

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>27 February 2019</b>
Subject:	<b>Adult Care and Community Wellbeing Performance Report - Quarter 3 2018/19</b>

**Summary:**

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 3 2018/19.

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

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

**Actions Required:**

The Committee is requested to consider and comment on the performance of Adult Care & Community Wellbeing for Quarter 3.

## 1. Background

The report includes an overview of performance for a suite of measures designed to reflect the impact of the work of Adult Care and Community Wellbeing (AC & CW) across the five commissioning strategies:

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

As in previous performance reports to the Committee, a one-page summary has been provided in **Appendix A** to this report. 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**. For consistency and comparability, the council business plan measures have been largely based on Adult Social Care statutory datasets, which enable benchmarking of performance against other local authorities. Benchmarking information is also provided in this Appendix.

Overall, 16 of the 26 measures in AC & CW are exceeding or achieving the agreed targets at the end of Quarter 3. Three measures are reported annually in Quarter 4 following the Adult Social Care and Carers Surveys, which are conducted towards the end of the financial year.

Reporting by exception, the targets for seven measures have not been achieved at the end of Quarter 3.

Within the Community Wellbeing commissioning strategy these relate to successful alcohol dependency treatments, chlamydia diagnoses, Making Every Contact Count (MECC) training, smoking cessation and housing related support.

The percentage of alcohol users who left drug treatment successfully and did not re-present to treatment within six months has fallen slightly to 33.7%. The data has a three month time lag and this coincides with service staffing issues which have now been resolved. It is anticipated that performance will start to improve, and will stabilise between 35% and 37%. Performance is unlikely to return to levels above 40% as the service is running at maximum capacity alongside increasing volumes of alcohol and drug clients, making achieving outcomes more challenging. This is currently manageable but is affecting performance due to the resources available to the provider not keeping pace with increased service demand. The provider continues to seek new and innovative ways to get clients to recovery.

Data on chlamydia diagnoses per 100,000 15-24 year olds is published nationally six months in arrears so reflects performance in the first quarter of 2018. This performance was expected due to changes in the provider's delivery model. The Sexual Health Services (LISH) has an action plan in place to improve their performance, which is being monitored. Online self-testing remains very popular and has the highest positivity rate, indicating this service is well targeted. Lincolnshire is ranked fifth out of nine local authorities in the East Midlands Region, where only one local authority is meeting the national target. Positive test results remain high, again suggesting that services are well targeted. The Public Health England (PHE) Regional Advisor for Sexual Health has advised that the positivity rate should be the main indicator of quality. Relationships with sub-contracted general practitioners and pharmacies have been developed to improve and promote the chlamydia testing programme.

By the end of Quarter 3, 662 staff and volunteers working in health and care related services had received Making Every Contact Count training. This training enables service providers to deliver healthy lifestyle advice and signposting information to clients. Due to fluctuations in the delivery of MECC the target is annual and activity is on track to achieve the target by the end of Quarter 4.

The measure for people successfully supported to stop smoking has a three month time lag and so relates to the first two quarters of 2018/19. By Quarter 3, Quit 51 achieved 64% of target. The service continues to target the most hardened smokers that need more support to help them to quit smoking and stay quit. The average quit rate for the quarter was 48% compared to England's rate of 51%. The service is moving to a new model from the middle of the year, and we would expect to see improvement from that point onwards.

Housing related support services have not met the 90% target for people accessing the service who are successfully supported to access and maintain their settled accommodation, achieving 84%. The reasons for this fluctuation will be discussed within contract management meetings taking place during February.

Within the Safeguarding Adults commissioning strategy, only the measure for safeguarding enquiries where the 'Source of Risk' is a service provider has not been achieved. This measure is currently under review. The measure remains outside of target due to an increase in the number of cases entering the numerator as a result of changes in the screening process. These were implemented to enable us to capture data more accurately at different stages of the process. The measure is currently being reviewed to ensure that its focus is suitable and meaningful for reporting in the 2018-2020 Council Business Plan.

Within the Adult Frailty and Long Term Conditions commissioning strategy, only the direct payments measure is not being achieved. The percentage of clients in receipt of long term support who receive a direct payment has improved from 31.9% in Quarter 2 to 32.5% in Quarter 3. Although an improvement, it is important to note that the denominator is decreasing: in Quarter 1 it was 3,820; in Quarter 2 the figure was 3,766; and it is now 3,600. Decreases were also seen in the numerator (clients receiving a direct payment and part direct payment) which was 1,280 in Quarter 1; Quarter 2 it was 1,203 and now is 1,196 in Quarter 3. A deep dive is now being undertaken to understand why the performance against this measure is not achieving target. Particular attention will be paid to why more direct payments are ceasing compared to new uptake.

All measures for the Specialist Adult Services and Carers commissioning strategies are achieving 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

**a) Have Risks and Impact Analysis been carried out??**

No

**b) Risks and Impact Analysis**

N/A

### 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	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.

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