeing spent a total of £0.967m on capital expenditure in 2017/18. The majority of spend (£0.426m) was against the ongoing modernisation programme taking place across the remaining in house day care centres that the Council operate, with £0.180m used to purchase Telecare equipment and £0.169m on further development of the Mosaic IT System.

Within Wellbeing £0.178m was utilised as part of a Government initiative to install efficient heating systems in the homes of vulnerable people, funding for which was provided via a grant.

9. Conclusion

The Adult Care and Community Wellbeing final outturn for 2017/18 is £206.960m, an under-spend of £1.483m against a budget of £208.443m. This is the sixth year in succession that Adult Care & Community Wellbeing has been able to live within its budgeted allocation.

10. Consultation

a) Policy Proofing Actions Required

n/a

11. 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 Steven Houchin, who can be contacted on 01522 554293 or steven.houchin@lincolnshire.gov.uk .

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	04 July 2018
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

This item enables the Committee to consider its work programme, which is reviewed at each meeting. Members of the Committee are encouraged to highlight items that could be included for consideration.

Actions Required:

The Committee is invited to review, consider and comment on the work programme; and highlight any additional scrutiny activity which could be included for consideration in the work programme.

1. Background

Today's Work Programme

Set out below are the items on the Committee's agenda today: -

4 July 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Home Customer Experience Survey 2017/18	Carolyn Nice, Assistant Director, Adult Frailty and Long Term Conditions
Payment Arrangements for Residential Care and Residential Care with Nursing (Pre-Decision Scrutiny)	Carolyn Nice, Assistant Director, Adult Frailty and Long Term Conditions
Adult Care and Community Wellbeing Quarter 4 2017/18 Performance Report	Theo Jarratt, County Manager, Performance Quality and Information
Adult Frailty and Long Term Conditions Review Performance	Carolyn Nice, Assistant Director, Adult Frailty and Long Term Conditions
Adult Care and Community Wellbeing - Budget Outturn 2017-18	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

The items planned for the Committee are set out below: -

5 September 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing - Budget Monitoring 2018-19	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing
Quarter 1 Performance Report	Theo Jarratt, County Manager, Performance Quality and Information
Winter Planning 2018/19	Tracy Perrett, County Manager Special Projects and Hospital Services
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - 9 July 2018	Democratic Services

10 October 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Integrated Lifestyle Support	Derek Ward, Director of Public Health
Mosaic Update	Emma Scarth, Strategic Programme Lead for Mosaic
Government Green Paper on Care and Support for Older People	To be confirmed.

28 November 2018 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Wellbeing Service – Update Report, including: Telecare	Robin Bellamy, Wellbeing Commissioning Manager, Adult Care and Community Wellbeing
Quarter 2 Performance Report	Theo Jarratt, County Manager, Performance Quality and Information
Adult Care and Community Wellbeing - Budget Monitoring 2018-19	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - 18 October 2018	Democratic Services

16 January 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Budget Proposals 2019/20	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

27 February 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Quarter 3 Performance Report	Theo Jarratt, County Manager, Performance Quality and Information

Potential Items for Inclusion in Work Programme

- National Carers Strategy
- Joint Commissioning Arrangements.
- Alcohol Harm and Substance Misuse Services
- Local Government Association: High Impact Model

Executive Forward Plan

Set out in Appendix A to this report are the proposed decisions in the Executive's forward plan, which relate to the remit of this Committee.

Items Previously Considered by the Committee

A schedule of items previously considered by the Scrutiny Committee is set out in Appendix B.

2. Conclusion

Members of the Committee are invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

3. Consultation

a) Have Risks and Impact Analysis been carried out? - Not Applicable

b) Risks and Impact Analysis - Not Applicable

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

Appendix A	Forward Plan of Decisions within the Remit of the Adults and Community Wellbeing Scrutiny Committee.
Appendix B	Adults and Community Wellbeing Scrutiny Committee – Items Previously Considered

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

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

FORWARD PLAN OF DECISIONS WITHIN THE REMIT OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**From 1 July 2018**

Note: The proposed decision of the Executive below includes a recommendation, which if approved could impact on the work programme of the Adults and Community Wellbeing Scrutiny Committee.

DEC REF	MATTERS FOR DECISION	DATE	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	HOW TO COMMENT ON THE DECISION BEFORE IT IS MADE AND THE DATE BY WHICH COMMENTS MUST BE RECEIVED	RESPONSIBLE PORTFOLIO HOLDER AND CHIEF OFFICER	KEY DECISION YES/NO	DIVISIONS AFFECTED
1015755	Commercialisation and Commissioning Strategies	3 July 2018	Executive	Overview and Scrutiny Management Board	Strategic Commercial and Performance Manager Tel: 01522 552120 Email: george.spiteri@lincolnshire.gov.uk	Executive Councillor: Resources and Communications and Executive Director of Finance and Public Protection	Yes	All

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE

ITEMS PREVIOUSLY CONSIDERED

	2017				2018							
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov
Adult Care and Community Wellbeing Introduction	✓											
Better Care Fund		✓										
Care Quality Commission Update				✓								
Contract Management and Procurement					✓							
Director of Public Health Report								✓				
Director of Public Health Role								✓				
Domestic Abuse Services			✓			✓						
Extra Care Housing												
Healthwatch Procurement								✓				
IT Updates					✓							
Joint Strategic Needs Assessment	✓											
Local Account 2016-17				✓								
Local Government and Social Care Ombudsman						✓						
Managed Care Network for Mental Health							✓					
Residential and Nursing Care Fee Levels						✓						
NHS Health Check Programme							✓					
Shared Lives							✓					
Stop Smoking Service					✓							
Strategic Market Support Partner			✓									
Supported Housing						✓						
Standard Items												
Budget Items			✓		✓							
Performance Reports		✓	✓	✓			✓					
Safeguarding Boards Sub Group				✓		✓		✓				