



County Offices  
Newland  
Lincoln  
LN1 1YL

18 February 2020

**Adults and Community Wellbeing Scrutiny Committee**

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 26 February 2020 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln Lincs LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

A handwritten signature in cursive script that reads 'DBarnes'.

Debbie Barnes OBE  
Chief Executive

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

Councillors C E H Marfleet (Chairman), Mrs E J Sneath (Vice-Chairman), B Adams, Mrs P Cooper, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid, C L Strange and M A Whittington



**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA  
WEDNESDAY, 26 FEBRUARY 2020**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
<b>1</b>	<b>Apologies for Absence/Replacement Members</b>	
<b>2</b>	<b>Declarations of Members' Interests</b>	
<b>3</b>	<b>Minutes of the meeting held on 15 January 2020</b>	5 - 14
<b>4</b>	<b>Announcements by the Chairman, Executive Councillor and Lead Officers</b>	
<b>5</b>	<b>Care Quality Commission - Adult Social Care Inspection Update</b> <i>(To receive a report from Andrew Appleyard, Inspection Manager Lincolnshire, which provides the Committee with a position statement on the progress and themes coming out of the Care Quality Commission's (CQC) inspections of Adult Social Care services in Lincolnshire)</i>	15 - 22
<b>6</b>	<b>New Ways of Working in Social Care</b> <i>(To receive a report by Chris Erskine, Lead Professional, Adult Social Care and Paul Bassett, Head of Frailty and Long Term Conditions, which provides an overview of the development of initial conversations and assessments to support Adult Care and Community Wellbeing to build upon work to embed strengths and assets based working)</i>	23 - 28
<b>7</b>	<b>Adult Care and Community Wellbeing Performance Report - Quarter 3 2019/20</b> <i>(To receive a report by Katy Thomas, County Manager – Performance and Intelligence, Adult Care and Community Wellbeing, which provides the Committee with a full analysis of each indicator over the year)</i>	29 - 84
<b>8</b>	<b>Adult Care and Community Wellbeing Budget Monitoring 2019/20</b> <i>(To receive a report by Pam Clipson, Head of Finance Adult Care, which provides the Committee with information in relation to the projected outturn for the 2019-20 financial year)</i>	85 - 88
<b>9</b>	<b>Adults and Community Wellbeing Scrutiny Committee Work Programme</b> <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which provides the Committee with the opportunity to consider its future work programme)</i>	89 - 96

**10 CONSIDERATION OF EXEMPT INFORMATION**

*(In accordance with Section (100) (A) of the Local Government Act 1972, the following agenda item has not been circulated to the press and public on the grounds that it is considered to contain exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A of the Local Government Act, as amended. The press and public may be excluded from the meeting for consideration of this item of business)*

**11 New Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement**

97 - 134

*(To receive an exempt report by Justin Hackney, Assistant Director – Specialist Services and Safeguarding, in relation to a new Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement)*

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## **ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE 15 JANUARY 2020**

### **PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)**

Councillors Mrs E J Sneath (Vice-Chairman), R J Kendrick, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid, R A Renshaw and L Wootten

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

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care), Alex Craig (Commercial and Procurement Manager - People Services), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Justin Hackney (Assistant Director, Specialist Adult Services), Carl Miller (Commercial and Procurement Manager - People Services), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions), Professor Derek Ward (Director of Public Health) and Rachel Wilson (Democratic Services Officer)

### **46 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors B Adams, Mrs J E Killey, C L Strange and M A Whittington.

The Chief Executive reported that having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, she had appointed Councillors R A Renshaw and L Wootten as replacement members of the Committee in place of Councillors Mrs J E Killey and B Adams respectively, for this meeting only.

### **47 DECLARATION OF MEMBERS' INTERESTS**

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

### **48 MINUTES OF THE MEETING HELD ON 27 NOVEMBER 2019**

#### **RESOLVED**

That the minutes of the Committee held on 27 November 2019 be signed by the Chairman as a correct record.

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49     ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR, CHAIRMAN  
          AND LEAD OFFICERS

There were no announcements by the Executive Councillor or Lead Officers.

50     ADULT CARE AND COMMUNITY WELLBEING BUDGET PROPOSALS  
          2020-2021

Consideration was given to a report which detailed the Council's budget proposals for Adult Care and Community Wellbeing (ACCW) for the financial year 1 April 2020 – 31 March 2021. The report detailed the ACCW position within the Council Position and the assumptions made given the national context.

Members were advised that the directorate had proposed a balanced budget for 2020-21. There had been an assumption that the £14.7m allocated for Adults' and Children's Social Care for 2019-20 was one off funding for one year only. However, since publication of the report, it had been announced that this funding would be allocated for every year of this Parliament. This would be factored into future budgets.

Pressures and savings in each of the delivery strategies had been identified, but they were not highlighting any risks, and a balanced budget continued to be forecasted. It was confirmed that this was a one year budget, but the finance team was working with the assistant directors on a medium term financial strategy which would run to 2023.

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

- It was queried why the Carers Service had been transferred into Public Health during 2019-20, and it was noted that a number of services had been consolidated into three delivery strategies for 2020-21. However, this did not materially affect the proposed funding levels for the service. The three delivery strategies reflected a connection between the services. For example, Public Health had a lot of experience around prevention, which was an important aspect of a carer's role. It was also highlighted that the Wellbeing Service was located within Public Health and the Carers Service worked closely with this Service.
- In terms of the proposed savings from reduction in staffing costs, it was queried how this would be achieved, and members were advised that these were being brought about as a service was due to be transferred to a different directorate.
- In terms of the increase in service user contributions, it was queried what this increase would equate to per service user. It was reported that the authority had overachieved in terms of service user contributions, and the income which was generated helped to manage the overall budget expenditure. Members of the Executive had been vigilant that the authority was not overcharging people, and charges had been set in the mid-range.

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- It was reported that there had been improvements in the financial assessment process, so there were now not as many outstanding.
- In relation to the costs of delivering existing services using technology, it was queried how this would be funded. It was noted that this would just be a different way of procuring the existing service, and the majority of the funding would come from the Council's capital budget; using existing funds differently or grant funding. However, a lot of the technology had already been paid for, and in some cases, the authority was taking part in a pilot of different models of working.
- As the authority was over-performing in terms of charges, it was queried whether as a result, some people would be able to pay less. Members were advised that the charging policy was specified by the Care Act 2014 and the County Council had to follow this legislation in developing its charging structure. It had been calculated that about 137 service users would need to pay slightly more than previously, but officers were working with these families on a one to one basis.
- There would be continued funding of £5.7million for social care support grant and the winter pressures grant; the latter of which would be consolidated into the improved Better Care Fund and would continue at 2019/20 levels.
- In relation to the Public Health Grant, it was noted that a final announcement of the amount was still awaited. However, officers were confident that the authority would not see a reduction in the amount of funding, but it was expected to contain a real terms increase of one per cent and so officers had been very cautious in their assumptions when preparing the budget proposals.
- Details on the Government's Comprehensive Spending Review were now expected later in the year, and would not be included within the Chancellor's February budget statement. It was hoped that the Comprehensive Spending Review would include reference to things such as the fairer funding campaign, and also recognition of the costs of running services in rural areas.
- In relation to the Wellbeing Service, it was queried whether if everyone knew they could access it, would it need a bigger budget. Members were advised that it was a targeted service, it was expected that over 8000 people would access this service. It was noted that the contract had been let to the district council, and it was expected that they would promote it.
- It was queried how the Executive Director would spend any additional money if it became available. Members were advised that some large scale contracts were due for renewal during 2012/22 and could increase the scale of financial pressure. These were included in the proposed 2020/21 budget.

**RESOLVED**

1. That the Committee support the cogent budget proposals for 2020-21 for Adult Care and Community Wellbeing.
2. That the Committee's congratulations be recorded for Adult Care and Community Wellbeing for consistently balancing its budget for the last seven completed financial years, with an expectation that 2019-20 would represent an eighth year; given the challenges and demands facing the service, and the

overall reduction of funding from local government, this represented a significant achievement.

## 51 HEMEARE

The Committee received a report which invited members to consider the case for re-commissioning the existing homecare contracts on a broadly similar model however with a small number of significant changes to how the service functioned. It was reported that the Council currently commissioned twelve zone based contracts to deliver Homecare across the County. These arrangements were due to come to an end on 30 June 2020.

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

- It was commented that the paper was excellent and the changes to allow extra time for personal care calls and time for travel were welcomed and demonstrated initiative in terms of how the authority was trying to tackle some of the rurality issues in delivering homecare.
- It was encouraging to see engagement with both providers and service users.
- It was noted that turnover of staff was one of the major problems for providers. It was acknowledged that making social care an attractive proposition as a job was a challenge, and there were a number of initiatives to encourage retention. The nature of what the job entailed meant that pay wasn't always a driving force in encouraging people into these roles. The offer from organisations was critical (training etc.), and retention was monitored closely, along with the staff turnover rate as it gave an indication of quality.
- It was clarified that the extra rural rate was an enhanced rate. The Authority would make the decision on whether this rate should be applied based on the location of the calls and the number of calls in that area. It was possible to see where it was more challenging to commission care.
- It was suggested that there was a need to promote more courses that would encourage people into social care work. Linca (Lincolnshire Association of Carers) was a strategic partner of the Council and they had a range of programmes and skills for care work, however, it was mainly care workers that accessed these courses. There was a need for the development of a career path nationally as it could be difficult for home care workers to gain these qualifications.
- There was also community learning available, which focused on people who had not had a job, or had stopped working due to family circumstances.
- It was commented that there was a stigma attached to this type of work, and it was felt that the importance of the role was not highlighted enough, and there were many other opportunities which could come from this experience.
- Nationally and locally Linca and the County Council had been leaders in the Nursing Associate Programme. There was a need to look at what could to give people a different role and how to make this work a viable and attractive option.

- It was commented that things were moving forward in a positive way, and being a carer was a vocation rather than 'just a job'.
- Carers would have their fitness assessed for a range of factors including moving and handling. Every home care provider was contract managed on a monthly basis, and spot checks would be carried out on different areas, such as training of carers. It was highlighted that carers would not be asked to lift people, in cases where people may need that type of assistance, an occupational therapist would attend to assess their needs.
- There was a need to raise the status of carers, but it was difficult to make people realise that they did a valuable job.
- It was confirmed that the additional rural rate was a supplementary payment, and anything that would raise the profile of the sector was positive.
- One member commented that she had attended some of the events that were held to celebrate the work of carers and had found that approximately 90% of the people she spoke to said they loved their job.
- Where a call was relating to personal care, it was important that a person was assessed according to their needs.
- In terms of procurement, the UK law had the same requirements European Union law, but there was also Social Care law to take into account, and aspects of that meant that some of the normal steps did not need to be followed.
- It was queried whether there would be a cost to the authority for the increase in the national minimum wage. Members were advised that that the budget did take into account things such as this increase. The market was very supportive and responded well. It was noted that the government compensated councils for this increase by introducing the adult social care council tax precept. The challenge was that the precept did not apply equally across the country. Lincolnshire was somewhere in the middle in terms of where its precept was set. It was also an issue that the council tax precept was slightly under the living wage growth, and if it was not factored into future funding it would become a cost pressure.
- The Committee welcomed this piece of work and acknowledged that the procurement team had worked really hard on this, and had got a good model in place.

## RESOLVED

1. That the Committee supported the recommendations to the Executive as set out in the report.
2. That the following additional comments be passed to the Executive in relation to this item:  
*The Committee recognised the extensive work which had been undertaken in preparation for this procurement exercise, including the engagement which had taken place both with service users and the potential providers of these services. The proposed contract would build on the strengths of the existing contract, and a contract period of five years, with an option for two further years, was supported.*

*The Committee was pleased to see the proposed contract including a minimum of thirty minutes for a visit where a service user required personal care. The proposed introduction of extra rural rates and a floating support team was strongly supported, as they would provide sustainability and resilience for the service.*

## 52 HOME-BASED REABLEMENT SERVICE PROCUREMENT

The Committee received a report which invited members to consider the commissioning and procurement of the Home Based Re-ablement Service, which was due to be considered by the Executive on 4 February 2020.

It was reported that the Home Based Re-ablement Service was designed to help people learn or relearn the skills necessary for daily living which had been lost through illness, deterioration of health and/or increased support needs. The service offered outcome focussed, person centred care and support in the service users own home, designed to optimise their independence for a period of up to six weeks per user episode.

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

- It was commented that this was an excellent piece of work particularly including the pilot scheme within the procurement and that the report was well written and thought out.
- One member commented that they were very supportive of the pilot to increase the eligibility for the re-ablement service.
- It was commented that the success of re-ablement depended on how the individual responded as well as the quality of the support to encourage the person to participate.
- The performance with the existing provider was very good, and was above target. This was a measure of the quality of the service that the provider was providing. The cohort of staff had moved in its entirety across to Libertas (current provider) after the previous provider, Allied Healthcare, had gone into administration in December 2018. This had meant that a successful balance of the home care offer and re-ablement had been achieved.
- In terms of re-ablement in a bed based setting, the transitional care beds were used as step up/step down beds. The specification for these beds was very different. The aim of re-ablement was to encourage people to return home and remain independent.

## RESOLVED

1. That the Committee support the recommendations to the Executive as set out in the report.
2. That the following additional comments be passed to the Executive in relation to this item:

*The re-ablement service supported the principles of prevention and early intervention and aimed to improve the quality of life of individuals and reduce more intensive (and costly) interventions at a later stage. In line with these principles, the Committee welcomed the proposed pilot scheme, outlined in section 5.3 of the report, which would broaden the eligibility for the re-ablement service. The Committee looks forward to a positive outcome from the pilot scheme.*

*The Committee also recorded its gratitude to the officers, whose prompt and decisive action during the existing contract period ensured minimal disruption to service users, following the withdrawal of Allied Healthcare and the novation of the contract to Libertas.*

### 53      RE-PROCUREMENT OF COMMUNITY SUPPORTED LIVING SERVICES

The Committee received a report which invited members to consider the re-procurement of Community Supported Living services which was due to be considered by the Executive on 4 February 2020.

It was reported that the Community Supported Living – Open Select list was a framework agreement of approved providers who could meet care and support, and if appropriate, accommodation needs for vulnerable adults across Lincolnshire. The current framework had 38 providers approved to deliver services, and there were 21 active at this time.

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

- It was commented that the nomination rights and sharing the costs of voids were very important.
- It was queried how this service worked in practice to help someone, and members were advised that it would be used by an individual, living in the community independently, and they may receive personal care but they may also want to go on shopping trips. This service would help them to achieve this by helping them understand public transport for example. It can also help people to access opportunities for volunteering. Staff would work with an individual to design a support plan and work with them to make their aspirations a reality.
- This service was about empowering people to make a contribution to the community.
- It was noted that most people using this service were working age adults.
- It was queried whether there was anything further in relation to sleep in support. Members were advised that the way that the authority supported sleep in support was supportive of the market. If the supreme Court were to uphold the Court of Appeal's ruling that sleep-in support should be considered as working time then the authority's current position would still be tenable. However, there would be two elements to consider, one would be around revenue costs, and the other around back dated pay, which could be up to six

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years. The Council had set aside a contingency fund for this. The judgement from the Supreme Court was expected by July 2020.

- It was commented that it was not always helpful to compare rates with what other authorities paid for care, as there were other aspects to consider.
- It was noted that the authority was about to embark on a residential rate review. The rates were critical, however, this time officer would also be looking at a number of other factors as there was a need for the services to be sustainable.

#### RESOLVED

1. That the Committee support the recommendations to the Executive as set out in the report.
2. That the following additional comments be reported to the Executive:  
*In relation to the proposed changes to the contract (section 10[a]-[d]), the Committee strongly supports the proposal for a nomination agreement to proposals (section 10[c]). The Committee also welcomes the proposals for incentivising providers to bid lower than ceiling rate (section 10[b])*

*Section 8 of the report refers to court cases on 'sleep in support', with the Supreme Court expected to make a decision by July 2020. The Committee was advised that depending on the Supreme Court's decision, there were two potential financial impacts to the Council: the requirement for backdated pay to staff; and the consequences for the service's budget in the future. In relation, to the former a contingency reserve had been established by the County Council.*

#### 54 PRESENTATION ON THE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

The Committee received a report and presentation from the Director of Public Health on the health of the people of Lincolnshire. Members were advised that the subject of this year's report was the burden of disease in Lincolnshire.

It was reported that one of the statutory duties of each local Authority Director of Public Health was to produce an independent report on the state of the health of the people they serve on an annual basis. Local authorities had a statutory duty to publish the report. The full Annual Report document was available on the Council's website, and to support the published document, a video and slide deck had also been published and these were shown to the Committee.

The presentation provided further information in relation to the following areas:

- What is the Global Burden of Disease (GBD) Method
- Why use the Global Burden of Disease?
- The history of the Global Burden of Disease
- What makes up the Global Burden of Disease
- Lincolnshire Burden of Disease
- Disability Adjusted Life Years (DALY)



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- Years Lived with Disability (YLDs)
- Lincolnshire's Top 10 DALYs
- Lincolnshire's Top 10 YLLs (Years of Life Lost)
- Lincolnshire's Top 10 YLD
- Years Lived with Disability – top contributing conditions by age in Lincolnshire 2017
- Risk factors in Lincolnshire DALYs

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

- The video had been produced by the Communications Team and had been based on the draft report and would be circulated on social media. There was a move towards using more infographics and videos to present information to the public.
- The Stop Smoking service was doing well, and referrals were starting to come through for the weight loss aspect of the service. One You Lincolnshire was a shared campaign as it was joint funded with the NHS.
- In the NHS Long Term Plan, prevention and self-care were big priorities.
- The over 65 age group was predicted to increase by 35% in Lincolnshire.
- It was noted that there was a lot that could be done to reduce the impact of mental health conditions, and it was confirmed that this included conditions such as anxiety.
- It was confirmed that there was a link between the prevalence of musculoskeletal conditions and opioid addiction. Members were advised that the Health Scrutiny Committee for Lincolnshire were aware of this issue and the model for pain management in Lincolnshire had changed with more focus on CBT and physical activity and weight loss as much better treatments for musculoskeletal conditions. It was commented that there were some very simple exercises that could relieve back pain. It was commented that if people were able to refer themselves to a physiotherapist they would get better clinical outcomes within quicker timescales.
- It was data and evidence that drove how changes were made to services, including where they were located. However, it was commented that services were close enough for people to be able to access the services easily.
- High blood pressure and cholesterol were the biggest risk factors to health in Lincolnshire. These were predominantly affected by diet.
- In support of the NHS Long Term Plan it was proposed to have primary care networks that were GP led.
- It was suggested that if people stopped smoking, followed a healthy diet and exercised regularly, this would have a big impact on a lot of conditions.
- It was queried whether it was correct that statins worked better for men than women, and members were advised that there were other factors involved, but were highly effective when prescribed appropriately.

**RESOLVED**

That the report and presentation be received and contents noted.

**55     ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
WORK PROGRAMME**

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

It was suggested that the Better Care Fund report for the 26 February 2020 be moved to a future meeting.

**RESOLVED**

1. That the Committee's future work programme be noted, subject to the above amendment.
2. That two workshop meetings take place to consider the topic of rural and coastal communities; and that members of the Health Scrutiny Committee be invited to attend.
3. That it be noted that the following decisions had been made by the Executive Councillor for Adult Care, Health and Children's Services on 2 December 2019 following consideration by the Committee on 27 November 2019.
  - Direct Payment Support Service (Minute 40)
  - Block Transitional care and Reablement Beds Re-Procurement (Minute 41)
  - Lincolnshire Independent Advocacy Services Re-Procurement (Minute 42)

The meeting closed at 1.05 pm

## Open Report on behalf of the Care Quality Commission

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>26 February 2020</b>
Subject:	<b>Care Quality Commission - Adult Social Care Inspection Update</b>

### Summary:

This is a short report to provide the Adults Scrutiny Committee for Lincolnshire with a position statement on the progress and themes coming out of the Care Quality Commission's (CQC) inspections of Adult Social Care services in Lincolnshire.

When considering this report it is important for the Committee to bear in mind that the CQC is not subject to Local Authority Scrutiny, and the relationship is an informal one based on an understanding, trust and joint aspiration to improve services by sharing insight and complementing each other's roles. The Committee is asked to bear in mind that the CQC is neither a commissioner nor a provider of services. The role of the Care Quality Commission is to monitor, inspect and regulate all health and social care services in England to ensure that they meet fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008.

### Actions Required:

- (1) To consider the information presented on the themes arising from the Care Quality Commission's inspections of Adult Social Care services in Lincolnshire to date.

## 1. Care Quality Commission Inspection Arrangements

The Care Quality Commission (CQC) began inspecting with the new approach in Lincolnshire and across the country in October 2014. On 1 November 2017 the inspection methodology changed slightly to incorporate changes to the Key Lines of Enquiry (KLOEs). There are currently 422 locations registered in Lincolnshire for the provision of adult social care, of which 76 are registered to provide nursing care. This number has reduced since the last time we attended this meeting in 2017 from 83, which in turn was a reduction on the previous figures in 2016. This is a somewhat worrying national trend. However, there is an increase in domiciliary care provision as more people are being supported within their own homes.

## Inspection Arrangements

As well as an overall rating for each service, the CQC rates each of the five key questions which are: Is the service Safe? Is it Effective? Is it Caring? Is it Responsive? and, Is it Well-Led? Ultimately this is how the CQC reaches the overall rating for the service.

Each service and each key question or domain can be rated:

- Outstanding
- Good
- Requires improvement
- Inadequate

## **2. Inspection Findings for Lincolnshire**

The CQC has inspected and published ratings on 385 of the 422 Adult Social Care services that are registered in Lincolnshire. This is because newly registered services must be inspected within one year of the registration. The information below is a summary of the CQC's findings. A number of these services have been inspected several times. When a service is rated *Inadequate* the CQC must inspect again within six months of the publication of its report. If a service is rated *Requires Improvement*, the CQC must inspect within a calendar year of its report being published. If a service is rated *Good* or *Outstanding*, the CQC does not return for up to two and a half years.

Where providers are failing to meet the fundamental standards of care the CQC has taken enforcement action in the form of requirement notices, warning notices, conditions, cancellation of registration, placing a service into special measures or, if appropriate, prosecution.

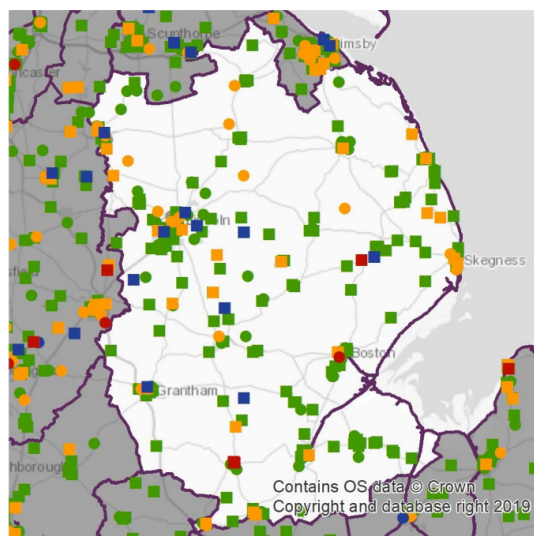
## Lincolnshire Ratings

Overall ratings in Lincolnshire are slightly different from the national perspective, which is shown below, along with, what the CQC terms as comparators (local authorities with similar demographics, age, deprivation, ethnicity, local authority funding etc).

Comparator Local Authority Name
Devon
Somerset
Staffordshire
Suffolk
Cumbria
Gloucestershire
Leicestershire
North Yorkshire
Worcestershire
Warwickshire
Essex
Lancashire
Derbyshire
Norfolk
Nottinghamshire

Comparator Local Authority Name - 2019
Devon
Somerset
Staffordshire
Suffolk
Warwickshire
Derbyshire
Norfolk
Nottinghamshire
Leicestershire
North Yorkshire
Worcestershire
Essex
Lancashire
Cumbria
Gloucestershire

This map shows the overall ratings of active adult social care locations in Lincolnshire. There may be multiple locations in one position so not all locations may be visible



CQC data accessed on 22 October 2019

Nursing homes - see circles on map					
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (1)	22% (17)	70% (53)	0% (0)	7% (5)
England	2%	20%	69%	4%	4%
Comparators	2%	20%	68%	6%	3%
Residential homes - see squares on map					
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (3)	12% (25)	80% (171)	5% (10)	2% (5)
England	1%	13%	79%	3%	3%
Comparators	1%	13%	78%	4%	3%
Domiciliary care agencies - not shown on map					
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (1)	16% (16)	59% (61)	7% (7)	17% (18)
England	1%	11%	66%	4%	19%
Comparators	1%	8%	71%	5%	15%
Community care services - not shown on map					
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	3% (1)	7% (2)	59% (17)	0% (0)	31% (9)
England	0%	8%	72%	4%	16%
Comparators	0%	7%	77%	4%	13%

## Ratings - Key Information

368 registered services: *Outstanding* 17 (5%), *Good* 302 (71%), *Requires Improvement* 60 (14%), *Inadequate* 6 (2%), *not inspected* 37 (8%).

1% of nursing homes in Lincolnshire are rated as *Inadequate*, compared to a national and comparator average of 2%. You can see that for the other domains, the Lincolnshire statistics align closely with the national average for nursing homes.

80% of residential homes are rated *Good* which is slightly better than the national and comparator average. 5% of residential homes are rated *Outstanding*, which again, is slightly better than the national and comparator average. So, 85% of Lincolnshire's residential homes are rated as *Good* or better which is a very positive picture.

1% of domiciliary care services are rated *Inadequate* which is in line with the national average. However, 16% of services are rated *Requires Improvement* which is high compared to comparators and the national average. It is important to note that 66% are rated as *Good* or better, with 17% not yet inspected which could really change this picture.

The data shows that, overall there are six services rated as *Inadequate*, but it can be reported that two of those services very recently inspected and significant improvements were found, so this picture will change. When four services are *Inadequate* that will bring Lincolnshire in line with the national average having 1% of services rated *Inadequate*.

Adult Social Care services in Lincolnshire are performing well. Obviously, there is always room for improvement but if we look at the percentages for the rated services;

- 5% are rated *Outstanding*
- 78% are rated *Good*

- 15% are rated *Requires Improvement*
- Two are rated *Inadequate*
- 83% of services are rated *Good* or better which is a positive position.

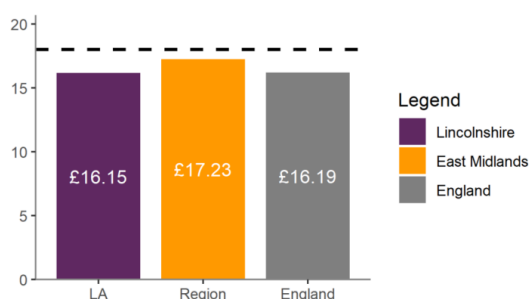
#### Key themes;

- Importance of leaders who are visible, engage widely with people who use services and staff, promote a strong culture of safety, put in place robust governance systems and plan their resources well.
- Having the right number and mix of staff, with the right skills, at all times is integral to providing safe, high-quality care.
- Contributory factors were staffing levels, understanding and reporting safeguarding concerns, and poor medicines management. Lack of appropriate governance systems, particularly in those services who are repeatedly *Requires Improvement*, are having a detrimental impact upon ratings.
- Having a consistent registered manager in post has a positive influence. Outstanding leaders demonstrate passion, excellence and integrity, collaborate with staff and the provider, and ensure people's views and wishes are at the centre of their care. There are currently 25 locations in Lincolnshire without a registered manager.

## Funding - LA ASC costs



Average cost of an hour of homecare

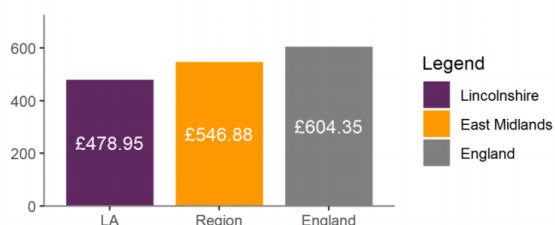


This chart uses figures from the 2018 UK Homecare Association report to show the average cost of an hour of homecare within the selected LA compared to the wider region and England. Data collected via FoI requests submitted to each council for their average cost during a week in April 2018.

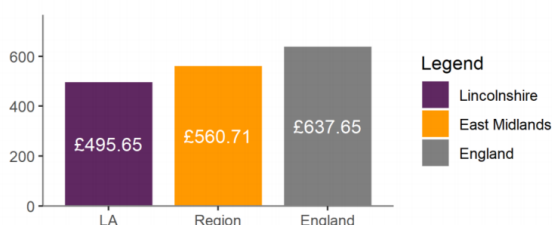
The UKHCA also calculated a minimum price of £18.01 per hour of homecare, represented as the dotted line on the chart. UKHCA's minimum price is designed to cover the cost of an hour of homecare commissioned by local authorities, while enabling providers to meet their legal obligations (including the National Minimum Wage) and the ability to run a sustainable business. The UKHCA have also set a minimum price of £18.93 for April 2019.

The charts below are taken from the 2017/18 Adult Social Care Finance Return (ASC-FR) and relate to people aged 65+

Average weekly cost of residential home placement



Average weekly cost of nursing home placement



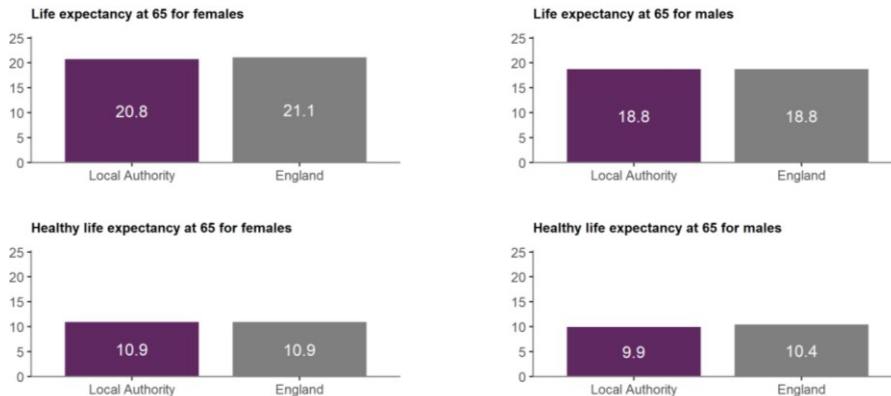
This table shows that Lincolnshire is not one of the highest fee payers in East Midlands, but is not far behind the national average.

The next table shows the average time people are living over the age of 65 and the healthiness of those people.

## Context - life expectancy



This slide compares life expectancy at age 65 (the average number of years a person would survive if they experience the age-specific mortality rates for their area) to healthy life expectancy at age 65 (the number of years a person can expect to live in good health). This provides context on the population health of older people living in the selected LA which may aid in assessing performance on other indicators and identifying the drivers of life expectancy and healthy life expectancy.



People in Lincolnshire will live 18 years over 65. An average of 83 years old may be an easier way to say it. Unfortunately, 10 or those years will be with substantial ill health.

### 3. Care Quality Commission - State of Care Report

#### Key Findings: Overall

Each year, the CQC publishes a national state of care report. The most recent report, *The State of Health Care and Adult Social Care in England 2018/19*, was published on 14 October 2019. Its key findings are:

- Most health and adult social care services in England are providing good quality care, despite a challenging environment.
- When re-inspected, services that were originally rated as inadequate have improved strongly.
- 83% of adult social care services originally rated as inadequate and re-inspected improved their rating.
- Among NHS acute hospitals, twelve out of the 15 hospitals originally rated as inadequate improved on re-inspection.
- All of the nine NHS and independent mental health services originally rated as inadequate and re-inspected improved their rating.
- There was also positive movement, though not as strong, from requires improvement to good.

Where the CQC has re-inspected providers originally rated as good overall, the majority have remained good. However this is not always the case.

- 26% of mental health services had a lower rating following re-inspection.
- 23% of adult social care services had a lower rating following re-inspection.
- 18% of acute hospitals had a lower rating following re-inspection.
- Only 2% of GP practices had a lower rating following re-inspection.

### Key National Findings: Adult Social Care

Over three-quarters (78%) of adult social care services were rated as *Good*. However, 19% were rated as *Requires Improvement* and 1% (303 locations) were rated as *Inadequate*.

Of the five key questions that the CQC inspects against, Caring is consistently rated the highest – more than nine out of every 10 services are rated as *Good* (92%) or *Outstanding* (3%). Safe and Well-Led have the poorest ratings, with 21% rated as *Requires Improvement* and 1% rated as *Inadequate*. This is due to how the regulations come through the reports. Regulation 12 [Safe Care and Treatment] and Regulation 17 [Good Governance] are the most frequently breached. They sit in the Safe and Well-Led domains respectively.

Strong leaders continue to play a pivotal role in high-performing services. Registered managers that took an innovative approach, were known to staff, people using the service, carers and families, and that were open to their feedback had a positive impact. Comparatively, services with no registered manager are statistically more likely to be rated as *Requires Improvement* and *Inadequate*, as are services that have little input from provider and nominated individuals.

A clear focus on person-centred care is one of the main drivers in services rated as *Outstanding*. In these services, staff were enabled to spend time with and get to know people as individuals, understanding their interests, likes and dislikes.

The CQC responsible for regulating services, that means the CQC inspects and takes action when it identifies poor care. The CQC uses its powers to ensure providers and registered managers tackle problems and put things right for the benefit of people using services, their families and carers. As referred to earlier in this report, the common themes are issues relating to a lack of good governance, issues relating to safe care and treatment, but also with low staffing levels and failures to deliver person-centred care.

The *Quality Matters* joint commitment has been developed to ensure that staff, providers, commissioners and funders, regulators and other national bodies all play their part in listening to and acting on the voice of people using services, their families and carers.



#### 4. Conclusion

The Inspection Manager for Lincolnshire took up his post recently and has stated that since that time he cannot speak highly enough about the openness of his local authority colleagues. He attends a monthly meeting with a range of healthcare professionals, chaired by the Council's Head of Commercial Services. The meeting discusses issues impacting all services and specific providers that are causing the CQC concern. All colleagues work closely with one another to ensure people receive safe, effective, responsive and well-led care.

The CQC will continue to work closely with the clinical commissioning groups, safeguarding colleagues, the local police and fire services to protect people who use services.

#### 3. Consultation

##### a) Policy Proofing Actions Required

N/A

#### 4. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document Title	Where the document can be viewed
CQC local area profile 2020	Care Quality Commission

This report was written by Andy Appleyard, Inspection Manager Lincolnshire, who can be contacted via [andrew.appleyard@cqc.org.uk](mailto:andrew.appleyard@cqc.org.uk) or 03000 616161.

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>26 February 2020</b>
Subject:	<b>New Ways of Working in Social Care</b>

**Summary:**

This item is to provide an overview of the development of initial conversations and assessments to support Adult Care and Community Wellbeing to build upon work to embed strengths and assets based working. It will focus on progress to date, emerging evidence and future plans.

**Actions Required:**

- (1) To consider the progress to date.
- (2) To comment on the future planned actions.

## **1. Background**

Lincolnshire County Council is driven by the aspiration to support people to live a good life and improve their outcomes. Resources are limited but strengths-based approaches have been shown to deliver better outcomes for less. It is well known that the population is ageing and the number of people over the age of 75 is likely to double in Lincolnshire in the next 30 years.

Strengths-based approaches are an enabling model of practice which focuses on helping people to achieve the highest possible level of independence, supporting them in the context of their own families and support networks. The approach promotes staff to work in partnership with a person and their loved ones to identify and meet needs. The person is empowered and supported to identify solutions to meeting them in their own networks. People are assisted to maximise the use of their own resources, whilst making full use of community services and most importantly, exercising their right to choice and control.

We are testing the approach of a *Lincolnshire Initial Conversation* when working with people and their families who approach the Local Authority for support. This requires that we listen to, and focus on, the assets and strengths of people, who come into contact with Adult Care and Community Wellbeing Teams.

The *Lincolnshire Initial Conversation* begins at first contact when we gather information in a process which should be positive for people, exploring their strengths, support networks and opportunities to remain independent. The assessment should be conversation based and proportionate. It will capture the person's needs, goals and may be the only formal intervention that is required. This includes anyone who is referred to Adult Care Teams.

The aim of this approach is to provide a better experience for the people we work with. The *Initial Conversation* will reduce delays, disproportionate or unnecessary assessment and cancelled assessments. Staff will work with people in a strengths-based way to connect people with their communities to improve their outcomes. A strengths-based approach is in reality a way of making sure assessments are still carried out where we have a duty to do so, but that the assessment is carried out more proportionately.

## **National Evidence**

Similar models have been adopted to varying degrees by a number of councils across the country, notably by Norfolk County Council, Leeds City Council, Essex County Council, Reading Council and Medway Council. Locally, Derbyshire County Council is working towards embedding a similar approach. The approach is underpinned by providing protected environments in which social care staff can work in a truly proportionate, strengths-based way, stripping back processes and bureaucracy to create capacity for more direct work with people.

Survey evidence suggests that workers' well-being, job-satisfaction and productivity rises, fostered by the opportunity for workers to innovate and lead the changes.

There is a growing evidence base from other areas such as Thurrock, Somerset and Wigan. This has been highlighted in a report by Think Local Act Personal and demonstrates the benefits of strengths-based approaches in delaying the need for formal care services, which may provide savings. (*Reimagining Social Care: A Study in Three Places – Thurrock Somerset Wigan - Think Local Act Personal 2019.*)

## **Legal Context - Care Act 2014**

The Care and Support (Assessment) Regulations 2014 state that: 'a local authority must carry out an assessment (under section 9, Care Act 2014) in a manner which is appropriate and proportionate to the needs and circumstances of the individual.' The *Lincolnshire Initial Conversation* model provides the opportunity for a proportionate assessment conversation. It combines the professional judgement, knowledge and skills of staff with the views expressed by people with care and support issues.

The *Initial Conversation* is based on what 'people want to tell us'. Sections 1 and 2 of the Care Act and Chapters 1 and 2 in the Care and Support Statutory Guidance describe the duties of councils to promote wellbeing and to reduce, prevent, or delay any needs arising - including delaying a person's need for funded social care.

## **Our Journey So Far**

Since the introduction of the Care Act 2014, we have invested time in embedding strengths and asset based approaches; revising our assessment tools, practice guidance, practice standards and procedures to support this approach. Training and development has been delivered at all levels of Adult Social Care to ensure consistency of approach and understanding.

Senior leaders have given their permission to lead innovative practice supporting practitioners to have different conversations with people. We have built links with community resources and services to ensure we are continuing to support community capacity at a local level, this includes work with voluntary services, churches, neighbours, etc.

All new people who present to Adult Care receive a comprehensive needs assessment. Of those people, only 37% required on-going support from the Local Authority. There is potential for up to 63% of people to have a proportionate assessment, using the *Lincolnshire Initial Conversation*, rather than a traditional assessment. We believe this will reduce unnecessary traditional Care Act needs assessments, which will free up practitioner time and ensure residents who require a full assessment can have it in a timely way.

Our ambition is to build on the work we have completed so far which has included promoting a culture of strengths-based working and more recently prototyping a *Lincolnshire Initial Conversation* model in two area teams. As a natural development of this work, we are testing and evaluating the *Lincolnshire Initial Conversation* approach further across the county. This work is due to begin in February 2020 and will include all Adult Frailty Teams in the East Area.

## **The Benefits of the *Lincolnshire Conversation***

The Lincolnshire Initial Conversation approach has the potential to have a positive impact on customer experience, including reducing waiting times for this proportionate assessment compared to more traditional assessment approaches. It also has the potential benefit of freeing up practitioner time to do more direct work with customers to connect them back into their communities where support may lie.

This involves: speaking to customers about the reasons for contact; using a strengths-based approach (what is working well in their lives at present) and building on the information and advice given at the Customer Service Centre. All contacts are risk assessed and follow up contact will be made with the person to ensure we are managing and assessing people appropriately.

Indications are that where this approach has been tested it has reduced the level of assessment demand, as a conversation and provision of local advice and support can meet the person's need. Waiting times have been reduced and there are now no longer waiting lists as cases are allocated immediately. The number of assessments completed within 28 days has increased and there has been a reduction in the number of complaints by over 50% in the last year.

## **2. Conclusion**

Strengths-based working, delivered using the proposed *Lincolnshire Initial Conversation* approach, will help Adult Care to embed an enabling model of practice which focuses on helping individuals to achieve the highest possible level of independence, supporting them in the context of their own families and support networks. *Initial Conversations* will support joined up working across Lincolnshire with the integrated accelerator sites, already using this and joining up *initial conversations* with colleagues across the system.

Development events will take place in January 2020 in the East Adult Frailty and Long Term Conditions Teams, followed by Learning Disability Teams. This will continue to support and embed the approach. However, we must continue to aim to create a permissive environment at all levels of the organisation. Further evaluation of this model will begin in February 2020 and will include all Adult Frailty Teams in the East Area, followed by Learning Disability Teams. It will provide the opportunity to embed and evaluate the *Lincolnshire Initial Conversation* and consider using it across the county in the future.

## **3. Consultation**

This is not a direct consultation item, although the Committee may provide feedback on the approaches to social care set out in this report.

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Adult Care and Community Wellbeing 'Plan on a page'

This report was written by Chris Erskine & Paul Bassett, who can be contacted on 01522 550661 or [chris.erskine@lincolnshire.gov.uk](mailto:chris.erskine@lincolnshire.gov.uk) or [paul.bassett@lincolnshire.gov.uk](mailto:paul.bassett@lincolnshire.gov.uk).

## Initial Conversation: plan on a page

The Initial Conversation. 'Working together to enable people to live life with independence, choice and control in a supportive community'. An Initial Conversation is a process not an event – it starts from when we begin to gather information. An initial conversation should be empowering for people, exploring their strengths, support networks and opportunities to stay independent. They should be conversation based, proportionate and may be the only formal intervention that is needed. The scope of this includes anyone new who is referred to Adult Care Teams.

**Deliverable One: Initial****Conversations**

People will experience a person-centred approach through an initial conversation, coordinated by a dedicated Worker/s. This will focus on what matters to the person and their family, taking a strengths-based, preventative approach.

- Scope: All new customers referred to Adult Care Teams.
- Initial conversation will be with the teams dedicated 'worker/s'
- Initial Conversation may be over the phone or as part of a 'Community drop-in'. Practitioners who visit customers will also have an initial conversation.
- There should not be more than 2 'Initial Conversations'.
- When a personal budget service is required, customers will progress to a more comprehensive Adult Care Needs Assessment.
- The conversation will be a joined up conversation which considers other organisations and professional support, as well as community assets.
- This will be recorded on the 'Initial Conversation' in MOSAIC.
- A copy of the conversation will be provided to the customer and/or representative.
- Customers will be contacted 1-2 weeks after the Initial Conversation to track progress and to measure impact for those who don't require further assessment.

**Overseen through the following governance arrangements**

- Weekly oversight from quality group.
- Highlight reporting to the County Managers.
- Bi monthly reporting to the Personalisation Board.

**Measured using the following success criteria**

- Baseline undertaken at start of project/new working practice.
- All Customers to have an Initial Conversation before deciding if a full needs assessment/visit is needed.
- Initial Conversations to be joined up and consider other organisations/professionals
- Better customer/patient experience (waiting time).
- Better health and care professional experience.

**Outcome measures**

- During the initial conversation what the person wants to achieve (outcome) will be identified and progress measured at call back.

**Deliverable Two: Initial****Conversations 'In the Community'**

Where needed the Lead Practitioner will allocate to a practitioner for a further conversation in the community. This may be in a community setting or in the person's home.

Where needed, the Initial Conversation will lead on to a full needs assessment.

**Who will be having the initial conversation?** Dedicated workers will have the first 'Initial Conversation' before discussing with the Lead Practitioner if the person needs to be invited to a 'Community drop-in' or have a visit from a Practitioner. When needed, visiting Practitioners will continue the conversation and only progress to a full needs assessment if needed (this may be due to level of risk or due to a Personal Budget service being required).

The aim is not to take a proportionate approach by unnecessarily building dependence by drawing people into a full adult care needs assessment or home visit unnecessarily.

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>26 February 2020</b>
Subject:	<b>Adult Care and Community Wellbeing Performance Report - Quarter 3 2019/20</b>

**Summary:**

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 3 2019/20.

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 performance of Adult Care and Community Wellbeing for Quarter 3.

## **1. Background**

This report provides an overview of performance for the suite of Corporate Business Plan measures designed to reflect the impact of the work of Adult Care and Community Wellbeing (ACCW) across five commissioning strategies:

- Community Wellbeing
- Safeguarding Adults
- Specialist Adult Services
- Carers
- Adult Frailty and Long Term Conditions.

As in previous performance reports to the Committee, a one-page summary has been provided as **Appendix A**. This shows, at a glance, the status against target for each measure. For a selection of measures, there is a time delay in reporting, so the latest available figures have been included and the period they relate to clearly marked.

More detail, including indicator definitions and commentary on current performance from strategy owners is provided in **Appendix B**, produced by the County Council's Commercial and Performance Team. For consistency and comparability, the Council Business Plan measures have been largely based on Adult Social Care statutory datasets, which enables benchmarking of performance against other local authorities. Benchmarking information is also provided in this appendix, where available.

Overall, 18 of the 26 measures are achieving or exceeding the agreed targets at the end of Quarter 3, with three of the remaining measures being survey measures, reported annually in Quarter 4.

Reporting by exception, of the 23 measures reported in Quarter 3, five are not achieving target at the end of this period. Three of these are within the Community Wellbeing commissioning strategy, relating to successful alcohol dependency treatments, chlamydia diagnoses, and smoking cessation: one is within the Safeguarding Adults commissioning strategy relating to safeguarding concerns that lead to a safeguarding enquiry; and one is within the Specialist Adult Services commissioning strategy, relating to adults in contact with secondary mental health services living independently.

The performance for percentage of alcohol users who left specialist treatment successfully this period has declined slightly, to 34.1% from 34.9% last quarter. Data has a three month time lag and reflects performance at the end of September 2019. During the period, the number of successful discharges increased, despite the percentage decreasing slightly due to the total numbers accessing treatment increasing at a greater rate. During this period, only 2.7% of those leaving treatment re-presented within six months of discharge, indicating that the treatment received is good quality and is achieving long term sustainable outcomes for those accessing the service.

The target for chlamydia diagnoses per 100,000 15-24 year olds has been missed this quarter. However, Lincolnshire's performance is only slightly below that of our comparator local authority areas. The service continues to seek to improve performance through partnership work particularly with GP surgeries and in the way the service is delivered, for example, online testing continues to be popular and achieves a high level of successful diagnoses. Relationships are being developed through Maternity and Gynaecological Services to collaborate on improving targeted testing and treatment.

Data for the number of people successfully supported to stop smoking has a three month time lag and so represents performance at the end of September 2019. The new service provider was mobilised on the 1 July 2019 and the target will shortly be changed to reflect new contractual requirements. *One You Lincolnshire* has a cumulative target of 1,980 quits over the three quarters from July 2019 to March 2020, weighted more heavily to the later quarters. Current performance is good and well on the way to achieving this.

The measure for the percentage of Adult Safeguarding concerns that lead to a safeguarding enquiry has not been achieved this quarter. The highest number of concerns which do not progress to enquiry relate to provider services. To address this, we have worked with the Commercial Team, Lincolnshire Safeguarding Adults Board (LSAB) and Lincolnshire Care Association (LINCA) to develop a provider-generated concern form for residential homes which will be launched shortly. It is hoped that this will reduce the number of poor practice concerns referred to safeguarding. This form, which is not sent to the County Council, allows residential home providers to evidence that they have identified and responded appropriately to practice issues/themes. Any completed forms will be reviewed by the Contracts Officer as part of on-going monitoring.

The measure for the percentage of adults in contact with secondary mental health services living independently, with or without support, has dropped below target this quarter. This is a reflection of the change in working practices within community mental health teams. Lincolnshire Partnership Foundation Trust (LPFT) is reducing the number of people managed on the Care Programme Approach (CPA) and instead is providing intensive support via their community-based care management team.

All measures for the Carers and Adult Frailty and Long Term Conditions commissioning strategies are achieving or exceeding targets.

## **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**

This is not a formal consultation item, although the Committee may wish to provide comments on the information presented.

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Q3 Adult Care & Community Wellbeing Performance Summary
Appendix B	Q3 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 Katy Thomas, who can be contacted on 01522 550645 or [katy.thomas@lincolnshire.gov.uk](mailto:katy.thomas@lincolnshire.gov.uk).

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## Appendix A: 2019/20 Q3 - Adult Care & Community Wellbeing Overview

		2018/19	2019/20			
		Actual	Q3 or as stated	Target	Trend vs. 2018/19	CBP Alert Tolerance: +/- 5% pts
<b>Community Wellbeing</b>						
31	Percentage of alcohol users that left specialist treatment successfully	32%	34% Sep-19	40%	↑	Not achieved
33	% of people aged 40 to 74 offered and received an NHS health check <b>PHOF 2.22iv</b>	63%	64% Sep-19	55%	↑	Exceeds
34	Chlamydia diagnoses per 100,000 15-24 year old <b>PHOF 3.02</b>	1,794	1603 Jun-19	2,045	↑	Not Achieved
109	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	1,126	211	200	Cumulative	Exceeds
110	Older people supported by the Wellbeing Service to improve their outcomes	96%	97% Sep-19	95%	↑	Achieved
111	People successfully supported to stop smoking	1,545	939 Sep-19	1,600	Cumulative	Not Achieved
112	People accessing Housing related support that are successfully supported to access and maintain their settled accommodation	96%	98%	90%	↑	Achieved
113	Percentage of emergency & urgent deliveries & collections completed on time within ICES	99%	100%	98%	↑	Achieved
<b>Safeguarding Adults</b>						
28	% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate <b>SAC SG3a</b>	100%	100%	100%	↔	Achieved
116	Concluded enquiries where the desired outcomes were fully or partially achieved <b>SAC SG4a</b>	96%	93%	95%	↓	Achieved
130	% of Adult Safeguarding concerns that lead to a Safeguarding enquiry <b>SAC SG1f</b>	37%	43%	48%	↑	Not achieved
<b>Specialist Adult Services</b>						
49	% of adults with a learning disability (or autism) who live in their own home or with their family <b>ASCOF 1G</b>	77%	77%	80%	↔	Achieved
51	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	51%	52%	49%	↑	Achieved
117	% of adults in contact with secondary mental health services living independently, with or without support <b>ASCOF 1H</b>	77%	65%	75%	↓	Not achieved
118	% of adults with a learning disability in receipt of long term support who have been reviewed in the period	96%	76%	72%	Cumulative	Achieved
119	% of adults aged 18 to 64 with a mental health need in receipt of long term support who have been reviewed in the period	98%	80%	72%	Cumulative	Exceeds
<b>Carers</b>						
59	Number of carers (caring for Adults) supported in the last 12 months - above expressed as a rate per 100,000 population (18 to 64)	10,324 1,692	11,859 1,944	10,550 1,730	↑	Exceeds
121	Carers who have received a review of their needs in the last 12 months	89%	82%	85%	↓	Achieved
<b>Adult Frailty &amp; Long Term Conditions</b>						
60	Permanent admissions to residential and nursing care homes, aged 65+ <b>ASCOF 2A(ii) numerator **Better Care Fund**</b>	1,005	601	865	Cumulative	Exceeds
63	% of clients in receipt of long term support who receive a direct payment <b>ASCOF 1C (2a)</b>	33%	32%	34%	↓	Achieved
65	% of people in receipt of long term support who have been reviewed in the period	98%	80%	68%	Cumulative	Exceeds
122	% of requests for support for new clients, where the outcome was no support or support of a lower level <b>SALT STS001</b>	91%	93%	93%	↑	Achieved
124	% of people with a concluded episode of reablement who subsequently require no ongoing support or support of a lower level <b>ASCOF 2D</b>	88%	90%	95%	↑	Achieved

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## 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. Admissions into residential and nursing placements tend to increase in the winter period due to illness and increased care being required.

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



Achieved

601

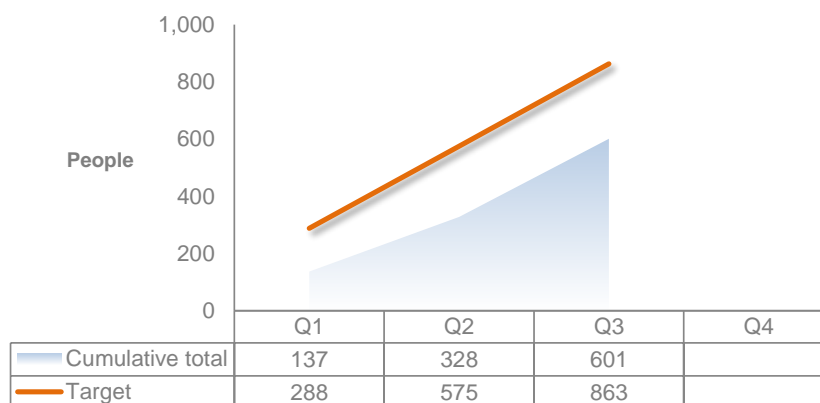
People  
Cumulative Actual as at  
December 2019



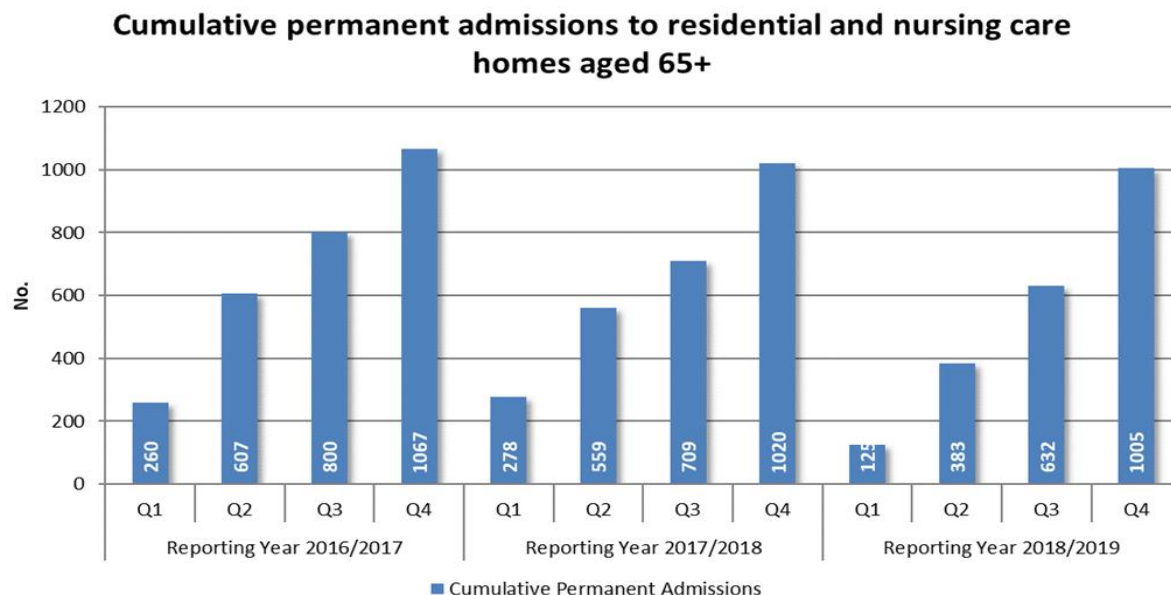
863

People  
Cumulative Target for  
December 2019

#### Permanent admissions to residential and nursing care homes aged 65+



## Further details



### About the target

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

### About the target range

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

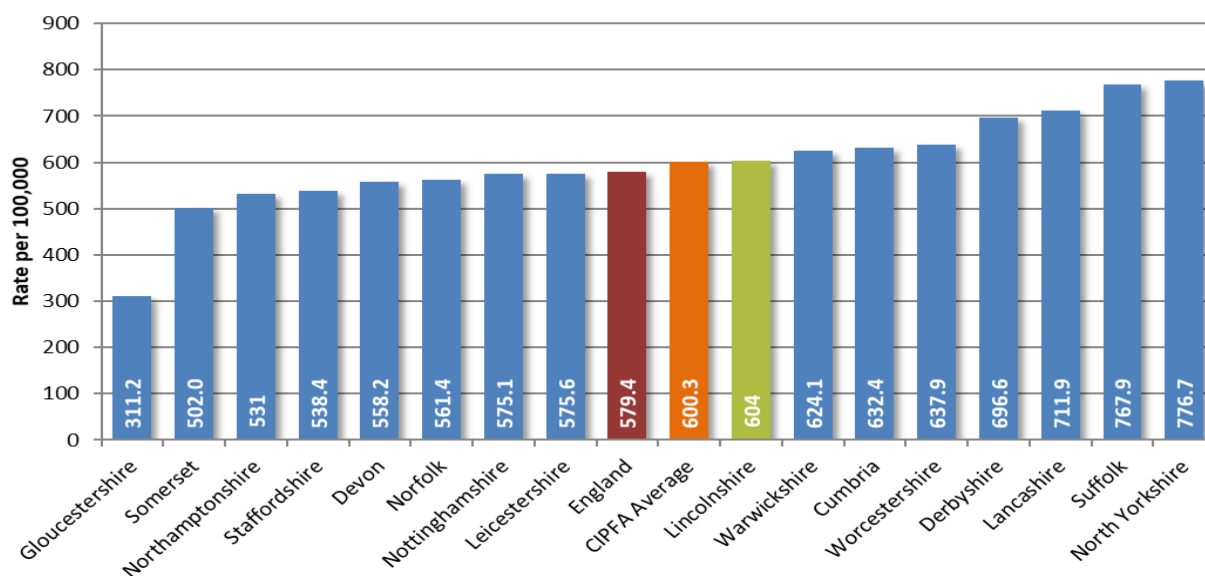
### About benchmarking

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

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

### Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - CIPFA Benchmarking 2018/2019







## 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

31.7

%

Quarter 3 December 2019

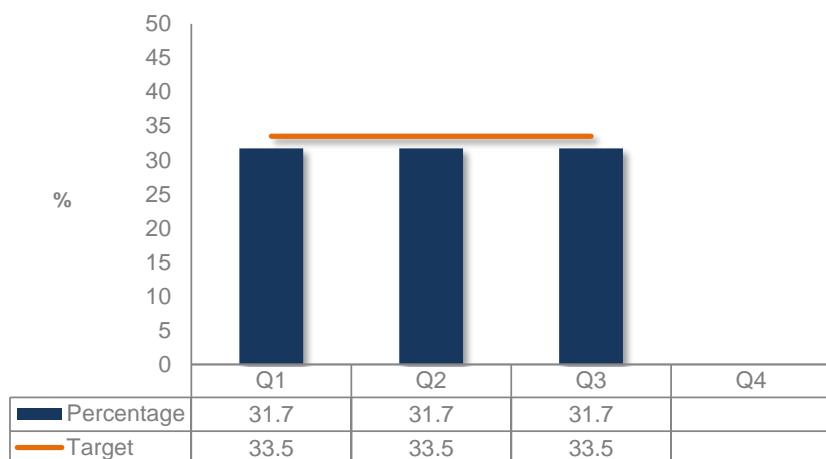


33.5

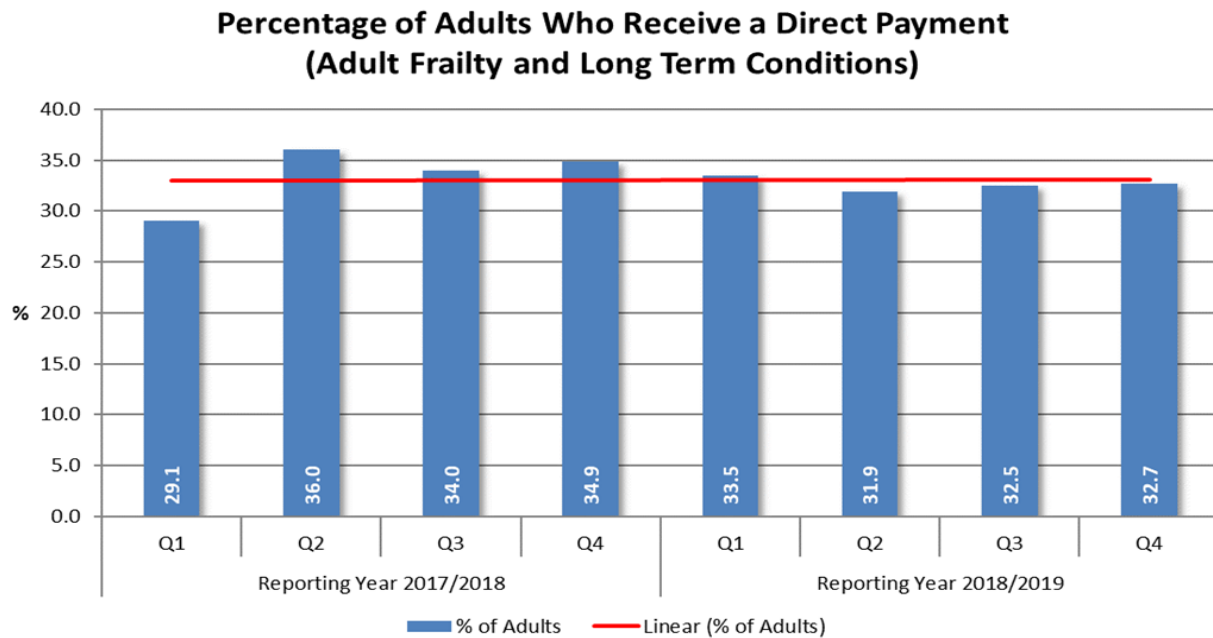
%

Target for December 2019

#### Adults who receive a direct payment



## Further details



### About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2018/19 we have set a revised target of 33.5% for the 2019/20 reporting year.

### About the target range

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

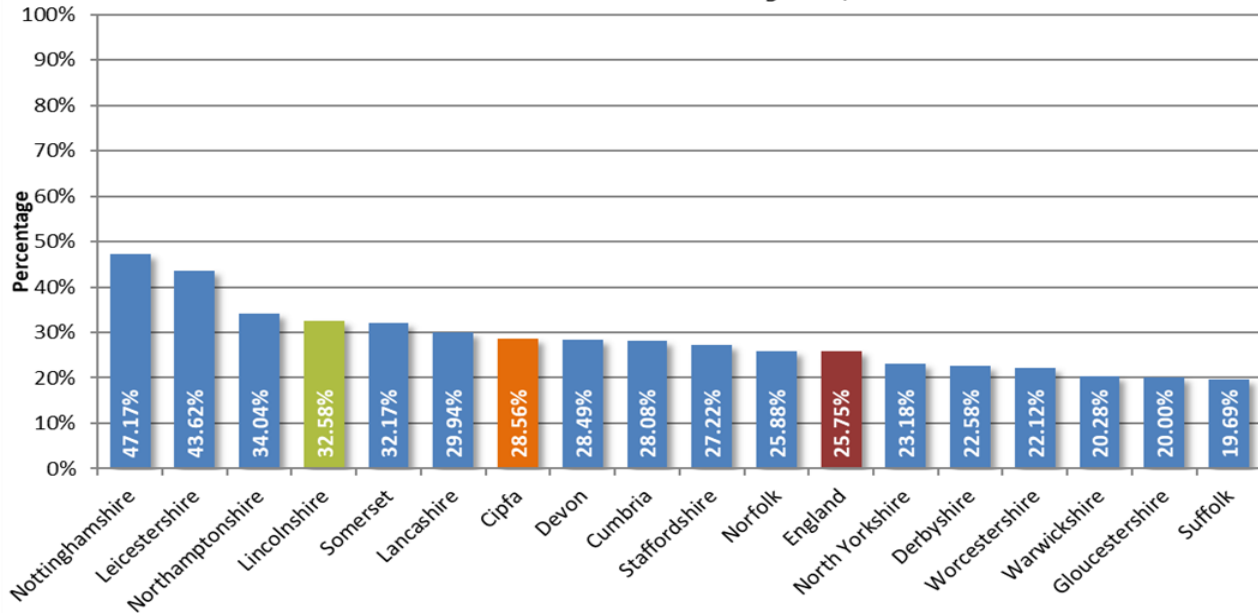
### About benchmarking

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

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

#### Adults who receive a direct payment

Source: ASCOF - CIPFA Benchmarking 2018/2019





## 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

79.8

%

Cumulative Actual as at  
December 2019

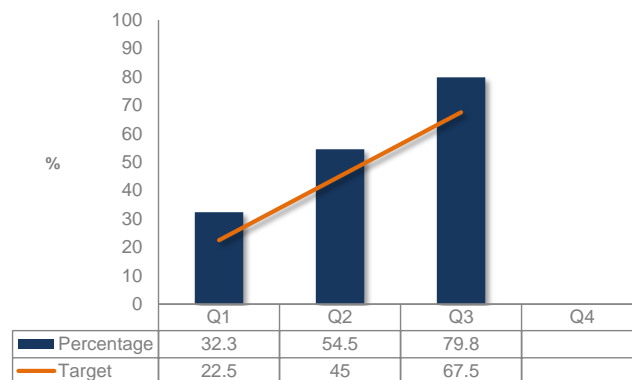


67.5

%

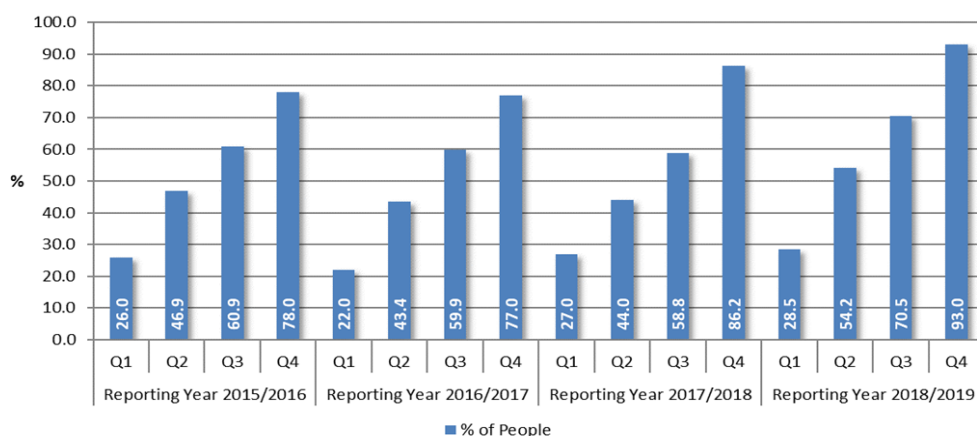
Cumulative Target for  
December 2019

People in receipt of long term support who have been reviewed



## Further details

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



### About the target

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

### About the target range

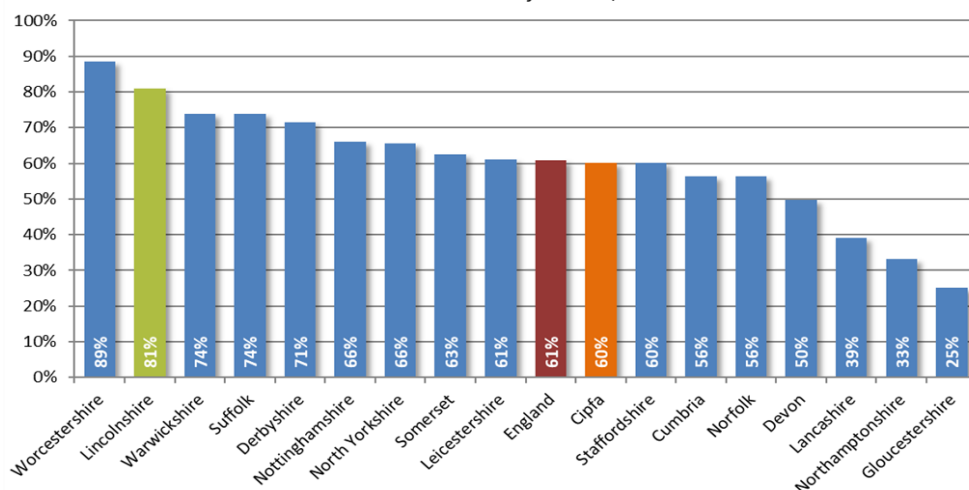
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

### About benchmarking

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

**People in receipt of long term support who have been reviewed**

Source: SALT Data file 2018/2019





## Health and wellbeing is improved

### Delay and reduce the need for care and support

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

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



Achieved

92.8

%

Quarter 3 December 2019

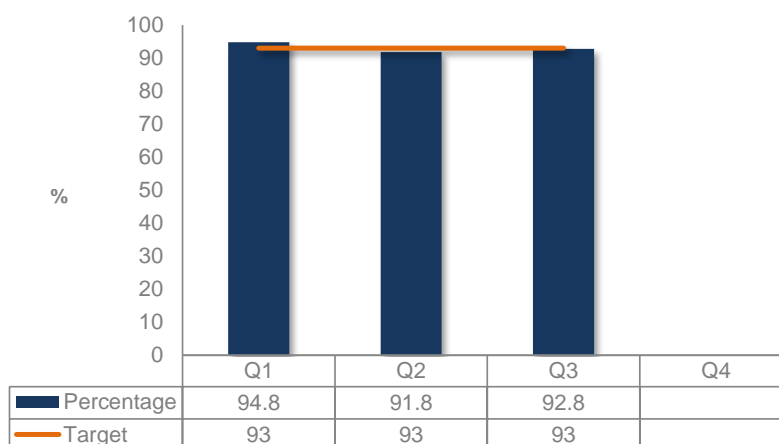


93

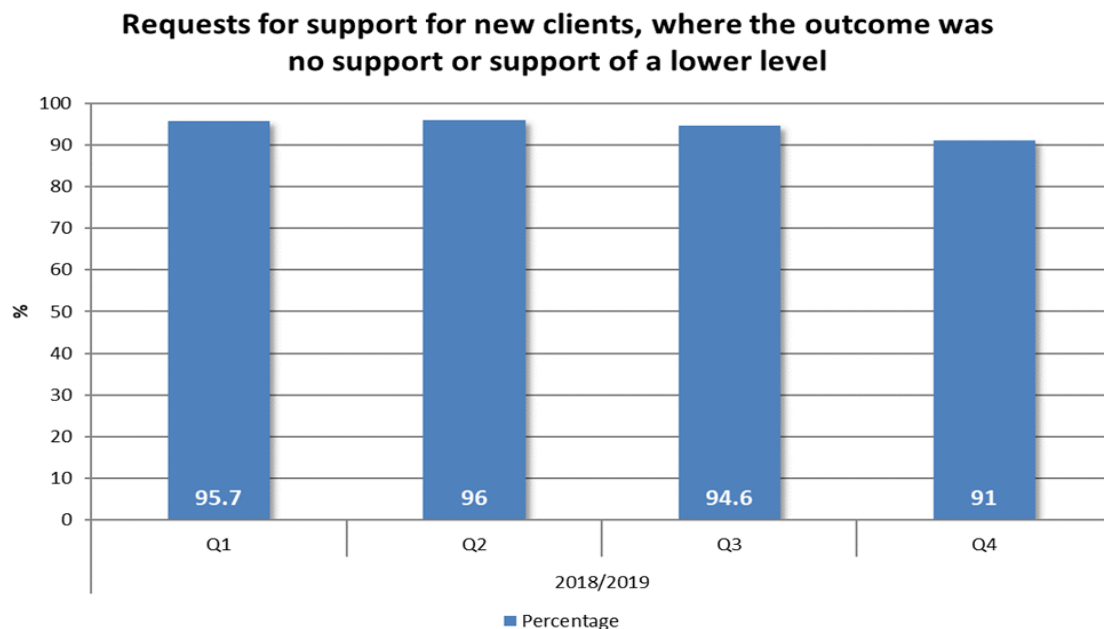
%

Target for December 2019

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



## Further details



## About the target

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

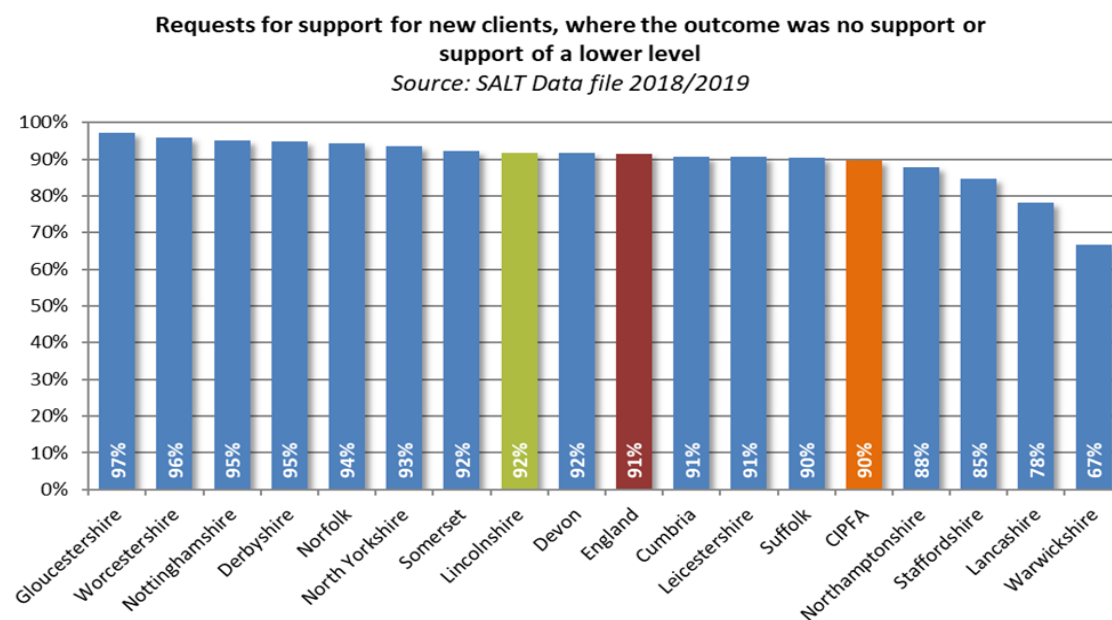
## About the target range

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

## About benchmarking

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

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





## Health and wellbeing is improved

### Delay and reduce the need for care and support

#### Completed episodes of Reablement

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

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

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



Achieved

90.4

%

Quarter 3 December 2019

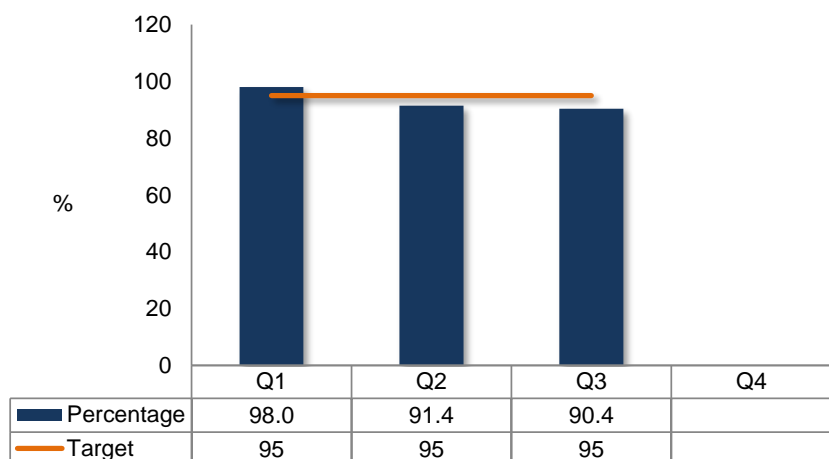


95

%

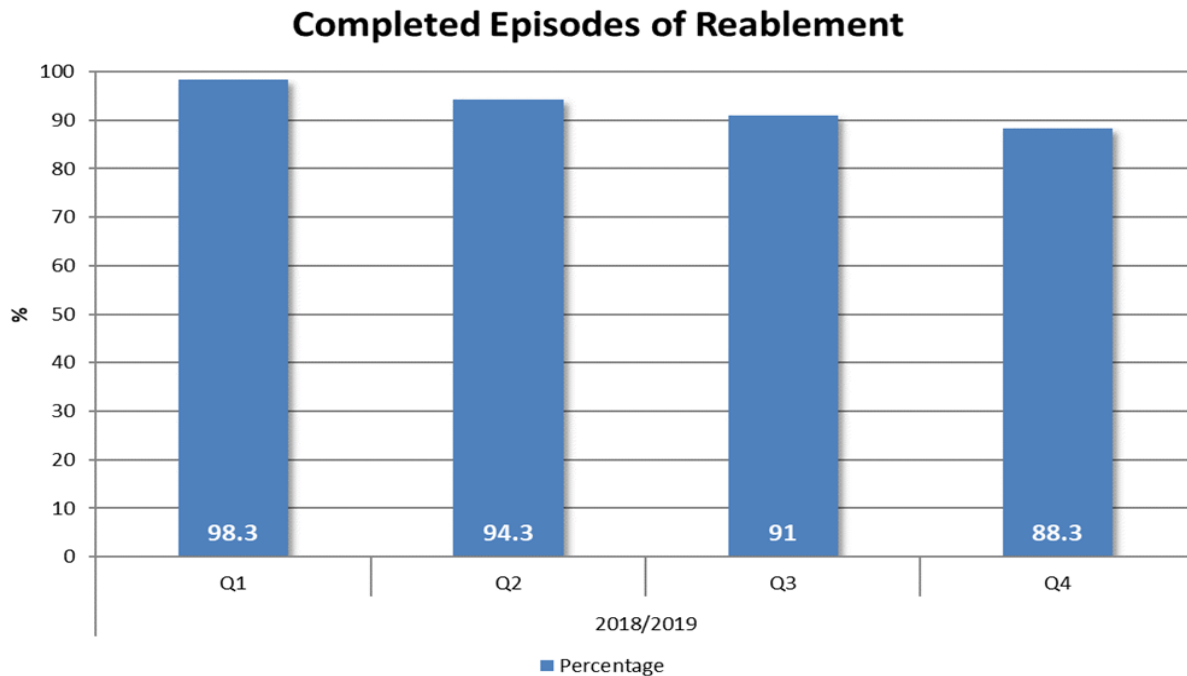
Target for December 2019

#### Completed episodes of Reablement





## Further details



### About the target

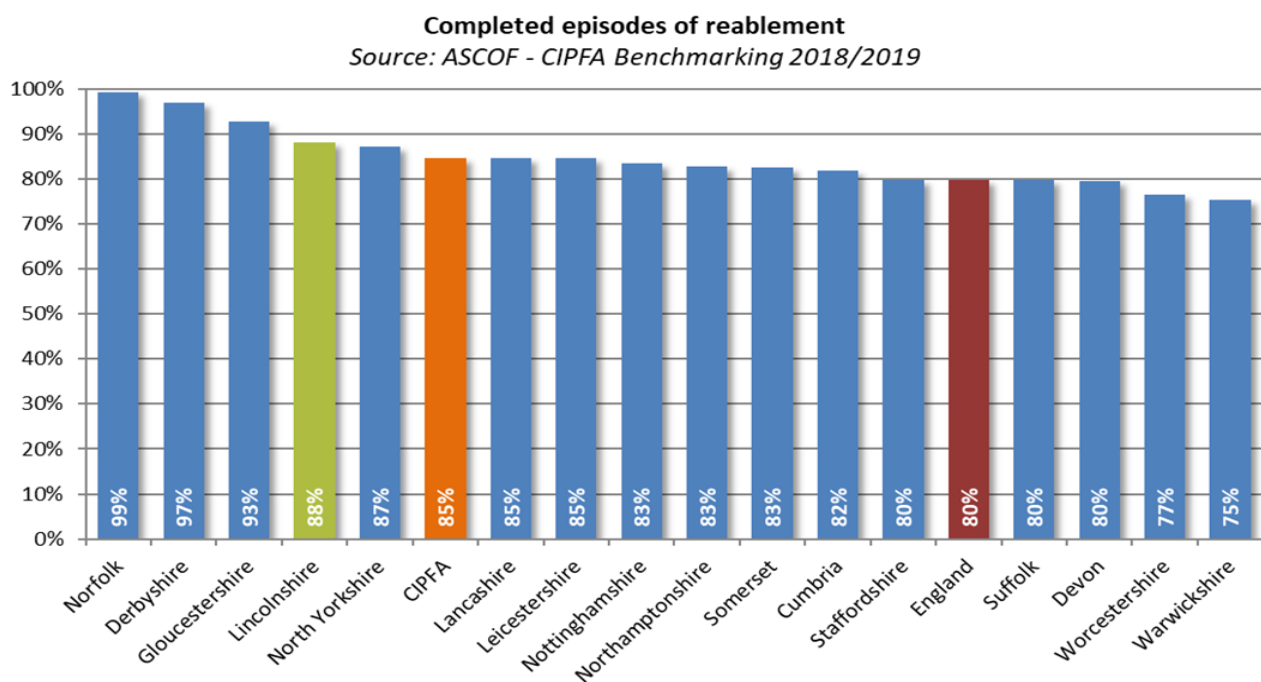
The target for this measure has been set to 95%, based on CIPFA comparator averages. Our aim is to maintain this level of performance.

### About the target range

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

### About benchmarking

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





## 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

**1,944**

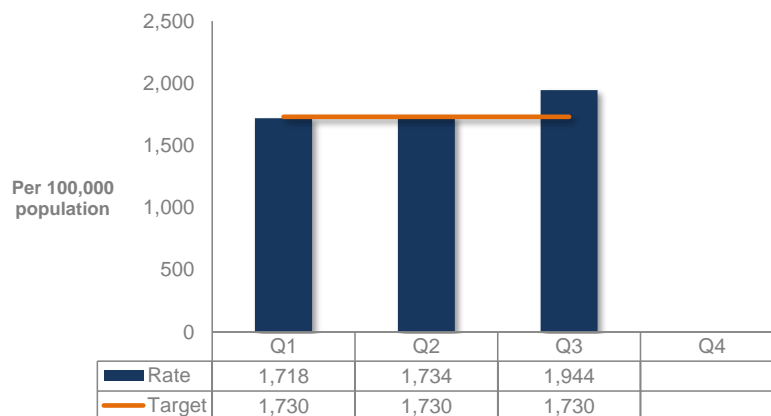
Per 100,000 population  
Quarter 3 December 2019



**1,730**

Per 100,000 population  
Target for December 2019

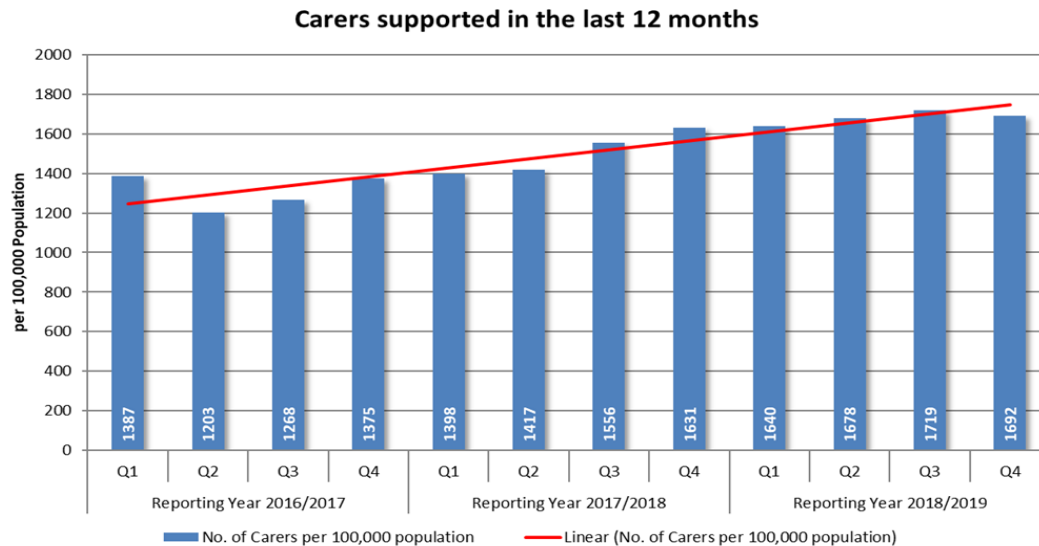
#### Carers supported in the last 12 months



#### About the latest performance

Performance for this measure has exceeded the aspirational target set at the beginning of the financial year.

## Further details



## About the target

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

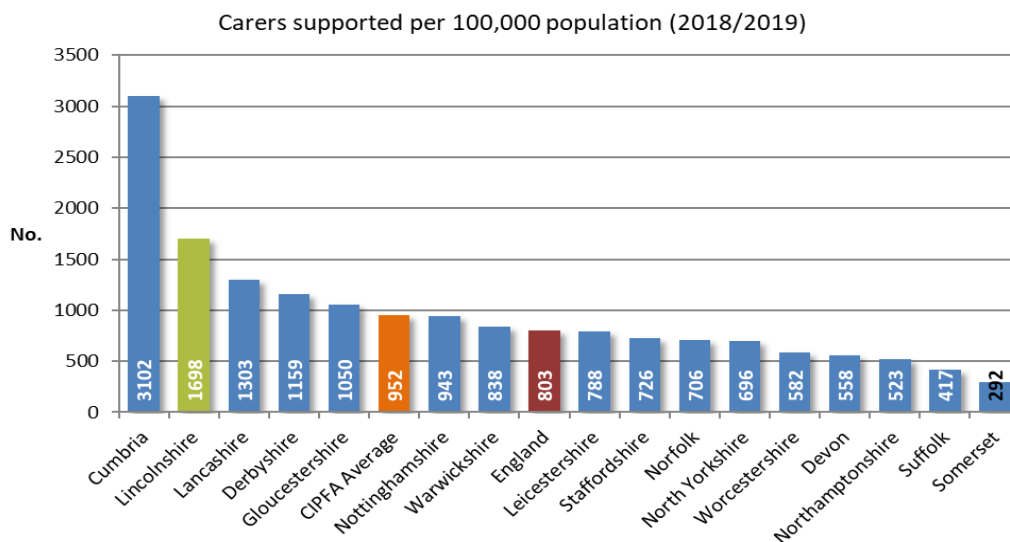
## About the target range

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

## About benchmarking

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

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





## Health and wellbeing is improved

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

### Carers who have received a review of their needs

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



Achieved

81.5

%

January - December 2019

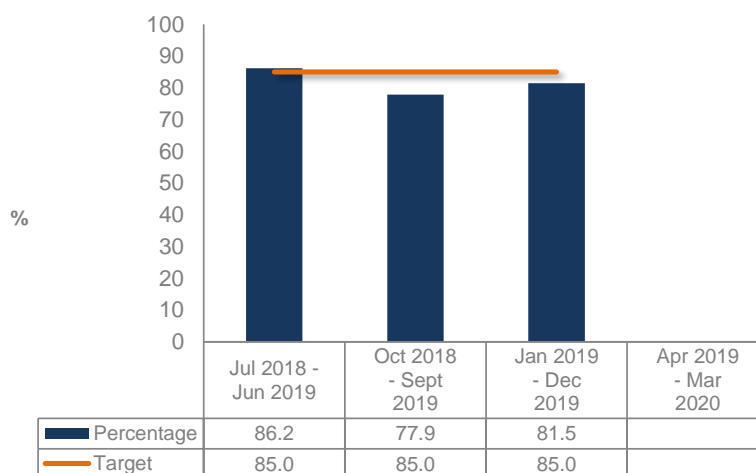


85

%

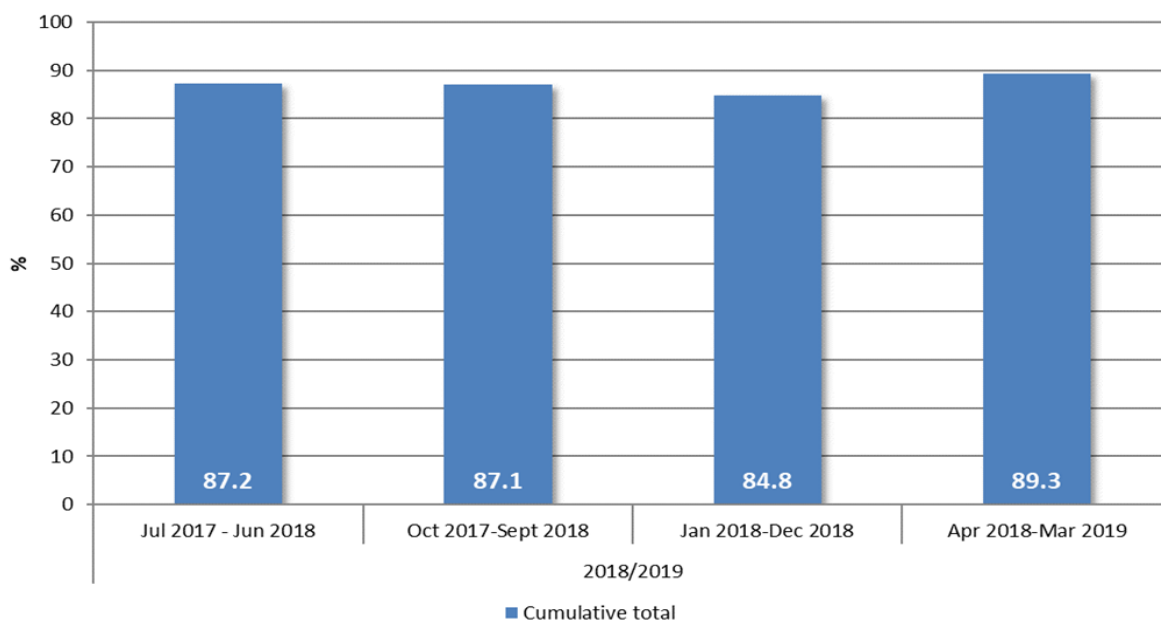
Target for January - December 2019

Carers who have received a review of their needs



## Further details

### Carers who have received a review of their needs



#### About the target

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

#### About the target range

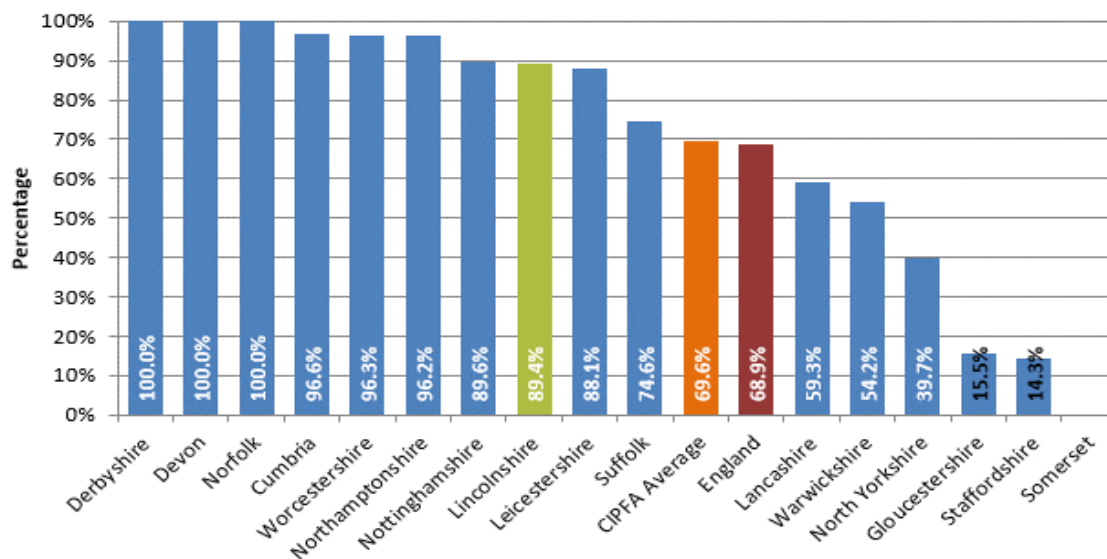
The target range for this measure is set at +/- 5 percentage points.

#### About benchmarking

Benchmarking is available for this measure from the SALT return on an annual basis.

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

### Carer Reviews and Assessments (2018/2019)



No data for Somerset reviews



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

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

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

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



Achieved

100

%

Quarter 3 December 2019

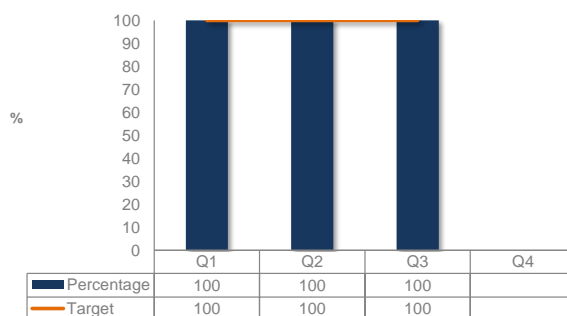


100

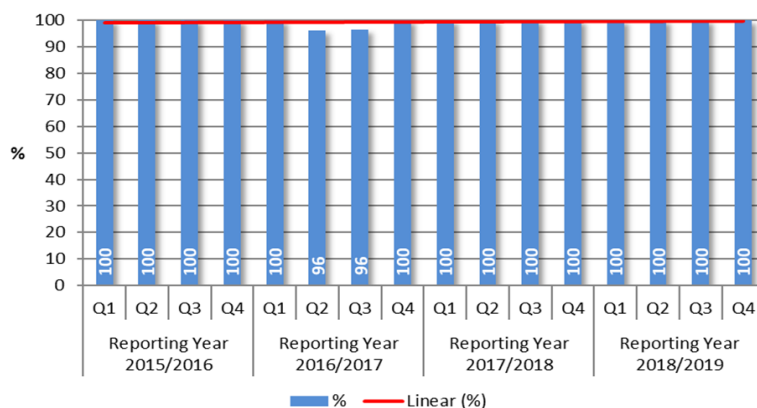
%

Target for December 2019

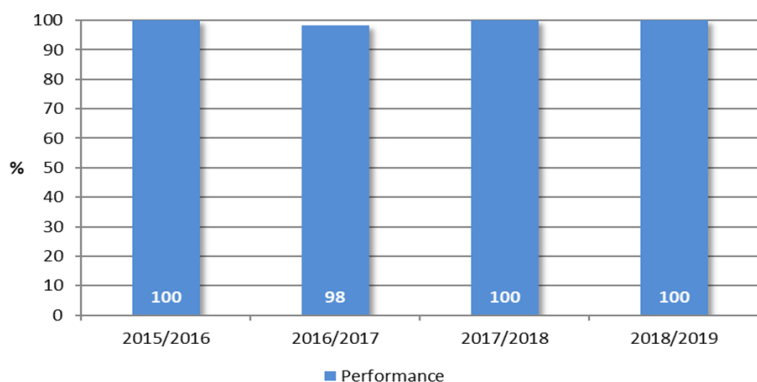
Safeguarding cases supported by an advocate



### Percentage of Safeguarding Cases Supported by an Advocate



### Annual Percentage of Safeguarding Cases Supported by an Advocate



#### About the target

Targets are based on trends and CIPFA group averages.

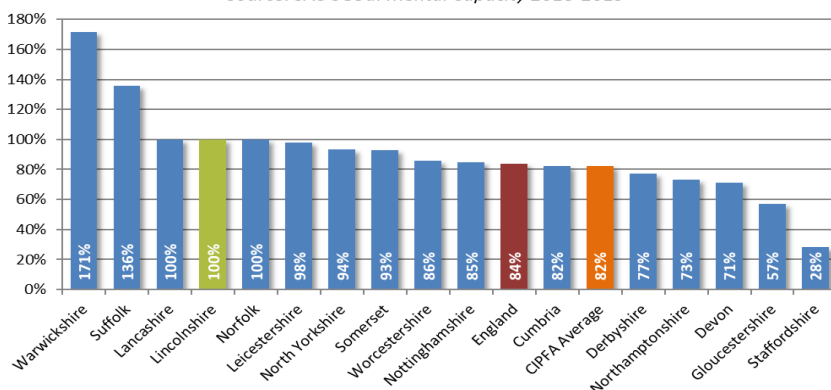
#### About the target range

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

#### About benchmarking

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

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





## Communities are safe and protected

### Making safeguarding personal

#### Concluded enquiries where the desired outcomes were achieved

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

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

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

A higher percentage indicates a better performance.



Achieved

93

%

Quarter 3 December 2019

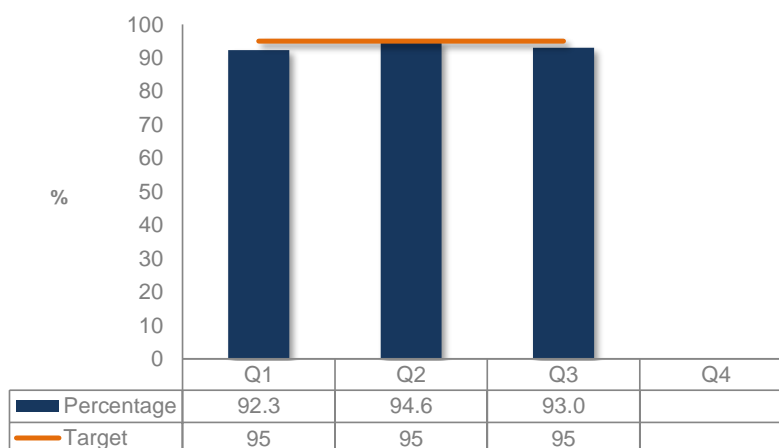


95

%

Target for December 2019

Concluded enquiries where the desired outcomes were achieved

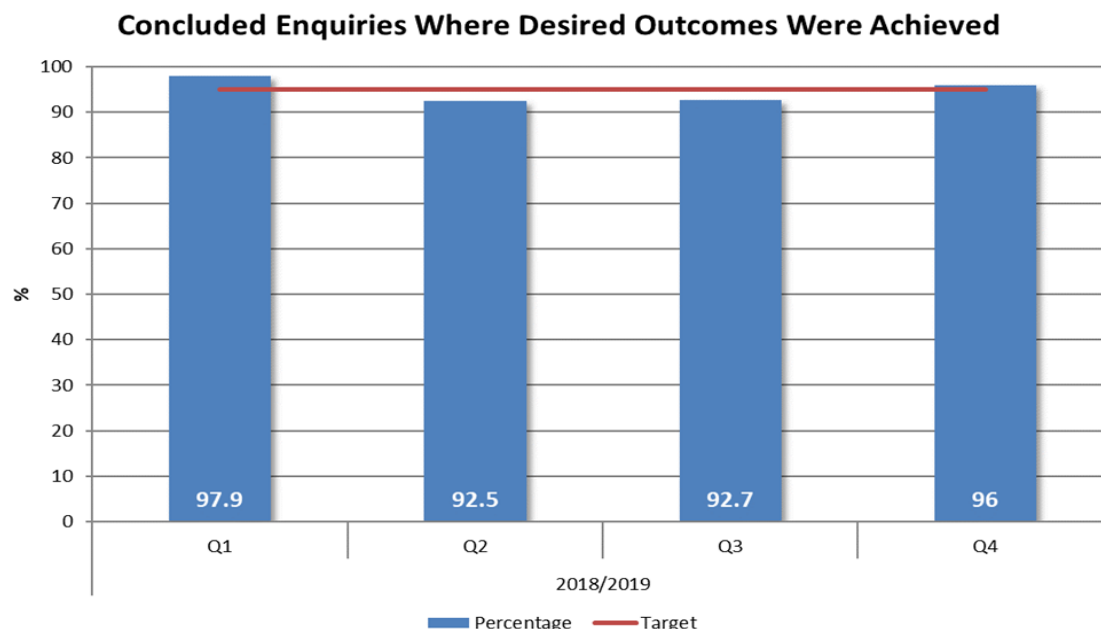


#### About the latest performance

This target is achieved, however, we will undertake an audit to help understand why there has been a reduction since the last quarter.



## Further details



## About the target

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

## About the target range

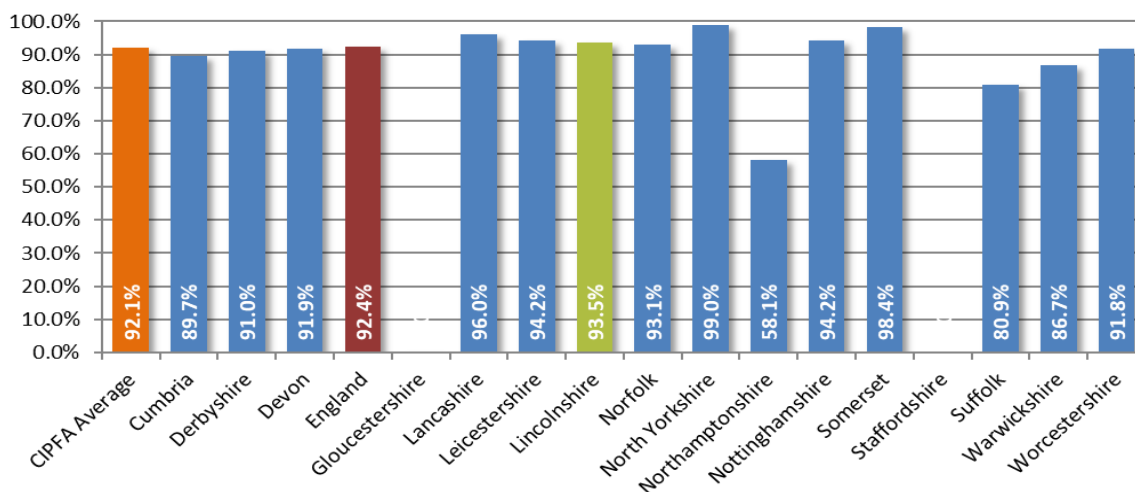
This measure has a target range of +/-5 percentage points.

## About benchmarking

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

## Safeguarding enquiries where the desired outcomes were achieved

Source: SAC SG4a: Making Safeguarding Personal 2018-2019





## 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 concerns that lead to a Safeguarding enquiry

The LCC Safeguarding Service want to encourage providers, partners and professionals to submit concerns to the Local Authority only where appropriate, and to ensure these concerns have already been managed and considered within the remit of their organisations and only escalated to the authority as necessary. The Safeguarding Service would therefore expect a higher proportion of concerns progressing to an enquiry, with a corresponding reduction in concerns that do not warrant a full enquiry.



Not achieved

42.6

%

Cumulative Actual as at  
December 2019

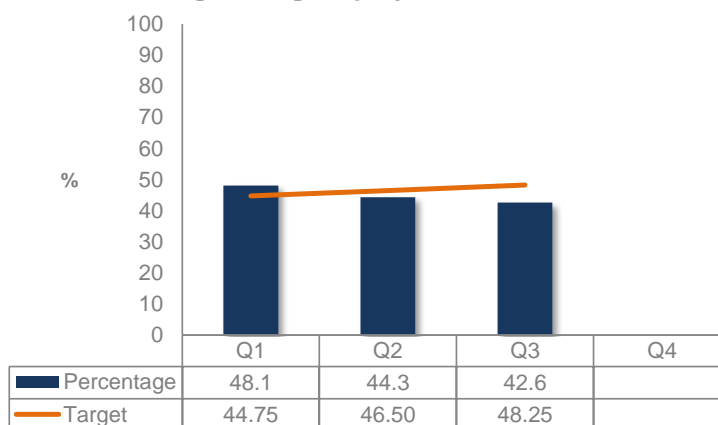


48.25

%

Cumulative Target for  
December 2019

Adult Safeguarding concerns that lead to a Safeguarding enquiry

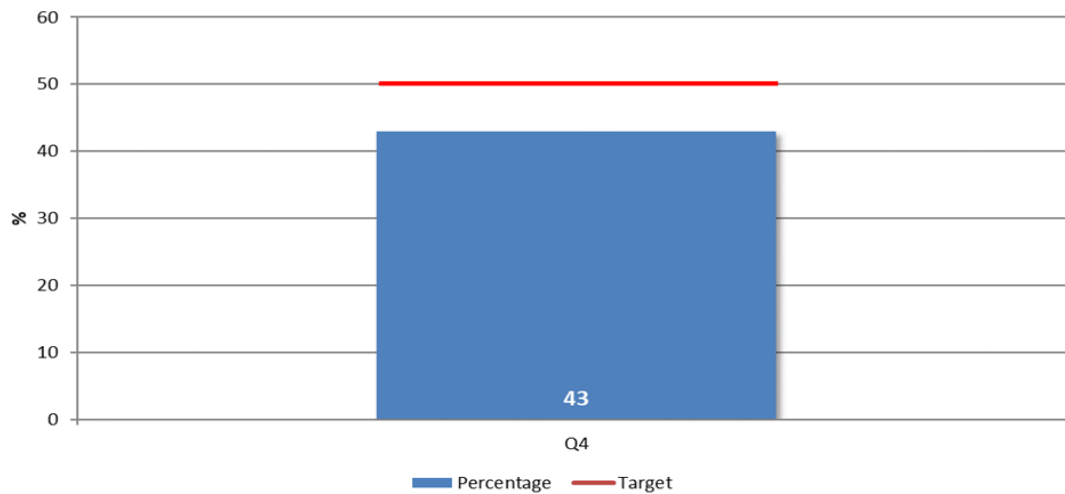


#### About the latest performance

This target has not been achieved. The highest number of concerns which do not progress to enquiry relate to provider services. To address this, we have worked with the Commercial team, Lincolnshire Safeguarding Adults Board (LSAB) and Lincolnshire Care Association (LINCA), to develop a provider generated concern form for residential homes which will be launched shortly. It is hoped that this will reduce the number of poor practice concerns referred to safeguarding. This form, allows residential home providers to evidence that they have identified and responded appropriately to practice issues/themes. The completed forms are reviewed by the contracts team as part of their on-going monitoring.

## Further details

### Adult Safeguarding concerns that lead to a Safeguarding enquiry 2018/2019



#### About the target

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date. The target is profiled to monitor an increase to 50% by the end of 2019/20, which means an increment of 1.75 percentage points is applied quarterly.

An increment of 5 percentage points for each subsequent year has been proposed, however this may need to be reviewed after a period of monitoring to determine whether this is realistic.

#### About the target range

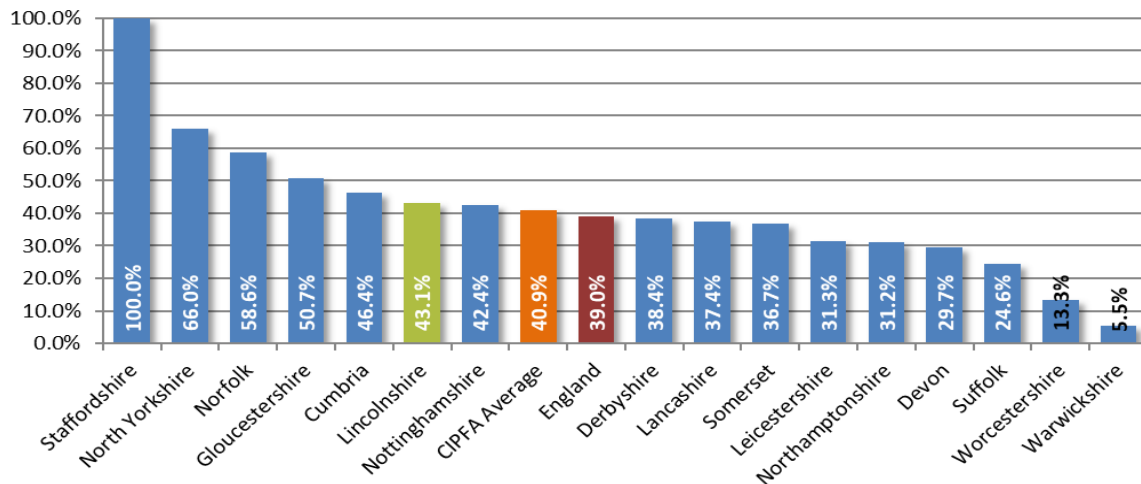
This measure has a target range of +/-5 percentage points.

### About benchmarking

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

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

Source: SAC SG2b: Safeguarding Enquiries 2018-2019





## 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

76.6

% of adults

Quarter 3 December 2019

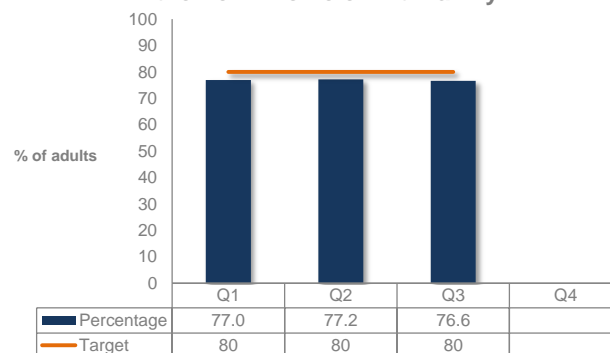


80

% of adults

Target for December 2019

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

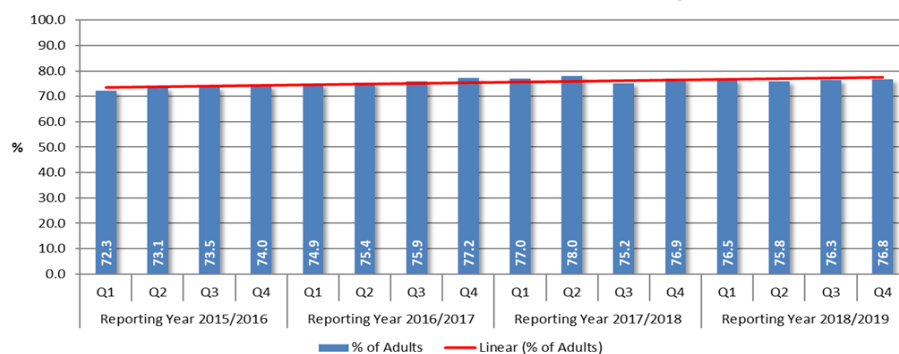


#### About the latest performance

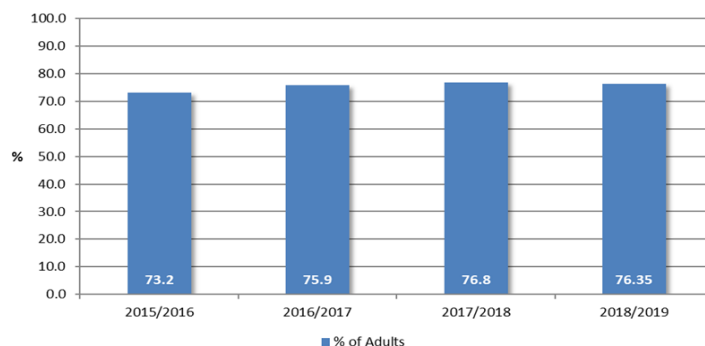
There is fluctuation with this measure as expected, but performance remains within the agreed target tolerance.

## 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

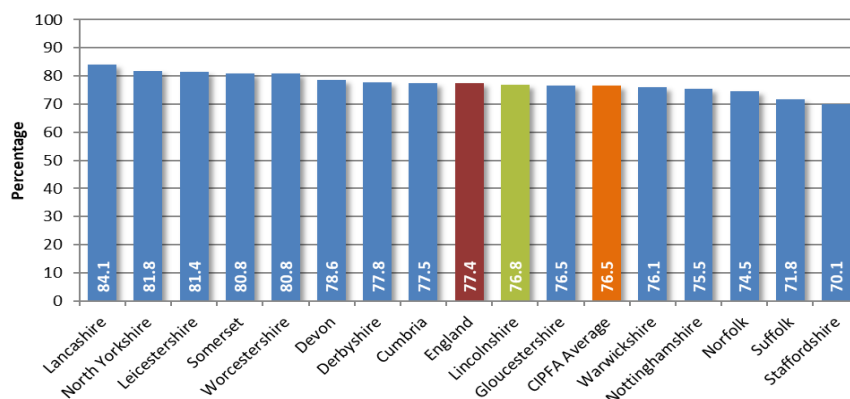
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

## 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.

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

The proportion of adults with a learning disability who live in their own home or with their family (2018/2019)





## 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 in the community.

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

52.2

%

Quarter 3 December 2019

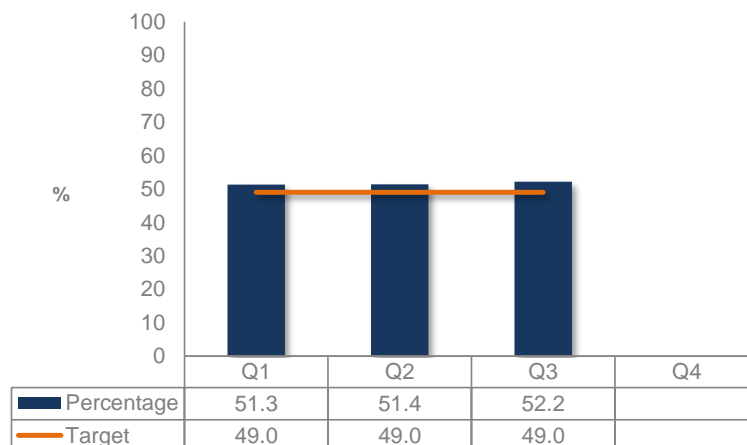


49.0

%

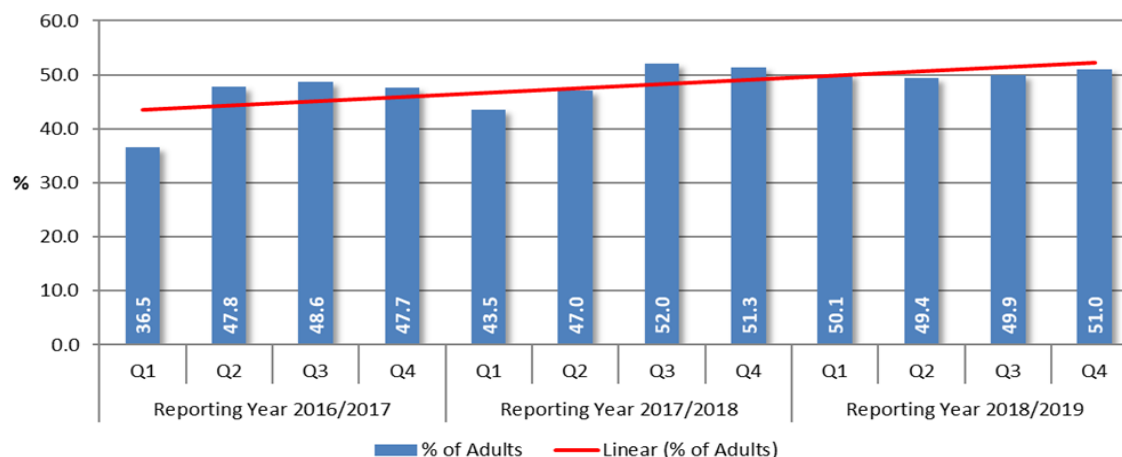
Target for December 2019

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



## 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

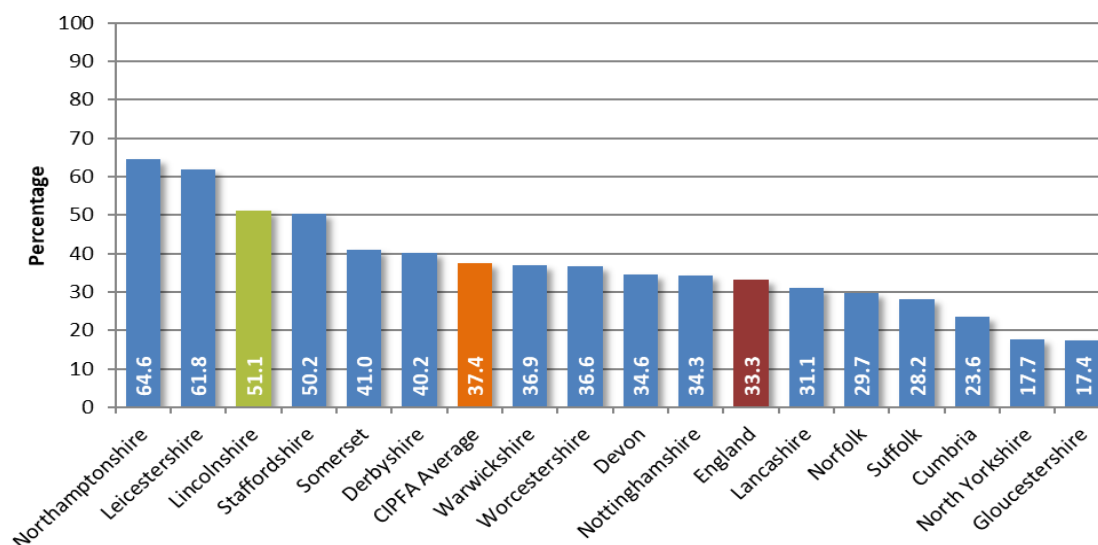
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

## 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.

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

### LD & MH Direct Payments (2018/2019)







## Health and wellbeing is improved

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

### Adults aged 18-64 with a mental health problem living independently

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



Not achieved

64.7

%

Quarter 3 December 2019

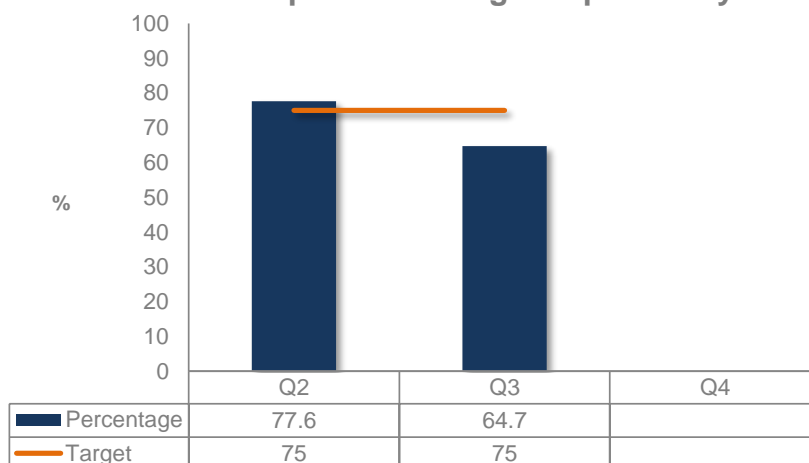


75

%

Target for December 2019

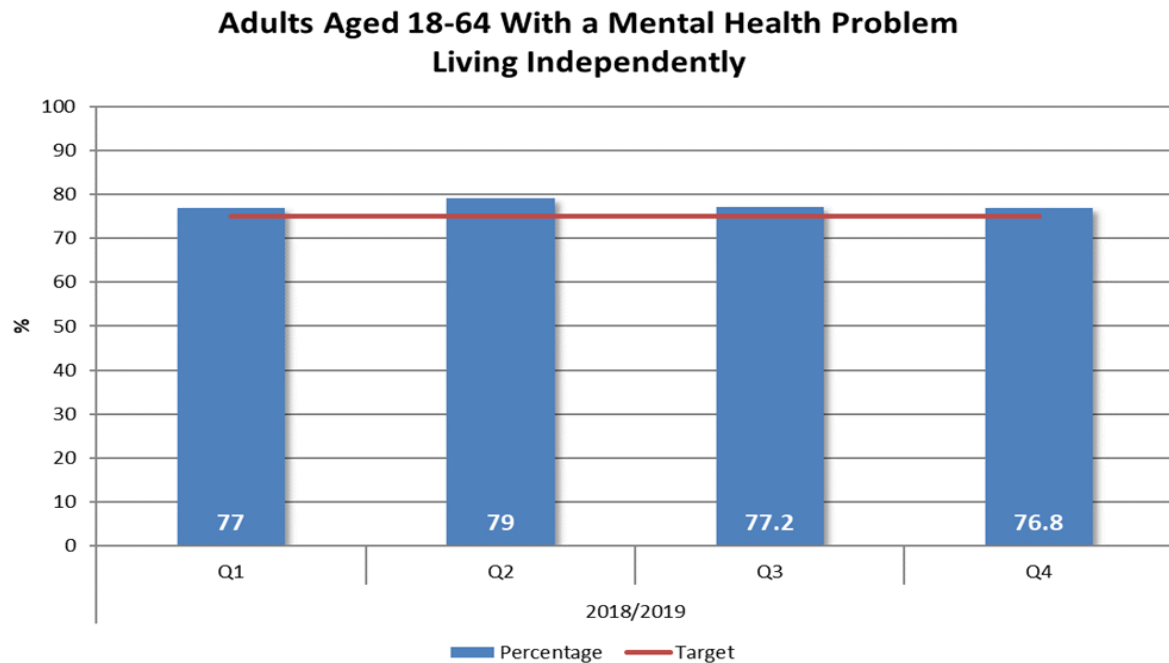
#### Adults aged 18-64 with a mental health problem living independently



#### About the latest performance

The low performance against this metric is a reflection of the change in working practices within community mental health teams. LPFT are reducing the number of people managed on CPA and instead are providing intensive support via their community based care management team.

## Further details



## About the target

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

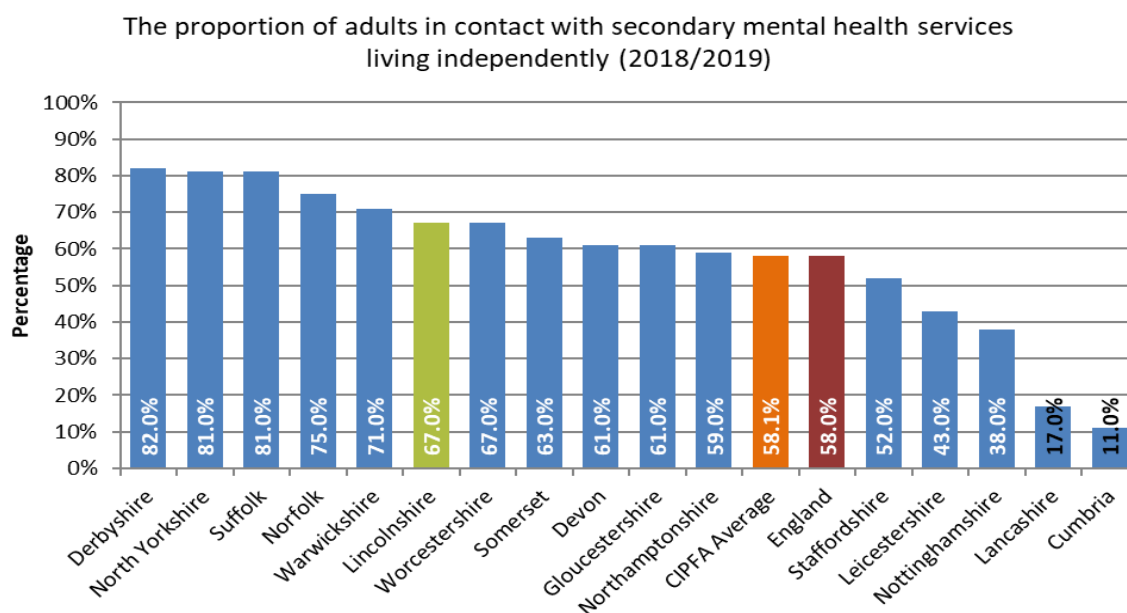
## About the target range

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

### About benchmarking

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

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





## Health and wellbeing is improved

People have a positive experience of care

Adults with a learning disability in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a learning disability, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

As clients require an annual review each year, this measure resets to 0% on 1st April. Reviews of these clients are undertaken by area teams throughout the year, with the aim to have reviewed 95% of clients by year-end.



Achieved

75.9

%

Cumulative Actual as at  
December 2019

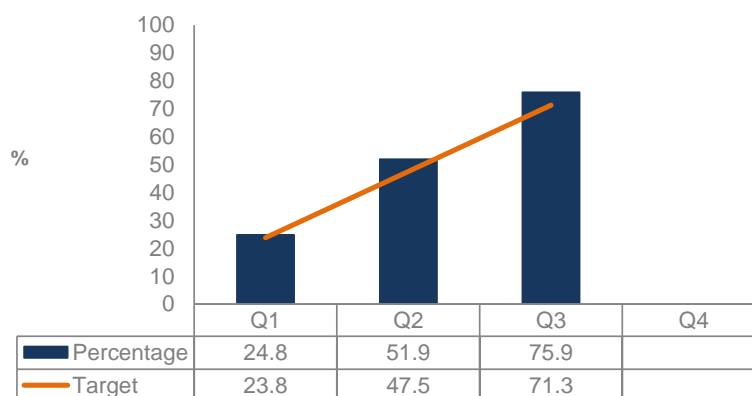


71.3

%

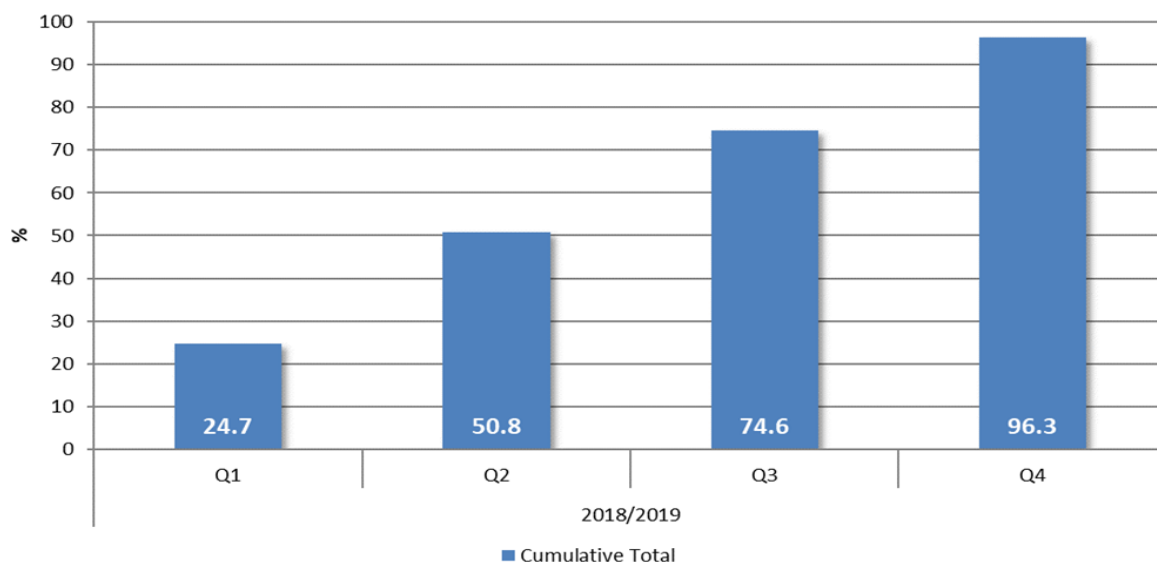
Cumulative Target for  
December 2019

Adults with a learning disability in receipt of long term support who have been reviewed



## Further details

### Adults with a learning disability in receipt of long term support who have been reviewed



## About the target

The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

## About the target range

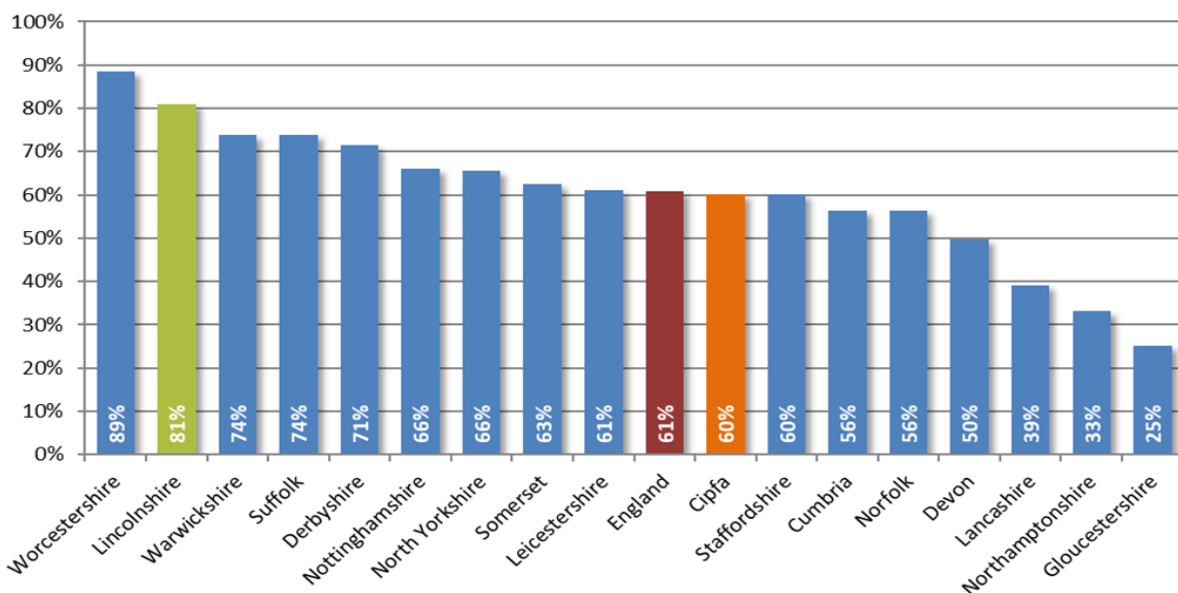
The target range for this measure is set at +/- 5 percentage points.

## About benchmarking

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

### People in receipt of long term support who have been reviewed

Source: SALT Data file 2018/2019





## Health and wellbeing is improved

### People have a positive experience of care

#### Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a mental health need, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

As clients require an annual review each year, this measure resets to 0% on 1st April. Reviews of these clients are undertaken by area teams throughout the year, with the aim to have reviewed 95% of clients by year-end.



Achieved

80.2

%

Cumulative Actual as at  
December 2019

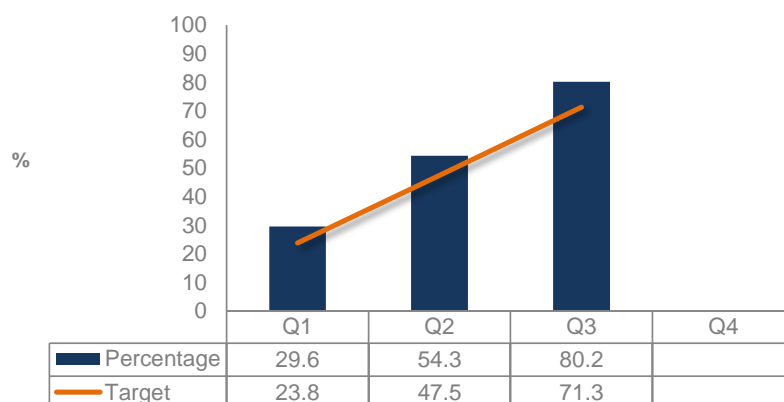


71.3

%

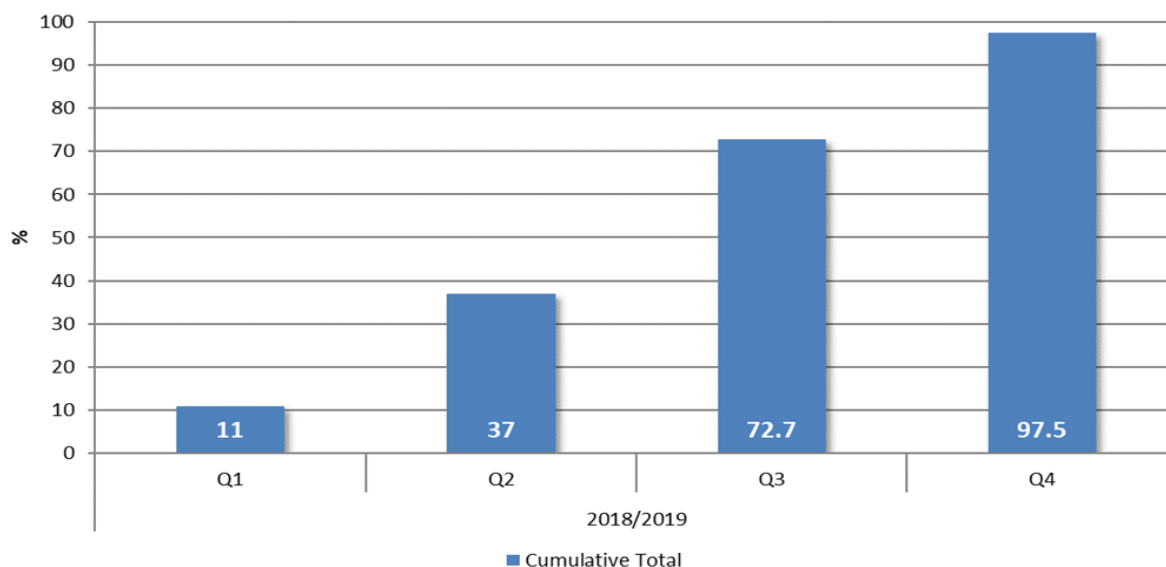
Cumulative Target for  
December 2019

Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed



## Further details

### Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed



## About the target

The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

## About the target range

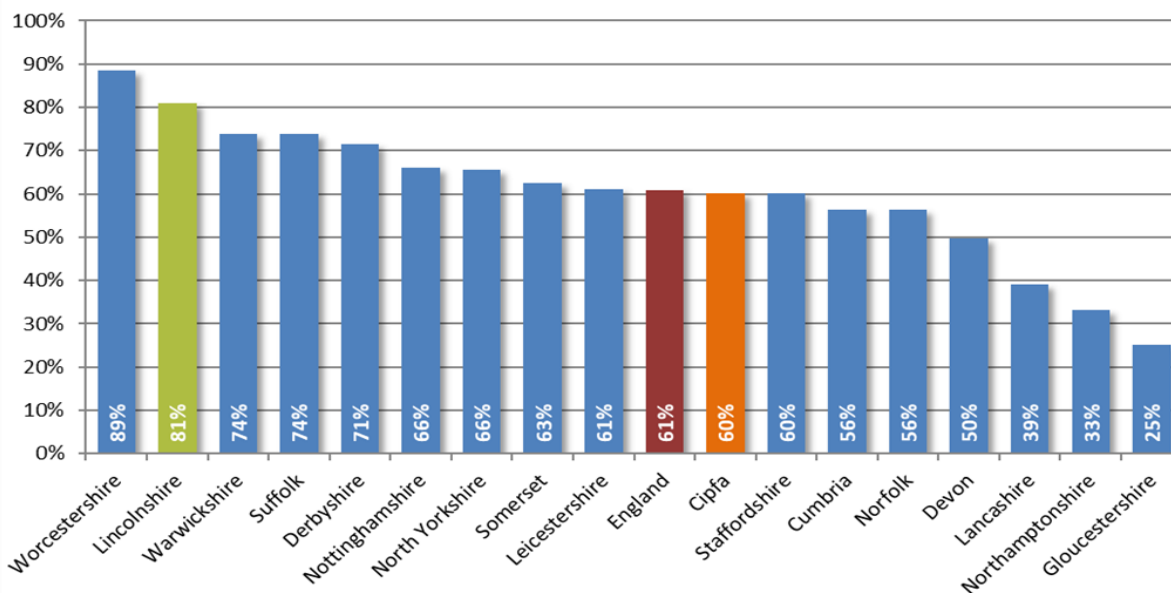
The target range for this measure is set at +/- 5 percentage points.

## About benchmarking

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

### People in receipt of long term support who have been reviewed

Source: SALT Data file 2018/2019





## Health and wellbeing is improved

People are supported to live healthier lifestyles

### Percentage of alcohol users that left specialist treatment successfully

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

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

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

Numerator: Number of successful completions (NDTMS)

Denominator: Number of completions (NDTMS)

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



Not achieved

34.1

%

Quarter 2 September 2019

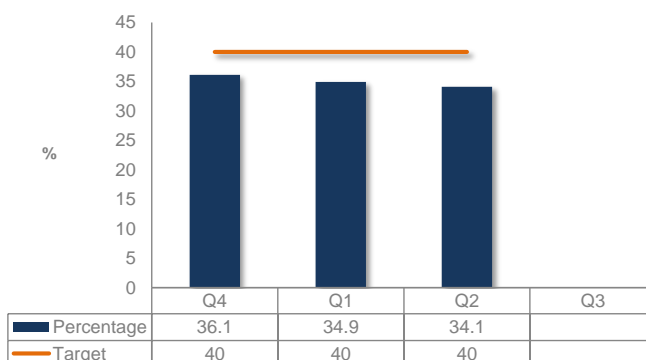


40

%

Target for September 2019

Percentage of alcohol users that left specialist treatment successfully

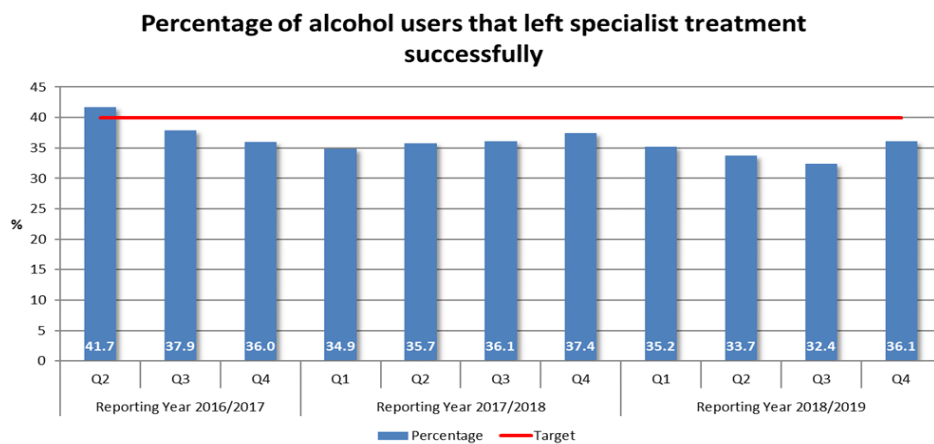


#### About the latest performance

The performance for percentage of alcohol users who left specialist treatment successfully this period has declined slightly, to 34.1% from 34.9% last quarter. Data has a three month time lag and reflects performance at the end of September 2019. During the period, the number of successful discharges increased, despite the percentage decreasing slightly, due to the total numbers accessing treatment increasing at a greater rate. During this period, only 2.7% of those leaving treatment re-presented within 6 months of discharge, indicating that the treatment received is good quality and achieving long term sustainable outcomes for those accessing the service.



## Further details



### About the target

A target of 40% has been set to reflect the 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 specialist treatment in a planned and successful way). This is based on an expectation of fluctuation in performance across the year.

### About benchmarking

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



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

Numerator: Number of people aged 40-74 eligible for an NHS Health Check who received an NHS health check in the financial year (Integrated Performance Measures Monitoring Return (IPMR\_1), NHS England)

Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the financial year (IPMR\_1, NHS England)

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



Achieved

63.6

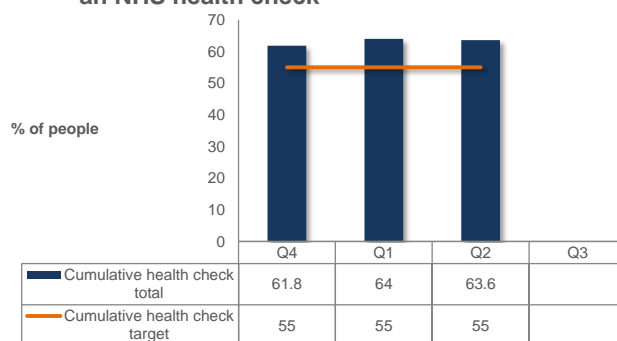
% of people  
Quarter 2 September 2019



55

% of people  
Target for September 2019

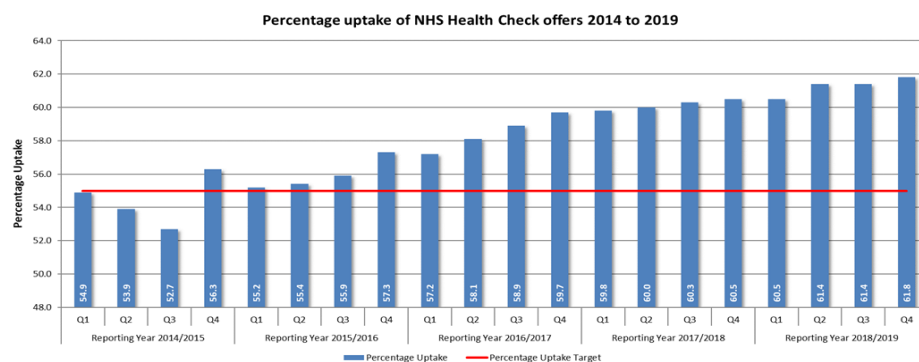
#### People aged 40 to 74 offered and received an NHS health check



#### About the latest performance

The NHS Health Check data for Quarter 2 shows that we continue to exceed our target and outperform regional and national average performance (Lincolnshire is ranked 16th out of 152 counties in England. The percentage for England is 47.1%).

## Further details



## About the target

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

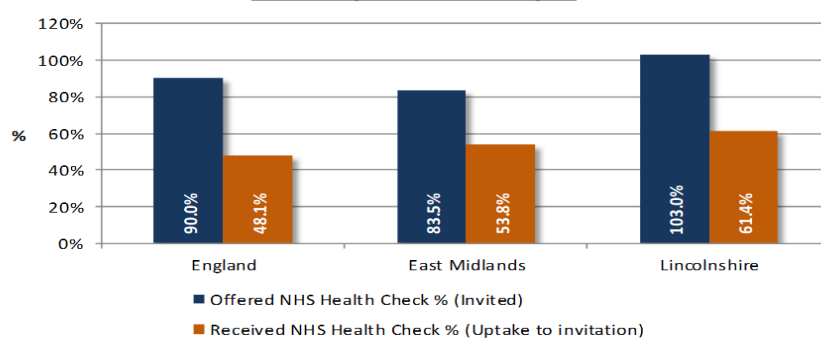
## About the target range

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

## About benchmarking

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

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



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



## 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)



Not achieved

**1,603**

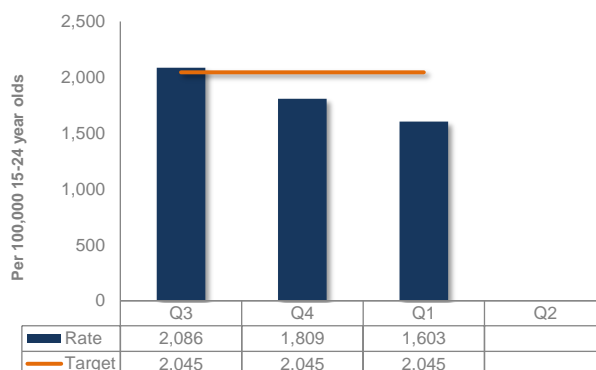
Per 100,000 15-24 year olds  
Quarter 1 June 2019



**2,045**

Per 100,000 15-24 year olds  
Target for June 2019

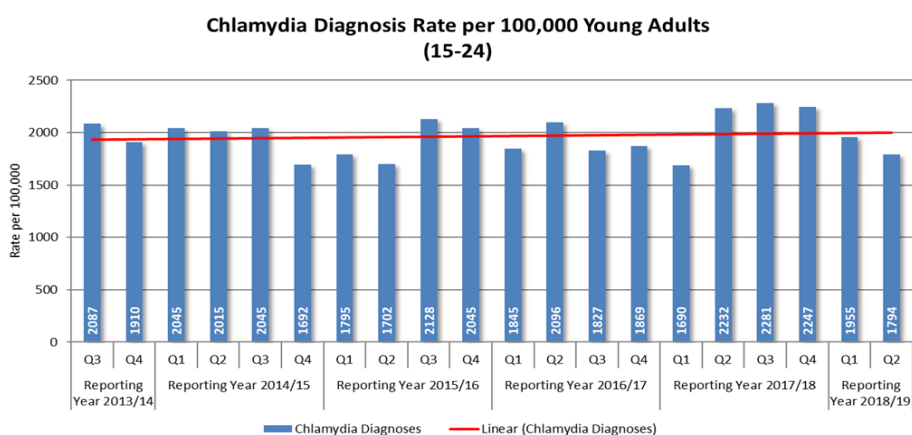
Chlamydia diagnoses



#### About the latest performance

The target has been missed this quarter, however, Lincolnshire performance is only slightly below that of our comparator local authority areas. The service continues to seek an improved performance through partnership work, particularly with GP surgeries and in the way the service is delivered. Online testing continues to be popular and achieves a high level of successful diagnoses. Relationships are also being developed through Maternity and Gynaecological services to collaborate on improving targeted testing and treatment.

## Further details



## About the target

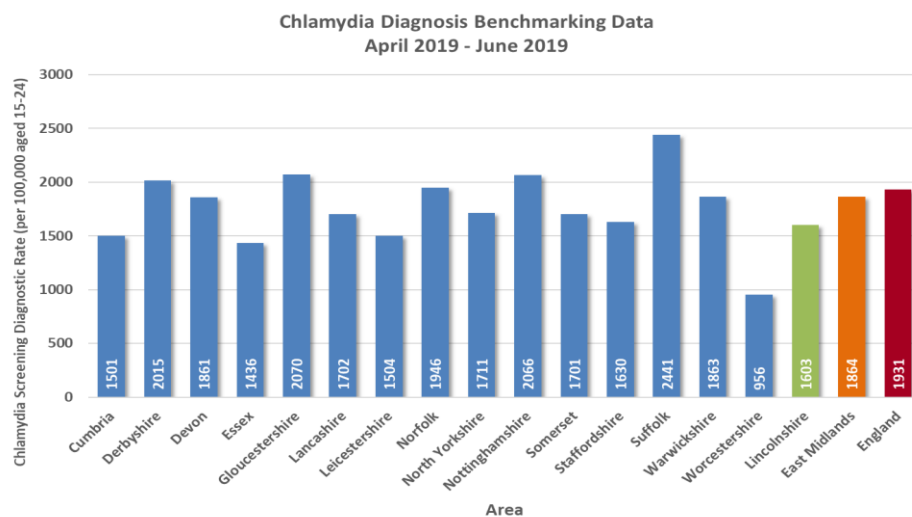
The target of 2,045 has been set in 2019/20 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if 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

Benchmarking currently available for this measure is comparator local authorities based on CIPFA nearest neighbours.





## Health and wellbeing is improved

### Work with others to promote community wellbeing

## Number of staff and volunteers trained in Making Every Contact Count

This measure records the number of Health and Social Care frontline staff and volunteers 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 and volunteers will either be face-to-face training or e-learning. The aim of this measure is to ensure that Health and Social care staff and volunteers 'Make Every Contact Count' (MECC). A higher number of Health and Social care staff trained indicates a better performance.



Achieved

211

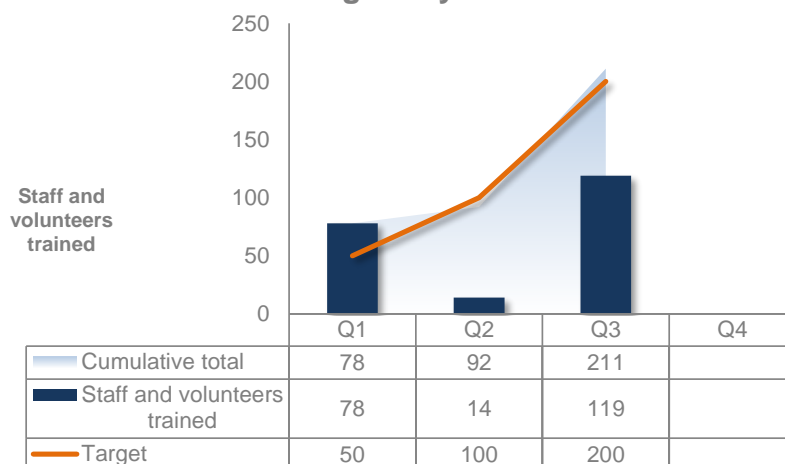
Staff and volunteers trained  
**Cumulative Actual as at  
December 2019**



200

Staff and volunteers trained  
**Cumulative Target for  
December 2019**

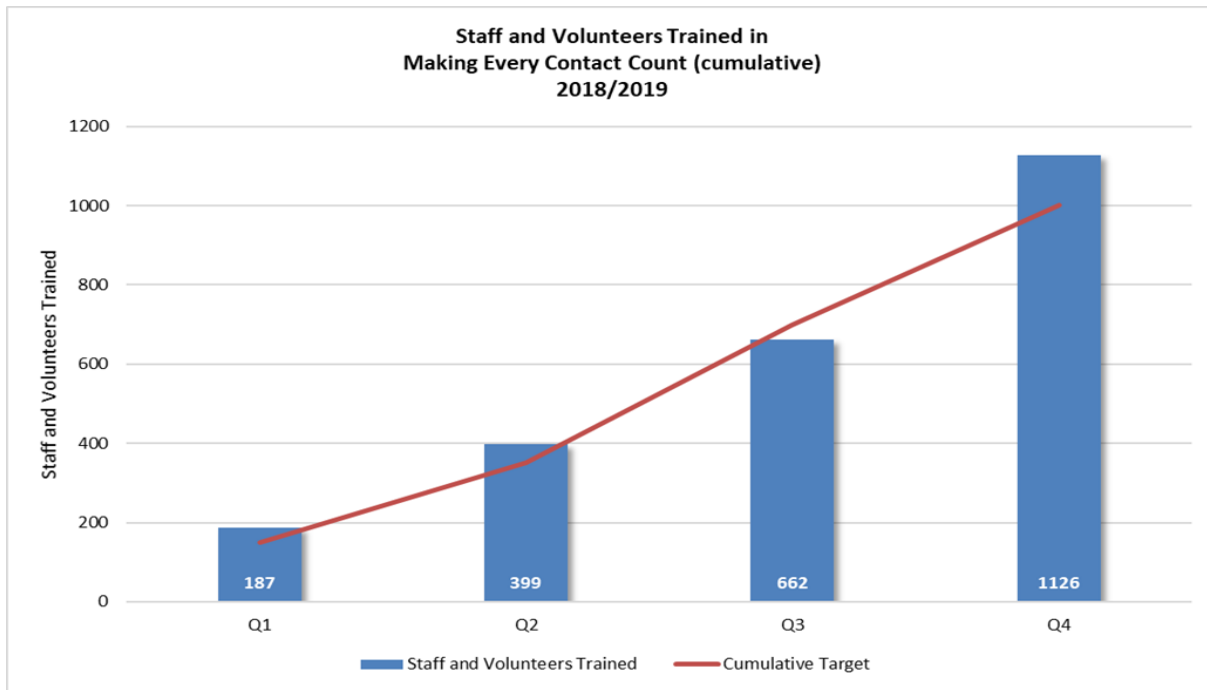
Number of staff and volunteers trained in Making Every Contact Count



### About the latest performance

MECC has been through a period of low activity during quarters one and two due to implementing changes to its future method of delivery to ensure its sustainability beyond 2019-2020. The performance is now on target.

## Further details



### About the target

The annual cumulative target has been calculated based on previous activity on the MECC programme. The targets are profiled to reflect the current work plan.

### 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

People are able to live life to the full and maximise their independence

### People supported to improve their outcomes

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

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

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



Achieved

97

%

Quarter 2 September 2019

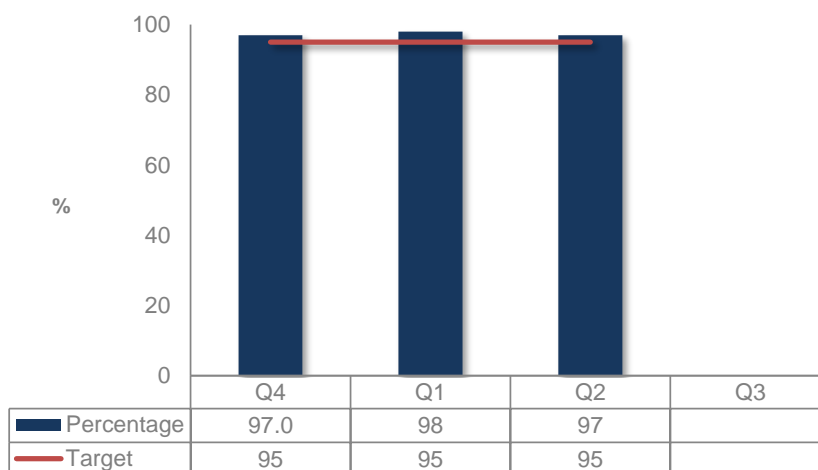


95

%

Target for September 2019

### People supported to improve their outcomes

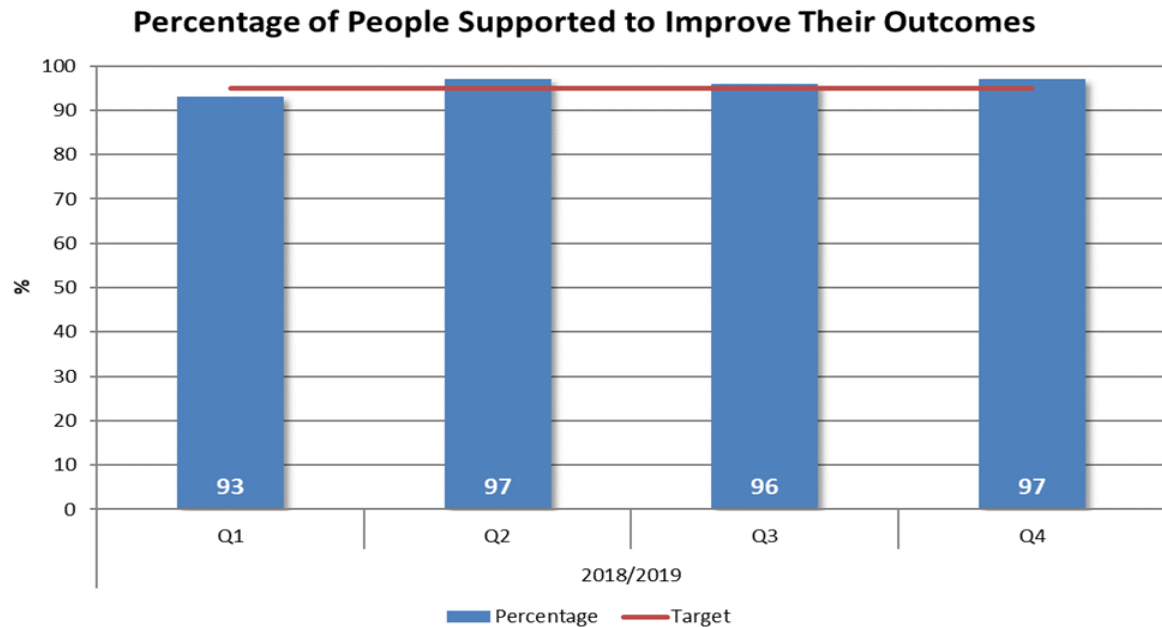


#### About the latest performance

The Wellbeing Service has maintained its consistent strong performance in this measure of overall improvement in customer outcomes. Individuals across Lincolnshire have been supported to achieve their self-determined outcomes through up to 12 weeks of direct support, advice and signposting to local community resources.



## Further details



### About the target

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

### About the target range

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

### About benchmarking

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



Health and wellbeing is improved

People are supported to live healthier lifestyles

### People supported to successfully quit smoking

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



Not achieved

1,374

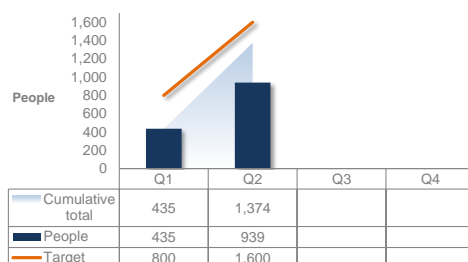
People  
Cumulative Actual as at  
September 2019



1,600

People  
Cumulative Target for  
September 2019

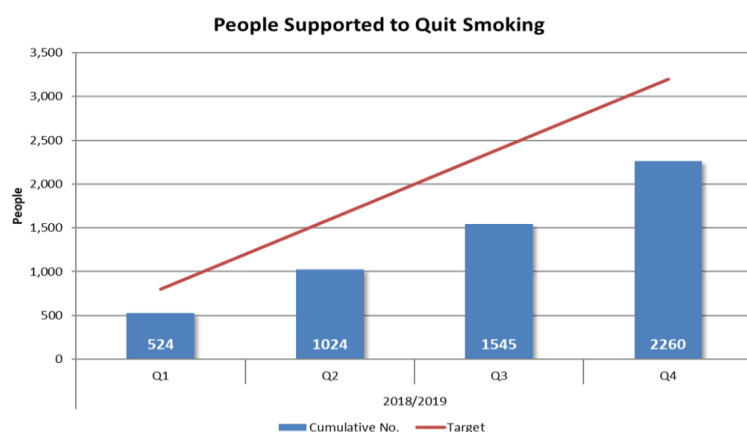
People supported to successfully quit smoking



#### About the latest performance

Data for the number of people successfully supported to stop smoking has a three month time lag and so represents performance at the end of September 2019. The new service provider was mobilised on the 1 July 2019 and the target will shortly be changed to reflect contractual requirements. One You Lincolnshire has a cumulative target of 1,980 quits over the three quarters from July 2019 to March 2020, weighted more heavily to the later quarters. Current performance is good, and well on the way to achieving this.

## Further details



## About the target

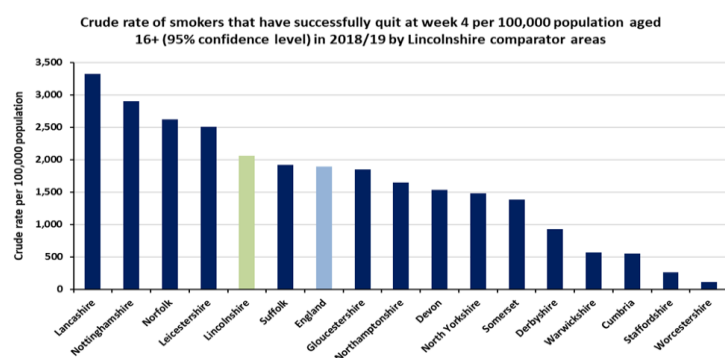
Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF)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

## About the target range

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

## About benchmarking

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



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



## Health and wellbeing is improved

People are able to live life to the full and maximise their independence

### People supported to maintain their accommodation

This measure captures the overall improvement in outcomes achieved by people accessing housing related support services following on from their contact with the service. A individual will self-report improvements in self harm and reduction in medication, reduced dependency on substance misuse avoiding harm to others.

Numerator: Number of clients whose 'need' score has improved by at least 1 point.

Denominator: All needs highlighted by clients during their contact with services.



Achieved

98

%

Quarter 3 December 2019

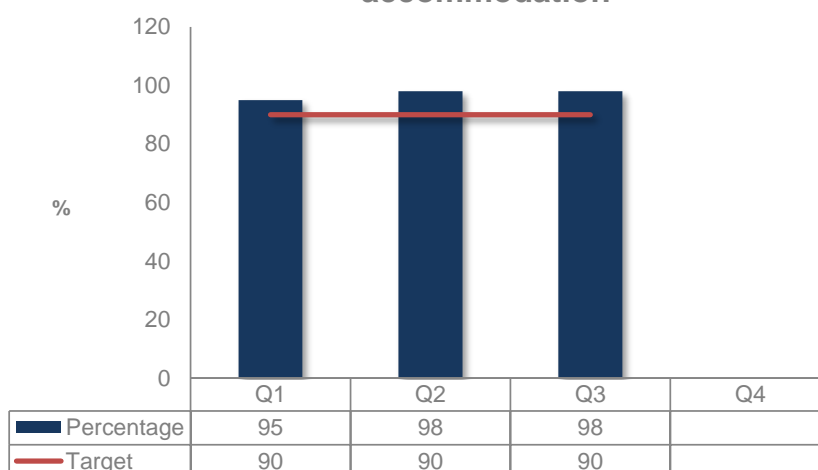


90

%

Target for December 2019

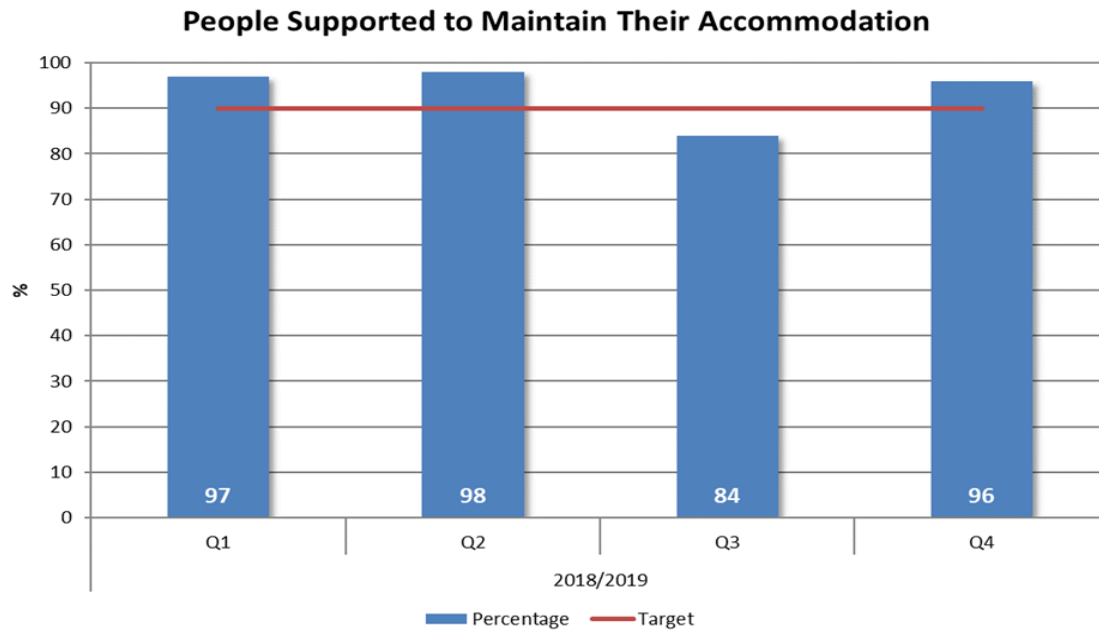
### People supported to maintain their accommodation



#### About the latest performance

The Housing Related Support Services have exceeded the target on this outcome measure. This means that 98% of service users that identified access to settled accommodation as a barrier to them living independently have been successfully supported to reduce this during this period and remains the same as last quarter.

## Further details



### About the target

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

### About the target range

This measure allows for no fluctuation against the target.

### About benchmarking

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



## Health and wellbeing is improved

People are able to live life to the full and maximise their independence

### Emergency and urgent deliveries and collections completed on time

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

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

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

A higher percentage indicates a better performance.



Achieved

100

%

Quarter 3 December 2019

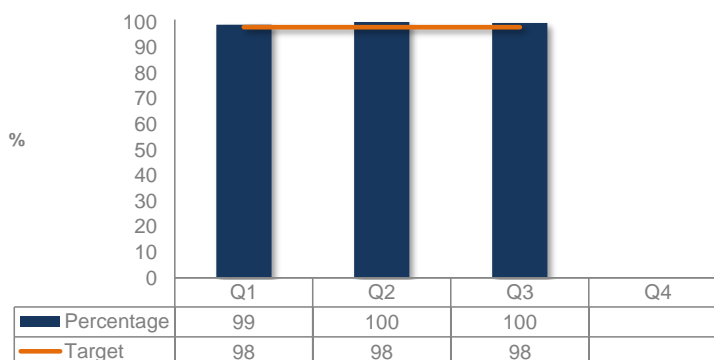


98

%

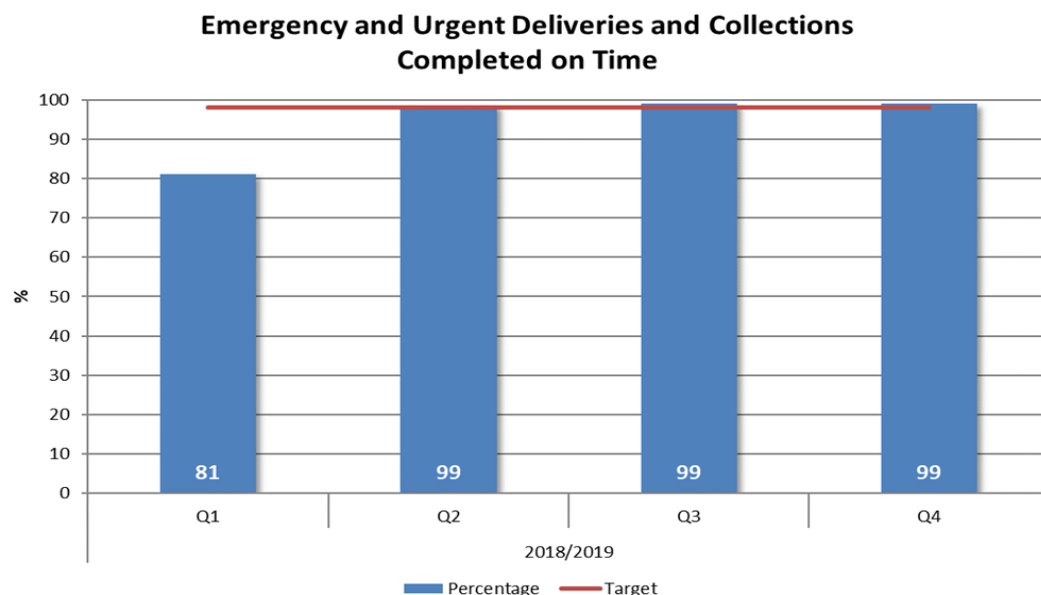
Target for December 2019

#### Emergency and urgent deliveries and collections completed on time



#### About the latest performance

The third quarter of the financial year witnessed an increase in demand by approximately 5%. The service was able to manage this increase and exceed targets. The indicator in relation to emergency deliveries and collection is particularly relevant to assist with preventing admissions in hospitals; facilitate discharges from hospital as well as supporting people to live independently in their own homes.



#### About the target

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

#### About the target range

This measure allows for no fluctuation against the target.

#### About benchmarking

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

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>26 February 2020</b>
Subject:	<b>Adult Care and Community Wellbeing Budget 2019-20</b>

**Summary:**

The Adult Care and Community Wellbeing budget is £227.396m. For the period up to and including 31 December 2019, with the information available, the projected outturn will deliver an underspend of £1.040m for the 2019-20 financial year.

**Actions Required:**

The Adult Care and Community Wellbeing Scrutiny Committee is asked to review the outturn projection for 2019-20.

## 1. Background

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

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

The table below highlights the projected outturn position for each of the above delivery strategies. The position as at 31 December 2019, projected forward, is indicating an outturn position by 31 March 2020 of £1.040m underspent.

<b>Delivery Strategy</b>	<b>Annual Budget (£m)</b>	<b>Projected Outturn (£m)</b>	<b>Over/(Under) Spend (£m)</b>
Adult Frailty & Long Term Conditions	120.454	119.782	(0.672)
Specialist Adult Services & Safeguarding	76.475	76.099	(0.376)
Public Health & Community Wellbeing	30.467	30.475	0.008
<b>Total</b>	<b>227.396</b>	<b>226.356</b>	<b>(1.040)</b>

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

The Adult Frailty and Long Term Conditions strategy brings together older people and physical disability services as well as hosting the Directorate budgets for back office functions in infrastructure budgets. The financial allocation of this delivery strategy aims to support eligible individuals to receive appropriate care and support.

The current budget for this strategy is £120.454, £113,130 excluding infrastructure. The projected outturn against the frailty budget is indicating a £0.672m underspend for the 2019-20 financial year.

This strategy includes budgets for community based care including home support, re-ablement, day care and direct payments. The table below indicates the projected spend against each care budget.

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Staffing	15.062	15.062	
Day Care	0.504	0.445	(0.059)
Direct Payments	17.766	16.907	(0.859)
Home Base	27.143	28.871	1.728
Residential	85.816	84.498	(1.318)
Better Care Fund & Other Expenditure	5.930	5.809	(0.121)
<b>Total AF&amp;LTC Expenditure</b>	<b>152.221</b>	<b>151.592</b>	<b>(0.629)</b>
Income	(39.090)	(39.133)	(0.043)
<b>Total AF&amp;LTC</b>	<b>113.130</b>	<b>112.457</b>	<b>(0.672)</b>

The above care budgets are indicating delivery within the allocated budget due to the following;

- current activity is forecast to be in line with the levels forecast when the budgets were set
- an accelerated recovery of income predominantly from direct payment refunds and debtor income.
- material progress made on reducing the number of financial assessments pending, delivering the turnaround time of 28days in a large number of cases.

## 1.2 Specialist Adult Services & Safeguarding

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

The current budget for this delivery strategy is £76.475. The projected outturn against this budget is indicating an underspend of £0.376m for the 2019-20 financial year.

The following table indicates the position against the Learning Disabilities care budgets.

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Staffing	3.064	3.064	
Day Care	1.889	1.940	0.051
Direct Payments	11.110	11.632	0.522
Home Base	31.447	31.247	(0.200)
Residential	32.421	33.205	0.784
In House Team	2.428	2.544	0.116
Transport / Admin / Infrastructure	2.678	1.974	(0.704)
<b>Total Learning Disabilities</b>	<b>85.037</b>	<b>85.606</b>	<b>0.569</b>
Staffing	1.769	1.769	
Community Care Fund	6.511	6.511	
<b>Total Mental Health</b>	<b>8.280</b>	<b>8.280</b>	<b>0.0</b>
EDT Team	0.599	0.929	0.330
Deprivation of Liberty Standards (DoLS)	2.395	2.395	
Safeguarding Infrastructure	1.073	1.237	0.164
<b>Total Safeguarding</b>	<b>4.067</b>	<b>4.561</b>	<b>0.494</b>
Income	(20.909)	(22.348)	(1.439)
<b>Total Adult Specialties</b>	<b>76.475</b>	<b>76.099</b>	<b>(0.376)</b>

The above care budgets are indicating delivery within the allocated budget due to the following;

- demand for learning disability services has increased in comparison to 2018-19 however not at the rate originally budgeted. Updated forecasts indicate that growth levels will accelerate into the summer of 2020-21 with a large number of new service users transitioning from children's services.
- current projections are indicating an increase in continuing healthcare services. The table above assumes £1.682m additional income will be received from the Clinical Commissioning Group (CCG) for their element of these costs.
- the 2019-20 budget has been increased by £1.1m to reflect the projected increase in demand for mental health care and the forecast continues to indicate that this will be fully utilised.
- the projected outturn for the Deprivation of Liberty (DoLS) standards is indicating that £1.6m of the additional funding provided for in 2019-20 will be incurred in minimising the number of assessments pending. This level of additional funding has been set aside in 2020-21 to ensure demand can be met whilst the new Liberty Protection Standards are introduced.

### 1.3 Public Health & Community Wellbeing

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Wellbeing	10.62	10.19	(0.43)
Carers	2.38	2.10	(0.28)
Public Health	17.46	18.18	0.72
<b>Total Public Health &amp; Wellbeing</b>	<b>30.46</b>	<b>30.47</b>	<b>(0.01)</b>

The above budgets are indicating delivery of a balanced budget by 31 March 2020.

### 1.4 Areas of Focus Across the Directorate

#### Better Care Fund

The Lincolnshire Better Care Fund (BCF) is an agreement between the Council and the Lincolnshire CCGs and is overseen by the Health and Wellbeing Board. The BCF pools funds from the organisations to aid the objective of integrated service provision.

The total pooled amount in 2019-20 is £254.282m which includes £58.682m allocated to the Lincolnshire BCF from the Department of Health and Social Care.

Following Regional Assurance, the Lincolnshire Better Care Fund Programme for 2019-20 received National approval early January 2020. The programme, with the agreed outcome measures, is being delivered as per the plan. We are planning for a rollover of the programme into 2020-21 and for all parties, aligned to the National direction, to review the programme in preparation for an intended 3 year BCF 2021-2024.

## 2. Conclusion

The Adult Care and Community Wellbeing budget of £227.396m is projected to underspend by £1.040m for the year ending 31 March 2020. This would be the eighth consecutive year that ACCW has been able to live within its budgeted allocation.

## 3. Consultation

This is not a direct consultation item, although the Committee may wish to comment on the information presented.

## 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 Pam Clipson, Head of Finance Adult Care, who can be contacted on 01522 554293 or [pam.clipson@lincolnshire.gov.uk](mailto:pam.clipson@lincolnshire.gov.uk)

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>26 February 2020</b>
Subject:	<b>Adults and Community Wellbeing Scrutiny Committee Work Programme</b>

**Summary:**

The Committee is also requested to consider its future work programme, which includes a list of probable items up to and including 21 October 2020. The report also includes a schedule of previous activity by the Committee since June 2017.

The Committee is requested to note the three decisions made by the Executive on 4 February 2020, following consideration by this Committee on 15 January 2020.

**Actions Required:**

- (1) To review the Committee's future work programme, highlighting any activity for possible inclusion in the work programme.
- (2) To note that the following decisions were made by the Executive on 4 February 2020, following consideration by this Committee on 15 January 2020:
  - Homecare (Minute 51)
  - Home-Based Re-ablement Service Procurement (Minute 52)
  - Re-Procurement of Community Supported Living Services (Minute 53)

**1. Current Items**

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

<b>26 February 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Care Quality Commission Update	Andrew Appleyard, Inspection Manager, Care Quality Commission

<b>26 February 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
New Ways of Working in Social Care	Paul Bassett, Head of Adult Frailty and Long Term Conditions Chris Erskine, Lead Professional, Adult Social Care
Adult Care and Community Wellbeing Performance Report - Quarter 3 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget Monitoring 2019/20	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing
Agreement with Lincolnshire Partnership NHS Foundation Trust under Section 75 of the National Health Service Act 2006 (Executive Decision – 3 March 2020) <i>REPORT CONTAINS EXEMPT INFORMATION</i>	Justin Hackney, Assistant Director, Specialist Services and Safeguarding

## **2. Future Items**

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

<b>1 April 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Extra Care Housing (Executive Decision – 7 April 2020)	Kevin Kendall, Assistant Director, Corporate Property
Lincolnshire NHS Long Term Plan	Glen Garrod, Executive Director of Adult Care and Community Wellbeing
Day Opportunities	Justin Hackney, Assistant Director, Specialist Services and Safeguarding
Mental Health – Community Based Model	Justin Hackney, Assistant Director, Specialist Services and Safeguarding
Transforming Care	Justin Hackney, Assistant Director, Specialist Services and Safeguarding
Lincolnshire Safeguarding Adults Board – Annual Plan	David Culy, Lincolnshire Safeguarding Adults Board Business Manager

<b>1 April 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Better Care Fund	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing

<b>13 May 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Team Around the Adult – Update on Developments	Justin Hackney, Assistant Director, Specialist Services and Safeguarding
Lincolnshire Integrated Health Protection Service ( <i>Executive Councillor Decision</i> )	Natalie Liddell, Programme Manager, Infection Prevention & Control and Emergency Planning

<b>1 July 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Performance Report - Quarter 4 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget 2019-20 – Outturn Report	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing

<b>9 September 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Performance Report - Quarter 1 2020/21	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing

<b>21 October 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>

### Items to be Programmed

- National Carers Strategy
- Alcohol Harm and Substance Misuse Services
- Managed Care Network for Mental Health (*Considered 11 April 2018*)
- Long Term Funding of Adult Social Care
- Homes for Independence

### **3. Previously Considered Items**

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

On 15 January 2020, the Committee considered three items, on which decisions were subsequently made by the Executive on 4 February 2020. Further details are available in the relevant minutes from the last meeting:

- Homecare (Minute 51)
- Home-Based Re-ablement Service Procurement (Minute 52)
- Re-Procurement of Community Supported Living Services (Minute 53)

Also, on 15 January 2020, the Committee considered the budget proposals for Adult Care and Community Wellbeing. The Committee's comments on these proposals were submitted to the Executive on 4 February and are included on the Council agenda for 21 February 2020.

### **4. Conclusion**

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

### **5. Consultation – Not applicable**

### **6. Appendices**

These are listed below and set out at the conclusion of this report.	
Appendix A	Forward Plan – Items Relevant to the Remit of the Adults and Community Wellbeing Scrutiny Committee
Appendix B	Adults and Community Wellbeing Scrutiny Committee – Previously Considered Items

### **7. Background Papers**

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

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



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

From 2 March 2020

DEC REF	MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	DIVISIONS AFFECTED
1018573	New Lincolnshire Partnership NHS Foundation Trust Section 75 Partnership Agreement	3 Mar 2020	Executive ( <b>Exempt Report</b> )	Adults and Community Wellbeing Scrutiny Committee	Assistant Director – Specialist Adult Services Tel: 01522 554259 Email: <a href="mailto:Justin.Hackney@lincolnshire.gov.uk">Justin.Hackney@lincolnshire.gov.uk</a>	All
1019547	Lincolnshire Integrated Health Protection Service	Between 3 April and 6 April 2020	Executive Councillor: Adult Care, Health and Children's Services and Executive Councillor: Highways, Transport and IT ( <b>Exempt Report</b> )	United Lincolnshire NHS Hospitals Trust; Public Health England; Clinical Commissioning Groups; Adults and Community Wellbeing Scrutiny Committee	Programme Manager, Infection Prevention & Control and Emergency Planning  Tel: 01522 552345 Email: <a href="mailto:natalie.liddle@lincolnshire.gov.uk">natalie.liddle@lincolnshire.gov.uk</a>	All
1019235	Extra Care Housing	7 Apr 2020	Executive	Adults and Community Wellbeing Scrutiny Committee	Assistant Director - Corporate Property Tel: 01522 552933 Email: <a href="mailto:Kevin.Kendall@lincolnshire.gov.uk">Kevin.Kendall@lincolnshire.gov.uk</a>	All

## ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE PREVIOUSLY CONSIDERED ITEMS

	2017				2018								2019								2020				
KEY	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr	22 May	3 July	4 Sept	9 Oct	27 Nov	15 Jan	26 Feb	1 Apr	13 May	1 July
<div><div></div> = Item Considered</div> <div><div></div> = Planned Item</div>																									
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135	135	210	185	130	170	190	135	194	150	140	132	185				
Adult Care and Community Wellbeing Corporate Items																									
Advocacy Services																									
Better Care Fund																									
Budget Items																									
Care Quality Commission																									
Commercial Team																									
Contract Management																									
Integrated Community Care																									
Introduction																									
IT Updates																									
Joint Strategic Needs Assessment																									
Local Account																									
Multi-Purpose Block Beds																									
Social Care Working																									
NHS Long Term Plan																									
Quarterly Performance																									
Strategic Market Support Partner																									
Winter Planning																									
Adult Frailty, Long Term Conditions and Physical Disability																									
Activity Data 2018/19																									
Assessment and Re-ablement																									
Care and Support for Older People – Green Paper																									
Commissioning Strategy																									
Dementia																									
Direct Payments Support Service																									
Home Care Service																									
Homecare Customer Survey																									
Residential Care / Residential Care with Nursing - Fees																									
Review Performance																									

	2017					2018					2019					2020									
KEY	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr	22 May	3 July	4 Sept	9 Oct	27 Nov	15 Jan	26 Feb	1 Apr	13 May	1 July
<div><div></div></div> = Item Considered																									
<div><div></div></div> = Planned Item																									
Adult Safeguarding																									
Commissioning Strategy																									
Safeguarding Board Annual Plan																									
Safeguarding Scrutiny Sub Group																									
Carers																									
Commissioning Strategy																									
Community Wellbeing																									
Director of Public Health Report																									
Director of Public Health Role																									
Domestic Abuse Services																									
Healthwatch Procurement																									
Integrated Lifestyle / One You																									
NHS Health Check Programme																									
Sexual Health Services																									
Stop Smoking Service																									
Wellbeing Commissioning Strategy																									
Wellbeing Service																									
Housing Related Activities																									
Extra Care Housing																									
Homes for Independence Strategy																									
Housing Related Support																									
Memorandum of Understanding																									
Supported Housing																									
Specialist Adult Services																									
Autism Strategy																									
Commissioning Strategy																									
Community Supported Living																									
Day Opportunities																									
Learning Disability – Short Breaks																									
Managed Care Network Mental Health																									
Mental Health Community Based Model																									
Section 75 Agreement – Mental Health																									
Section 117 Mental Health Act Policy																									
Shared Lives																									
Team Around the Adult																									
Transforming Care																									

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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