



Communities are safe and protected

Our communities are safe and protected from harm Safeguarding adults

The purpose of this commissioning strategy is that vulnerable adults' rights are protected so that everyone can live safely and free from abuse and neglect.

Outcome

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

Measure

People report they feel safe

This measure reflects the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors such as crime levels and socio-economic factors.

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

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

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

Denominator: Number of respondents to the question.

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



Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

About the target range

About benchmarking

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



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Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in Measure

Safeguarding desired outcomes fully or partially met

Awaiting outcome of the national safeguarding consultation, part of the Adults Social Care Outcomes Framework (ASCOF). The ASCOF measures how well the care and support system achieves the things we would expect for ourselves and for our friends and relatives.

Not reporting until 2016/17



There is a national consultation about this measure and data will not be available until 2016/2017

Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

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

About the target range

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 a 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.



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Measure

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.

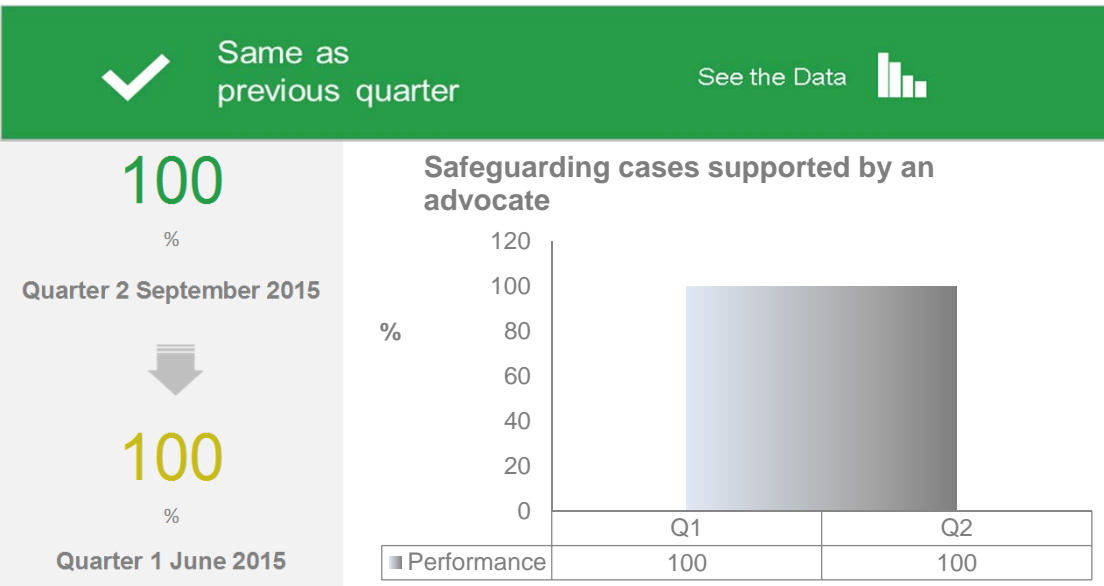
An advocate can include:-

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

Numerator: Number of concluded safeguarding referrals where the person at risk lacks capacity where support was provided by an advocate, family or friend

Denominator: Number of concluded safeguarding referrals.

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



Performance remains stable at the end of quarter 2 and 100% safeguarding cases were supported by an advocate

Further details

This is a new measure for 2015/16 so no historical data is available.

About the target

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About the target range

5% +/- . Based on tolerances used by Department of Health

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Measure

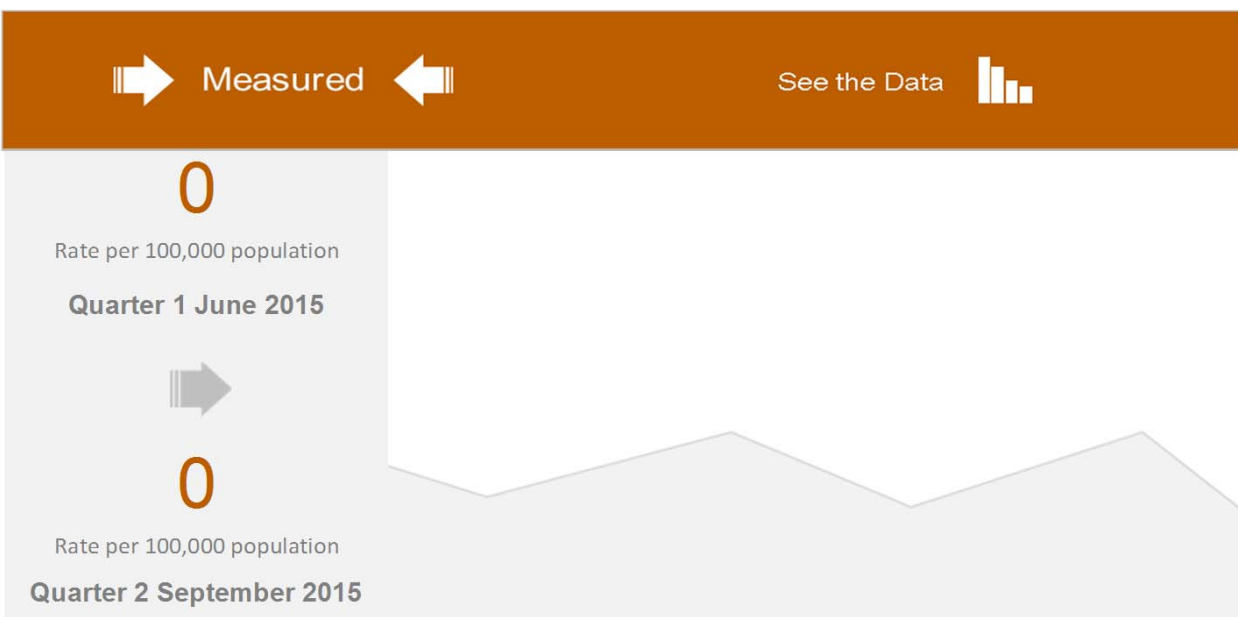
Adult safeguarding reviews involving serious harm or death

This measure reports the individuals involved in safeguarding adult reviews who suffered serious harm or died per 100,000 population.

Numerator: Number of individuals involved in safeguarding adult reviews who suffered serious harm or died.

Denominator: Population of Lincolnshire.

The rate per 100,000 population is calculated as follows: Numerator divided by the denominator multiplied by 100,000.



There have been no individuals involved in adult safeguarding reviews who have suffered serious harm and died this year.

Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

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

About the target range

5% +/- Based on tolerances used by Department of Health

About benchmarking

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Safeguarding referrals where the source of risk is a service provider

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

Numerator: Number of safeguarding referrals where the 'source of risk' is a 'service provider'.

Denominator: Number of safeguarding referrals.

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



Improved on
previous quarter

See the Data



3.0

%

Quarter 2 September 2015

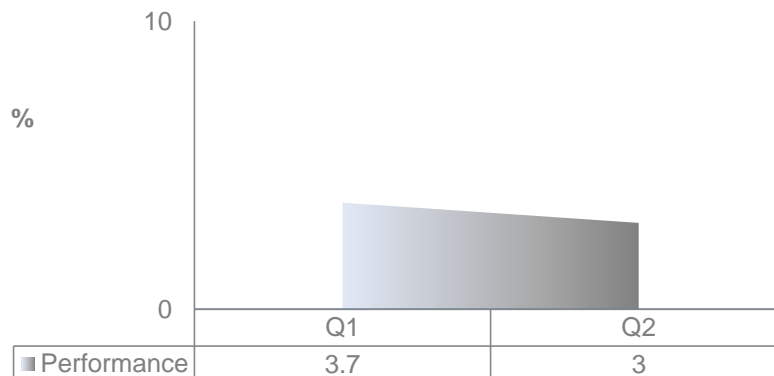


3.7

%

Quarter 1 June 2015

Safeguarding referrals where the source of risk is a service provider



This is the first year this indicator has been measured. At the end of quarter 2, 3.0% of safeguarding referrals had a 'source of risk' identified as a 'service provider'.

Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

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

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

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Measure

Adult safeguarding reviews where risk was reduced or removed

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

Numerator: Number of completed (and substantiated) safeguarding referrals where the risk was reduced or removed.

Denominator: Number of safeguarding referrals.

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



Improved on
previous quarter

See the Data



78.9

%

Quarter 2 September 2015

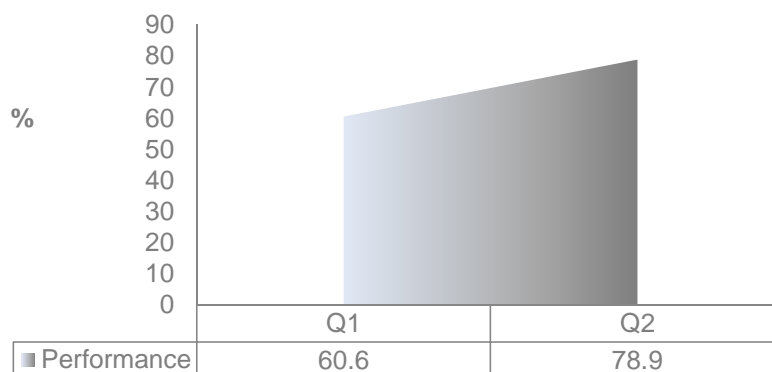


60.6

%

Quarter 1 June 2015

Adult safeguarding reviews where risk was reduced or removed



Performance has increased compared to the same period last year for the proportion of completed (and substantiated) safeguarding referrals where the risk was reduced or removed. There were 78.90% where the risk was reduced or removed compared to 42.6% in quarter 2 2014/15.

Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

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About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

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Health and Wellbeing is improved

The health and wellbeing of the population is improved
Adult specialities

Adult specialities

Outcome

Prevent people from dying prematurely

Measure

Excess under 75 mortality rate in adults with common mental illness

This measure is an annual NHS Outcome Framework measure currently in development.



This is an NHS measure and is in development.

Further details

About the target

Not currently known

About the target range

Not currently known

About benchmarking

Not currently known



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

Outcome

Prevent people from dying prematurely

Measure

Excess under 75 mortality rate in adults with serious mental illness

Premature mortality in adults with serious mental illness is compared to premature mortality in adults in the general population.

'Adults with serious mental illness' are defined as anyone aged 18 or over who has been in contact with the secondary mental care services in the current financial year or in either of the two previous financial years who is alive at the beginning of the current financial year.

Those aged 75 and over are excluded from this and other premature mortality indicators. Those aged under 18 are excluded as there is no evidence that children with serious mental illness are at particularly high risk of death by disease.

Measure in development



This is an NHS measure and is in development.

Further details

About the target

Not currently known

About the target range

Not currently known

About benchmarking

Not currently known



Health and Wellbeing is improved

The health and wellbeing of the population is improved
Adult specialities

Adult specialties

Outcome

Prevent people from dying prematurely

Measure

Levels of self-harm

This measure is to be excluded from reporting



This is an NHS measure and is in development.

Further details

About the target

Not currently known

About the target range

Not currently known

About benchmarking

Not currently known



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

Outcome

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

Measure

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: Of those adults who received long-term support with a primary support reason of learning disability, those who are recorded as living in their own home or with their family within the current financial year.

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

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



Improved on
previous quarter

See the Data



73.1

%

Quarter 2 September 2015

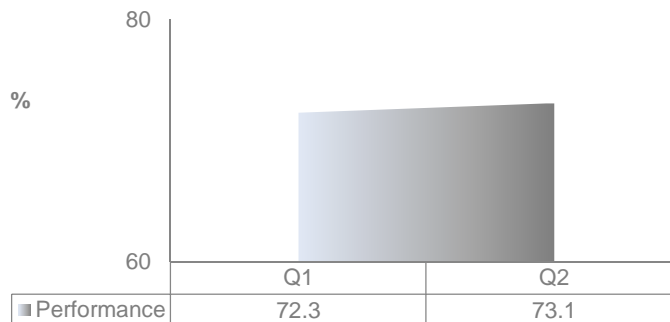


72.3

%

Quarter 1 June 2015

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



There has been a slight increase since the end of quarter 1 in the proportion of adults with a learning disability or autism who live in their own home or with their family, with a Q2 outturn of 73.1%. The measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion. The 2015/16 target was set before the year end target was known, so will need to be reviewed after 6 months.

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

5% +/- . Based on tolerances used by Department of Health

About benchmarking

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Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

Outcome

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

Measure

Adults in contact with community mental health teams living independently

Proportion of adults in contact with secondary mental health services living independently, with or without support. (Section 75 arrangement with Health)



This measure is reported from the Mental Health Minimum Dataset (MH-MDS). The data for Q2 is not available and is published with a 1 quarter lag. The target was set before the year end outturn of 47% was known (only recently released in August 2015). The target will need to be reviewed in 6 months.

Further details

About the target

Not yet available

About the target range

Not yet available

About benchmarking

Not yet available



Health and Wellbeing is improved

The health and wellbeing of the population is improved
Adult specialities

Adult specialities

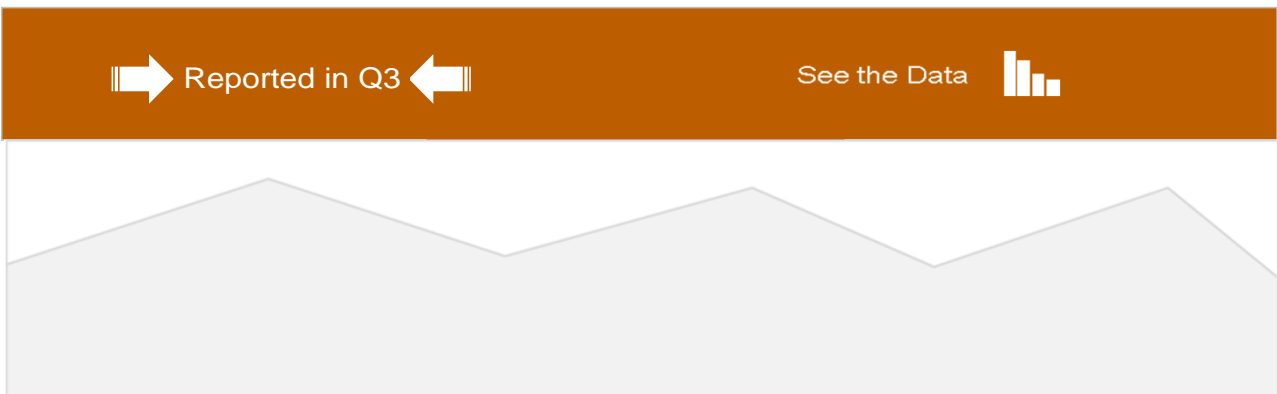
Outcome

Help people to recover from episodes of ill health

Measure

Recovery rates from psychological therapies

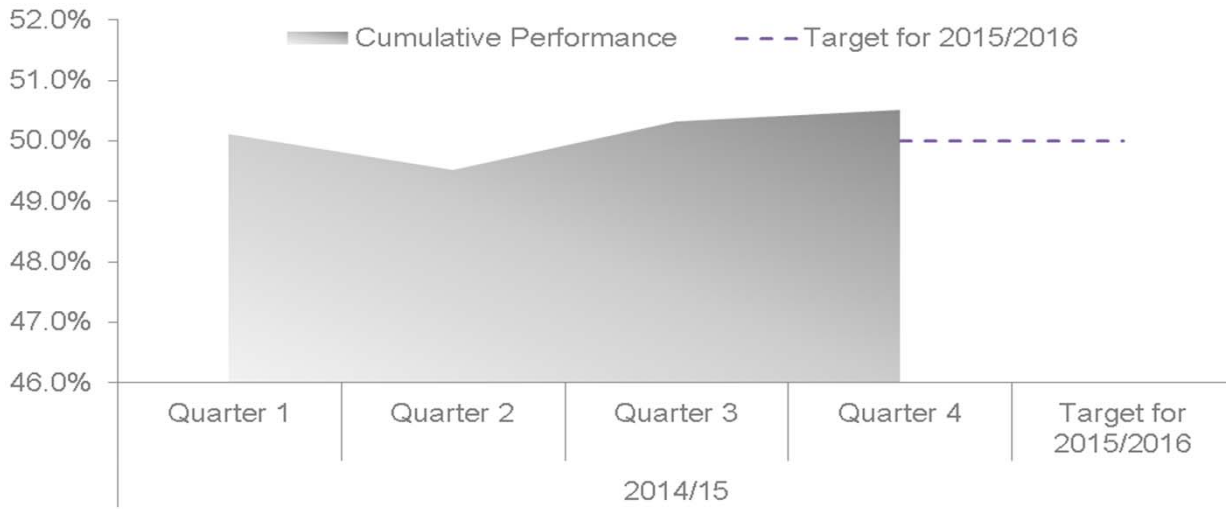
Recovery rates from psychological therapies (NHS Measure)



Data not yet available - delay in reporting due November

Further details

Recovery rate from psychological therapies



Measure Name	Recovery rates from psychological therapies								
	2013-14				2014-15				Target for 15/16
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Cumulative Performance	No 2013/14 Data available				50.1%	49.5%	50.3%	50.5%	50%
Numerator (cumulative)	No 2013/14 Data available				954	1948	2979	3920	
Denominator (cumulative)	No 2013/14 Data available				1905	3934	5923	7770	

About the target

Not yet available

About the target range

Not yet available

About benchmarking

Not yet available



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

Outcome

People have a positive experience of care

Measure

Satisfaction with learning disability and autism care and support services

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

* I am very happy with the way staff help me, it's really good

* I am quite happy with the way staff help me

* The way staff help me is OK

* I do not think the way staff help me is that good

* I think the way staff help me is really bad

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

Denominator: Total number of respondents to the survey.

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



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

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 a benchmarking services to enable Adult Social Care



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

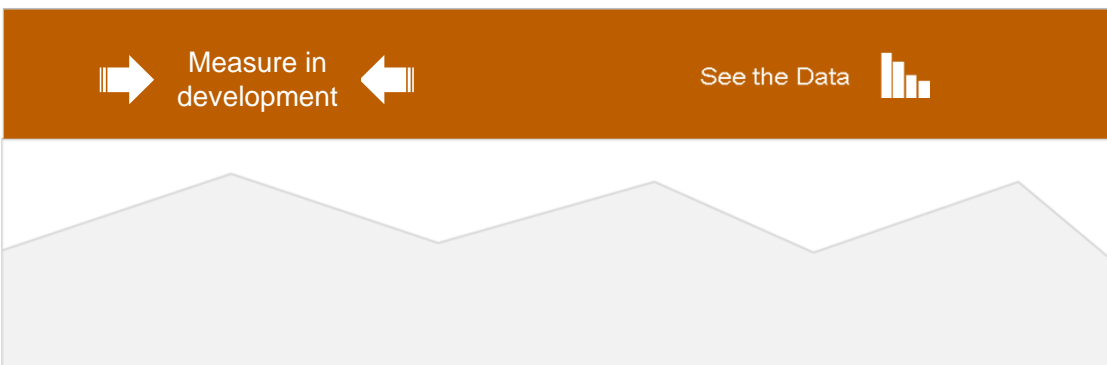
Outcome

People have a positive experience of care

Measure

Satisfaction with community mental health services

This is a NHS Outcomes Framework measure and is still in development.



Data is not yet available. This measure is sourced from the NHS survey and the results are published every 6 months. Provisional targets set by the NHS.

Further details

About the target

About the target range

About benchmarking



Health and Wellbeing is improved

The health and wellbeing of the population is improved

Carers

The purpose of this commissioning strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

Outcome

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

Measure

Carers who receive a direct payment

This measure reflects the proportion of carers who receive a direct payment.

Numerator: Number of carers who are and have been receiving direct payments and part direct payments in the last 12 months.

Denominator: Number of carers receiving carer specific support services.

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

X Not improved on previous quarter

[See the Data](#)



55.6

%

Quarter 2 September 2015

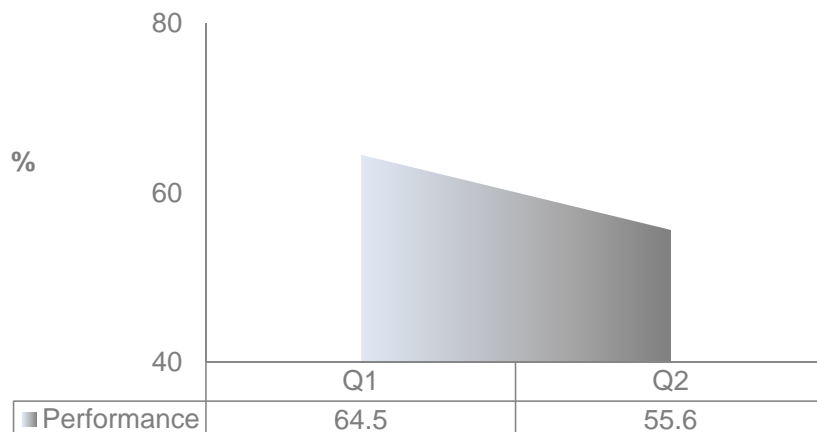


64.5

%

Quarter 1 June 2015

Carers who receive a direct payment



This indicator was previously combined with the percentage of clients receiving a direct payment. From 2015/16 the two indicators will be reported separately.

Further details

About the target

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About the target range

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Health and Wellbeing is improved

The health and wellbeing of the population is improved Carers

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Outcome

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

Measure

Carer reported quality of life

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

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

*Occupation - which of the following statements best describes how you spend your time?

*Control - Which of the following statements best describes how much control you have over your daily life?

*Personal Care - Thinking about how much time you have to look after yourself (in terms of getting enough sleep or eating well), which statement best describes your present situation?

*Safety - Thinking about your personal safety, which of the statements best describes your present situation?

*Social Participation - Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?

*Encouragement and support - Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?

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

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

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

Reported annually in Q4

See the Data



Further details

About the target

Not yet available

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

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Health and Wellbeing is improved

The health and wellbeing of the population is improved

Carers

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Outcome

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

Measure

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

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

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

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

Denominator: Total number who responded to the survey.

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

Reported annually in Q4

See the Data



Further details

About the target

Not yet available

About the target range

5% +/- Based on tolerances used by Department of Health

About benchmarking

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Health and Wellbeing is improved

The health and wellbeing of the population is improved Carers

The purpose of this commissioning strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

Outcome

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

Measure

Carers supporting people not known to adult care

This measure identifies of all carers currently supported by the carers service.

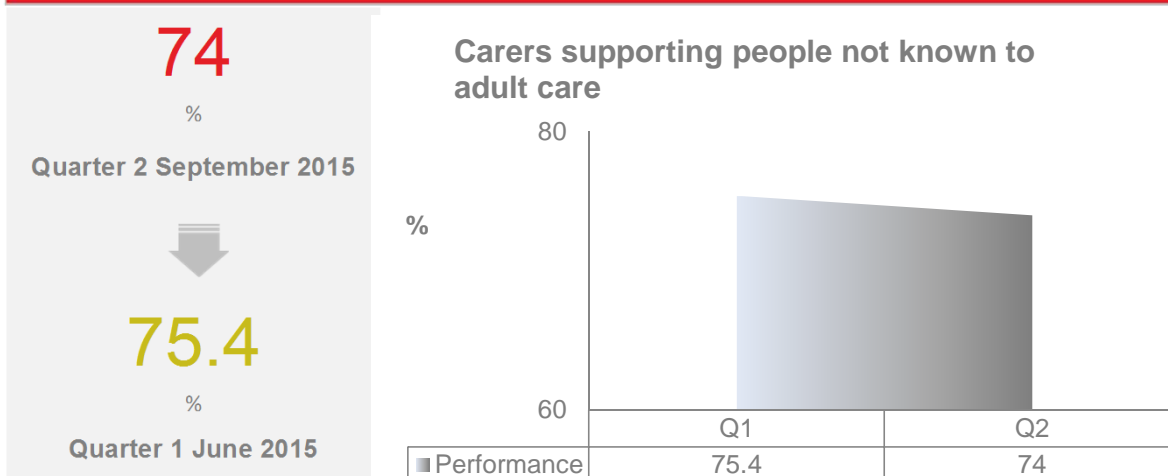
Numerator: Number of people cared for not in receipt of long term support (i.e. a personal budget or residential care).

Denominator: Number of carers (caring for adults) currently supported by the carers service (an open involvement to the carers team or a trusted assessor).

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

X Not improved on previous quarter

[See the Data](#)



At the end of Q2, the proportion of carers supported where the person they care for is not a client of Adult Care was 74.0%. This is a slight decrease from the Q1 when the outturn was 75.4%. New Mosaic processes will likely increase the rate of referral from Adult Care Teams, who feel carer support provided along side Adult Care services will produce the best outcomes.

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

5% +/- . Based on tolerances used by Department of Health

About benchmarking

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Health and Wellbeing is improved

The health and wellbeing of the population is improved

Carers

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Outcome

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

Measure

Carers who find it easy to find information about services

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

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

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

Denominator: Number of those who responded to the survey.

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

Reported annually in Q4

See the Data 



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

5% +/- . Based on tolerances used by Department of Health

About benchmarking

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Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

People are supported to remain independent and at home

Measure

Permanent admissions to residential and nursing care homes aged 65+

The number of admissions of older people to residential and nursing care homes relative to the population size (65+).

People counted as a permanent admission include:-

- Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met;

- Supported residents in:

* Local authority-staffed care homes for residential care;

* Independent sector care homes for residential care;

* Registered care homes for nursing care; and,

* Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date

Numerator: Number of council-supported permanent admissions of older people (aged 65+) to residential and nursing care during the year.

Denominator: Size of older people populations (aged 65+) in the area.

The desired outcome is fewer permanent admissions to residential and nursing care homes (65+).



Achieved

See the Data

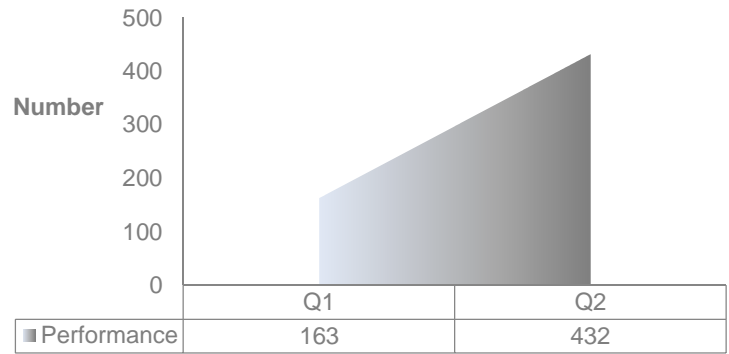


432
Number
Quarter 2 September 2015

↓

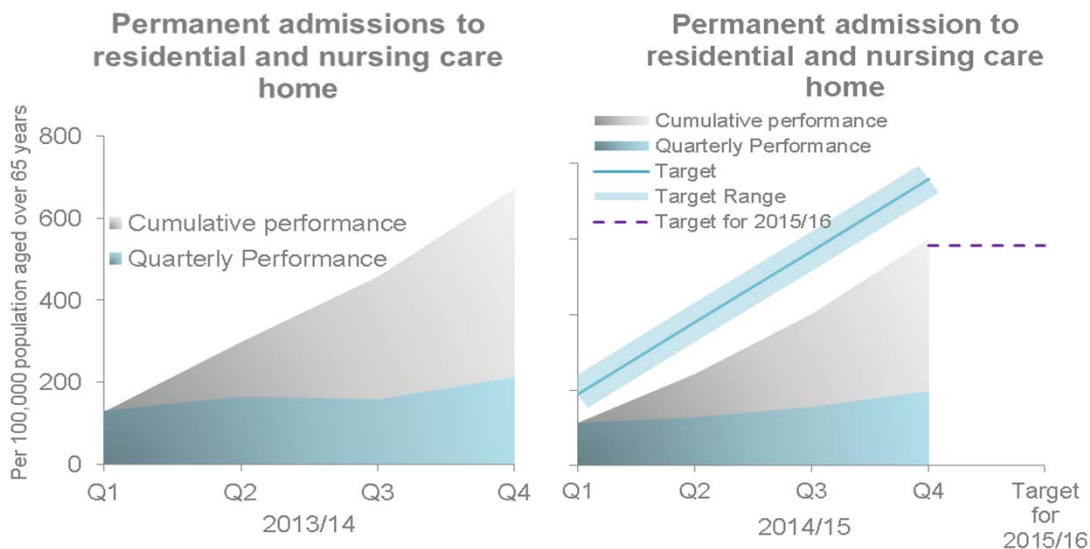
491
Number
Target for September 2015

Permanent admissions to residential and nursing care homes aged 65+



At the end of quarter 2, there were 432 permanent admissions into residential and nursing care for adults aged over 65 years. This equates to 270 per 100,000 population (65+). Performance is worse than the same period last year when there had been 390 admissions in the first 6 months of the year. However, the quarter 2 performance is better than the target of 491 admissions. This a Better Care Fund measure and goes a long way to demonstrating the effectiveness of Adult Care at preserving people's independence in a community setting.

Further details



Measure Name	Permanent admissions to residential and nursing care homes aged 65+								Target for 15/16
	2013-14				2014-15				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Cumulative performance	132.1	299.8	459.7	674.3	115.0	243.8	401.4	600.2	
Quarterly Performance	132.1	167.7	159.9	214.6	115.0	128.8	157.6	198.8	
Target					189.8	379.5	569.3	759.0	582.9
Upper Range					227.7	417.4	607.2	796.9	
Lower range					151.8	341.6	531.3	721.1	

About the target

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

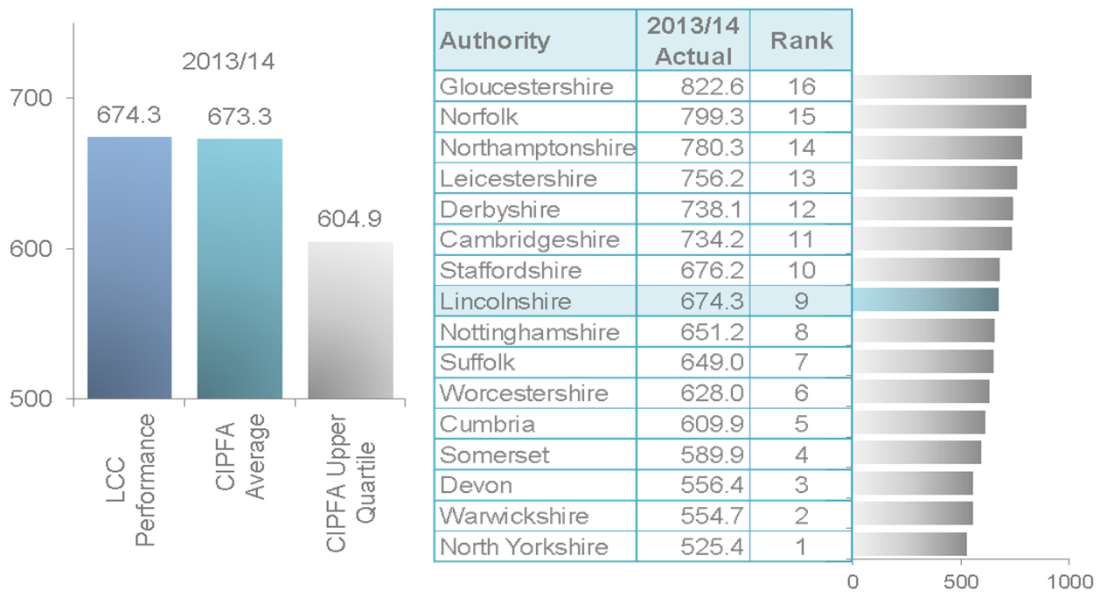
About the target range

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 a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Permanent admissions to residential and nursing care homes aged 65+ per 100,000 population CIPFA Comparison (Smaller is Better)





Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

People are supported to remain independent and at home

Measure

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

This measure demonstrates that the:-

Customer Service Centre (CSC);

Field Work Team; and

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

Numerator: Number of requests for support for new clients, where the outcome was universal services / signposting to other services.

Denominator: Customer Service Centre based teams for new clients in the period.

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

New client defined as not known to Adult Care at the time of the contact.

This is a count of contacts, not the number of people.

✗ Not improved on
previous quarter

See the Data 

64.3

%

Quarter 2 September 2015

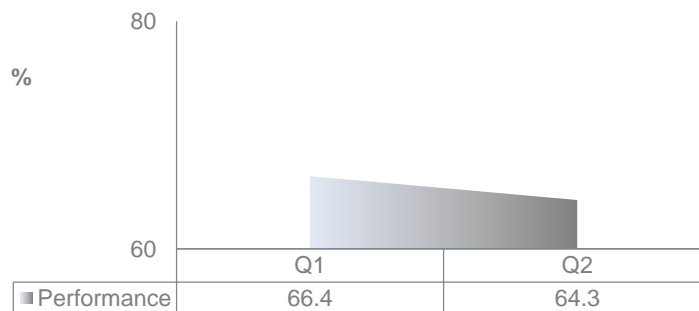


66.4

%

Quarter 1 June 2015

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



The definition of this indicator has changed from last year and now includes all requests for support for new clients, and not just those at the Customer Service Centre (CSC). When using the same definition, the 2014/15 year end figure was 63.2%, showing that although there has been a decrease in performance since Q1, performance is improving compared to last year. Targets were set based on the CSC activity reported the previous reporting-year and before the processing of this new national dataset was finalised and therefore a new target will be set after Quarter 2.

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

5% +/- . Based on tolerances used by Department of Health

About benchmarking

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Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

The quality of life for the most vulnerable people is improved

Measure

People using the service with control over their daily life

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

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

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

Denominator: Total number of people who responded to question 3a.

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

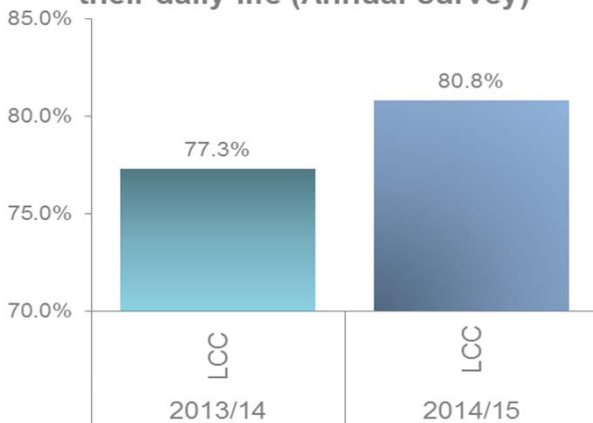
Reported
annually in Q4

See the Data



Further details

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



Measure Name	People using the service with control over their daily life								
	2013-14				2014-15				Target for 15/16
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Annual Performance				77.3%				80.8%	

About the target

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

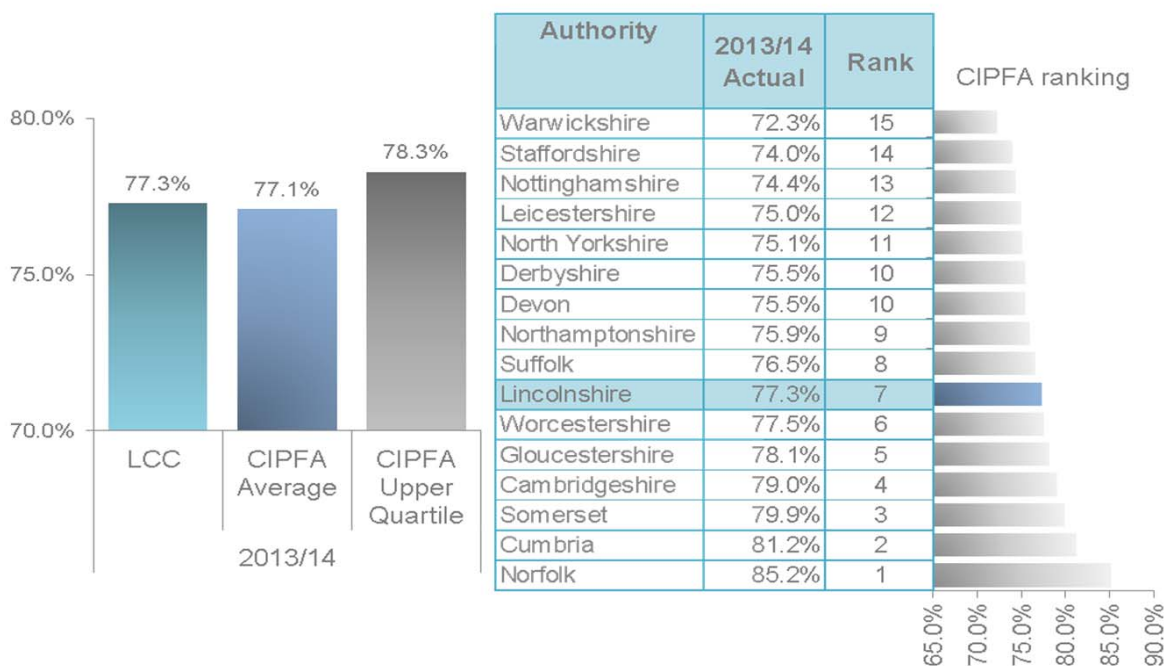
About the target range

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 a 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.

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





Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

The quality of life for the most vulnerable people is improved

Measure

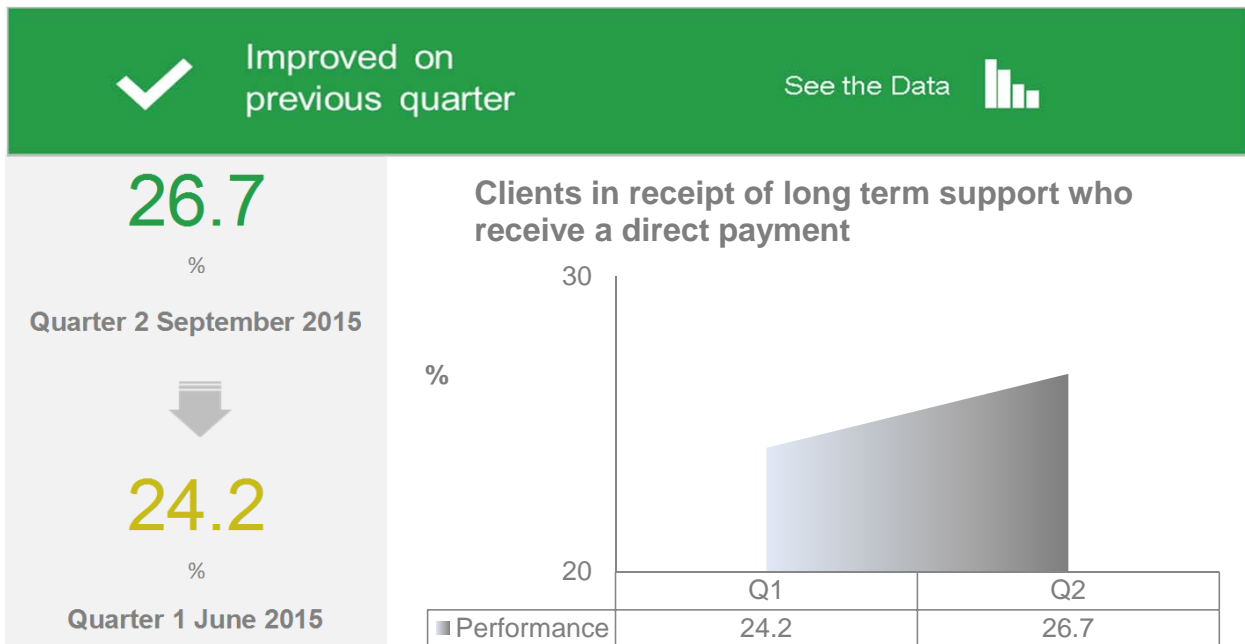
Clients in receipt of long term support who receive a direct payment

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 clients aged 18 or over accessing long term support.

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



This indicator was previously combined with the percentage of carers receiving a direct payment. From 2015/16 the two indicators will be reported separately. At the end of Q2 26.70% of clients in receipt of long term support were in receipt of a direct payment. Since this measure has been refined to report on client activity, the target will be set after Quarter 2

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

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 a 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.



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

People have a positive experience of care and support

Measure

Delayed transfers of care from hospital

This measure reports the impact of hospital services (acute, mental health and non-acute) and community based care in facilitating timely and appropriate transfer from all hospitals for all adults. This measure reflects the number of delayed transfers of care which are attributable to social care services or jointly to social care and the NHS.

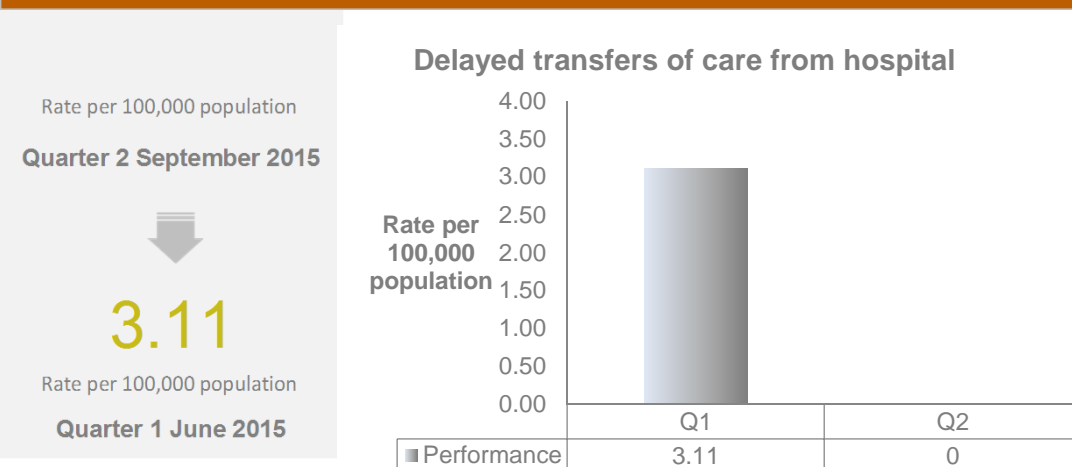
A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

Numerator: Average number of delayed transfers of care (for those 18+) on a particular day taken over the year, that are attributable to social care or jointly to social care and the NHS (this is the average of the 12 monthly snapshots).

Denominator: Size of adult population in area (18+).

Reported in Q3

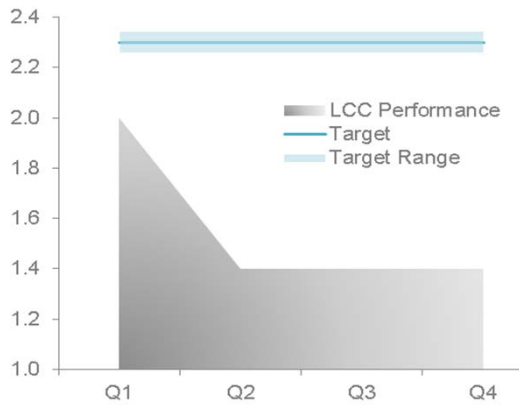
See the Data 



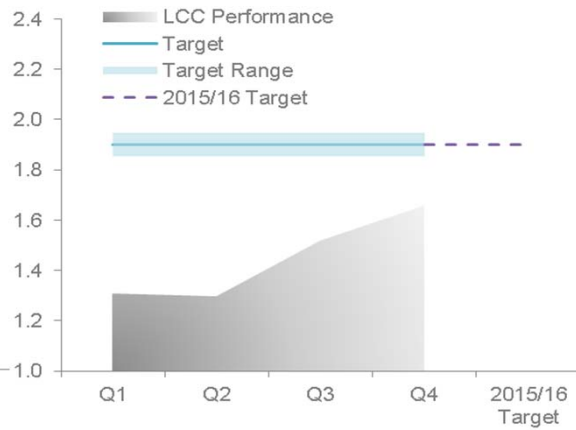
Quarter 2 data not available - national data will be published on 12/11/15

Further details

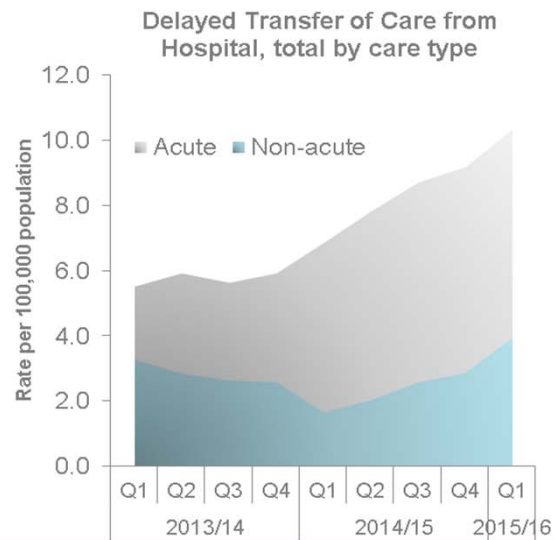
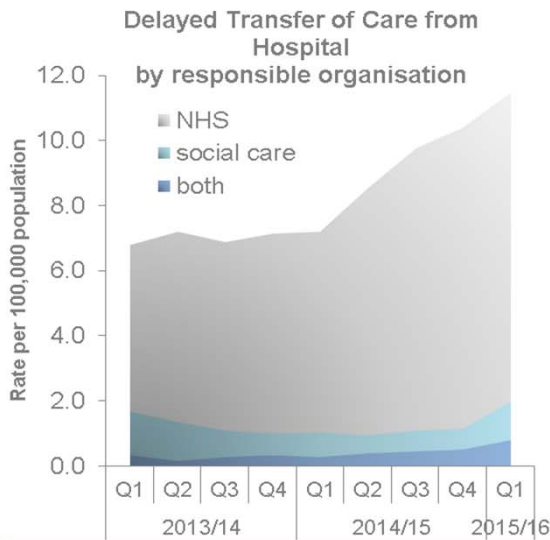
Delayed Transfer of Care from Hospital 2013/14
(per 100,000 population aged 18 and over)



Delayed Transfer of Care from Hospital 2014/15
(per 100,000 population aged 18 and over)



Measure Name	Delayed transfers of care from hospital								
	2013-14				2014-15				Target for 15/16
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Performance	2.0	1.4	1.4	1.4	1.3	1.3	1.5	1.7	
Numerator	12.0	8.0	8.0	8.0	7.7	7.8	8.9	9.7	
Denominator	579100	579100	579100	579100	583728	583728	583728	583728	
Target	2.3	2.3	2.3	2.3	1.9	1.9	1.9	1.9	1.9
Upper Range	2.4	2.35	2.35	2.35	1.94	1.94	1.94	1.94	
Lower range	2.3	2.25	2.25	2.25	1.86	1.86	1.86	1.86	



Measure Name	Delayed transfer of care from hospital - details									
	2013-14				2014-15				2015/16	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
Numerator (sum of 'Social Care' and 'Both' from responsible organisation)	12	9	8	8	8	8	9	10	16	
Denominator (adult population of Lincolnshire)	579100	579100	579100	579100	583728	583728	583728	583728	583728	
social care and both	2.0	1.5	1.4	1.4	1.3	1.3	1.5	1.7	2.8	
social care	1.7	1.4	1.1	1.0	1.0	0.9	1.1	1.2	2.0	
both	0.3	0.2	0.3	0.3	0.3	0.4	0.4	0.5	0.8	
NHS	6.8	7.2	6.9	7.1	7.2	8.5	9.8	10.4	11.5	
Total	8.8	8.8	8.3	8.5	8.5	9.9	11.3	12.0	14.3	
Acute	5.5	5.9	5.6	5.9	6.9	7.8	8.7	9.2	10.3	
Non-acute	3.3	2.8	2.6	2.6	1.7	2.0	2.6	2.9	3.9	

About the target

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. Lincolnshire County Council is in a benchmarking group of 16 authorities

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

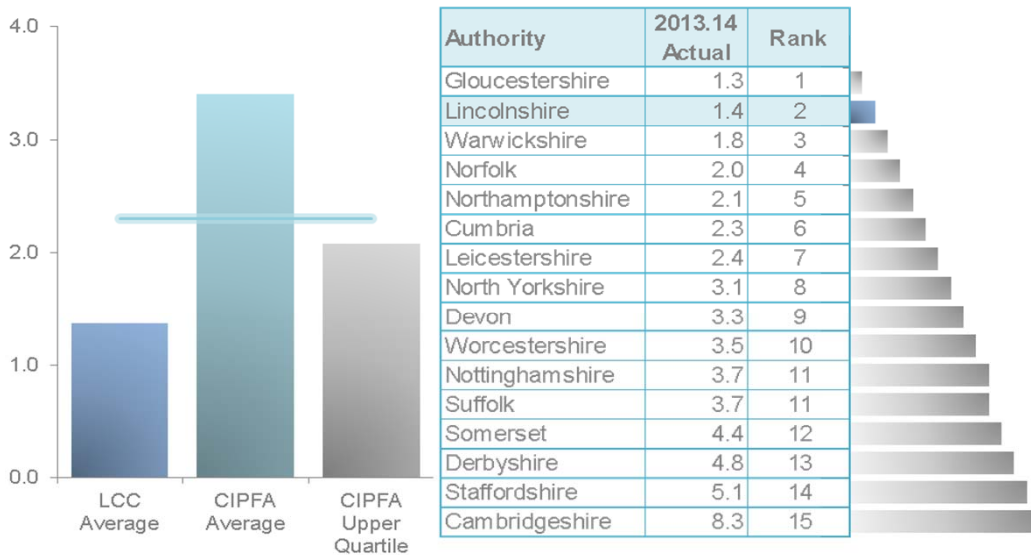
About the target range

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 a 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.

Delayed Transfer from Hospital 2013/13; Rate per 100,000 aged over 18. CIPFA comparison



LCC Average	CIPFA Average	CIPFA Upper Quartile	Target	Upper Range	Lower range	CIPFA Ranking
1.4	3.4	2.1	2.3	2.35	2.25	2nd



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

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Outcome

People have a positive experience of care and support

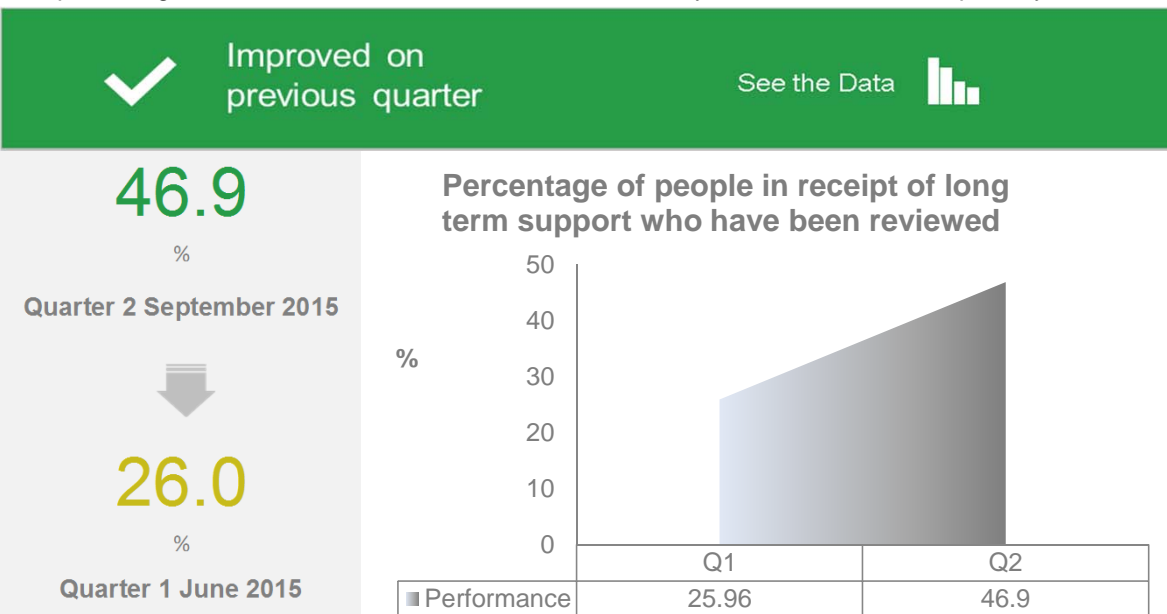
Measure

Percentage of 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: Number of current service users who have received an assessment or reassessment of need in the year. Denominator: Number of current service users receiving long term support in the community or a residential / nursing placement.

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



The number of people in receipt of long term support who have been reviewed is increasing at a similar rate to the same period last year. Historically performance has dipped towards the end of the year so work will need to be done to ensure this does not happen again and year end performance is improved.

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

5% +/- . Based on tolerances used by Department of Health

About benchmarking

None available

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