

 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.

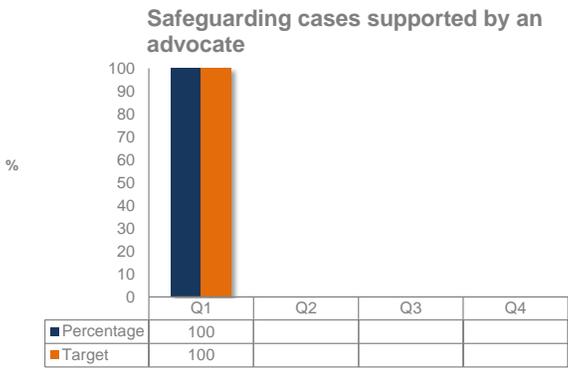
A higher percentage of cases supported by an advocate indicates a better performance.

 **Achieved**

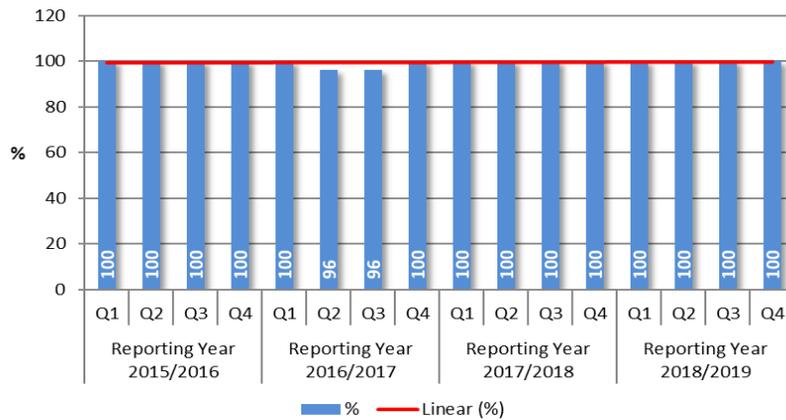
100
%
Quarter 1 June 2019

↓

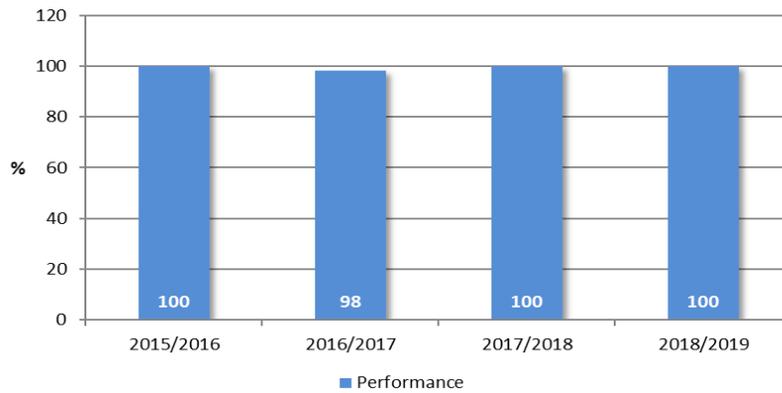
100
%
Target for June 2019



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.

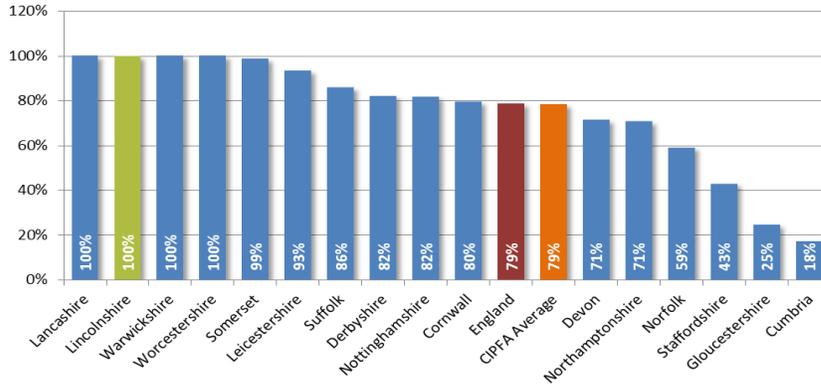
About the target range

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.

Safeguarding cases supported by an advocate
Source: SAC SG3a: Mental Capacity 2017/2018



 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.

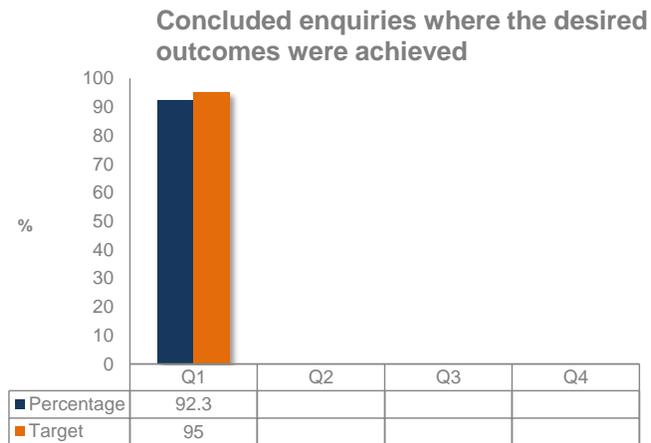
A higher percentage indicates a better performance.

 Achieved

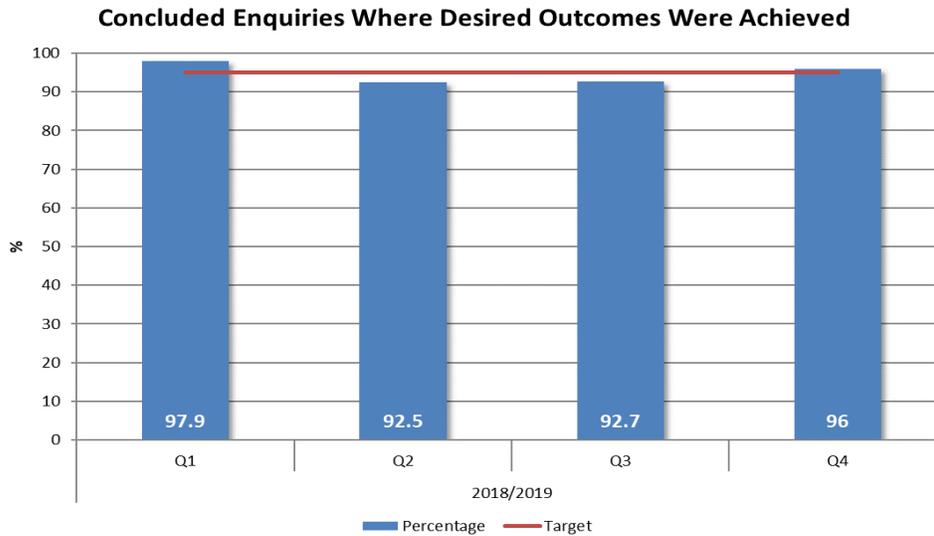
92.3
%
Quarter 1 June 2019



95
%
Target for June 2019



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

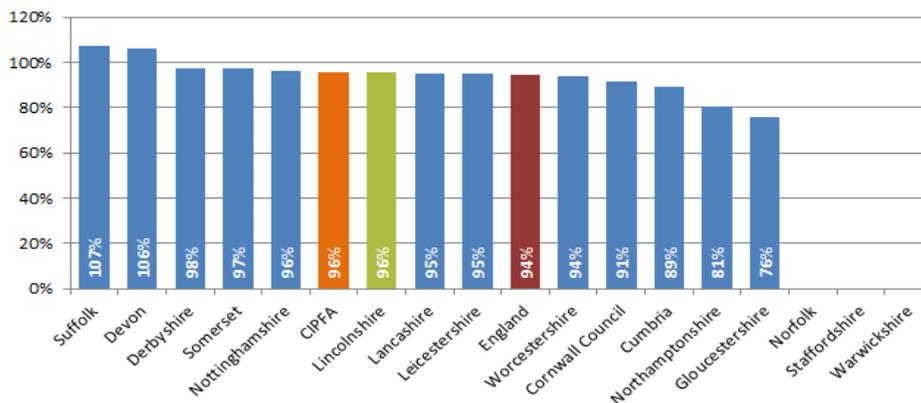
This measure has a target range of +/-5 percentage points.

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 concluded where the desired outcomes were fully / partially met

Source: SAC SG4a: Making Safeguarding Personal 2017/2018



Note:

3 Local Authorities did not submit any data in 2017/18

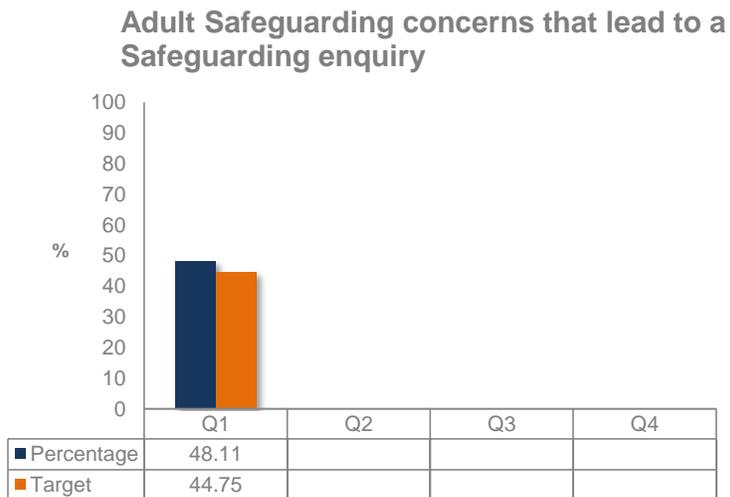
 Communities are safe and protected

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

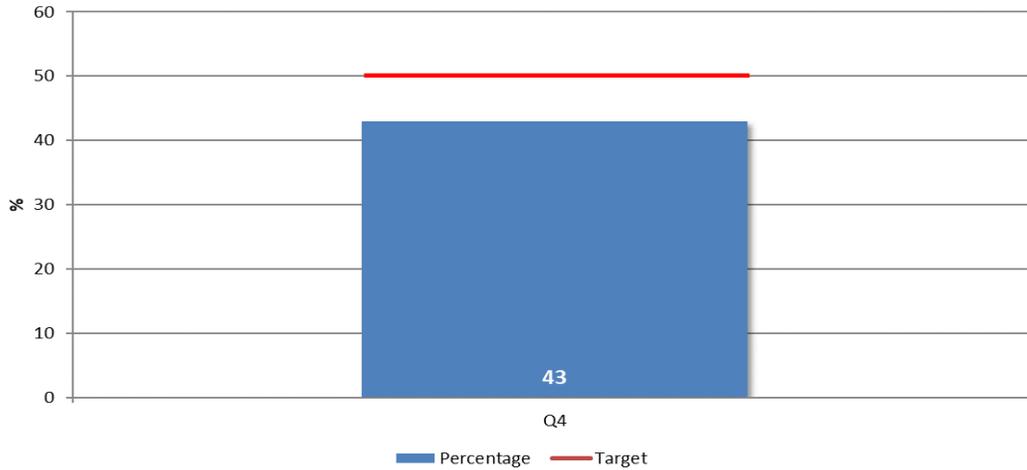
Adult Safeguarding concerns that lead to a Safeguarding enquiry

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.

 Achieved



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. 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

CIPFA Benchmarking 2017/18 - Although available it will not be provided due to significant variation in council SAC returns. To be treated with caution as councils operate and interpret the statutory reporting guidance very differently. As a consequence there is a review of the SAC return and the guidance to ensure the submissions from all LA's is robust and comparable.



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 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.

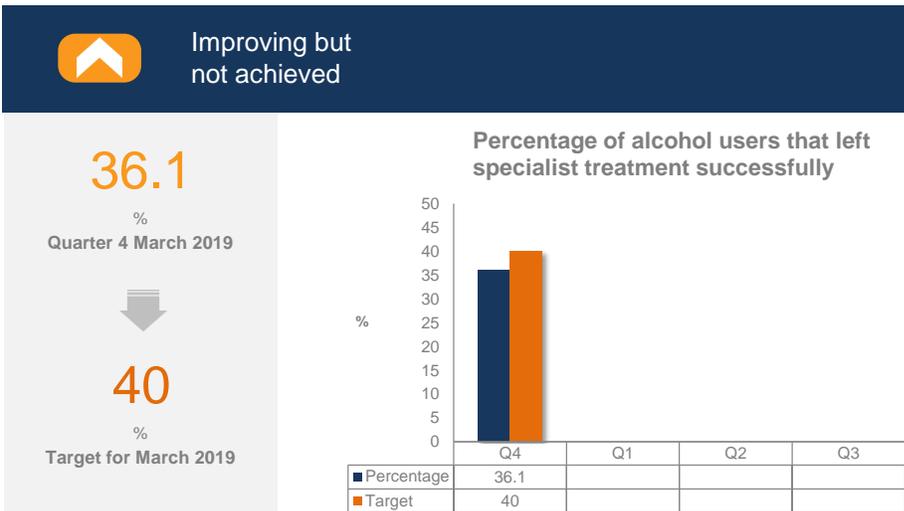
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider 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
National Drug Treatment Monitoring System (NDTMS)

Denominator: Number of completions
National Drug Treatment Monitoring System (NDTMS)

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



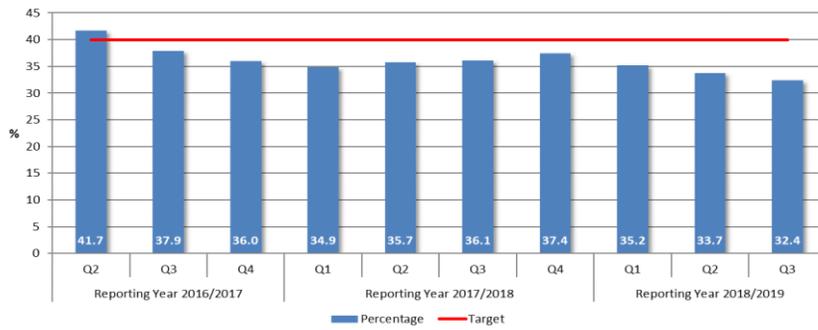
About the latest performance

Performance for this reporting period is higher than the previous quarter. Recent benchmarking and value for money exercises have shown local performance is good when compared to other areas with a similar demographic. It is envisaged this target will fluctuate around 35%.

The re-presentation rate to the service is among the best in the country with only 3.3% of all those completing alcohol treatment re-presenting. This is a good indicator that long term recovery is being achieved, making relapse less likely.

Further details

Percentage of alcohol users that left specialist treatment successfully



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 meaningful 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.

(Integrated Performance Measures Monitoring Return (IPMR_1), NHS England)

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



Achieved

61.8

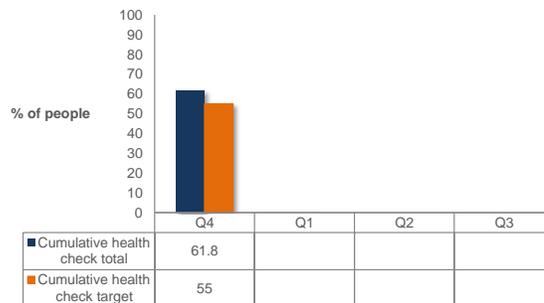
% of people
Quarter 4 March 2019



55

% of people
Target for March 2019

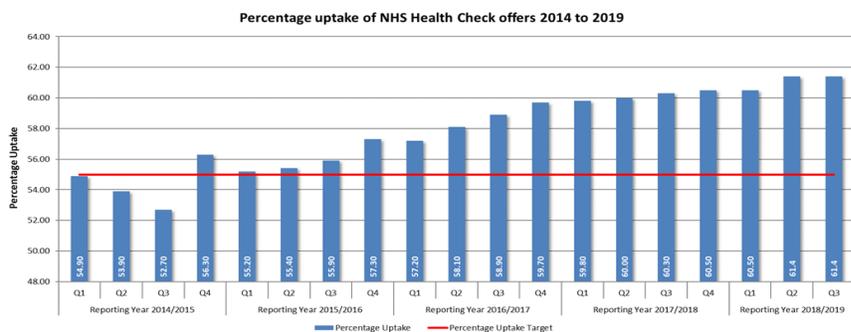
People aged 40 to 74 offered and received an NHS health check



About the latest performance

The NHS Health Check data for Q4 shows that we continue to exceed our target and outperform regional and national average performance (we are ranked 15th of 152 counties in England).

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

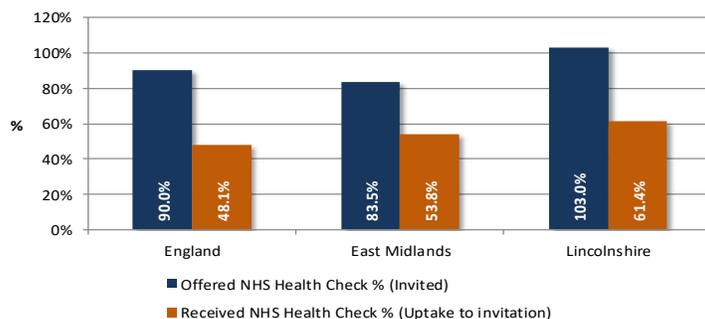
The target range for this measure is between 50% and 60%, this is based on an expectation of fluctuation in performance across the year

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

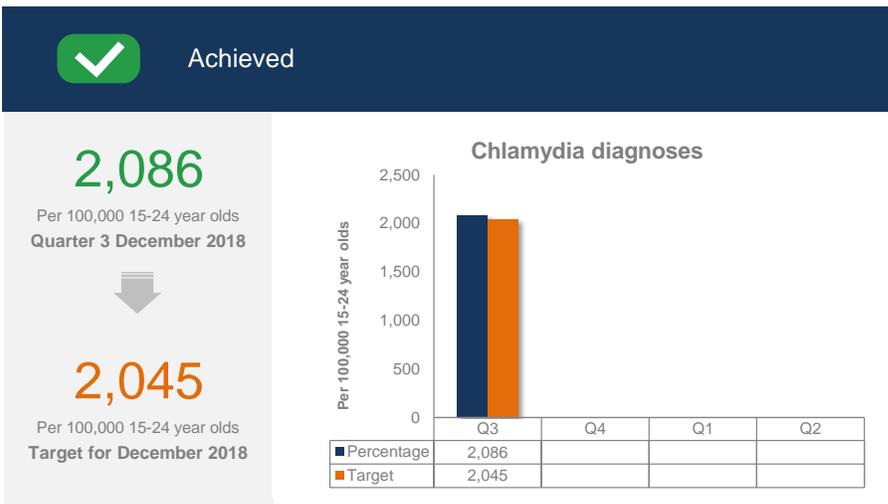
Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence. Data is reported with a 6 month (2 quarter) lag. A higher rate of chlamydia diagnoses indicates a better performance.

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)

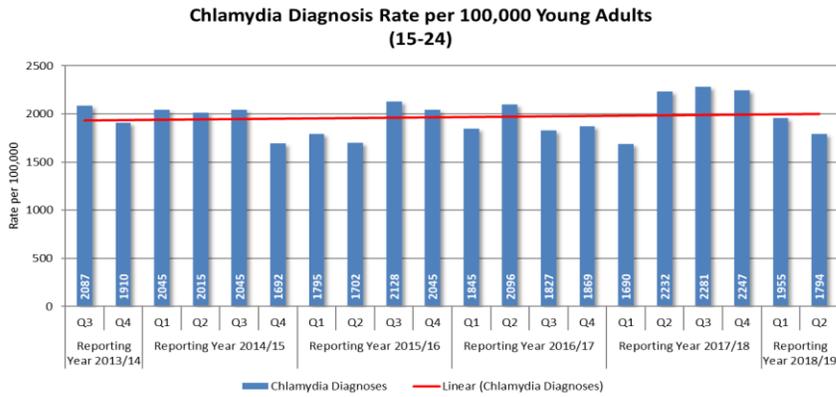


About the latest performance

Lincolnshire is ranked second out of 9 Comparator Local Authorities in the East Midlands Region for the Detection Rate Indicator. Positive test results remain high at 12% (target 8%) suggesting the services remain well targeted. Online self-testing remains a popular and growing pathway for many and provides high positivity levels. New young person clinics have been well-received, indicating this service is well targeted.

The Service continues to seek to improve performance through partnership work and collaboration.

Further details



About the target

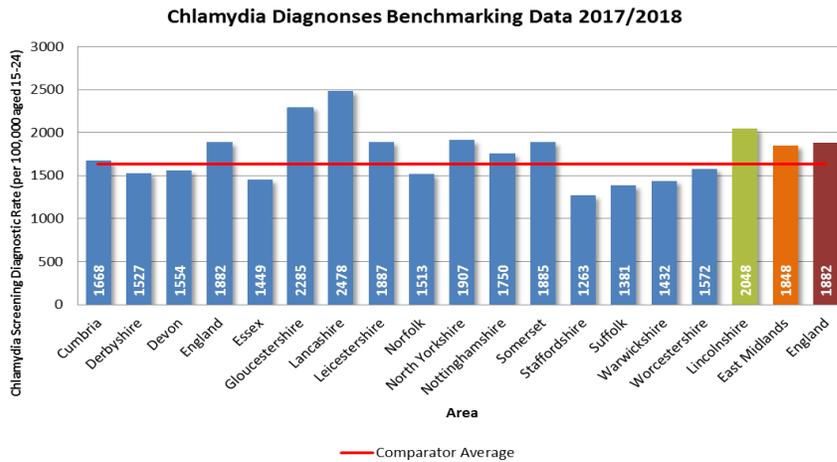
The target of 2,045 has been set in 2019/20 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if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

78

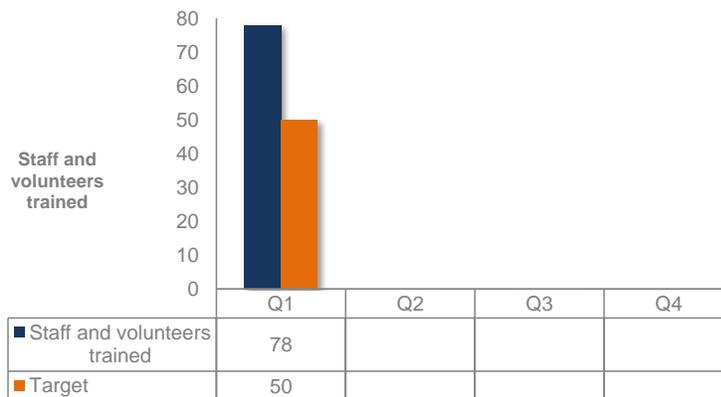
Staff and volunteers trained
Cumulative Actual as at June
2019



50

Staff and volunteers trained
Cumulative Target for June
2019

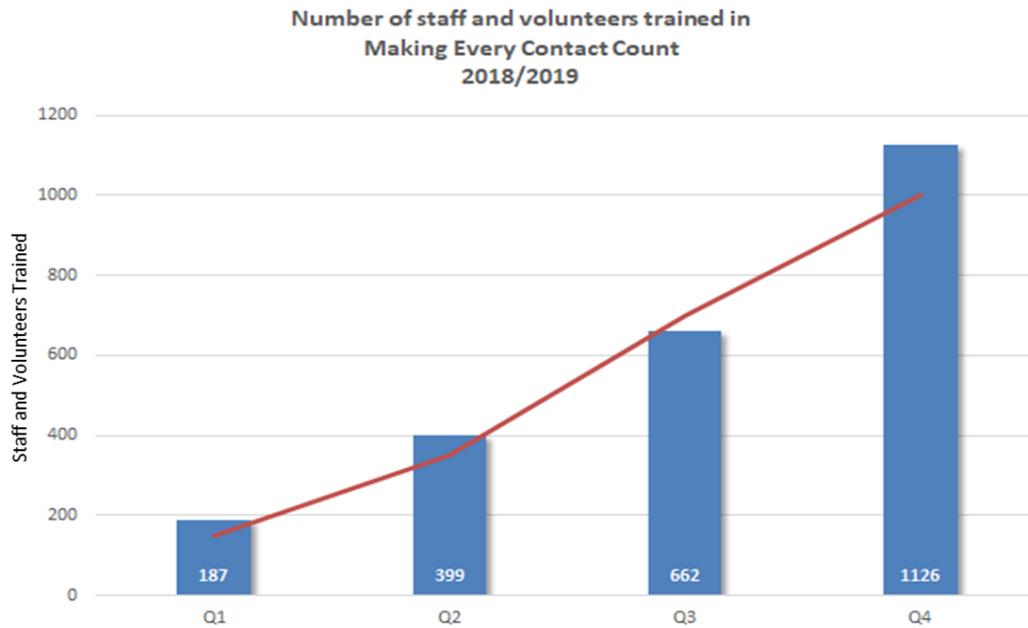
Number of staff and volunteers trained in Making Every Contact Count



About the latest performance

MECC maximises the opportunity within routine health and care interactions for a brief discussion on health or wellbeing. The annual target for MECC has changed to 400 this year as the focus will be on training and supporting a small number of key staff as cascade MECC trainers. These trainers will subsequently be responsible for delivering MECC within their own organisations. This new sustainable model, which is accredited by the Royal Society of Public Health, is more in-depth and so the impact on health outcomes should be greater.

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 4 March 2019

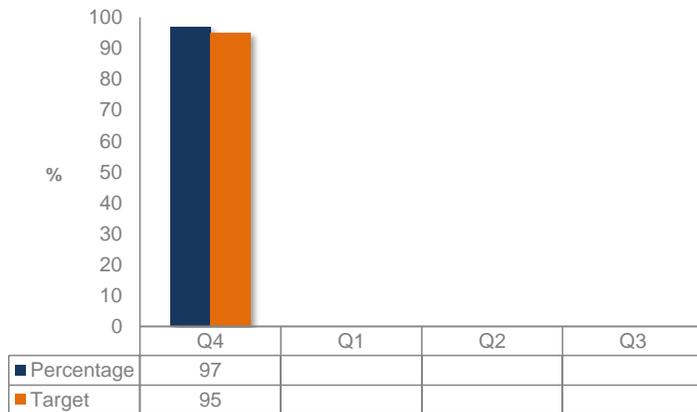


95

%

Target for March 2019

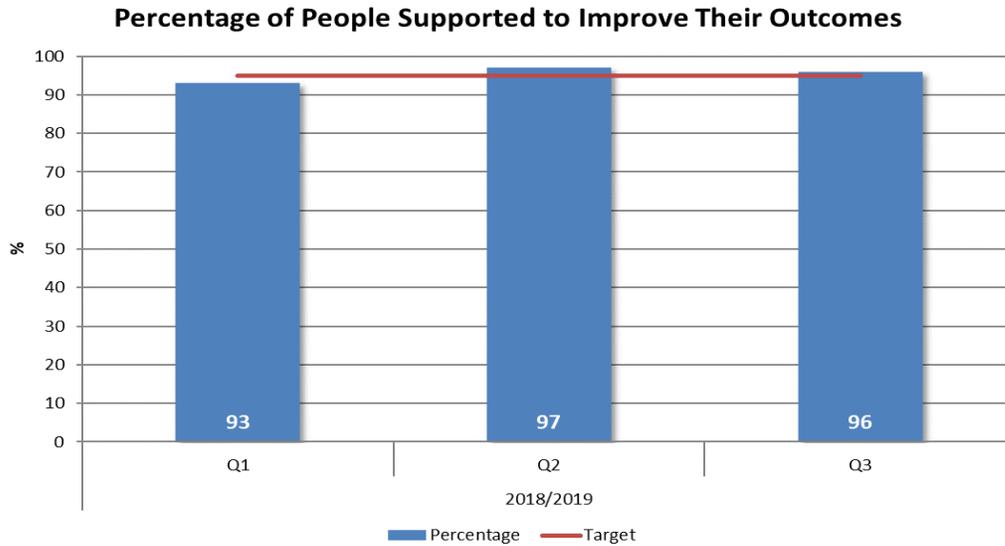
People supported to improve their outcomes



About the latest performance

The Wellbeing Service has consistently met this customer-led outcome measure throughout their first year of service delivery. In 2018-19 customers most frequently requested support to maximise their independence, manage their money and improve their social contacts. Customers were supported to achieve their self-determined outcomes through up to 12 weeks of direct support 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

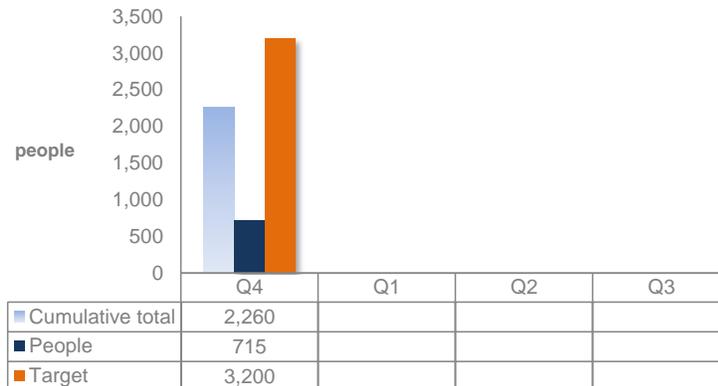
This measure identifies all those people who are supported to quit smoking by stop smoking and tobacco control services. These services raise awareness about the harms of tobacco and encourage and support smokers to quit smoking. People accessing the service are measured at 4 weeks; this will be the 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.



Improving but not achieved



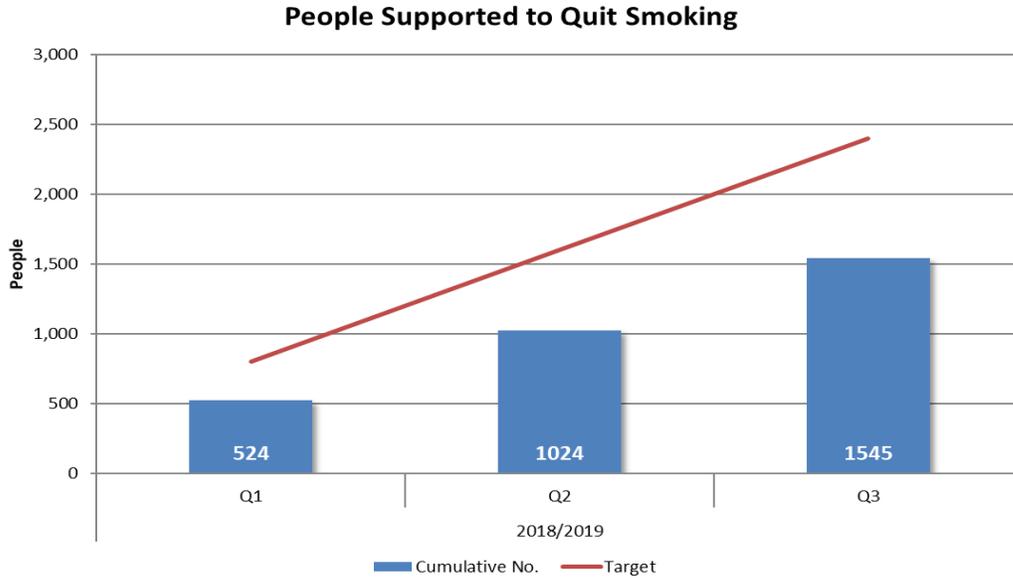
People supported to successfully quit smoking



About the latest performance

Performance this quarter represents an increase of 194 people successfully stopping smoking compared to the previous quarter (715 vs. 521). Whilst the overall target has not been achieved this is still a good improvement. This shows a good level of commitment by current staff who will all move to the newly commissioned service in July 2019. This new integrated lifestyle service (commencing in July) will incorporate stop smoking service alongside other interventions such as weight management and support to increase physical activity.

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%.

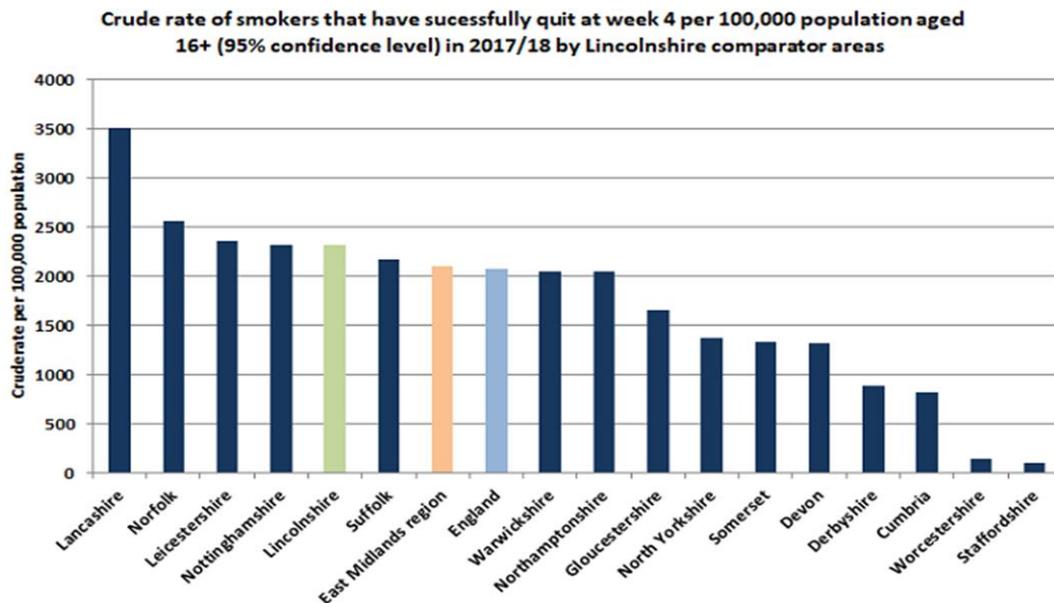
About benchmarking

The latest published data by PHE for 2017/18 showed that the crude rate per 100,000 population aged 16+ for smokers that successfully quit at 4 weeks in Lincolnshire was 2,315; this is similar to the regional levels (2,102 per 100,000 population aged 16+). National levels are not compared for this indicator.

Of Lincolnshire's comparator areas Lancashire (3,514 per 100,000 population aged 16+) performed significantly better than its counterparts for smokers that successfully quit at 4 weeks, whilst Worcestershire (137 per 100,000 population aged 16+) and Staffordshire performed significantly worse (101 per 100,000 population aged 16+).

Since 2015/16 the crude rate per 100,000 population aged 16+ performed for smokers that successfully quit at 4 weeks, is similar to national levels. A recent trend cannot be calculated yet, as not enough data points are available yet.

Source: PHE fingertips, Local Tobacco Control Profiles



Area Name	Value
Lancashire	3514
Norfolk	2559
Leicestershire	2365
Nottinghamshire	2321
Lincolnshire	2315
Suffolk	2166
East Midlands region	2102
England	2070
Warwickshire	2051
Northamptonshire	2046
Gloucestershire	1652
North Yorkshire	1379
Somerset	1335
Devon	1323
Derbyshire	886
Cumbria	820
Worcestershire	137
Staffordshire	101



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

95

%

Quarter 1 June 2019

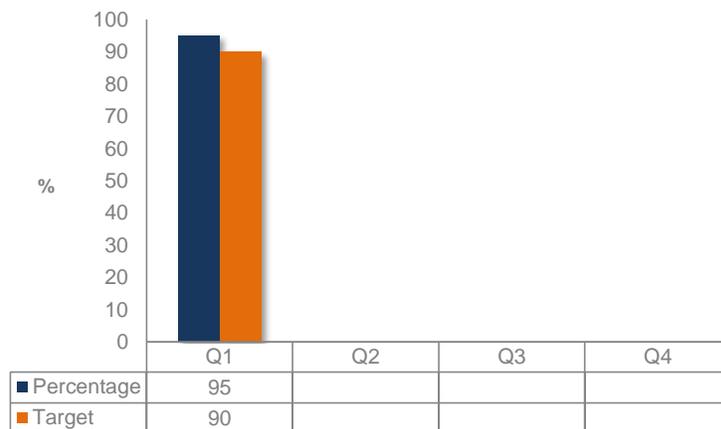


90

%

Target for June 2019

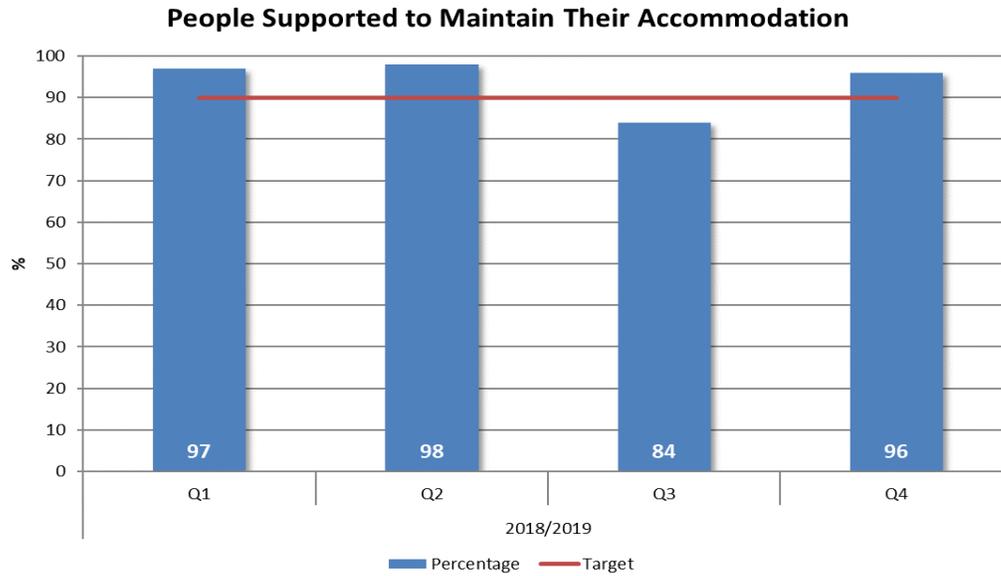
People supported to maintain their accommodation



About the latest performance

Housing Related Support Services have exceeded the target on this outcome measure for people accessing their services. This means that 95% of service users who identify that access to settled accommodation is a barrier to them living independently have been successfully supported to reduce this.

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.

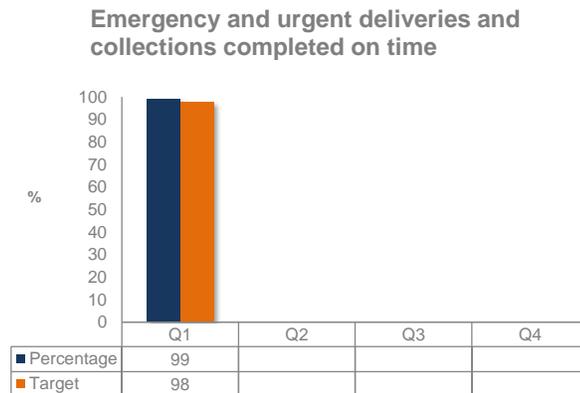
Denominator: Total number of emergency and urgent deliveries and collections.

A higher percentage indicates a better performance.

Achieved

99
%
Quarter 1 June 2019

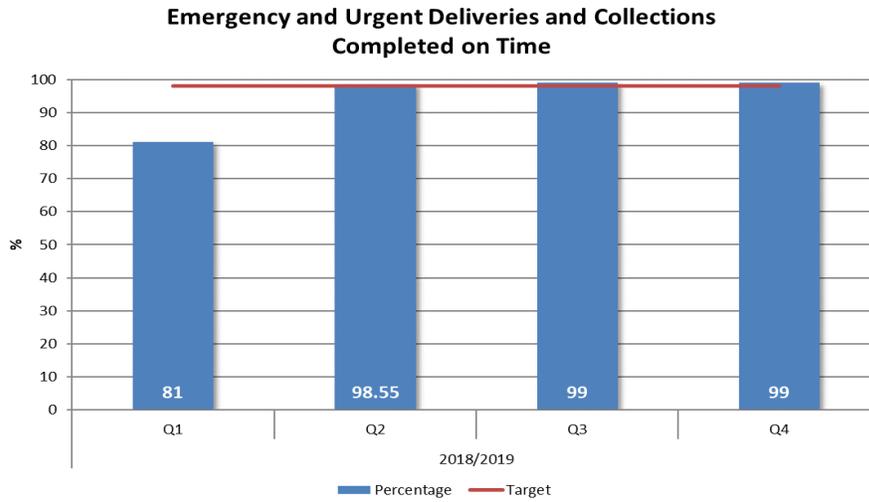
98
%
Target for June 2019



About the latest performance

The service provider has exceeded targets consistently over the last three months (first quarter). There was a slight increase in demand in the month of May. This was managed effectively by ensuring adequate resources were in place to cater for increased demand.

Further details



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.



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

77

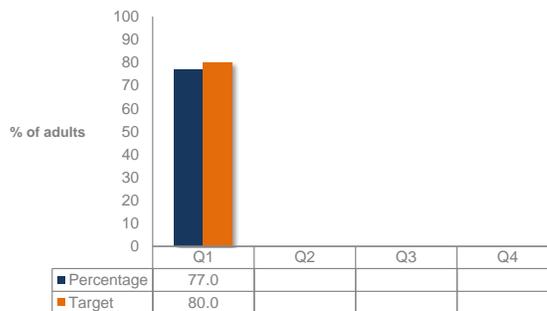
% of adults
Quarter 1 June 2019



80

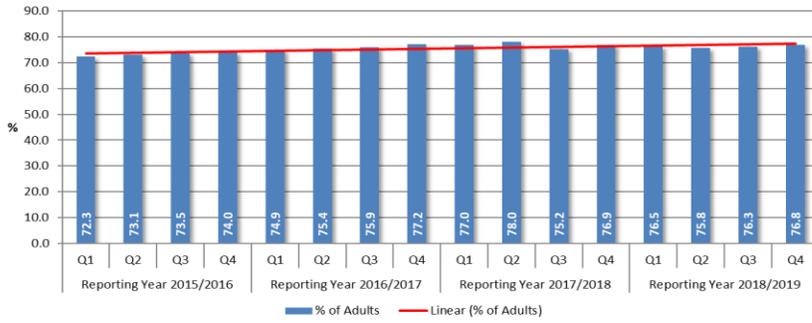
% of adults
Target for June 2019

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

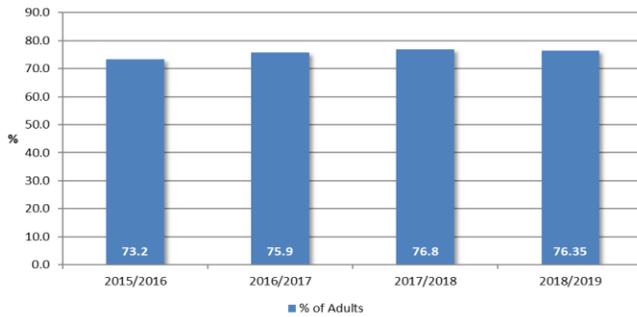


Further details

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.

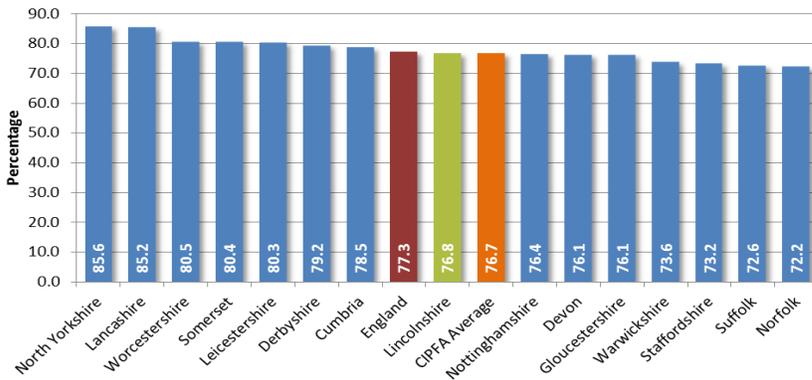
About the target range

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.

The proportion of adults with a learning disability who live in their own home or with their family (2017/2018)





Health and Wellbeing is improved

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

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

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of Learning Disability and Mental Health service users receiving direct or part direct payments.

Denominator: Number of Learning Disability and Mental Health service users aged 18 or over accessing long term support.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100. This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.

A higher percentage of adults who receive a direct payment indicates a better performance.



Achieved

51.3

%

Quarter 1 June 2019

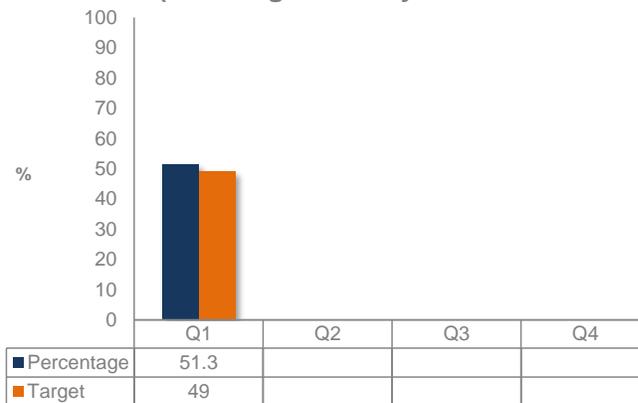


49

%

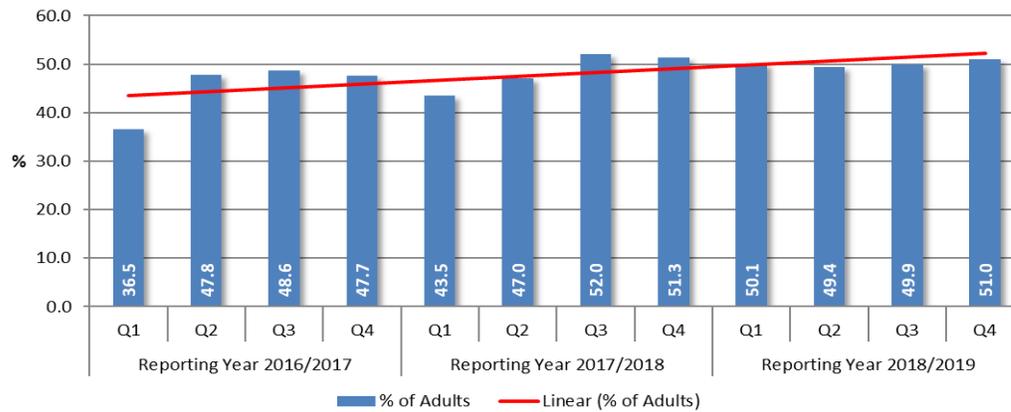
Target for June 2019

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.

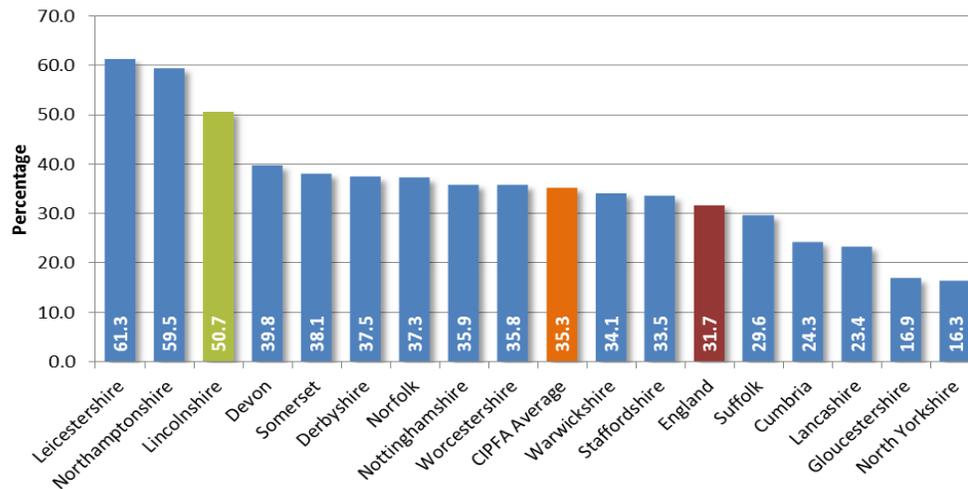
About the target range

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.

LD & MH Direct Payments (2017/2018)





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.

Data not available

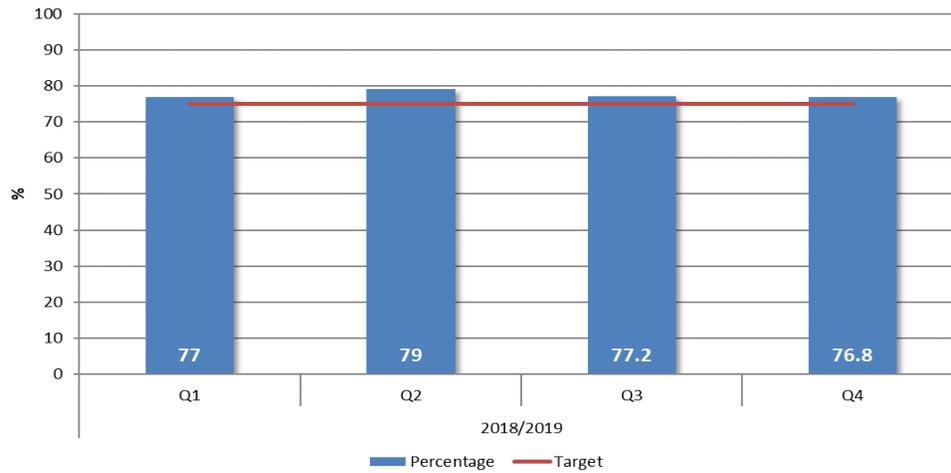
Quarter 1 June 2019

About the latest performance

Lincolnshire Partnership Foundation Trust (LPFT) are currently data cleansing the Community Mental Health Team caseloads on RIO (patient records system used to record the Care Programme Approach - CPA) to identify people recorded as being under both S75 and CPA. The care pathway is under review to ensure that all those that fall under Mental Health S75 are on CPA where appropriate and recorded on Mosaic (LCC's Social Care case management system) to enable up to date reporting for this measure. Therefore, we are not in a position to report this measure until Quarter 2.

Further details

Adults Aged 18-64 With a Mental Health Problem Living Independently



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

Direct comparisons with other published benchmarking data is not possible for this measure. Although 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.



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.



Achieved

24.8

%

Cumulative Actual as at June 2019



23.8

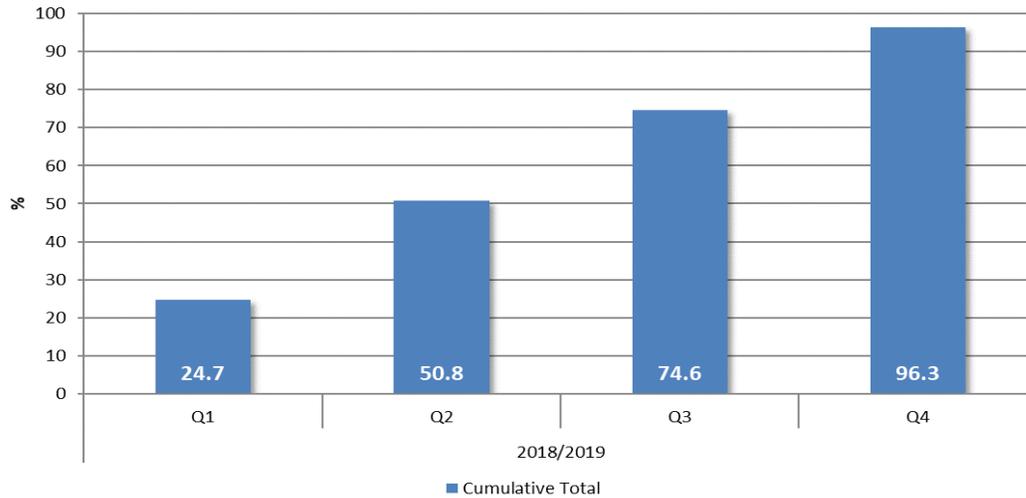
%

Cumulative Target for June 2019

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



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

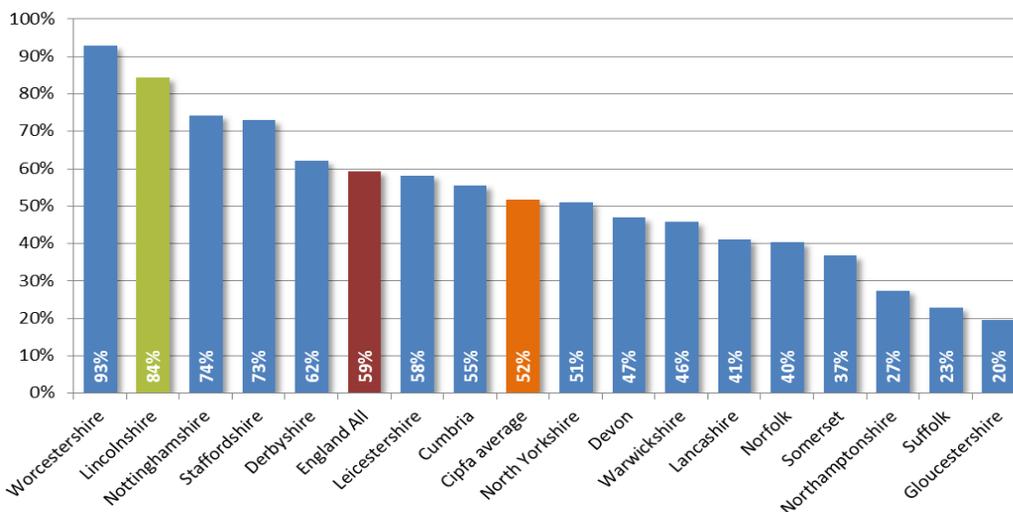
The target range for this measure is set at +/- 5 percentage points.

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 2017/2018





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.



Achieved

29.6

%

Cumulative Actual as at June 2019

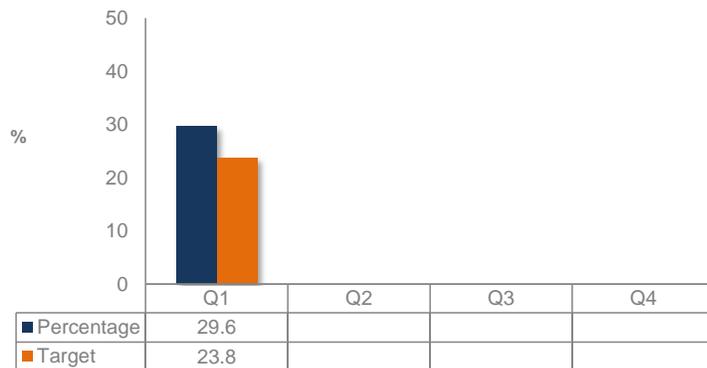


23.8

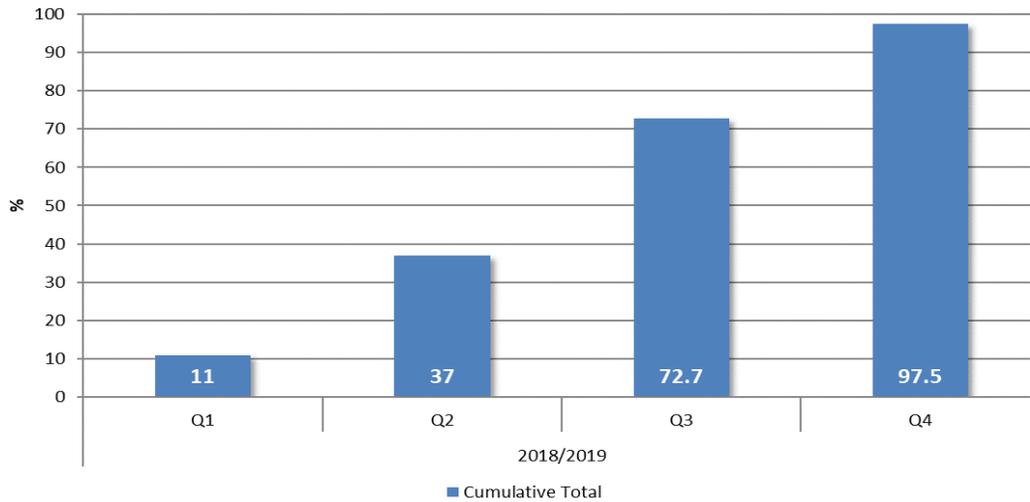
%

Cumulative Target for June 2019

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



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

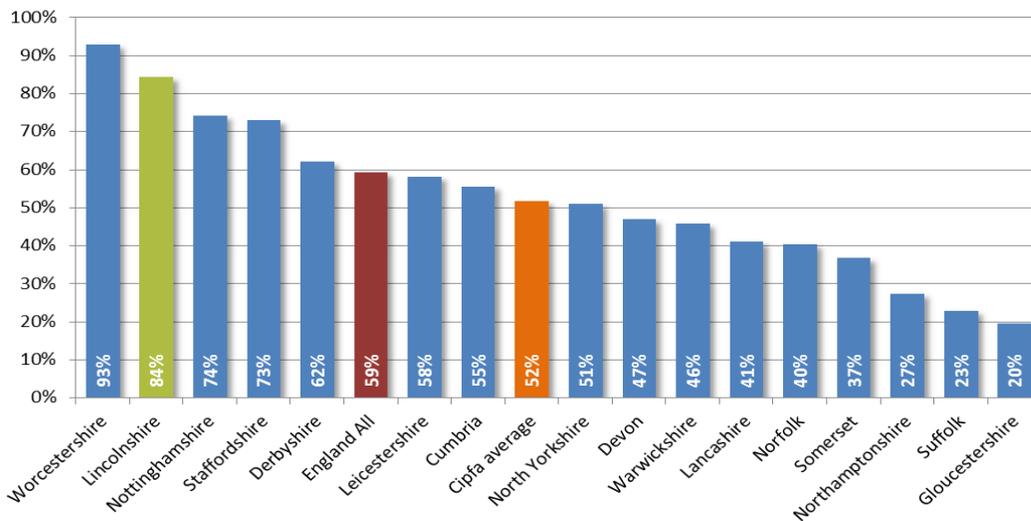
The target range for this measure is set at +/- 5 percentage points.

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 2017/2018





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

1,718

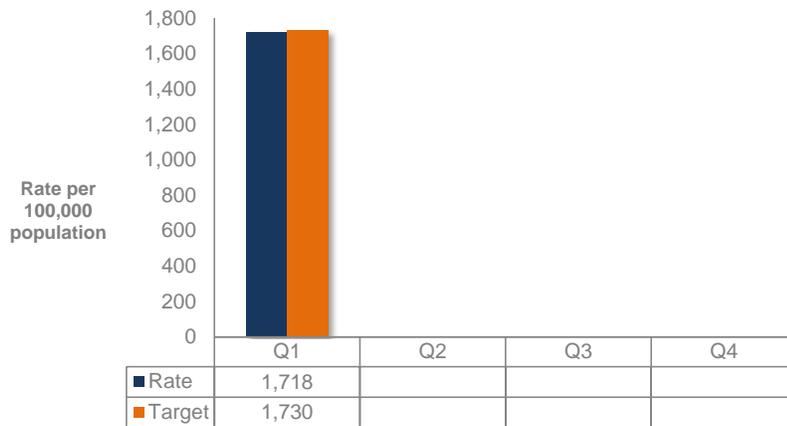
Rate per 100,000 population
Quarter 1 June 2019



1,730

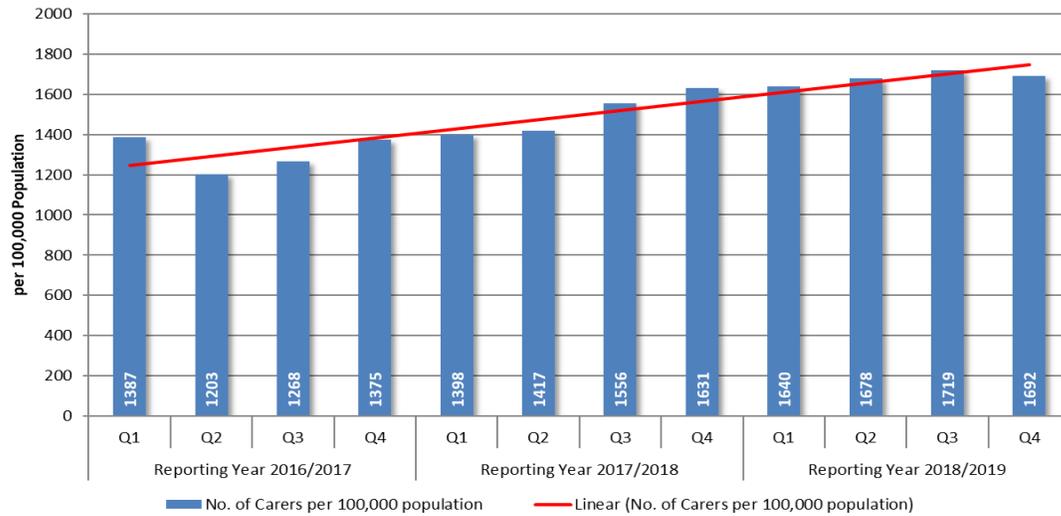
Rate per 100,000 population
Target for June 2019

Carers supported in the last 12 months



Further details

Carers supported in the last 12 months



About the target

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

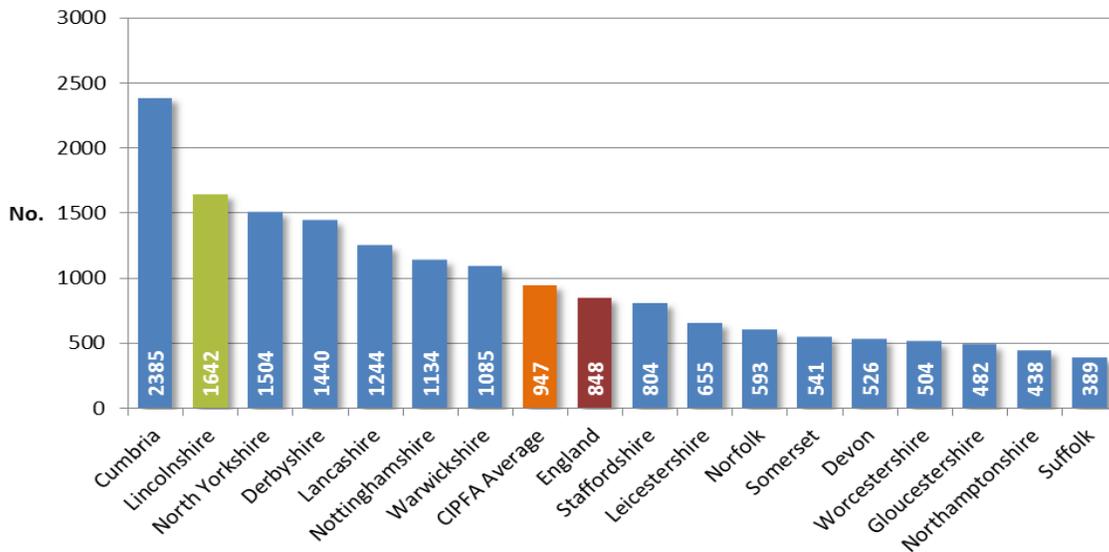
About the target range

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

About benchmarking

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

Carers supported per 100,000 population (2017/2018)





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

86.2

%

Jul 2018 - Jun 2019

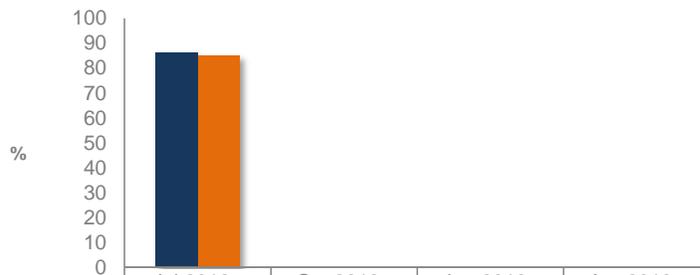


85

%

Target for Jul 2018-Jun 2019

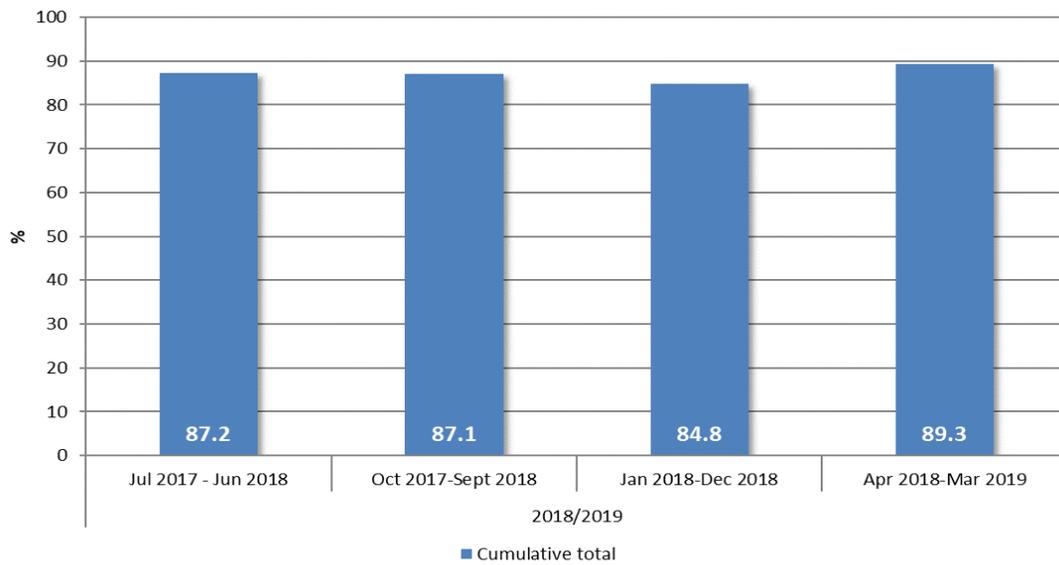
Carers who have received a review of their needs



	Jul 2018 - Jun 2019	Oct 2018 - Sept 2019	Jan 2019 - Dec 2019	Apr 2019 - Mar 2020
■ Percentage	86.2			
■ Target	85			

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.

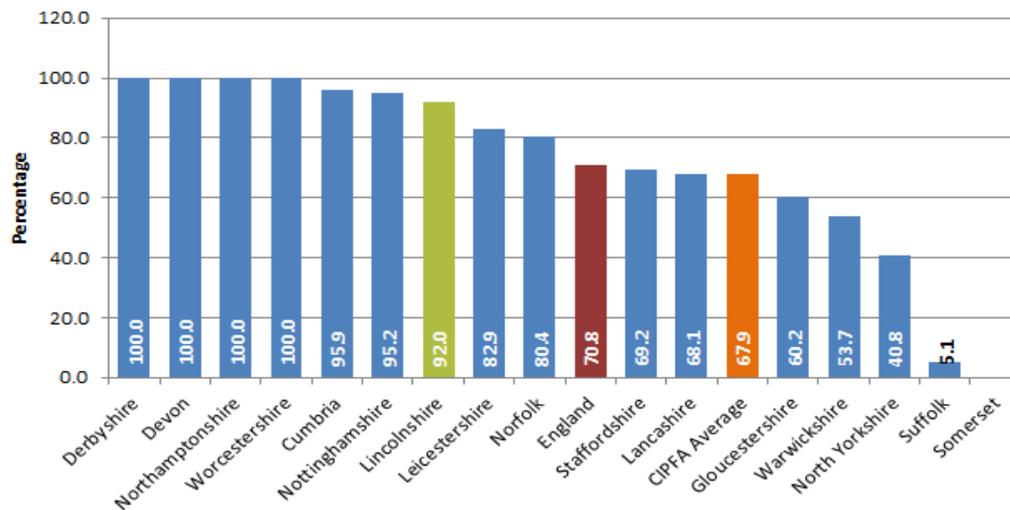
About the target range

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.

Carer Reviews and Assessments (2017/2018)



No data for Somerset reviews



Health and Wellbeing is improved

Delay and reduce the need for care and support

Permanent admissions to residential and nursing care homes aged 65+

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

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

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



Achieved

137

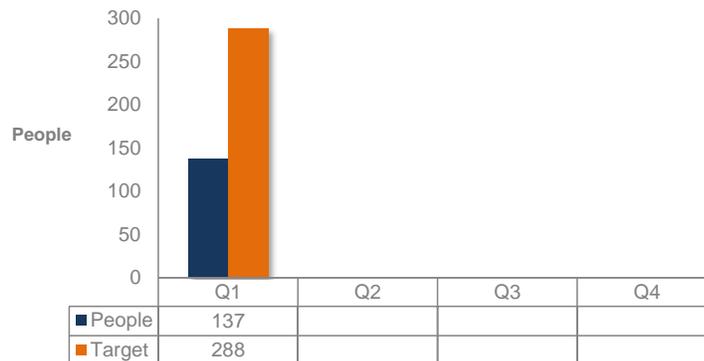
People
Cumulative Actual as at June
2019



288

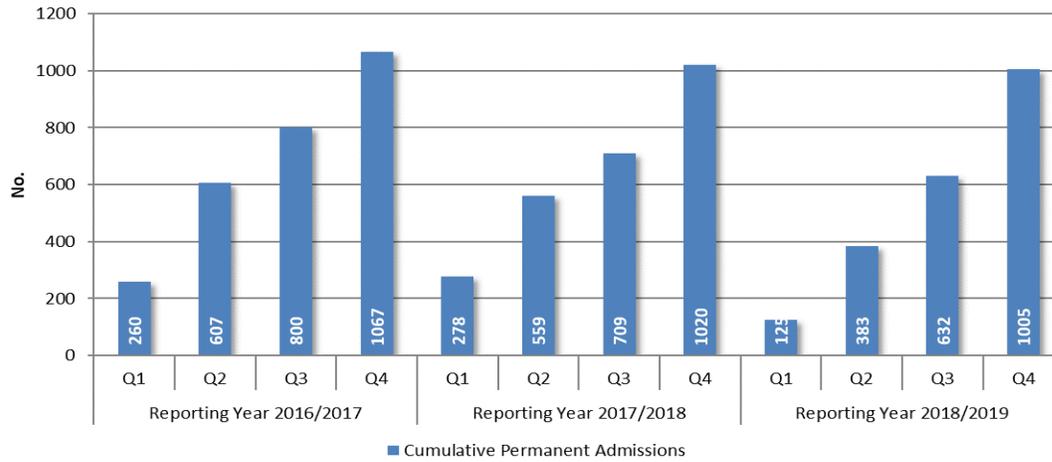
People
Cumulative Target as at June
2019

Permanent admissions to residential and nursing care homes aged 65+



Further details

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



About the target

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

About the target range

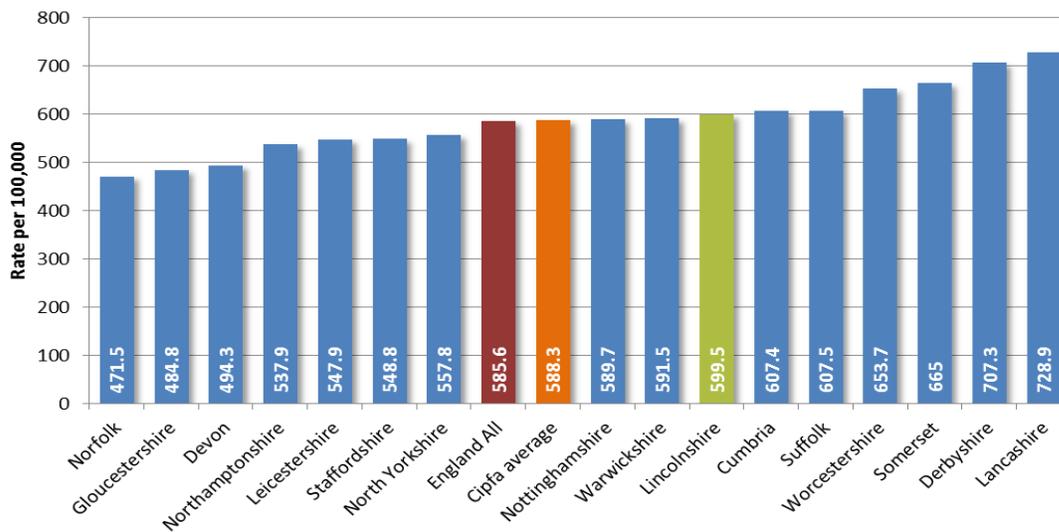
This measure has a target range of +/- 5% based on tolerances used by Department of Health.

About benchmarking

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

Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - CIPFA Benchmarking 2017/2018





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 1 June 2019

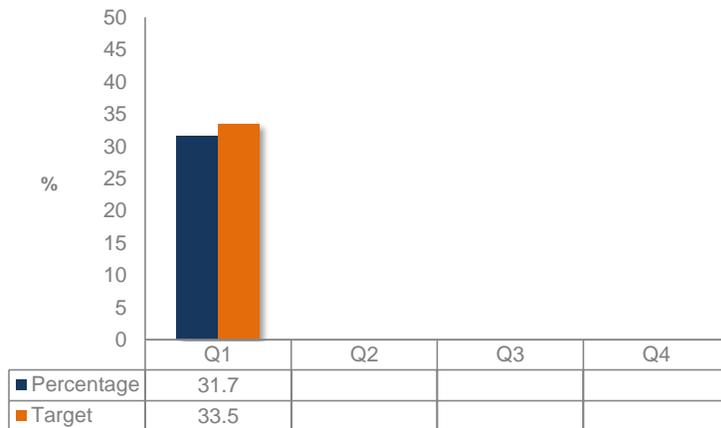


33.5

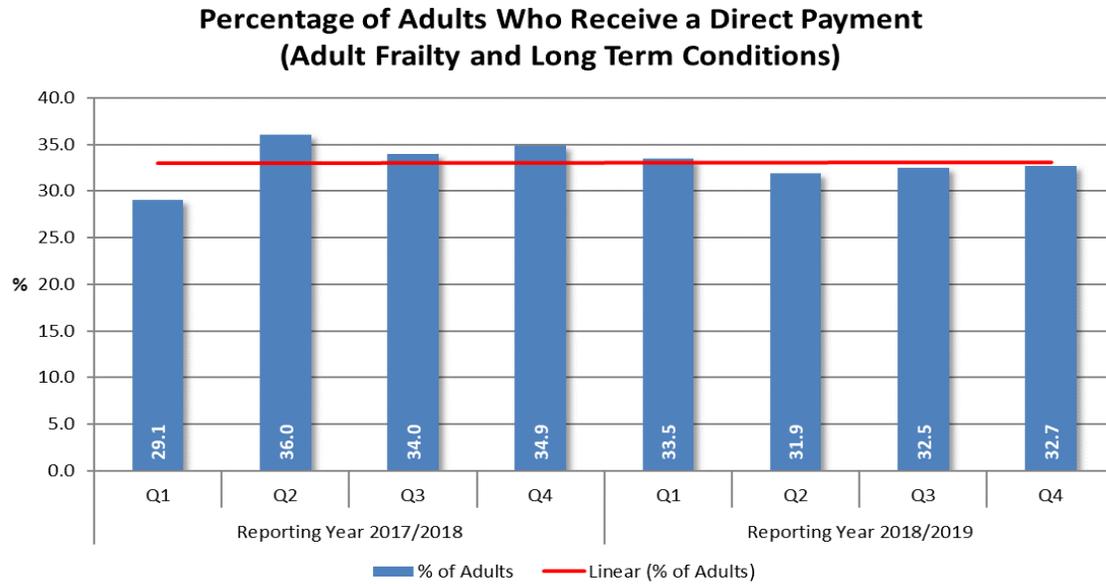
%

Target for June 2019

Adults who receive a direct payment



Further details



About the target

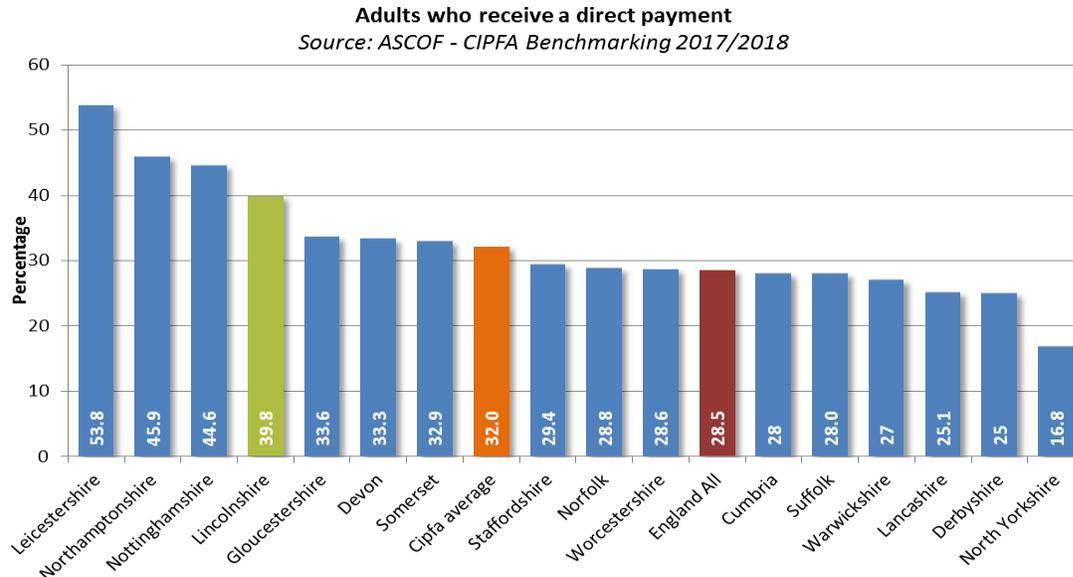
Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2018/19 we have set a revised target of 33.5% for the 2019/20 reporting year.

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.





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

32.3

%

Cumulative Actual as at June 2019

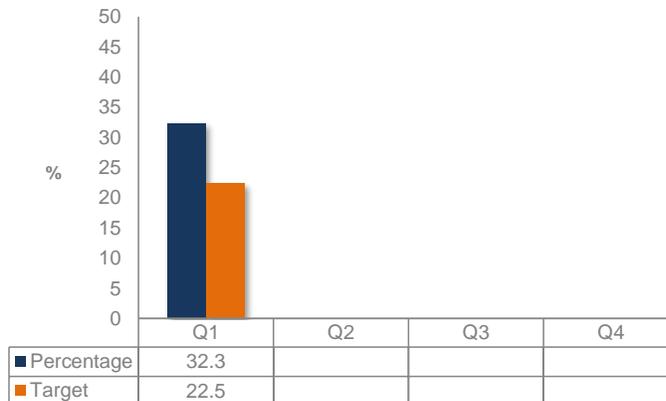


22.5

%

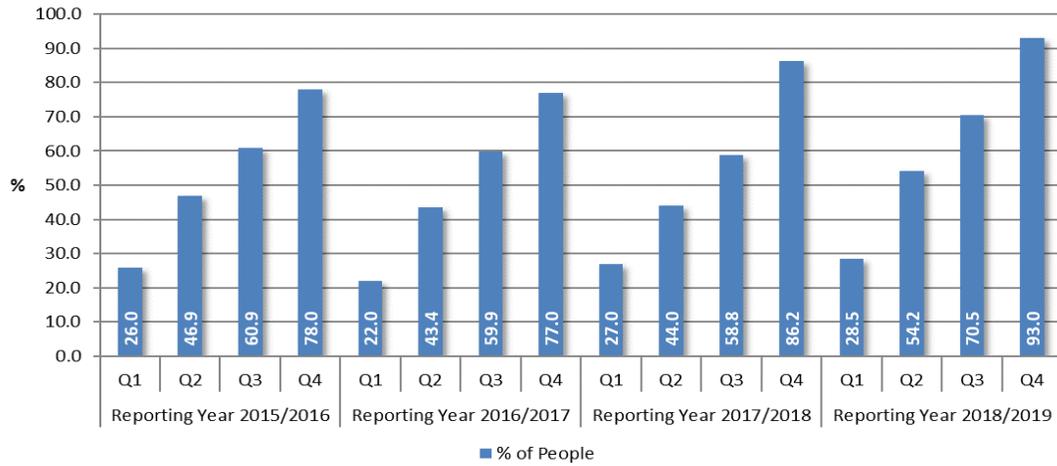
Cumulative Target as at June 2019

People in receipt of long term support who have been reviewed

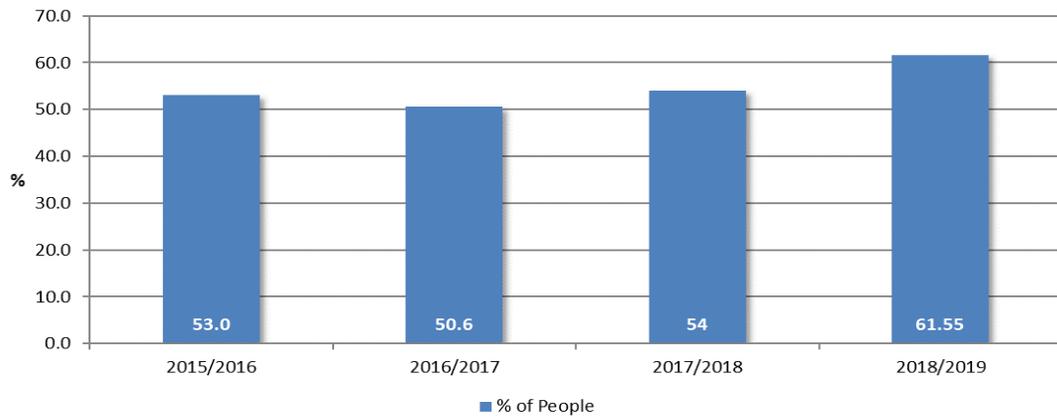


Further details

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



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



About the target

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

About the target range

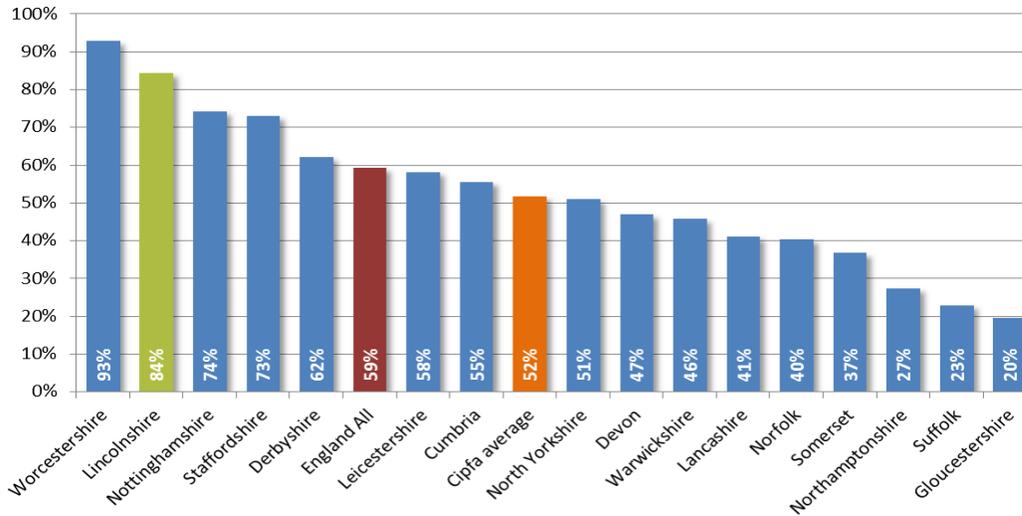
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health.

About benchmarking

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 2017/2018





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 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

94.8

%

Quarter 1 June 2019

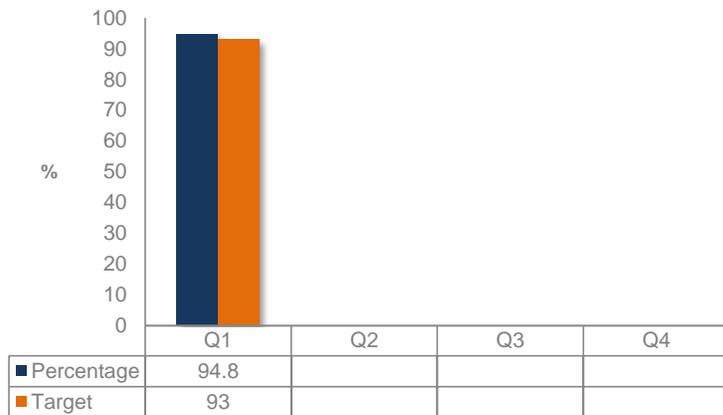


93

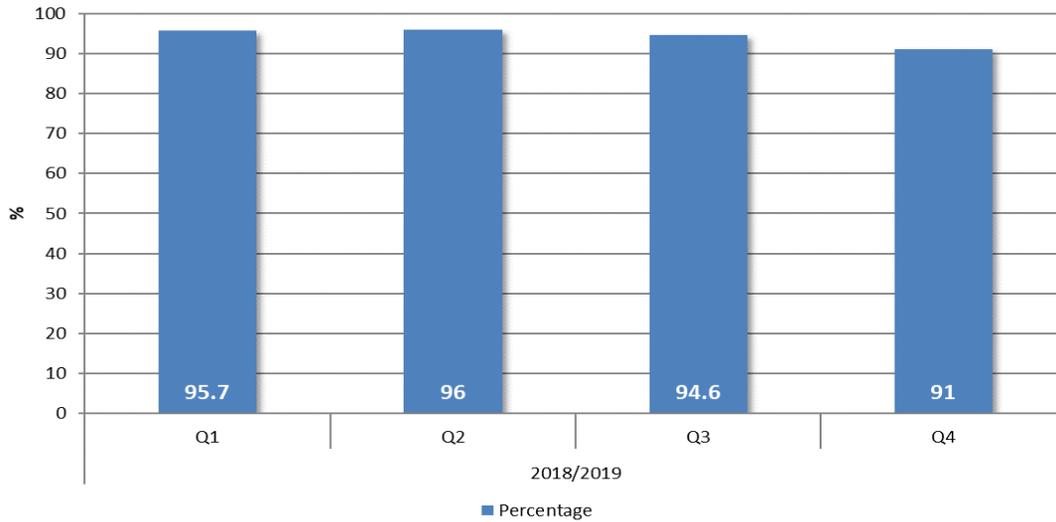
%

Target for June 2019

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



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



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

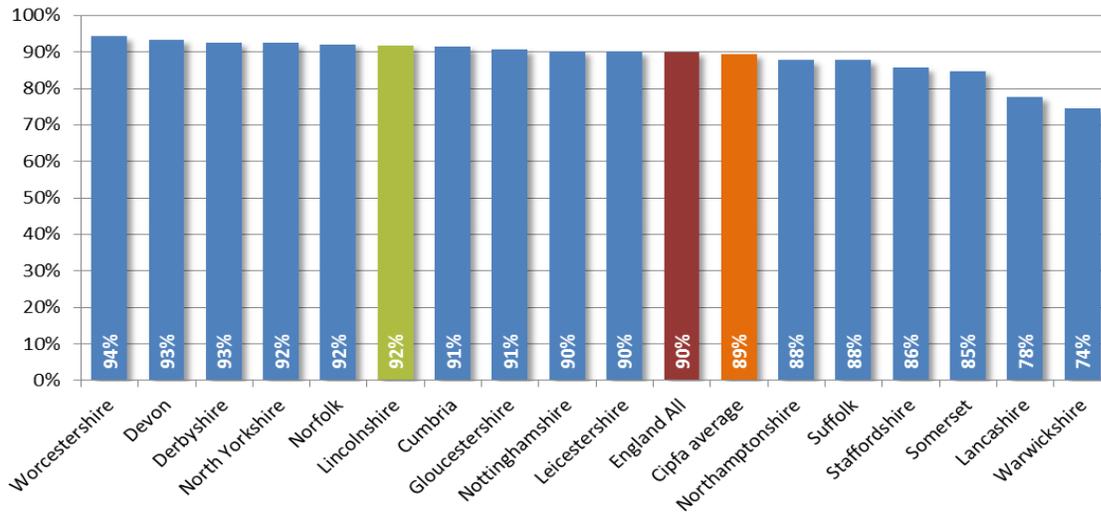
A target range for this measure is set at +/- 2 percentage points - the tolerance level is lower than other measures because any more than a 2% adverse variance from the target would equate to several hundred extra people accessing intensive services.

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.

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

Source: SALT Data file 2017/2018





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

98

%

Quarter 1 June 2019

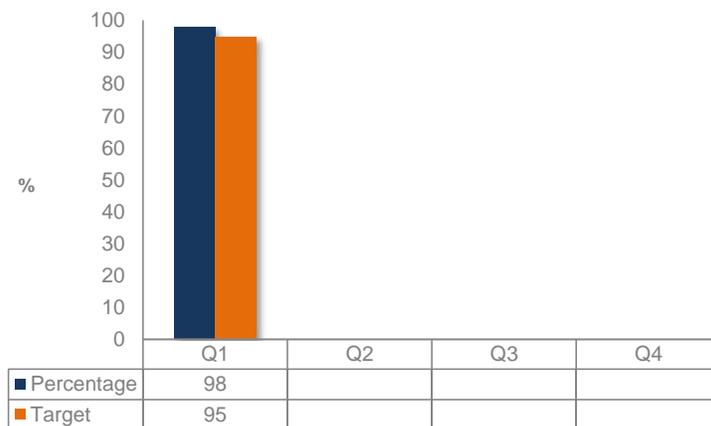


95

%

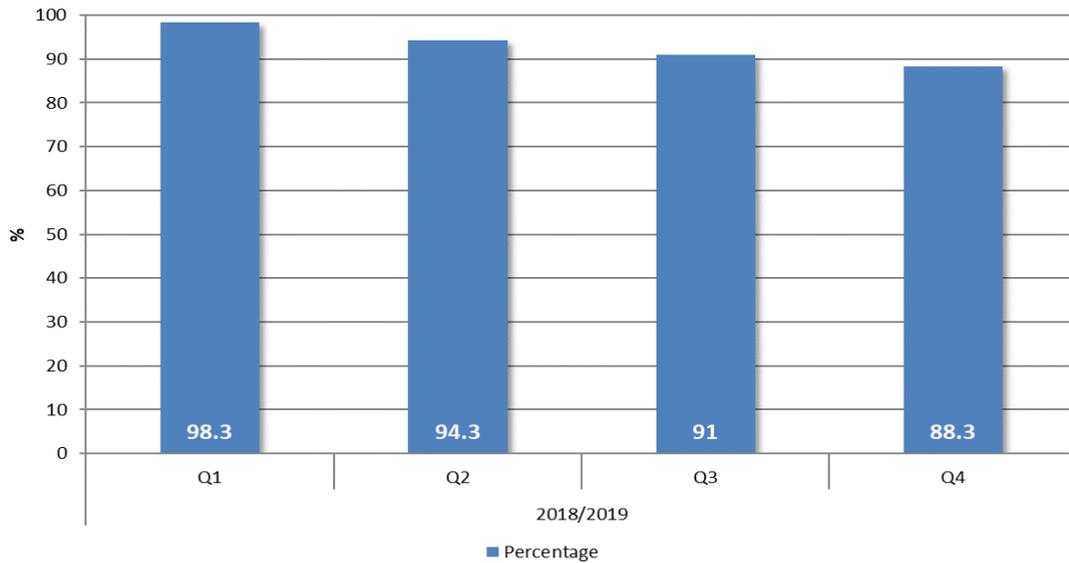
Target for June 2019

Completed episodes of Reablement



Further details

Completed Episodes of Reablement



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

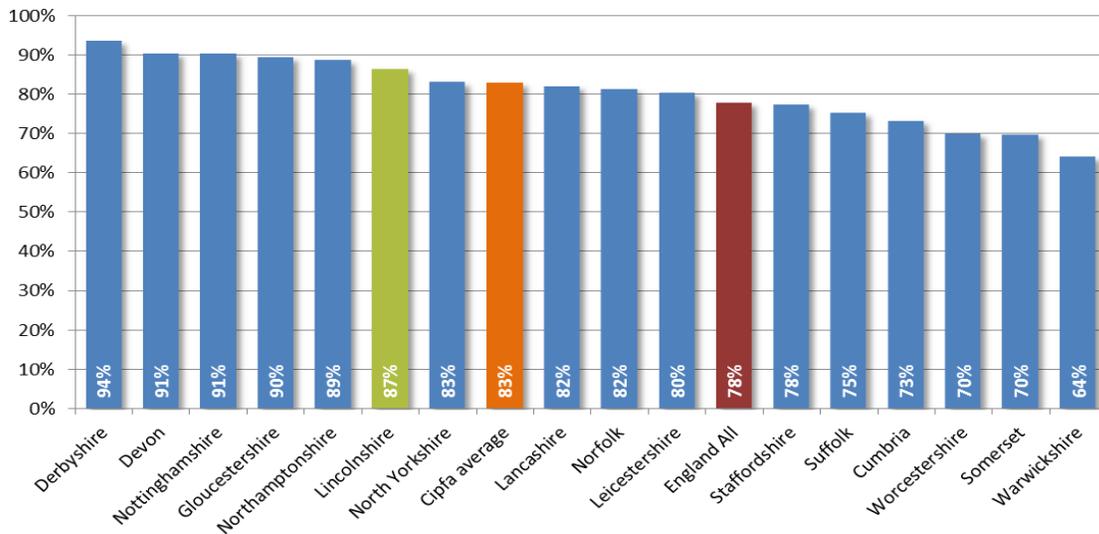
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Since this measure is an ASCOF measure, benchmarking is available each year in the Summer.

Completed episodes of reablement

Source: ASCOF - CIPFA Benchmarking 2017/2018



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