



County Offices
Newland
Lincoln
LN1 1YL

18 July 2017

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 26 July 2017 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tony McArdle', written over a horizontal line.

Tony McArdle
Chief Executive

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

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

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 26 JULY 2017**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting of the Adults and Community Wellbeing Scrutiny Committee held on 15 June 2017	5 - 8
4	Announcements by the Chairman, Executive Councillor for Adult Care, Health and Children's Services and Executive Director for Adult Care and Community Wellbeing	Verbal Report
5	Better Care Fund <i>(To receive a report and presentation from Glen Garrod, Executive Director Adult Care and Community Wellbeing, which invites the Committee to consider a report on the Better Care Fund, due to be considered by the Executive Councillor for Adult Care, Health and Children's Services, during August 2017. The presentation will provide background information to enable the Committee to fully consider the item)</i>	9 - 20
6	2016/17 Quarter 4 Performance <i>(To receive a report by David Boath (Performance and Intelligence Manager) which provides an update on 2016/17 Quarter 4 performance of the Adult Care Council Business Plan measures within the four Commissioning Strategies. The report also gives an update on the progress of the Better Care Fund with reference to Health and Social Care metrics)</i>	21 - 82
7	Adults and Community Wellbeing Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans (Health Scrutiny Officer) which provides the Committee with an opportunity to consider its work programme for the coming year)</i>	83 - 88

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Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

All papers for council meetings are available on:

www.lincolnshire.gov.uk/committeerecords



**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
15 JUNE 2017**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

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

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Justin Hackney (Joint Commissioning Specialist Services), Steve Houchin (Head of Finance (Adult Care)), David Laws (Adult Care Strategic Financial Adviser), Tony McGinty (Interim Director of Public Health), Pete Sidgwick (Executive Director Adult Frailty and Long Term Conditions) and Catherine Wilman (Democratic Services Officer)

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor B M Dobson.

2 DECLARATIONS OF MEMBERS' INTERESTS

No interests were declared.

3 CHAIRMAN'S ANNOUNCEMENTS

The Chairman, Councillor C E H Marfleet welcomed the new Committee and asked everyone to introduce themselves.

There were no further announcements.

4 INTRODUCTION TO ADULT CARE AND COMMUNITY WELLBEING

The Committee received a presentation from Glen Garrod, the Executive Director for Adult Care and Community Wellbeing which introduced Members to the services within his area.

The presentation covered:

- Reablement activity;
- Wellbeing activity;
- Carers' activity;
- Adult Care Services;
- Customer experience in homecare;

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
15 JUNE 2017**

- Delayed transfers of care from NHS services to LCC services;
- The cost of looking after people with long term conditions;
- Helping care homes to improve across Lincolnshire;
- How budgets are influenced;
- Public Health responsibilities;
- The service's priorities for 2017/18.

Questions from members of the Committee confirmed the following information:

- Care homes inspected by the CQC (Care Quality Commission) and receiving an inspection verdict of either *Inadequate* or *Requires Improvement* would be re-inspected at a later date to assess improvements. It was clarified that usually six months would be left between the two inspections, however it may need to be proportionate, depending on the individual home;
- Adult Care supported the Blue Light Collaboration Project which involved Lincolnshire Fire and Rescue working in partnership with EMAS (East Midlands Ambulance Service) to respond to medical emergencies across the county. Given the rurality and size of Lincolnshire, the project had strong support from the Executive and had proved successful with 56% of Fire and Rescue's callouts being for co-responding, compared to 15% for firefighting.

As part of this item, the Head of Finance for Adult Care, Steve Houchin, gave an overview presentation on the finance aspect of Adult Care and Community Wellbeing which covered:

- The current position and recent history;
- Budget analysis,
- Capital;
- How adult care was funded;
- Service user contributions;
- The Better Care Fund and its funding;
- How budgets are influenced;
- Adult Care net expenditure for 2015/16.

The Committee was reassured by Officers that adult care financing was highly complex and an in depth knowledge of the subject would not be required of Members in order to fulfil their duty on the Committee.

RESOLVED

1. That the Introduction to Adult Care and Community Wellbeing presentation be noted;
2. That the Overview of Adult Care and Community Wellbeing finance In Lincolnshire presentation be noted.

5 LINCOLNSHIRE JOINT STRATEGIC NEEDS ASSESSMENT

A presentation and website demonstration on the Lincolnshire Joint Strategic Needs Assessment (JSNA) was given by Tony McGinty, Interim Director of Public Health).

During the presentation the following points were noted:

- The JSNA was a public document and had recently been republished on the website of the Lincolnshire Research Observatory (LRO) and assessed the current and future health needs of the people of Lincolnshire;
- It was made up of a number of health topics covering a range of needs from breastfeeding and healthy lifestyles, to drug misuse and major diseases;
- As an example to demonstrate the website, the data for falls from the Older People section was used which showed a wealth of information and statistics both from cases in Lincolnshire and nationally to help build up a picture of why people fall, what injuries are caused, preventing falls etc. This level of information was available for all the topics identified in the JSNA;
- Information within the JSNA was used to help develop policy decisions within the Council.

A discussion on domestic abuse took place, and it was confirmed that despite the potential further reduction in funding for the domestic abuse service, Adult Care had underwritten these cuts from within its own budget to prevent a reduction in the service.

Safeguarding was also discussed and Committee members were urged to attend one of two sessions on Vulnerable Adults and Public Health in July, which would assist in their scrutiny of safeguarding issues.

RESOLVED

That the presentation and LRO website demonstration on the JSNA be noted.

6 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME

The Health Scrutiny Officer introduced the Committee to its work programme for forthcoming meetings and it was noted that items listed for the July and September meetings were subject to change.

The proposed new meeting dates which had been emailed to Members were agreed.

RESOLVED

That the work programme and changes made therein be agreed.

The meeting closed at 4.15 pm

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	26 July 2017
Subject:	Better Care Fund

Summary

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the Better Care Fund which is due to be considered by Councillor Mrs P A Bradwell, Executive Councillor for Adult Care, Health and Children's Services, during August 2017.

The views of the Adults and Community Wellbeing Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

Recommendation(s):

1. To consider the attached report and to determine whether the Committee supports the recommendation to the Executive Councillor set out in this report.
2. To agree any additional comments to be passed to the Executive Councillor in relation to this item.

1. Background

Councillor Mrs P A Bradwell, the Executive Councillor for Adult Care, Health and Children's Services is due to consider the attached report on the Better Care Fund during August.

The full report to the Executive Councillor is attached as Appendix A to this report.

The recommended decision addresses a gap in the governance relating to the making of the Lincolnshire Better Care Fund (BCF) submission for 2017/18 and 2018/19, approved by Executive in January 2017. Approval of the recommendations by the Executive Councillor will allow the county's BCF submission to be submitted within the timetable. The recommended delegation will allow individual decisions to be taken in an agile and timely fashion for the spending of the improved BCF Supplementary Funding to achieve the differences that the funding was given to achieve.

2. Conclusion

Following consideration of the attached report, the Adults and Community Wellbeing Scrutiny Committee is requested to consider whether it supports the recommendations within the report and whether it wishes to make any additional comments to the Executive Councillor. The Committee's views will be reported to the Executive Councillor.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

Yes

b) Risks and Impact Analysis

See the body of the main report shown as Appendix A.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Better Care Fund – Report to Councillor Mrs P A Bradwell, Executive Councillor for Adult Care, Health and Children's Services For Decision 4 August – 31 August 2017.

5. Background Papers

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

This report was written by David Laws BCF and Financial Special Projects Manager, who can be contacted on 01522 554091 or David.Laws@lincolnshire.gov.uk

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

Report to:	Cllr Mrs PA Bradwell, Executive Councillor for Adult Care, Health and Children's Services
Date:	4 August – 31 August 2017
Subject:	Better Care Fund
Decision Reference:	
Key decision?	Yes

Summary:

The report provides an update on the Better Care Fund (BCF) for 2017-19 in light of the BCF planning guidance issued on 4 July 2017.

The paper then focuses on the issues resulting from the Chancellor of the Exchequer's spring 2017 budget which provided a further £15,265m to the County Council for the 2017 financial year and reducing sums following two years to March 2020.

Recommendation(s):

That the Executive Councillor:-

1. Notes the timetable for the making of the Better Care Fund (BCF) submission for 2017/18 and 2018/19 and the National Conditions set out in the Report;
2. Approves the inclusion of the iBCF Supplementary Funding allocated to Lincolnshire in the Lincolnshire BCF submission for 2017/18 and 2018/19
3. Approves the allocation of the iBCF Supplementary funding generally in the following proportions and for the following purposes:-
 - (a) 26% in 2017/18 and 53% in 2018/19 is invested in meeting adult social care needs – predominantly focused on additional carers support, social care staffing (both across the county and in a hospital setting), Mosaic and broader IT investment, and mental health awareness training;
 - (b) 37% in 2017/18 and 23% in 2018/19 is invested in reducing pressures on the NHS – predominantly focused on further support to the Reablement/Quick Response service, Adult Safeguarding, Nursing associates and funding to the CCGs to enable close targeting of funds

to reduce DToC rates this coming winter; and

(c) 37% in 2017/18 and 24% in 2018/19 is invested in stabilising the social care market.

4. Delegates to the Executive Director for Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services, authority to approve the final contents of the BCF submission for 2017/18 and 2018/19 in relation to iBCF Supplementary Funding and in relation to the same funding approve the final form of pooling of the funds and take decisions relating to the use of the funds including the approval of all legal documentation necessary to give effect to such pooling arrangements or such uses.

Alternatives Considered:

The iBCF Supplementary funding must be used for Adult Care and must be spent in accordance with the Grant Conditions. No alternative that would not meet these conditions has been considered.

The proposals set out in recommendation 3 have been developed in consultation with health colleagues and have been identified as the most effective combinations of spending to meet the requirements of the Grant Conditions and the aims of the partners.

Reasons for Recommendation:

The recommended decision addresses a gap in the governance relating to the making of the Lincolnshire BCF submission for 2017/18 and 2018/19 approved by Executive in January 2017. Approval to the recommendations will allow the county's BCF submission to be submitted within the timetable. The recommended delegation will allow individual decisions to be taken in an agile and timely fashion for the spending of the iBCF Supplementary Funding to achieve the differences that the funding was given to achieve.

1. Background

The BCF Planning Guidance for 2017 – 2019 was finally issued on 4 July 2017. The guidance identifies the need to prepare a joint spending plan between the County Council and the four Lincolnshire CCGs, together with a requirement to consult with other local partners. Lincolnshire's BCF for 2016/17 was £196.5m of which £53.5m was the national CCG allocation. In addition to the £53.5m, there are pooled budgets for Learning Disabilities, CAMHS [Child and Adolescent Mental Health Services] and Community Equipment plus 'aligned' Mental Health funds from the same organisations. Following further negotiations in 2016 with Lincolnshire Community Health NHS Trust (LCHS) a further pooled budget for residential and nursing beds was agreed with an annual value of £2.7m.

For 2016/17 both Non Elective Admissions (NEA) and delayed transfers of care (DTC) were a priority, primarily because both nationally and locally NEAs and DTC have increased and are causing additional financial pressures particularly to NHS partners. Lincolnshire's BCF fund is the fourth largest in the country and this does help us to have influence at a national level.

BCF 2017/18 and 2018/19

The overall BCF in Lincolnshire for 2017/18 will be an estimated £215m. In addition to the continuation of existing pooled funds and funding streams, increases result from:

- Inflationary increases in CCG funding, and as a result in the CCG funding for the Protection of Adult Care Services
- The addition of the iBCF funding that was announced in the Chancellor's November 2015 budget. This provides £2.105m in 2017/18, £14.249m in 2018/19 and £25.120m in 2019/20
- The announcement of iBCF Supplementary funding in the Chancellor's March 2017 budget. This provides an additional £15.265m in 2017/18, £9.608m in 2018/19 and £4.761m in 2019/20

The Executive considered the first two of the above increases on 4 January 2017 and approved the making of a BCF submission for 2017/18 and 2018/19 and approved a number of principles to be applied to that submission by the Executive Director for Adult Care and Community Wellbeing who in consultation with the Executive Councillor for Adult Care, Health and Children's Services was given delegated authority to determine the final form and approve the making of the final submission.

It should be noted that the principle approved in January that a performance mechanism be developed to enable the release of Disabled Facilities Grant (DFG) allocations to District Councils has since been superseded as the Grant Conditions on which DFG funding was given to the County Council required the DFG monies to be allocated in full to the District Councils not later than 30 June 2017 which has been done.

At the time of the 4 January decision, the iBCF [*Improved Better Care Fund*] Supplementary funding had not been announced and was therefore not discussed. It has not therefore been formally approved for inclusion in the Lincolnshire BCF submission and does not fall within the scope of the Executive Director's delegated authority granted in January 2017. The iBCF Supplementary funding was reported and approved as part of the Council's overall budget at the Council meeting on 19 May 2017. That paper simply gave Council approval to the funding being invested in Adult Care and gave no detailed analysis of where the funding was to be invested.

This Report therefore seeks approval for the inclusion of the iBCF funding within the BCF submission and "in principle" approval to the proposed uses for the

funding. It also seeks delegation to the Executive Director for Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services of decision-making concerning the inclusion of the funding within the BCF submission and detailed decisions as to how the funding is spent.

iBCF Supplementary Funding - Grant Conditions

The iBCF Supplementary funding is allocated to the County Council in the form of a Section 31 (Local Authority) Grant on a non-recurrent basis.

The grant is accompanied by conditions which are binding on upper tier Local Authorities and are reinforced by the Integration and Better Care Fund Policy Framework 2017/18 – 2018/19. The conditions state:

1. Grant paid to a local authority under this determination is to be spent on adult social care and used for the purposes of meeting adult social care needs, reducing pressures on the NHS – including supporting more people to be discharged from hospital when they are ready - and stabilising the social care provider market.
2. A recipient local authority must:
 - (a) pool the grant funding into the local Better Care Fund, unless the authority has written Ministerial exemption;
 - (b) work with the relevant Clinical Commissioning Group(s) and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
 - (c) provide quarterly reports as required by the Secretary of State.

Spending Supplementary iBCF Funding 2017/18 – 2019/20

In response to the announcement of the additional funding, working sessions have been held within Adult Social Care, with CCG [Clinical Commissioning Group] partners, NHS providers and the Lincolnshire A&E Delivery Board in order to ascertain how best to prioritise this additional funding which, in accordance with the grant conditions set by the Government and the BCF Policy Framework, must be included within the local BCF pooled budget.

The discussions with the four CCGs and other partners have helped develop a financial plan for the years 2017/18 – 2019/20 that meets the three conditions identified in the early section of the above paragraph. The current plan proposes that the £15.265m is invested so that:

- 26% in 2017/18 and 53% in 2018/19 is invested in meeting adult social care needs – predominantly focused on additional carers support, social care staffing (both across the county and in a hospital setting), Mosaic and broader IT investment, and mental health awareness training;

- 37% in 2017/18 and 23% in 2018/19 is invested in reducing pressures on the NHS – predominantly focused on further support to the Reablement/Quick Response service, Adult Safeguarding, nursing associates and funding to the CCGs to enable close targeting of funds to reduce DToC rates this coming winter; and
- 37% in 2017/18 and 24% in 2018/19 is invested in stabilising the social care market.

Investment in this latter area (stabilising the social care market) is focused on investment in the residential market, home care market and similar related investment for those service users who receive a Direct Payment rather than have services provided on their behalf.

This proposed allocation of the funding has been welcomed and supported by NHS partners.

Work is ongoing to determine the detail of how the monies will be pooled with health, and how it will be invested and what documentation will be put in place to secure that the monies are used towards the agreed outcomes, and in accordance with the grant conditions. These are matters that under the proposals recommended in this Report would be determined by the Executive Director in consultation with the Executive Councillor under delegated authority.

BCF National Conditions

The Integration and Better Care Fund Policy Framework 2017/18 – 2018/19, which was published on 31 March 2017 confirms the national conditions and metrics which will apply to BCF Plans with effect from April 2017. (<https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019>)

The national conditions require that Plans must:

- a) be jointly agreed including approvals via the local Health and Wellbeing Board;
- b) maintain protection of adult social care services;
- c) demonstrate commitment to investment in out-of-hospital services; and
- d) deliver improvements in managing transfers of care (e.g. delayed hospital discharges).

There is also an expectation that the BCF Plan will continue to show progress on the previous national conditions set out in the 2016/17 BCF Plan. These include data sharing, case management for people with multiple conditions, and developing seven-day services. They are still fundamental to transforming integrated care and are expected to be addressed at system level as part of the 44 Sustainability and Transformation Plans in place across the country.

In terms of the national condition targeted to managing transfers of care, each local BCF Plan must evidence in particular how the Department of Health's 'high impact changes for improving hospital discharge' are being implemented locally.

The High Impact Changes Framework is described in the attached link [https://www.local.gov.uk/sites/default/files/documents/Impact%20change%20mode%20managing%20transfers%20of%20care%20\(1\).pdf](https://www.local.gov.uk/sites/default/files/documents/Impact%20change%20mode%20managing%20transfers%20of%20care%20(1).pdf) and provides a basis for each health and care system to assess their local position and identify where further changes are needed so that all the evidence-based and recommended interventions are made.

The grant conditions associated with the new adult social care allocation reference the importance of improved hospital discharge and the Government expects a proportion of the allocation be spent on this priority, according to local gaps and needs.

The proposed allocation of the additional funding set out in this Report is compliant with these National Conditions.

Next Steps

The timetable for the BCF submission is very tight and with national guidance delayed until July the turnaround time for making the submission is challenging especially with the summer recess.

Furthermore there is considerable pressure locally and nationally to see the increased funding make a difference in time for the 2017/18 winter.

The challenging timetable for the making of the submission and the need to begin to spend the supplementary funding means agile decision-making under delegated authority is required. This has already been agreed by the four CCGs and the Health and Wellbeing Board. The Executive Councillor is therefore asked to delegate detailed decision-making to the Executive Director for Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services.

The timeline below describes the BCF submission process as set out in the Planning Guidance issued on 4 July.

Milestone	Date
Publication of Government Policy Framework	31 March 2017
BCF Planning Requirements, BCF Allocations published	4 July 2017
Planning Return template circulated	w/e 7 July 2017
First Quarterly monitoring returns on use of iBCF funding from Local Authorities.	21 July 2017
Areas to confirm draft Delayed Transfers of Care metrics to Better Care Support Team	21 July 2017

Milestone	Date
BCF planning submission from local Health and Wellbeing Board areas (agreed by CCGs and local authorities). All submissions will need to be sent to DCO teams and copied to england.bettercaresupport@nhs.net .	11 Sept 2017
Scrutiny of BCF plans by regional assurers	12 – 25 Sept 2017
Regional moderation	w/c 25 Sept 2017
Cross regional calibration	2 Oct 2017
Approval letters issued giving formal permission to spend (CCG minimum)	From 6 Oct 2017
Escalation panels for plans rated as not approved	w/c 10 Oct 2017
Deadline for areas with plans rated approved with conditions to submit updated plans.	31 October 2017
All Section 75 agreements to be signed and in place	30 Nov 2017
Government will consider a review of 2018-19 allocations of the iBCF grant provided at Spring Budget 2017 for areas that are performing poorly. This funding will all remain with local government, to be used for adult social care.	November 2017

2. Legal Issues:

Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- *Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- *Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- *Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

*Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic

*Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it

*Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding

Compliance with the duties in section 149 may involve treating some persons more favourably than others

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process

Generally all of the services which are delivered as a result of the supplementary funding directly impact on people with a protected characteristic particularly elderly people and people with a disability. The proposals set out in this report which relate to the financial, organisational and contractual structures that will be put in place between the Council and the CCGs as commissioners of service are not considered to directly impact.

It is at the level of individual services that the greater potential for impact arises. The potential impact of any changes which form part of the BCF submission on people with a protected characteristic will be the subject of detailed analysis prior to their implementation so that the appropriate mitigation strategies can be put into effect.

Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision

These underpin the BCF and the ways in which the BCF has been developed in accordance with the Joint Strategic Needs Analysis and the Joint Health and Wellbeing Strategy will be detailed in the final BCF submission.

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area

The BCF through its improvements in integration between health and care can lead to improvements in the co-ordination and delivery of services such as has already occurred in the field of mental health, learning disability and community equipment services. Some of these services and in particular mental health provide support to individuals to manage behaviours that might on occasion be criminal or anti-social.

3. Conclusion

The Executive on 4 January 2017 approved proposals for the pooling of Better Care Fund monies as they were known at that time. Since then the government has announced and allocated to the Council additional BCF monies. These must now be brought within the overall Better Care Fund arrangements and the principles against which the monies should be spent need to be determined.

This Report seeks the Executive Councillor's approval to the incorporation of the additional funding in the Better Care Fund submission and in principle approval to the way in which the additional funding should be spent. The Report also seeks delegated authority for further decision-making.

4. Legal Comments:

The iBCF Supplementary Funding that is the subject matter of the Report must be spent on Adult Care and in accordance with the Grant Conditions as set out in the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive Councillor if it is within the budget.

5. Resource Comments:

The iBCF and Supplementary iBCF Funding results in additional funding to Lincolnshire County Council over the next three years as described in the 2015 Chancellor's November 2015 budget statement and 2016 March Budget Statement.

The iBCF fund provides £2.105m in 2017/18, £14.249m in 2018/19 and £25.120m

in 2019/20. The Supplementary iBCF funding provides £15.265m in 2017/18, £9.608m in 2018/19 and £4.761m in 2019/20.

The funding described must be spent on Adult Care services must also be included in the wider pooling of the funds required for the overall BCF

The governance process regarding the use the funds detailed is consistent with the Council's financial procedures.

6. Consultation

a) Has Local Member Been Consulted?

No

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This Report will be considered at Adults and Community Wellbeing Scrutiny Committee on the 26 July 2017 and the comments of the Committee will be reported to the Executive Councillor.

d) Have Risks and Impact Analysis been carried out??

Yes

e) Risks and Impact Analysis

See the body of the Report

7. Background Papers

The following Background Papers within the meaning of section 100D of the Local Government Act 1972 have been used in the preparation of this Report

Background paper	Where it can be obtained
Executive Report – BCF Narrative Plan 2017/18 – 2018/19 dated 4 January 2017	Democratic Services

This report was written by David Laws/David Coleman, who can be contacted on 01522 554091/01522 552134 or

David.Laws@lincolnshire.gov.uk/David.Coleman@lincolnshire.gov.uk

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	26 July 2017
Subject:	2016/17 Quarter 4 Performance

Summary:

The report provides an update on 2016/17 Q4 performance of the Adult Care Council Business Plan measures within the four Commissioning Strategies. The report also gives an update on the progress of the Better Care Fund with reference to Health and Social Care metrics.

Actions Required:

The Adults Scrutiny Committee is requested to consider and comment on the report and the Adult Care Infographic report in Appendix A, and the Better Care Fund performance report in Appendix B.

1. Background

Adult Care activities are arranged under the following commissioning strategies:

- Safeguarding
- Adult Specialist Services
- Carers
- Adult Frailty and Long Term Conditions

Each strategy is monitored using outcome-based measures to evaluate the effectiveness of services provided to adults and their carers.

The new case management system, Mosaic went live on 12th December 2016 and whilst the transition was relatively smooth there has been an impact on both activity and reporting. Adult Care is in the process of re-establishing full reporting capabilities. A new system for reporting on Mosaic data is being developed and will be implemented throughout 2017/18.

This report only includes Adult Care activity as has been reported throughout 2016/17. Q1 reporting for 2017/18 will pull together an update on Adult Care and Community Wellbeing.

Adult Care Performance by Strategy

Safeguarding

Safeguarding is about people and organisations working together to protect an adult's right to live in safety, free from abuse and neglect, whilst at the same time promoting wellbeing. 'Making Safeguarding Personal' is integral to the service, so before any action is taken, professionals pay due regard to the views, wishes, feelings and beliefs of the people at risk. This also includes people who lack the capacity to express their views, and the service makes sure that all people are supported by an advocate where necessary. In 79% of enquiries, the risk has been reduced or removed, but all people subject to an enquiry are empowered to manage the risk for themselves and pursue the outcome they choose.

The Safeguarding strategy has performed really well throughout the year, in part as a function of the new Adult Safeguarding process and recording that came into play during Quarter 1. All activity measures are consistently performing well and have achieved or exceeded the year end targets. With regard to customer experience, the national Adult Social Care Outcomes Framework (ASCOF) measure for Safeguarding is used to gauge whether services help people feel safe, irrespective of whether a Safeguarding intervention has occurred. This comes from the annual Adult Social Care Survey that was recently completed. As a result, the measure is reported in Q4 only. People receiving social care support have reported a dip in their general feeling of safety compared to the previous year, and as a consequence the year-end target has not been achieved.

Specialist Adult Services

This strategy incorporates the commissioning and provision of social care support for three different groups of people with complex needs who require specialist services; learning disabilities, Autism Spectrum disorders, and adults with a mental health need. The Learning Disability service is commissioned jointly by the Council and the clinical commissioning groups with a pooled budget that is held by LCC. It is managed via a Section 75 agreement with Health, as is the Mental Health service. The Lincolnshire All Age Autism Strategy (launched in 2015) is also a joint strategy but includes other stakeholders.

Overall, this strategy has performed well in Quarter 4, particularly with respect to review activity which has shown some improvement in the quarter. According to data from the new system, Mosaic, fewer reviews appear to have taken place throughout the year, although the assessment teams are confident that over 95% of reviews have been done. Further work is being carried out to understand the discrepancy which has likely been caused by a recording or reporting issue.

The combined number of direct payments for learning disability and mental health clients continues to grow steadily as this mechanism for service delivery is promoted within the council and the Mental Health NHS Trust respectively. There are also signs that the proportion of both client groups living independently is increasing, which implies that a growing number of new clients are receiving services in the community.

Carers

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

A total of 8,180 adult carers have been supported over the previous 12 months. This represents a 13% increase in the number of carers supported compared to 2015/16, which is an achievement. A 17% increase would have been required to hit the aspirational 8,500 carer target by the end of March.

Following the new Care Act 2014 eligibility framework, fewer carers are eligible for funded support, but despite this, carers will get information and advice tailored to their needs, and ongoing support from Carers FIRST. For carers eligible for funded care, much fewer carers need a direct payment to meet their needs. Where direct payments are provided, the average direct payment is close to £800, which is £600 more per carer compared to a couple of years ago. This reflects the more targeted approach.

The increase in respite support is also linked to the upward trend in the number of carers jointly assessed with the person they care for, resulting in a more holistic package for the benefit of both the adult and the carer. This however is at odds with the preventative measure, which seeks to support carers before the person they care for needs input from Adult Care. The proportion of carers supported to delay the care and support needs of the person they care for has therefore dropped to 65%. It is expected that the number of carers supported with universal services by Carers FIRST will increase over time, and the measure should recover.

Customer feedback obtained from the biennial Survey of Adult Carers in England (SACE) indicates that Carers are struggling more than 2 years ago when the survey was last completed. In the Council business plan, there is focus on accessibility of information; 59% of carers reported that they found it easy to find information about care and support services. Whilst this target has not achieved, 85% of carers who were able to find the information said that it was helpful. The quality is therefore apparent but with people finding Information difficult to access, the Carers service have been exploring other ways of reaching out to carers such as engagement with pharmacists, GP surgeries and hospitals. A series of events took place as part of 'carers week' including some radio air time for carers FIRST talking about support in Lincolnshire. This work should also raise the profile of carers amongst professionals which in turn should improve the involvement of carers in discussions about the care and support of the people they care for.

Adult Frailty and Long Term Conditions

The purpose of the strategy is to outline the on-going challenges ahead of us with one of the fastest growing older populations in the country. How in the future we will need to commission our services differently, moving away from a 'one size fits all' approach to service delivery when people are looking for a more bespoke service to meet their increasingly complex care needs.

Overall, Performance in Quarter 4 has been good. The front door is being managed effectively too with almost two-thirds of the 33,000 requests for support being dealt with by the provision of information and advice or signposting to other agencies in the community. There has been a reduction compared to the previous year because an increasing number of people have been diverted to other lower level preventative services like Reablement and Wellbeing.

1,067 care home admissions for older people have been made during the year. This is a 4% increase compared to 2015/16 and just tipped over the upper tolerance level for the target. Over the last two years, the ratio of people in residential care to community has been stable at 1:2, suggesting a consistent approach to placements. The service is confident that all placements are appropriate and there is a general sense that the complexity of cases is increasing.

As mentioned previously about reviews, there appears to be fewer reviews this year which may have been caused by system changes [to Mosaic] and associated recording or reporting issues. Nonetheless, the Adult Care assessment teams have been reorganised to include dedicated reviewing staff.

The Better Care Fund

The Better Care Fund (BCF) is monitored using national metrics agreed by the Clinical Commissioning Groups and the local authority. The sector have collectively committed to reduce the number of non-elective admissions to hospital, reduce unnecessary delays in hospital, improve the experience of patients and to support people in their local communities for longer.

In quarter 4, the volume of non-elective admissions to hospital was 11% higher than the same time last year, and 1,700 admissions higher than the target for the quarter. Performance is variable across the CCGs, but the South CCG has achieved their reduction target in 10 of the 12 months of the year.

The number of delayed days in hospital has been fairly consistent throughout this year, but remains approximately 1,000 delayed days astray of the ambitious target. Currently, the NHS are responsible for 71% of total delayed days, Social Care for 23%, and the remaining 7% of delayed days are down the NHS and Social Care jointly. Over the last 6 months, non-acute delays have fallen back from 50% of total delayed days to 35%. The most common delay reasons, making up almost 70% of delays, are down to waiting for care packages in a care home, in the community and waiting for further non-acute care.

Another aspect of the BCF monitoring is the effectiveness and offer rate of Reablement and intermediate care services for older people discharged from hospital into 'step-down' support. Whilst the proportion of patients at home after 91 days is fairly consistent year-on-year at 75%, there has been a definite drop off in the offer rate for older people, particularly rehabilitation services.

The BCF will continue until 2020 with a subtly changed funding structure owing to extra monies being invested by the Government. The money will continue to be used to fund a series of schemes designed to alleviate system pressures, stabilise the sector and promote integrated working and good practice.

2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the report and the performance report in Appendix A.

3. Consultation

a) Policy Proofing Actions Required

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adults Council Business Plan Performance Report Q4 2016/17
Appendix B	Better Care Fund Performance Report Q4 2016/17

5. Background Papers

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

This report was written by Dave Boath, who can be contacted on 01522 554003 or david.boath@lincolnshire.gov.uk .



Communities are safe and protected

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

People report they feel safe

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

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

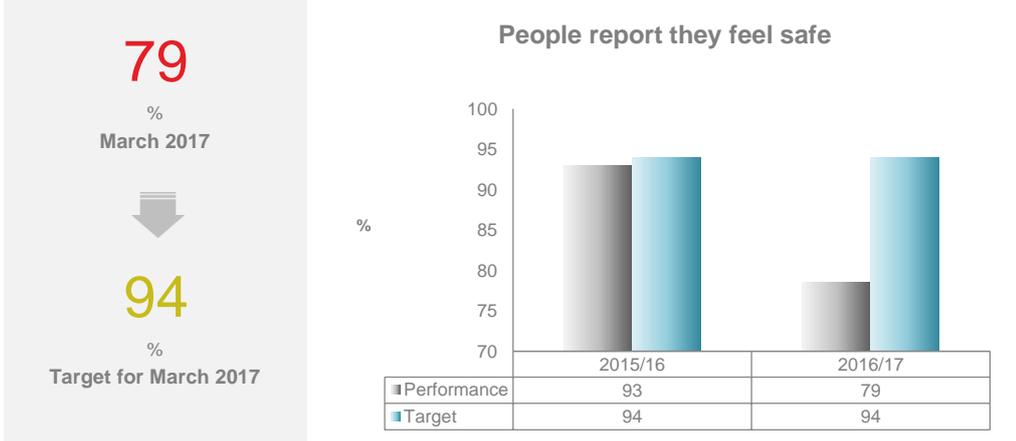
- * I feel as safe as I want
- * Generally I feel adequately safe, but not as safe as I would like
- * I feel less than adequately safe

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

Denominator: Number of respondents to the question.

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

✘
Not achieved

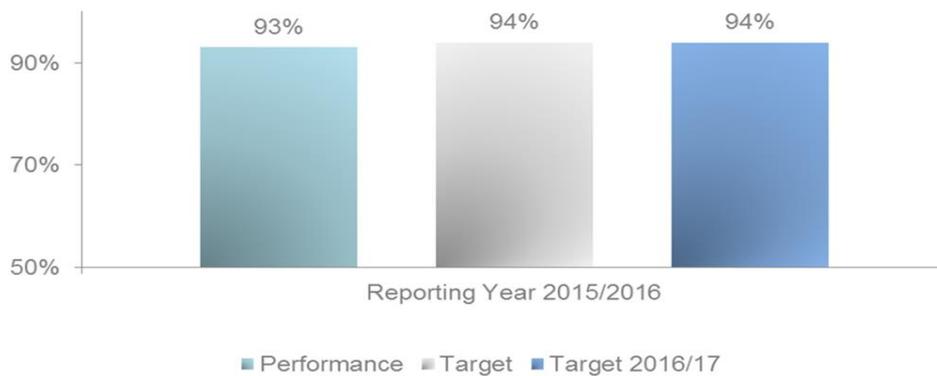


About the latest performance

This is an annual Adult Social Care Outcomes Framework (ASCOF) measure from the statutory Adult Social Care Survey (ASCS) that is reported to the Department of Health on an annual basis. 79% of Adult Care clients report they feel safe, and at a +/-5% error margin in the survey results, if all Adult care users were asked the question, the percentage would be in the range of 74% to 84%. The feeling of safety is therefore lower this year compared to last. There are many factors that affect how safe people feel and it is difficult to pinpoint specific reasons for the reduction. It should be noted that respondents haven't necessarily been subject to an Adult Safeguarding intervention, so this measure is not specific to the Safeguarding service, but more of a general view of social care users. As part of the survey process we also have a duty to investigate where respondents indicate that they don't feel safe. A handful of cases were flagged and each was followed up and once spoken to, the respondents were safe and had been confused by the question. This was similar to our experience from the previous year and gives us a reasonable level of assurance that the vulnerable adults we support are safe.

Further details

People report they feel safe



	Reporting Year 2015/2016	Target 2016/17
Performance	93%	
Target	94%	94%

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

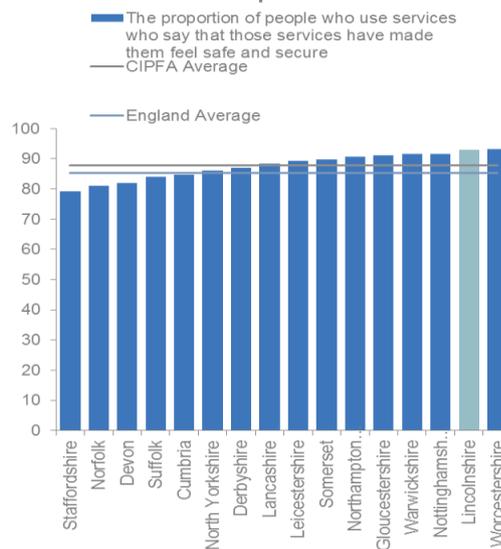
This measure has a target range of +/- 5% based on tolerances used by Department of Health.

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates 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.

	Margin of error	*Base	**Outcome
Staffordshire	4.1	427	79.3
Norfolk	3.4	444	81.0
Devon	2.9	590	82.0
Suffolk	2.9	699	84.1
Cumbria	3.4	368	84.7
North Yorkshire	2.4	692	86.0
Derbyshire	2.7	512	86.9
Lancashire	3.0	386	88.4
Leicestershire	2.8	404	89.2
Somerset	2.6	470	89.7
Northamptonshire	2.2	527	90.6
Gloucestershire	2.6	454	91.1
Warwickshire	2.7	355	91.6
Nottinghamshire	2.7	390	91.7
Lincolnshire	2.7	348	93.0
Worcestershire	2.4	411	93.2
CIPFA Average	2.8	467	87.66
England Average	0.3	69,197	85.4

People report they feel safe - CIPFA Comparators 2015/16



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



Communities are safe and protected

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

Safeguarding cases supported by an advocate

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

An advocate can include:-

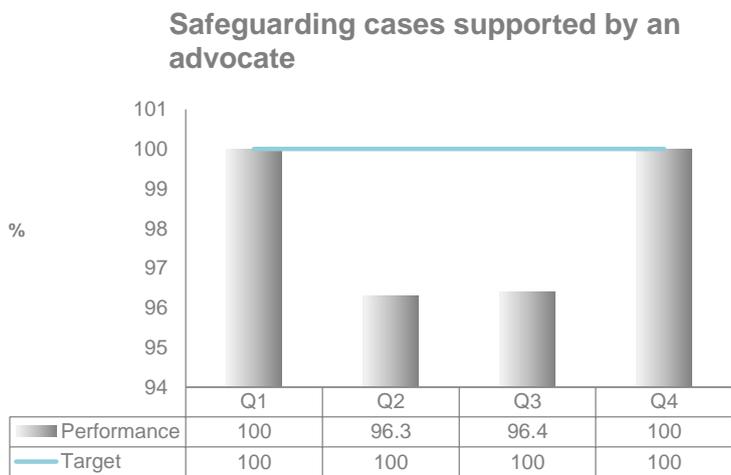
- * An Independent Mental Health Advocate (IMHA);
- * An Independent Mental Capacity Advocate (IMCA); or
- * Non-statutory advocate, family member or friends.

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

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

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

Achieved

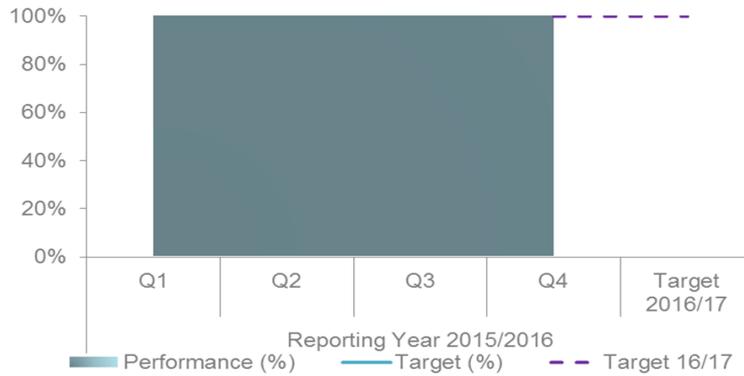


About the latest performance

The target has been achieved. Ensuring that people are able to convey their views and wishes is really important, particularly when someone has been assessed as lacking mental capacity. Making Safeguarding Personal is a key priority for the Lincolnshire Safeguarding Adults Board (LSAB).

Further details

Safeguarding cases supported by an advocate
2015/16



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance (%)	100	100	100	100	
Target (%)	100	100	100	100	100

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

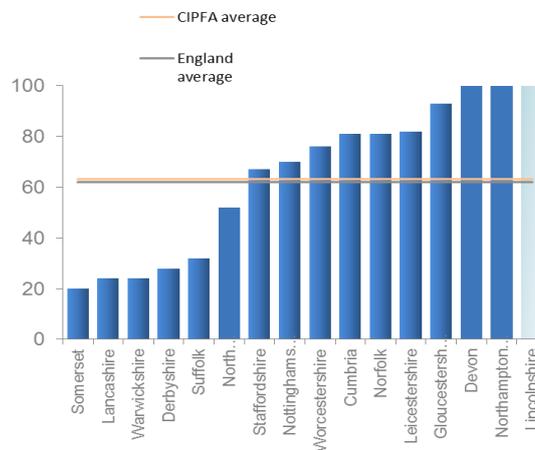
About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates 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.

Safeguarding cases supported by an advocate 2015/16.

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

*Supported by advocate
 **Total S42 enquiries where person lacked capacity
 ***% Safeguarding cases supported by an advocate



 **Communities are safe and protected**

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

Safeguarding referrals where the source of risk is a service provider

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

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

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

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

 **Achieved**

13.6
%
Quarter 4 March 2017



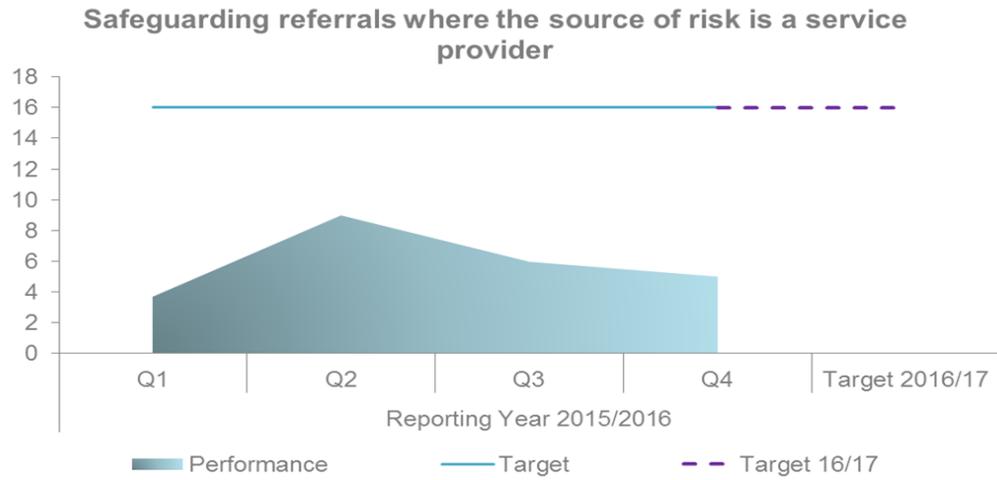
16
%
Target for March 2017



About the latest performance

The target has been exceeded for this year. An increasing number of referrals cite the source of risk as a relative, family carer or someone known to the person but not related. These account for approximately two-thirds of referrals. For the purposes of this measure a service provider is a privately arranged or publicly funded social care provider. Greater accountability for Safeguarding has been devolved to providers who are able to deal with lower level complaints without the need for a formal enquiry.

Further details



	Reporting Year 2015/2016					Target 2016/17
	Q1	Q2	Q3	Q4		
Performance	3.7	9.0	6.0	5.0		
Target	16.0	16.0	16.0	16.0		16.0

About the target

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

About the target range

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

About benchmarking

Benchmarking data for this measure is not available

 **Communities are safe and protected**

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

Adult safeguarding reviews where risk was reduced or removed

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

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

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

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

 **Achieved**

78.9
%
Quarter 4 March 2017



60
%
Target for March 2017

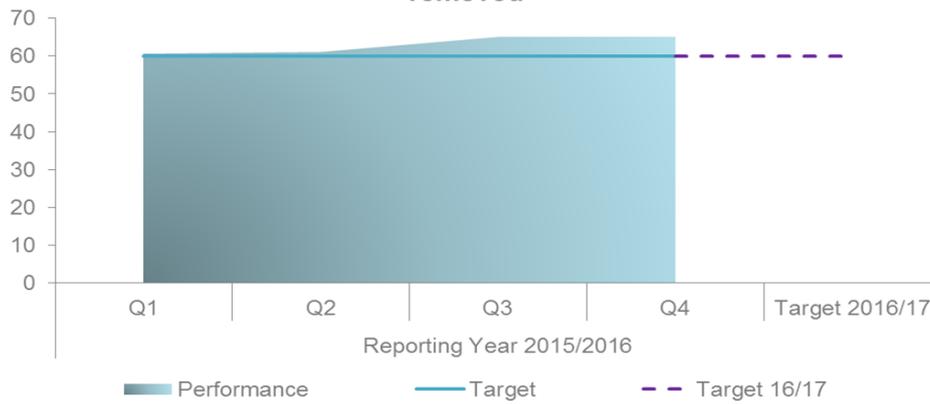


About the latest performance

The target has been exceeded this year. Making Safeguarding Personal reflects the right for Adults to make decisions that agencies are not always comfortable with. Adult Safeguarding will however seek to remove or reduce risk where this is in line with the wishes expressed by the individuals concerned.

Further details

Adult safeguarding reviews where risk was reduced or removed



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	60.6	61.0	65.0	65.0	
Target	60.0	60.0	60.0	60.0	60.0

About the target

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

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

People are supported to live healthier lifestyles

Successful completion of alcohol treatment

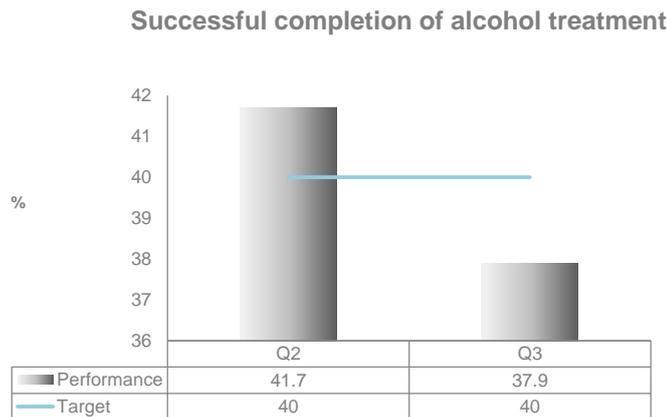
In light of changes to the national Public Health Outcome Framework (PHOF) the wording and definition of this measure changed with effect from Quarter 2 2016/2017, from 'People referred for alcohol treatment completing treatment in a planned way' to 'Percentage of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months'. This aligns to the wording and definition of the PHOF indicator. The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in 'Protecting the public' commissioning strategy.

Numerator: Number of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months.

National Drug Treatment Monitoring System (NDTMS)

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

✘ Not achieved



About the latest performance

Performance has dropped over quarter 3 of 2016/17 and now falls below target. The new service contracts commenced 1st October 2016. Performance is likely to fluctuate over the remaining quarters of this financial year while the new treatment model and ways of working embed themselves across the county.

Further details

The definition for this measure was revised in Q2 of the 2016/17 reporting year therefore historical data is not available.

About the target

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

About the target range

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

About benchmarking

There is no benchmarking currently available for this measure but will be included from 2016/17



Health and Wellbeing is improved

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

Older People supported by the Wellbeing Service to maintain their independence

Percentage of people who cited needs linked to aids and adaptations who had their needs met by the Wellbeing Service.

Numerator:

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

Denominator:

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



Achieved

89.40

% of people

Quarter 3 December 2016

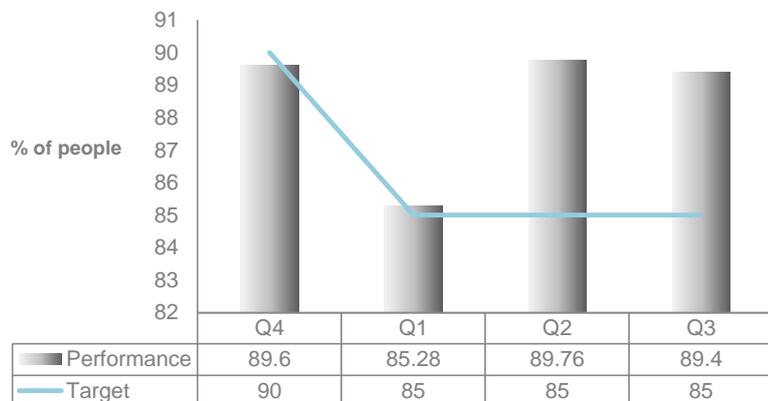


85

% of people

Target for December 2016

Older People supported by the Wellbeing Service to maintain their independence

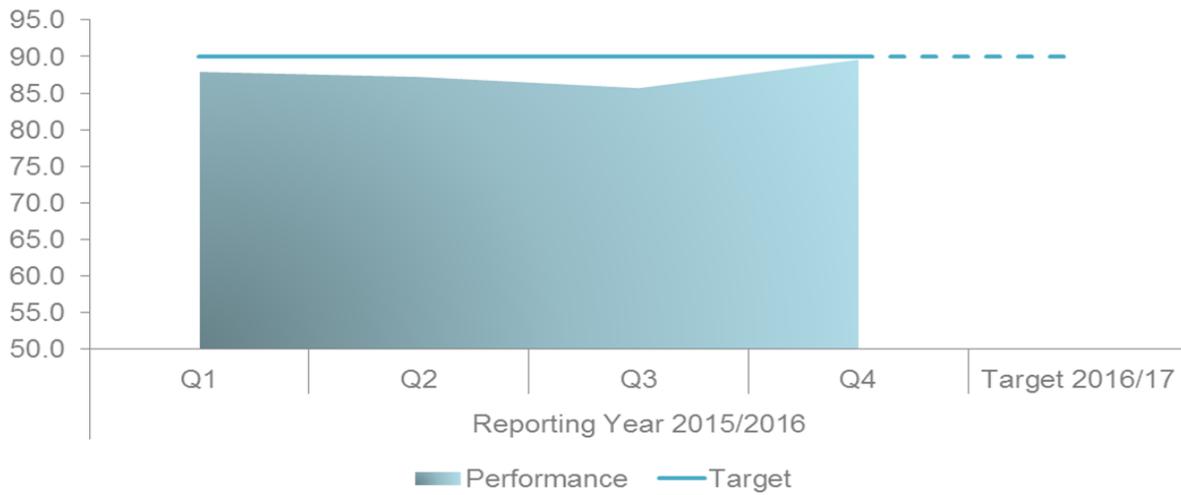


About the latest performance

This measures the percentage of people who required support with telecare, aids and adaptations to the home (in order to support independent living) when they entered the Wellbeing Service and who felt that their needs had been met following their contact with service providers. By the end of Quarter 4, 1698 out of 1899 people who cited needs linked to telecare, aids and adaptations had their need met by the Wellbeing Service.

Further details

Older People supported by the Wellbeing Service to maintain their independence



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	88.0	87.3	85.8	89.6	
Target	90.0	90.0	90.0	90.0	90.0

Please note the definition changed for 2015/2016, so comparison with 2014/2015 performance is not possible.

About the target

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

About the target range

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

About benchmarking

Benchmarking data is not available for this measure.



Health and Wellbeing is improved

Peoples' health and wellbeing is improved

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

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

This measures the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check between 2013/14 to 2017/18 (5 year cycle). So for example performance reported at Q2 2016/2017 is cumulative from April 2013 to 30th September 2016.

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)



Achieved

58.9

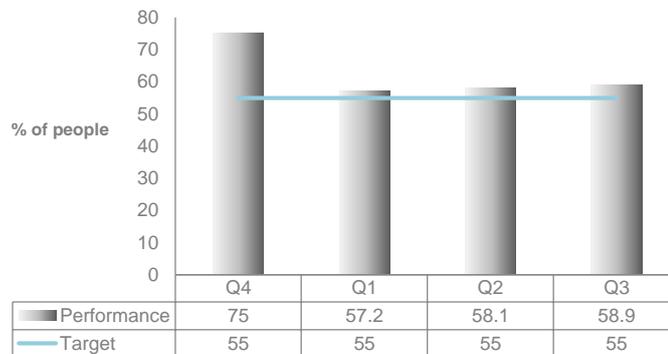
% of people
Quarter 3 December 2016



55

% of people
Target for December 2016

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



About the latest performance

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

Further details

People aged 40 to 74 offered and received an NHS Health Check



	Reporting Year 2014/2015				Reporting Year 2015/2016			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Performance	5	12	19	23	46	58	62	75
Target	5	10	15	20	55	55	55	55

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 data is not available for this measure.



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.

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.

Numerator:

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

Denominator:

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



Achieved

2,096

Per 100,000 15-24 year olds

Quarter 2 September 2016

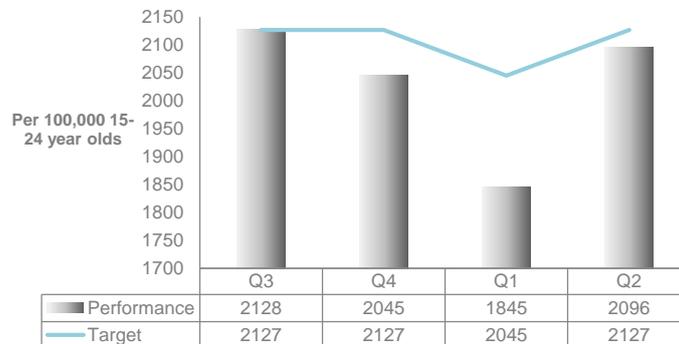


2,127

Per 100,000 15-24 year olds

Target for September 2016

Chlamydia diagnoses

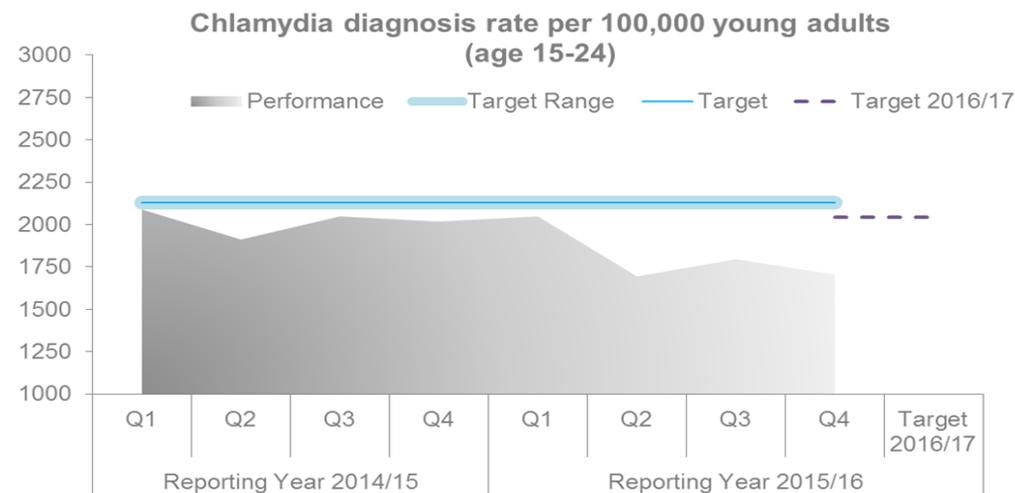


About the latest performance

In Quarter 2 the published data of 2096 represents the highest detection rate in the East Midlands suggesting that the action plan to improve Chlamydia detection and reporting is effective. A new service specification has been implemented with their sub-contractors Terrence Higgins Trust which has a greater focus and defined targets.

Last quarter we were unable to report any figures for Quarter 1 (April-June 2016) as a result of data quality issues between nationally published data and performance data submitted by our providers. The graph has now been amended to display the final reported figure for Quarter 1.

Further details



	Reporting Year 2014/15				Reporting Year 2015/16				Target 2016/17
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Performance	2087	1910	2045	2015	2045	1692	1795	1702	
Numerator	1786	1635	1635	1725	2127	2127	2127	2127	2127
Denominator	85587	85587	85587	85587	85587	85587	85587	85587	
Target	2127	2127	2127	2127	2127	2127	2127	2127	2045
Upper Range +2%	2170	2170	2170	2170	2170	2170	2170	2170	
Lower Range -2%	2084	2084	2084	2084	2084	2084	2084	2084	

About the target

After taking advice from National Chlamydia Screening Programme and the Director of Public Health for Lincolnshire, we have agreed a target lower than the national figure of 2,300 in order for it to be realistic for Lincolnshire. Historical data shows it is unlikely that the national target will be reached locally. The lower target of 2,127 per 100,000 young adults age 15- 24 equates to a 10% increase on the previous year's performance.

About the target range

The target range for this measure is between 2021 and 2233, this is based on an expectation of fluctuation in performance across the year

About benchmarking

There is no benchmarking currently available for this measure but will be included from 2016/17



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.



Achieved

77.2

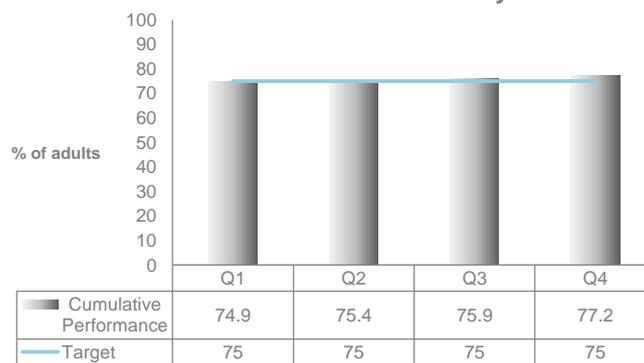
% of adults
Quarter 4 March 2017



75

% of adults
Target for March 2017

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

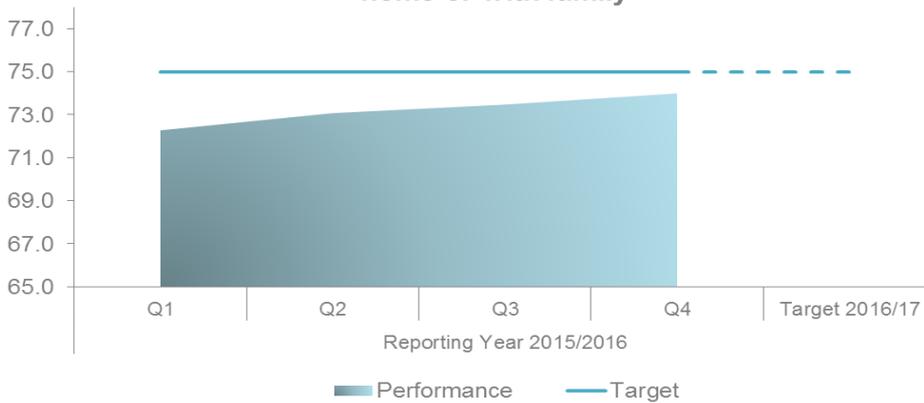


About the latest performance

This measure has shown an improvement compared to last year, and has achieved the target. This indicates that a higher proportion of new learning disability clients are coming into community services in a more settled environment. There is ongoing work to support increased community supported living capacity within the community to meet projected increases in demand, and the service continue to promote independence of service users. For those clients deemed to be in 'unsettled' accommodation, they are primarily in a residential care setting which is appropriate for their needs. Whilst classed as 'unsettled' accommodation because those people don't have security of tenure, the environment is settled where the individuals are safe and experience a better quality of life.

Further details

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



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	72.3	73.1	73.5	74.0	
Target	75.0	75.0	75.0	75.0	75.0

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

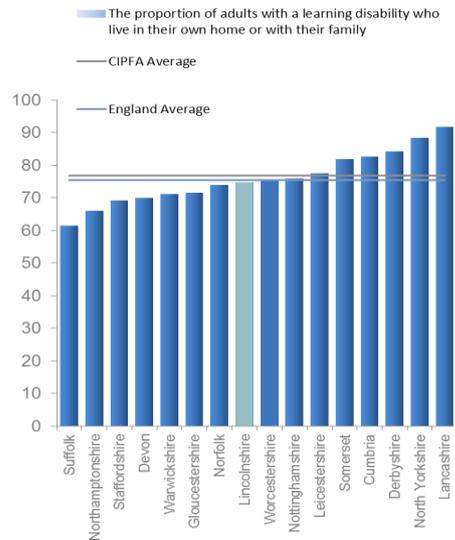
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates 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.

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

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



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



Health and Wellbeing is improved

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

Adults in contact with secondary community health teams living independently

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

Adults 'in contact with secondary mental health services' is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). The CPA coordinates care for the clients, who are known to the Community Mental Health Teams (CMHTs) following a GP referral.

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

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

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



Achieved

70.7

% of adults

Quarter 3 December 2016

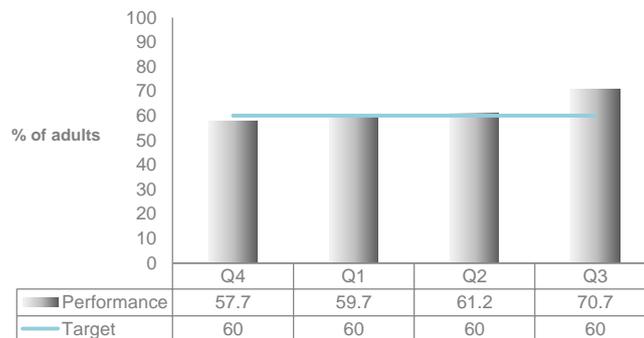


60

% of adults

Target for December 2016

Adults in contact with secondary community health teams living independently

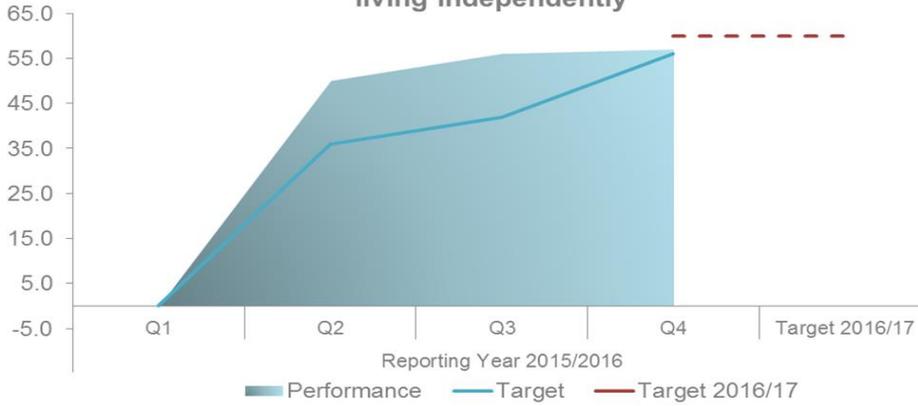


About the latest performance

There has been a steady increase throughout the year, and this measure currently exceeds the target. The recording of accommodation status for mental health clients in contact with secondary mental health services on the Care programme Approach (CPA) has significantly improved in the last two years. Although there is more work to be done with the Mental Health Trust to understand the situation of those people deemed to be less independent. This is a national Adult Social Care measure (ASCOF) and is currently being reviewed by the Department of Health as to the suitability of this measure in the Adult Care Framework.

Further details

Adults in contact with community mental health teams living independently



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	Not reported	50.0	56.0	57.0	
Target	Not reported	36.0	42.0	56.0	60.0

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

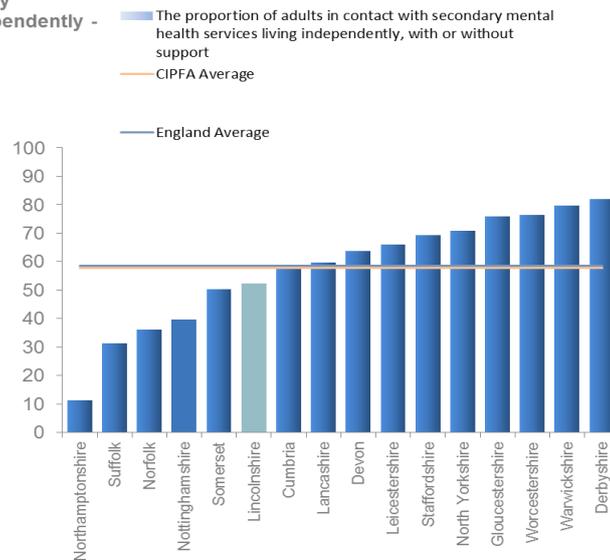
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates 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.

Adults in contact with community mental health teams living independently - CIPFA Comparators 2015/16

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



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



Health and Wellbeing is improved

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

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

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

✓
Achieved

47.7

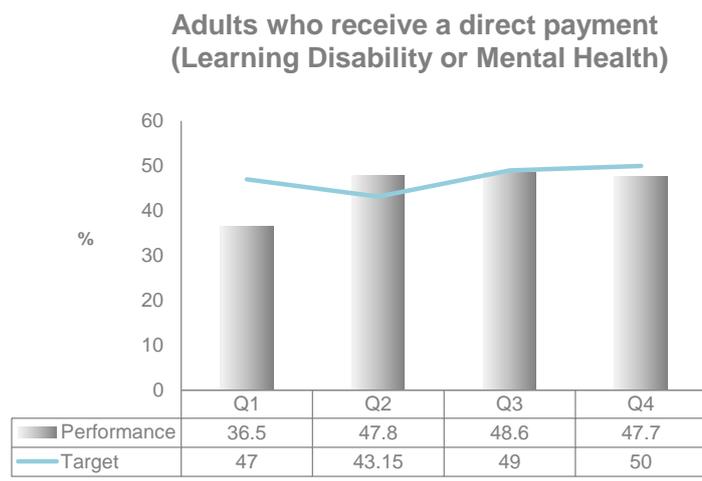
%

Quarter 4 March 2017

50

%

Target for March 2017



About the latest performance

The figures for Quarter 4 include learning disability clients aged 18 and over, plus Mental Health clients aged 18 to 64 supported by the Lincolnshire Partnership Foundation (NHS) Trust (LPFT). This gives a Specialist Adults strategy view. At the end of the year, 47.7% of clients in the community received their support in the form of a direct payment, with which people have greater flexibility to spend their personal budget to meet their needs. The target has therefore been achieved. Direct payments are promoted within the strategy, however it is not always appropriate. Particularly in mental health, work is underway with LPFT and the Commercial Team to explore a greater range of managed personal budget services (e.g. opening up the LCC home care contracts to LPFT clients) to ensure clients have greater flexibility with their care package choices.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

About the target

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

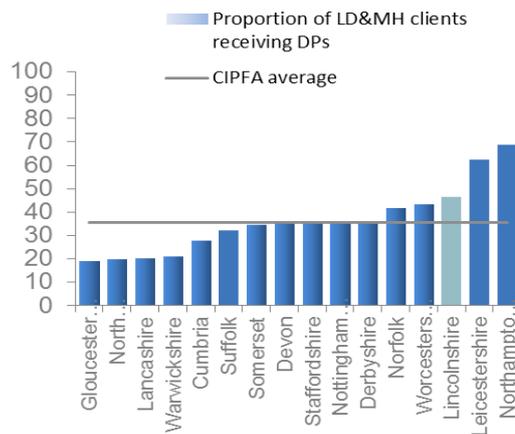
About the target range

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

About benchmarking

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

CIPFA	Number of LD & MH clients receiving DPS LTS001b	Number of LD & MH clients receiving community services LTS001b	Proportion of LD&MH clients receiving DPs
Gloucestershire	185	980	18.9
North Yorkshire	370	1880	19.7
Lancashire	750	3710	20.2
Warwickshire	140	670	20.9
Cumbria	355	1285	27.6
Suffolk	525	1630	32.2
Somerset	500	1460	34.2
Devon	950	2710	35.1
Staffordshire	800	2245	35.6
Nottinghamshire	765	2145	35.7
Derbyshire	630	1745	36.1
Norfolk	970	2340	41.5
Worcestershire	535	1235	43.3
Lincolnshire	715	1540	46.4
Leicestershire	950	1520	62.5
Northamptonshire	1080	1570	68.8
CIPFA Average	10220	28665	35.7





Health and Wellbeing is improved

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

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

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

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

Denominator: Number of current Learning Disability and Mental Health service users receiving long term support in the community or in residential care.

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



Improving but
not achieved

88.0

%

Quarter 4 March 2017

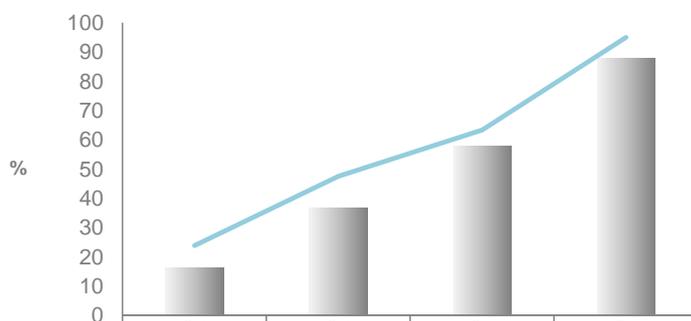


95

%

Target for March 2017

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



	Q1	Q2	Q3	Q4
Cumulative Performance	16.4	36.7	58	88.0
Target	23.8	47.5	63.3	95

About the latest performance

The performance figures have increased slightly in Q4 but are 2% below the tolerance level for the target. Further work will be carried to understand how the implementation of mosaic may be under-reporting the true level of review activity. A number of teams are confirming higher levels of performance in line with targets set for 2016/17.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

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

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



Health and Wellbeing is improved

People have a positive experience of care

Satisfaction with learning disability and autism care and support services

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

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

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

Denominator: Total number of respondents to the survey.

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



Achieved

78

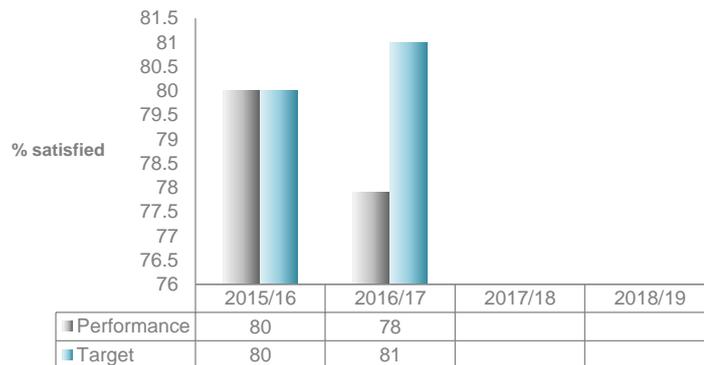
% satisfied
March 2017



81

% satisfied
Target for March 2017

Satisfaction with learning disability and autism care and support services

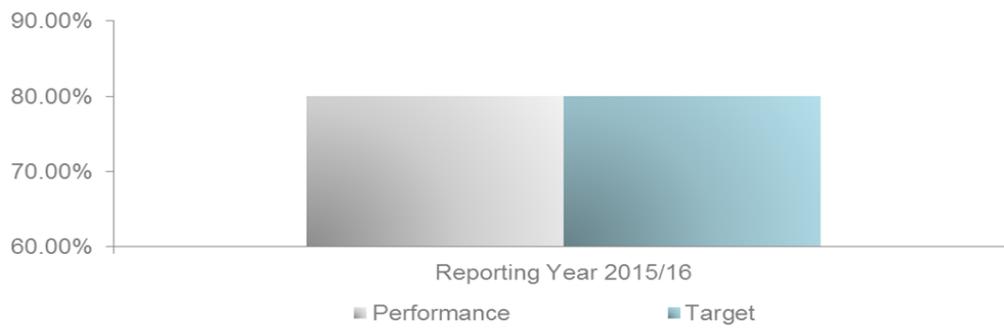


About the latest performance

78% of respondents with a learning disability reported in the annual Adult Social Care Survey (ASCS) that they are 'extremely' or 'very' satisfied with the care and support they receive. This measure is a subset of the Adult Social Care Outcomes Framework (ASCOF) measure about satisfaction of all adult care users. Despite a small reduction this year, the target has been achieved within tolerance, and is 16 percentage points higher than the overall Adult Care figure of 62%. This indicates that learning disability clients appear to be more satisfied with their care and support when compared to Adult Care as a whole, even considering that the low number of learning disabled respondents reduce the significance level of the figures to +/- 11% (i.e. if all learning disability clients were asked, overall satisfaction would be between 67% and 89%).

Further details

Satisfaction with learning disability and autism care and support services



	Reporting Year 2015/16
Performance	80.0%
Target	80.0%
Target 2016/17	81.0%

About the target

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

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

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

Carers who receive a direct payment

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

Numerator: Number of carers who have received a direct payment or part direct payment in the year (starting 1st April).

Denominator: Number of carers receiving direct carer services in the year (starting 1st April).

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

✓ Achieved

80.7
% of carers
Quarter 4 March 2017

↓

70.0
% of carers
Target for March 2017

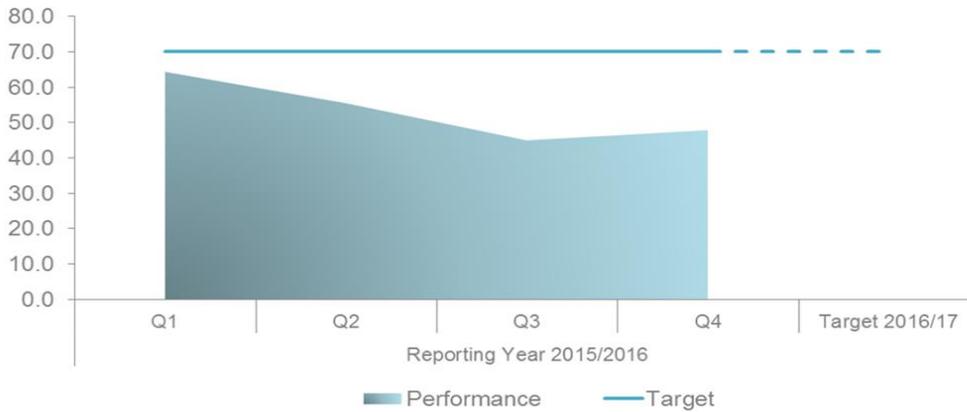


About the latest performance

The Care Act and the national eligibility criteria for carers has enabled a more equitable and targeted approach to carers with the greatest levels of need. In Lincolnshire, this has resulted in those carers receiving more substantial Direct Payments. This supports them to sustain their caring role through regular breaks or other support throughout the year, without needing to draw on the additional resources of Adult Care. Additionally, some carers may have 'eligible' needs, but rather than needing a direct payment the Carers Service is able to meet their needs through the range of support services, or by helping carers to access existing community services and facilities. The average Direct Payment per carer was £787.67 per year. The three main categories of support to meet outcomes are: carers breaks; help with household tasks, and other carers activities (each approximately 20% of all the categories).

Further details

Carers who receive a direct payment



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	64.5	55.6	45.0	48.0	
Target	70.0	70.0	70.0	70.0	70.0

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

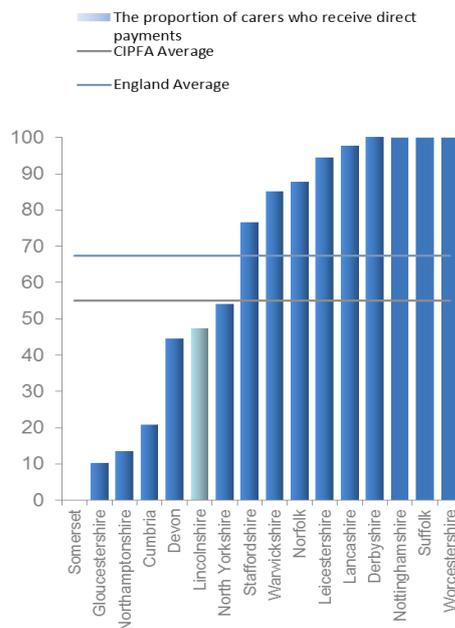
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

	*Numerator	**Denominator	***Outcome
Somerset	-	-	0.0
Gloucestershire	621	6,092	10.2
Northamptonshire	191	1,424	13.4
Cumbria	237	1,142	20.8
Devon	1,885	4,242	44.4
Lincolnshire	2,406	5,092	47.3
North Yorkshire	2,752	5,099	54.0
Staffordshire	225	294	76.5
Warwickshire	443	521	85.0
Norfolk	1,405	1,602	87.7
Leicestershire	1,084	1,149	94.3
Lancashire	2,704	2,771	97.6
Derbyshire	12	12	100.0
Nottinghamshire	3,598	3,598	100.0
Suffolk	731	731	100.0
Worcestershire	656	656	100.0
CIPFA Average	18,950	34,425	55.0
England Average	81,948	121,519	67.4



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



Health and Wellbeing is improved

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

Carer reported quality of life

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

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

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

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

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

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

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

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

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

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

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

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

Denominator: Total number of respondents answering all 6 outcomes-based quality of life questions.

A target of an average 8 points scored in the survey has been set for this measure.



Not achieved

7.4

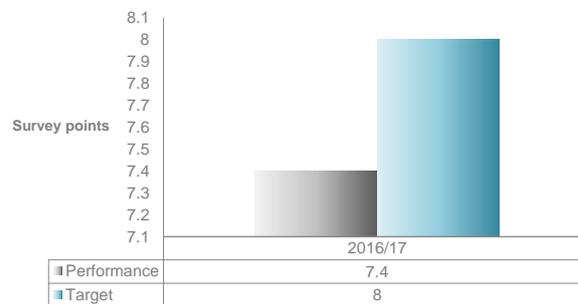
Survey points
March 2017



8

Survey points
Target for March 2017

Carer reported quality of life



About the latest performance

This measure comes from the national Survey of Adult Carers in England (SACE), which is submitted to the Department of Health on a biennial basis. It does not include young carers, young adult carers or parent carers (which are reported through Children's Services). It is a composite measure that combines responses to 6 different questions about quality of life including work, control, personal care, safety, social participation and encouragement. The results have dropped this year slightly from a previous quality of life score of 7.9, and although the measure has not been achieved, this year's outturn represents a 6% reduction in reported quality of life. Since the survey results are statistically significant at +/-5%, if all carers receiving support in the survey population were asked the results would be between 7.0 and 7.8 so on balance this represents a negligible reduction in quality of life over the last 2 years. It is worth noting that this appears to be in line with national trends, as cuts are made to Adult Care, and unpaid carers fill the gap; however local analysis has not yet been carried out.

Further details

This measure comes from the national Survey of Adult Carers in England (SACE) which is submitted to the Department of Health on a biennial basis. Historical information is not available, as measure not reported in 2015/16

About the target

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

About the target range

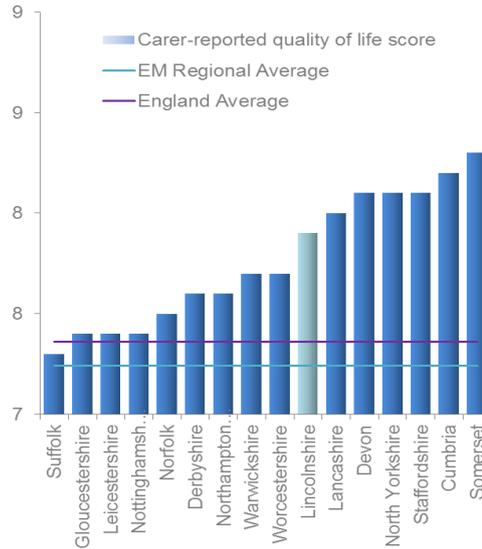
This measure has a target range of +/- 5% of the survey target score based on tolerances used by Department of Health

About benchmarking

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**Carer reported quality of life
CIPFA Comparators 2014/15**

	*Base	**Outcome
Suffolk	710	7.3
Gloucestershire	480	7.4
Leicestershire	395	7.4
Nottinghamshire	505	7.4
Norfolk	375	7.5
Derbyshire	870	7.6
Northamptonshire	425	7.6
Warwickshire	335	7.7
Worcestershire	405	7.7
Lincolnshire	490	7.9
Lancashire	375	8.0
Devon	515	8.1
North Yorkshire	590	8.1
Staffordshire	430	8.1
Cumbria	345	8.2
Somerset	305	8.3
EM Regional Average	3,830	7.6
England Average	52,700	7.9



*Number of respondents who answered all six of the relevant questions in the Carers Survey (CS)

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



Health and Wellbeing is improved

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

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

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

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

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

Denominator: Total number who responded to the survey.

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



Not achieved

64.4

%

March 2017

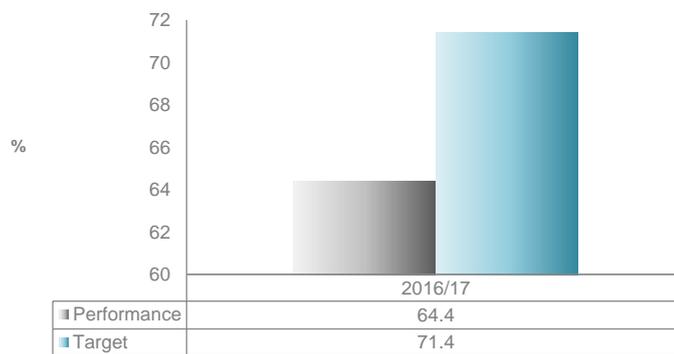


71.4

%

Target for March 2017

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



About the latest performance

This measure also comes from the biennial national Survey of Adult Carers in England (SACE), where slightly fewer carers this year reported that they were 'always' or 'usually' included or consulted in either health or social care decisions regarding the person they cared for. These results are statistically significant at +/-5% so a reduction of 6.2% against the previous survey results from 2 years ago are negligible. The Care Act and the Lincolnshire Carers Service champion 'Whole Family Approaches' and it therefore remains an aspiration for the Lincolnshire Health and Care community that these figures should improve with the next survey in 2018/19. Adult Care is increasingly developing 'whole family approaches' as a routine approach to meeting the needs of a vulnerable adult, ensuring that carers of all ages are identified and any needs assessed. Carers FIRST has a long term programme of engagement with the NHS sector, in both primary and acute care to build the cultural change required which will see carers of all ages routinely included or consulted in such discussions.

Further details

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

About the target

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

About the target range

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

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



*Number of respondents who answered Carers Survey (CS)

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



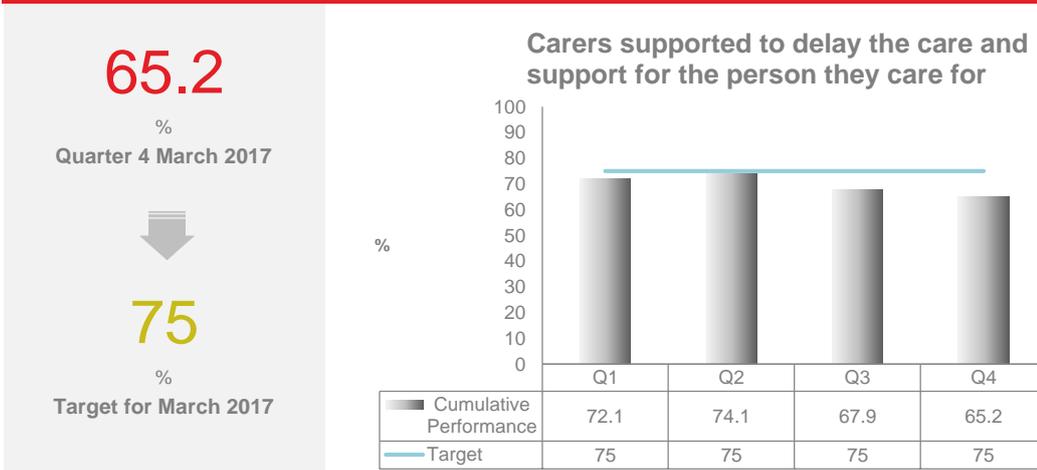
Health and Wellbeing is improved

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

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

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

X Not achieved



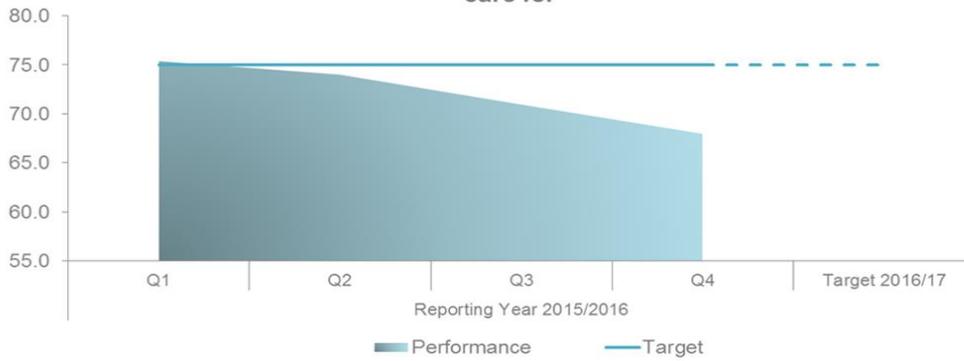
About the latest performance

This measure was designed to capture the preventative element of the Carers Service, where the focus is to identify carers early on, provide information and advice and lower levels of support to enable carers to sustain the caring role, prevent crisis and delay the need for the person they care for needing a funded social care package.

The success of the Care Act has raised awareness of Social Care teams of the rights and needs of carers – resulting in more carers being identified and assessed alongside the person they care for. This means both the carer and the person they care for can be eligible for support, in their own right. This is a positive trend, indicating that the increase of carers being supported is also as a result of the good practice of social care teams being aware of and promoting carers rights. It highlights that if a similar cultural change is achieved with all care professionals an increasing number of carers could be identified early. A continuing intensive publicity programme during 2017-18 is aimed at improving professionals' awareness and to reach out to hidden carers.

Further details

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



	Reporting Year 2015/2016				Target 2016/17
	Q1	Q2	Q3	Q4	
Performance	75.4	74.0	71.0	68.0	
Target	75.0	75.0	75.0	75.0	75.0

About the target

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

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

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

Carers who find it easy to find information about services

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

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

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

Denominator: Number of those who responded to the survey.

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



Not achieved

58.9

%

March 2017

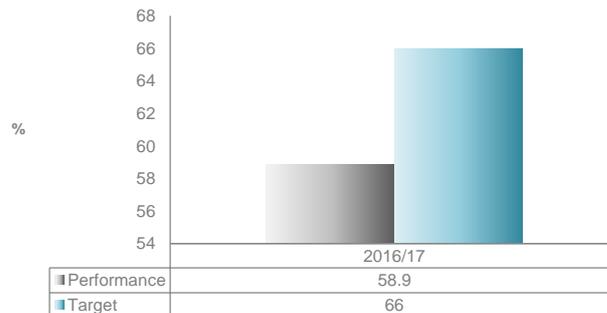


66

%

Target for March 2017

Carers who find it easy to find information about services



About the latest performance

This result also comes from the biennial National Adult Carers Survey. The results are significant at +/- 5%, so if all carers were asked the question, the true picture would be between 54% and 64%. Whilst the results are lower than two years ago, the reduction may not be as pronounced as the figures suggest. The same national survey also reported that 94% of respondents said the information they did find was useful. It should also be noted that the question in the survey asked respondents to consider information and advice from different sources, such as voluntary organisations and Health as well as the Council. The aspiration remains to improve this figure.

Lincolnshire County Council aims to make it easier for carers to find information about available help by having a single point of access for the Carers Service through the Customer Service Centre. Furthermore, an Adult Care project is underway to refresh and improve the Information and Advice offer from the Council, both online and through the content and reach of the Lincolnshire Care Services Directory. A targeted Touchstone survey is planned to assess the impact once the project is complete. The main online service directory for the Lincolnshire Health and Care community is run by Lincs2Advice.

In addition, Carers FIRST consolidates the local information and advice offer to carers through its own website, with links to national Carers UK information and by the ongoing development of its online self-service offer. Additionally, through the Carers Publicity Programme, Carers FIRST produces and distributes carers literature to GP surgeries, pharmacies and Lincolnshire's hospitals, as well as ongoing outreach to voluntary groups & colleges.

Further details

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

About the target

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

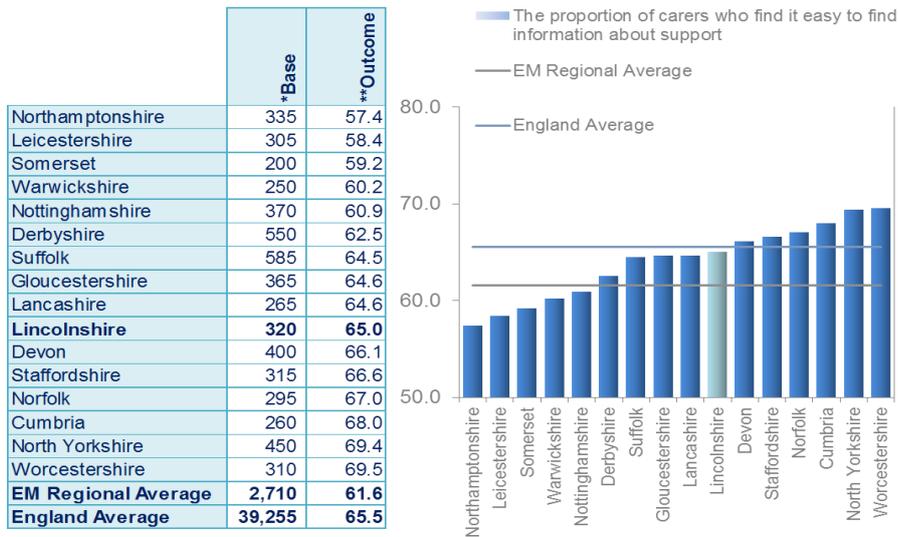
About the target range

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

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





Health and Wellbeing is improved

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

Carers supported in the last 12 months

This measure reflects the number of carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population. This measure represents the total number of carers who care for an adult – and who are supported by the County Council and its commissioned services. It does not include the young carers, young adult carers or parent carers whom the Council also supports (which is reported through Children's Services).



Achieved

1,375

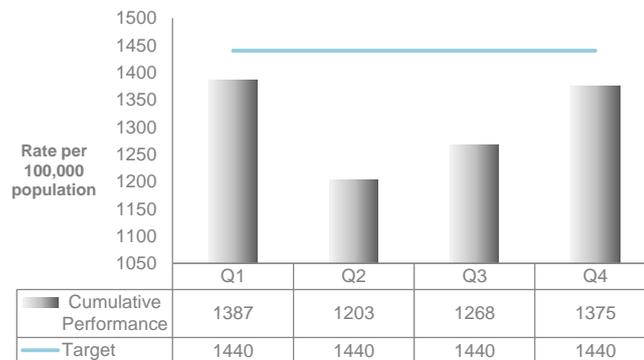
Rate per 100,000 population
Quarter 4 March 2017



1,440

Rate per 100,000 population
Target for March 2017

Carers supported in the last 12 months



About the latest performance

National census data predicts a growth in the number of carers locally (as set out in the Carers Joint Strategic Needs Assessment), hence this stretch target is to meet anticipated demand. The data indicates the number of carers supported has increased by 11% compared to 2015/16 (based on figures sourced from AIS, Lincolnshire County Council's previous case management system). Carers FIRST, together with LCC, continue to develop the publicity programme for the Carers Service: promoting the service through local advertising, leaflets & information booklets to raise awareness directly to those who are looking after someone. They are also developing an extensive engagement programme with Health (primary care and acute care) and allied medical professions (Pharmacy), Employers and other professionals who have a key role in the early identification of unpaid carers, young carers, young adult carers and parent carers. Carers FIRST also work closely with Children's Services to ensure a smooth transition of support for young adult carers, engaging also with the further and higher Education sectors to raise awareness of young adult carers needs.

Further details

No further information available, as measure not reported in 2015/16.

About the target

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

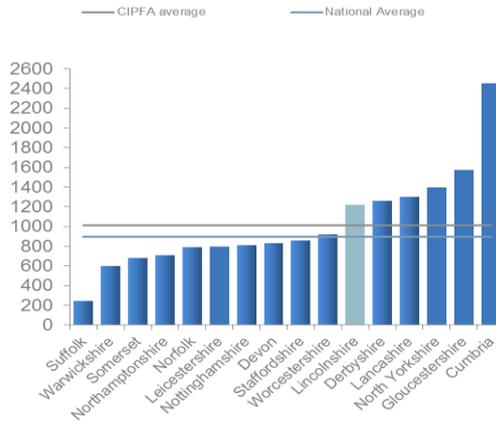
About the target range

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

About benchmarking

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

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



*Total of carers receiving support in year (LTS003) Table 1 total of carers.

**18+ population.

***carers supported in the last 12 months per 100,000.



Health and Wellbeing is improved

People are supported to remain independent and at home

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+).

Numerator - The number of LCC funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.

Denominator - Size of older people population (aged 65+) in Lincolnshire based on the Office of National Statistics mid-year population 2013 estimates.

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

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



Not achieved

1,067

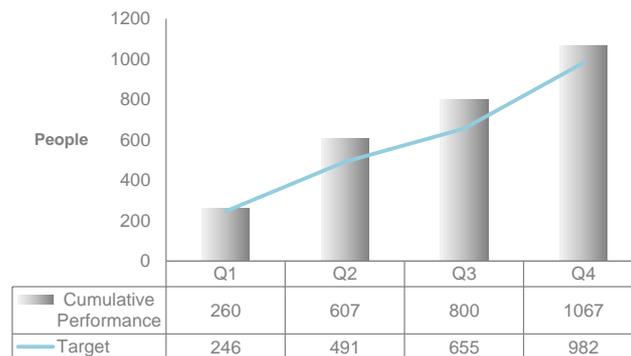
People
Quarter 4 March 2017



982

People
Target for March 2017

Permanent admissions to residential and nursing care homes aged 65+



About the latest performance

The number of admissions has slowed in the last quarter of the year, however, increased demand for residential care has resulted in 85 placements more than planned for the year, which is just less than a 10% deviation from the target. The target was set by the Better Care Fund (BCF) and kept the same for Corporate reporting for consistency. We believe that 100% of the placements were appropriate and required in meeting citizens needs and our statutory requirements. Alternatives are always explored and placements approved on a case-by-case basis, and it appears that we are dealing with a higher level of acuity and therefore the placements are fully justified. We are experiencing a higher level of demand for services generally and a similar proportion of people are being admitted to care homes as in previous years. Over the last 2 years, the ratio of people in residential care to community has been static at 1:2, suggesting we are consistently placing people as appropriate.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

About the target

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

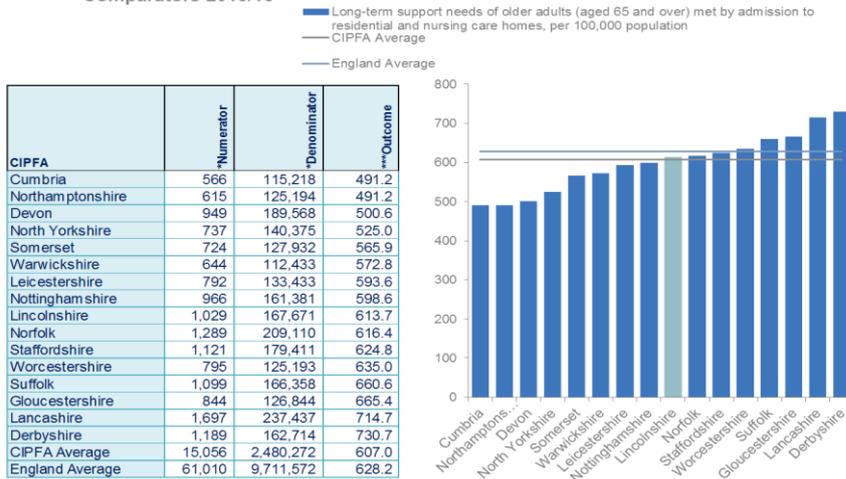
About the target range

This measure has a target range of +/- 5% 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+ CIPFA Comparators 2015/16



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



Health and Wellbeing is improved

People are supported to remain independent and at home

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

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

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

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

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

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



Not achieved

57.9

%

Quarter 4 March 2017

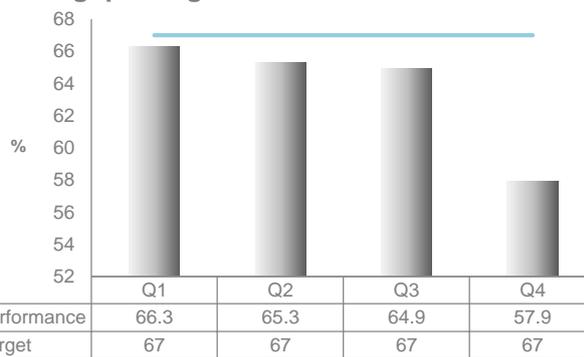


67

%

Target for March 2017

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

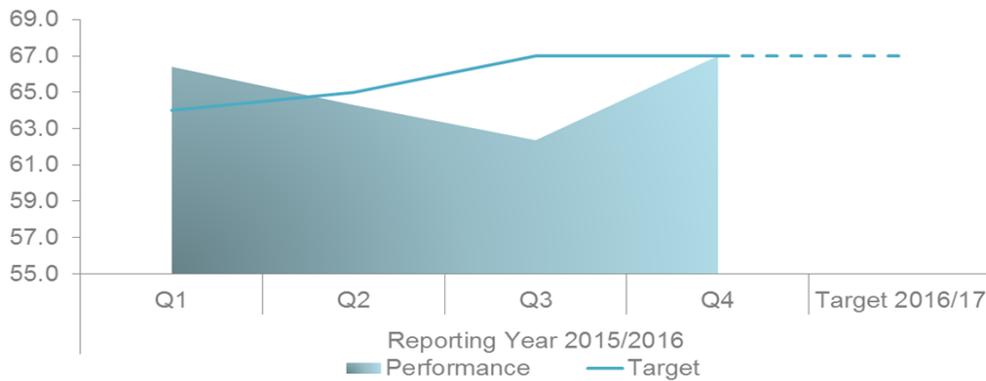


About the latest performance

The figures for the full year show that 58% of requests from new clients received in the year have resulted in information and advice or signposting to other services, however the stretch target has not been achieved. Before the official figures were published on 24th May in the Short & Long Term (SALT) government return, an additional 3,000 new clients were added from our Reablement provider Allied Healthcare, all of which would have a reablement outcome. This has depressed the percentage but serves to illustrate an important point; that this measure should not be taken in isolation. A significant amount of equipment has also been provided this year, with increased levels of Reablement, which are both viable lower level support options to delay and reduce the long term needs of adults. Ultimately, the aim of prevention is to provide low level support to reduce the longer-term need for funded care in the community or in residential care.

Further details

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



	Reporting Year 2015/2016				Target 2016/17
	Q1	Q2	Q3	Q4	
Performance	66.4	64.3	62.4	67.0	
Target	64.0	65.0	67.0	67.0	67.0

About the target

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

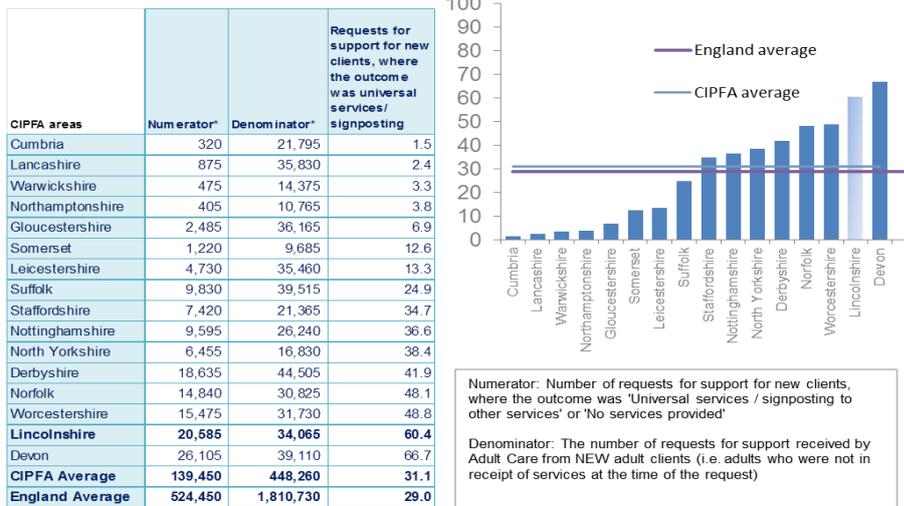
About the target range

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 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. Benchmarking data is not yet available for this measure.

Requests for support for new clients, where the outcome was universal services/signposting 2015/16





Health and Wellbeing is improved

The quality of life for the most vulnerable people is improved

People using the service with control over their daily life

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

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

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

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

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



Achieved

80

%

March 2017

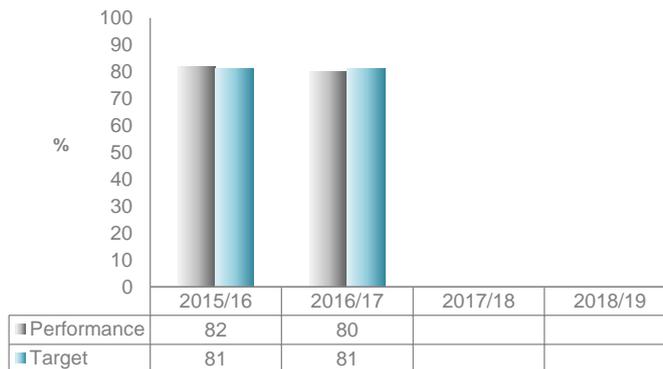


81

%

Target for March 2017

People using the service with control over their daily life

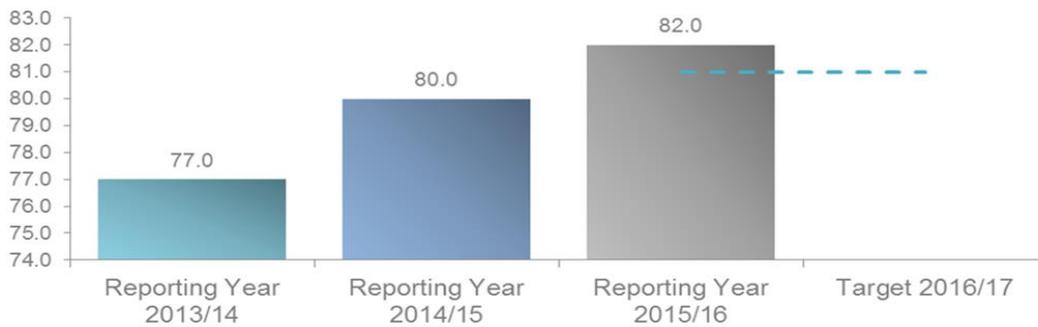


About the latest performance

Carers FIRST, together with LCC, continue to develop the publicity programme for the Carers Service: promoting the service through local advertising, leaflets & information booklets to raise awareness directly to those who are looking after someone. They are also developing an extensive engagement programme with Health (primary care and acute care) and allied medical professions (Pharmacy), Employers and other professionals who have a key role in the early identification of unpaid carers, young carers, young adult carers and parent carers. Carers FIRST also work closely with Children's Services to ensure a smooth transition of support for young adult carers, engaging also with the further and higher Education sectors to raise awareness of young adult carers needs.

Further details

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



	Reporting Year 2013/14	Reporting Year 2014/15	Reporting Year 2015/16	Target 2016/17
Performance	77.0	80.0	82.0	
Target			81.0	81.0

About the target

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

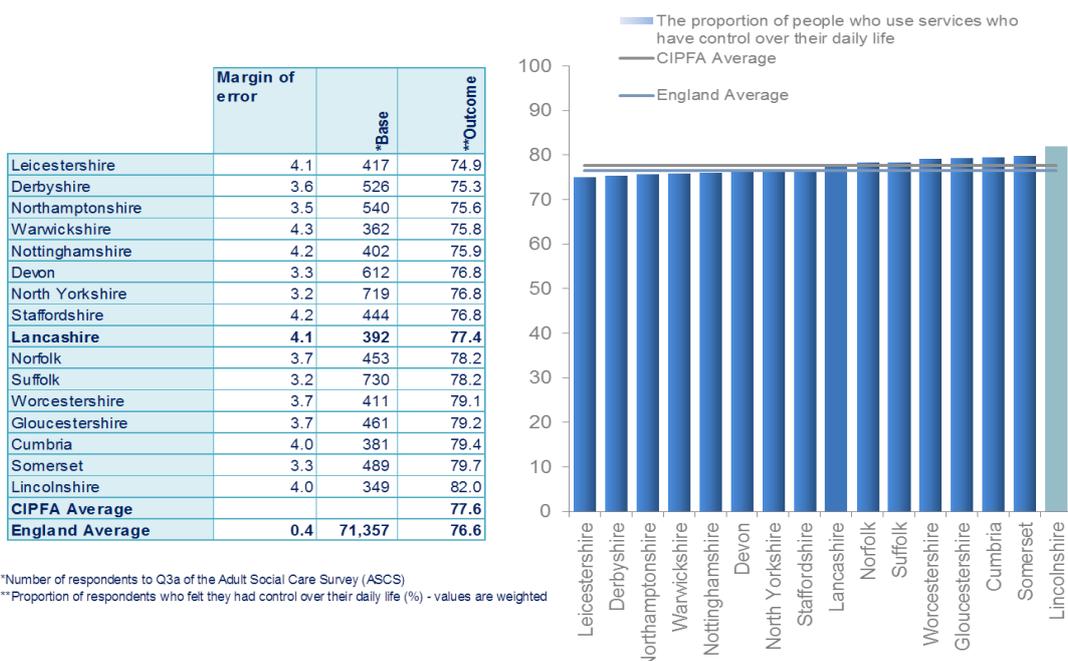
About the target range

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 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.

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



*Number of respondents to Q3a of the Adult Social Care Survey (ASCS)

**Proportion of respondents who felt they had control over their daily life (%) - values are weighted



Health and Wellbeing is improved

The quality of life for the most vulnerable people is improved

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.



Achieved

38.1

%

Quarter 4 March 2017

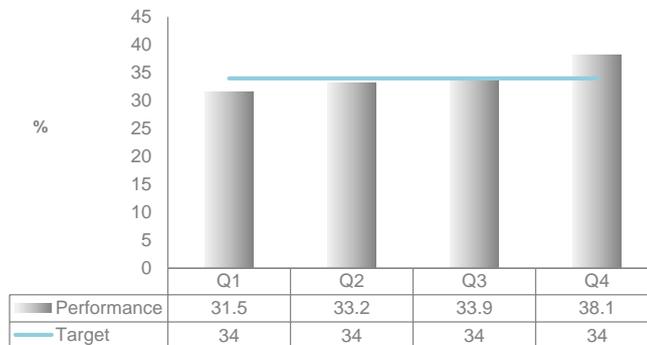


34

%

Target for March 2017

Adults who receive a direct payment

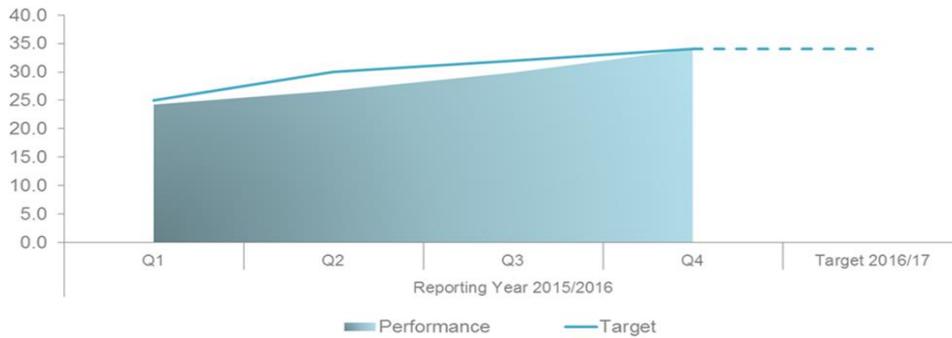


About the latest performance

The target for the year has been exceeded quite comfortably for the whole of Adult Care. Whilst there has been a good increase in direct payment uptake across the service, a managed personal budget is also a popular and easy option, particularly for older adults who want the security of having the local authority arrange support for them. Over 3,000 home support packages are arranged annually, with the remainder of community users receiving specialist community supported living services.

Further details

Adults who receive a direct Payment



	Reporting Year 2015/2016				Target 2016/17
	Q1	Q2	Q3	Q4	
Performance	24.2	26.7	29.8	34.0	
Target	25.0	30.0	32.0	34.0	34.0

About the target

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

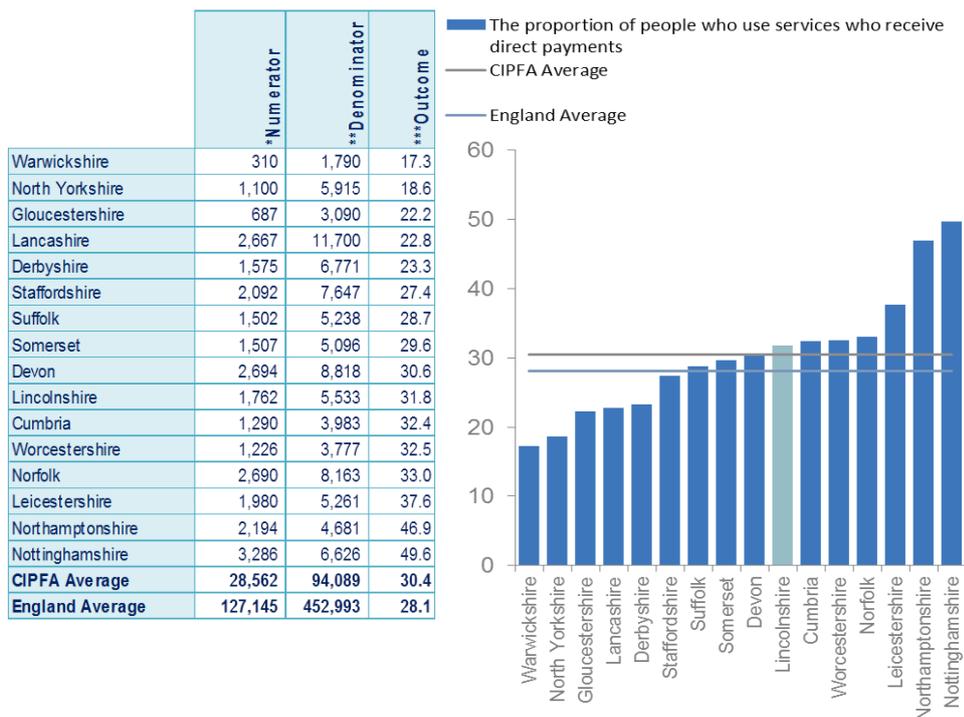
About the target range

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 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.

Service users who receive a direct payment - CIPFA Comparators 2015/16



*Number of service users receiving direct payments or part-direct payments at the year end 31 March (15/16)

**Number of service users accessing long-term support at the year end 31 March (15/16)

***Proportion of service users accessing long-term support at the year-end 31 March (15/16) who were receiving direct payments (%)



Health and Wellbeing is improved

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 adults aged 18 or over receiving long term support in the community or in residential care, on the last day of the period.

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



Not achieved

77.0

%

Quarter 4 March 2017

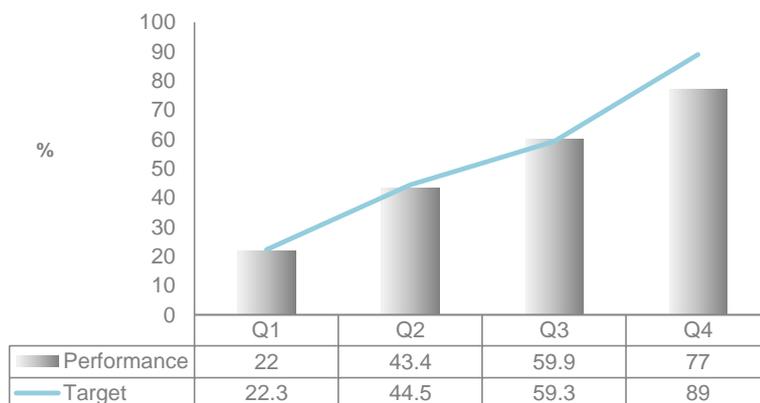


89

%

Target for March 2017

People in receipt of long term support who have been reviewed

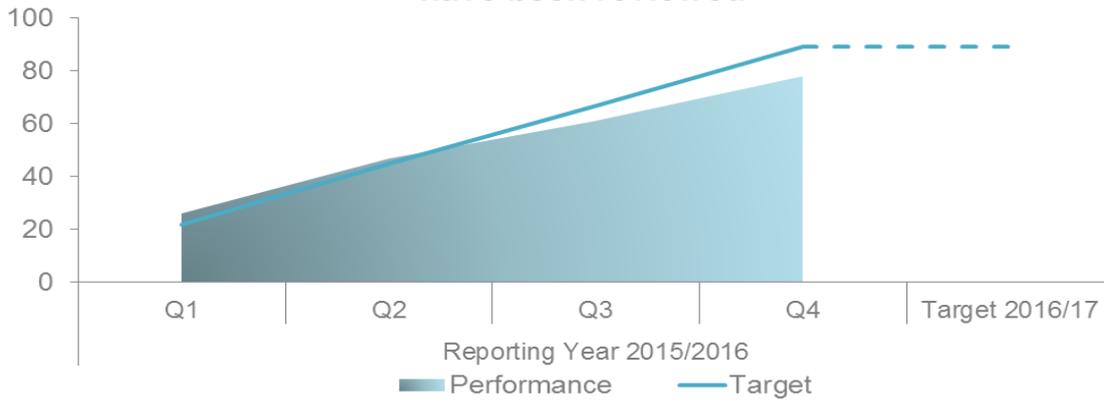


About the latest performance

The performance figures have increased slightly in Q4 but are 7% below the tolerance level for the target. Further work will be carried to understand how the implementation of mosaic may be under-reporting the true level of review activity. A number of teams are confirming higher levels of performance in line with targets set for 2016/17.

Further details

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



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	26.0	46.9	60.9	78.0	
Target	22.0	45.0	67.0	89.0	89.0

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

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

Better Care Fund - 2016/17

Performance Report

Quarter 4 Report

March 2017

Performance Alerts

Performance is on or ahead of target

Performance is behind target, with no improvement

Performance is behind target, with some improvement

Performance is not reported in this period

Performance data not yet available

Total measures

Symbols Key:

CCG NEA Target reduction met 

CCG NEA Target reduction not met 

Summary

BCF metrics

Achieved	0
Not achieved	5
Improving but not achieved	0
Not reported in period	0
Data not yet available	1
	6

A detailed analysis of the national BCF measures is provided later in this report, showing baselines, trends, measure calculations, CCG breakdown and targets, with charts where appropriate. Guidance is also provided for each measure below the measure descriptor for ease of reference.

Polarity	Indicator Description	Responsibility	Previous Years		2016/17			
			2014/15	2015/16	Current - March 2017			Forecasting
					Actual	Plan	Alert	Target/Plan (Period)

Health and Wellbeing Better Care Fund Metrics

Smaller is Better	1. Total non-elective admissions into hospital : General and Acute	NHS	6,034 <small>(average per month)</small>	6,101 <small>(average per month)</small>	20,299	18,080	Not achieved	Quarterly
Smaller is Better	2. Permanent admissions to residential and nursing care homes aged 65+ ASCOF 2A part 2	LCC	938	1,019	1,031	982	Not achieved	Annual
Bigger is Better	3. % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation ASCOF 2B part 1	NHS / LCC	78.8%	76.0%	75.4%	80%	Not achieved	Annual
Smaller is Better	4. Delayed transfers of care: Delayed days from hospital, aged 18+	NHS / LCC	1,765 <small>(average per month)</small>	2,787 <small>(average per month)</small>	8,341	7,425	Not achieved	Quarterly

Local Performance Metric

Bigger is Better	5. Percentage of older people leaving hospital who received reablement/rehabilitation services ASCOF 2B part 2	NHS / LCC	3.6%	4.2%	2.9%	4.4%	Not achieved	Annual
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Local Patient Experience Metric

Bigger is Better	6. Proportion of people feeling supported to manage their long term condition (local indicator) (%)	NHS	63.8%	63.0%	This data for measure is not yet available.		Annual
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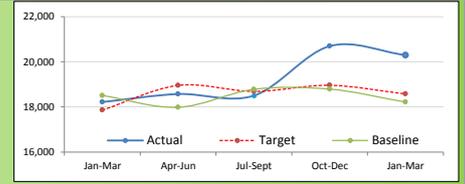
Health and Wellbeing Better Care Fund Metrics

1: Total non-elective admissions in to hospital (general and acute)

Definition: The total number of emergency admissions for people of all ages where an acute condition was the primary diagnosis, that would not usually require hospital admission.

Frequency / Reporting Basis: Monthly / Cumulative within quarter only

Source: MAR data (Monthly NHS England published hospital episode statistics)



Observations from the data:

The BCF plan committed CCGs to a 2.7% reduction in the HWB Plan figures in each quarter of the year. A total of 20,299 admissions were made during Q4, which is 1722 more than the original CCG plans. The level of activity is 11% higher compared to the same period last year. The measure has been marked as not achieved for this month. Only the South CCG have consistently experienced monthly admission rates lower than the HWB Planned reduction, saving 29 admissions in the area this quarter; an 0.8% reduction. All CCGs except the South saw an increase in admissions against plan within Q4.

Prior Year	2015/16 BCF (Calendar Year)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
In Month	5,947	6,179	5,858	6,538	6,031	6,212	6,354	6,107	6,330	5,975	5,926	6,316
In Quarter (cumulative)	5,947	12,126	17,984	6,538	12,569	18,781	6,354	12,461	18,791	5,975	11,901	18,217

Current Year	2016/17 BCF (Calendar Year)												
	Quarter 1			Quarter 2			Quarter 3			Quarter 4			
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-16	Mar-17	
In Month	6,122	6,236	6,214	6,183	6,206	6,112	6,818	6,868	7,009	6,884	6,277	7,138	
In Quarter	6,122	12,358	18,572	6,183	12,389	18,501	6,818	13,686	20,695	6,884	13,161	20,299	
HWB Plan Total	6,318	12,636	18,955	6,229	12,459	18,688	6,320	12,639	18,959	6,192	12,384	18,577	
HWB NEA Plan (after reduction) - TARGET	6,149	12,298	18,447	6,062	12,124	18,185	6,152	12,304	18,456	6,027	12,053	18,080	
Planned reduction	number	169	339	508	168	335	503	168	335	503	166	331	497
	%	2.68%	2.68%	2.68%	2.69%	2.69%	2.69%	2.65%	2.65%	2.65%	2.68%	2.68%	2.68%
Actual reduction (negative indicates an increase)	number	196	278	382	46	70	188	-498	-1,047	-1,736	-692	-777	-1,722
	%	3.11%	2.20%	2.02%	0.75%	0.56%	1.00%	-7.89%	-8.28%	-9.16%	-11.17%	-6.27%	-9.27%
Performance	Achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	

by CCG												
Actual In Quarter	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	2,125	4,293	6,481	2,224	4,303	6,417	2,416	4,764	7,236	2,336	4,461	6,886
West CCG	1,908	3,775	5,683	1,814	3,761	5,559	2,129	4,233	6,433	2,154	4,119	6,406
South CCG	1,040	2,250	3,321	1,088	2,209	3,344	1,115	2,308	3,485	1,215	2,312	3,542
South West CCG	927	1,791	2,711	929	1,869	2,815	1,034	2,134	3,170	1,056	2,034	3,106
Other contributing CCGs	122	250	376	127	247	366	124	248	372	123	235	359
Total	6,122	12,358	18,572	6,183	12,388	18,501	6,818	13,686	20,695	6,884	13,161	20,299

HWB Plan	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	2,169	4,337	6,506	2,192	4,385	6,577	2,192	4,385	6,577	2,145	4,289	6,434
West CCG	1,961	3,923	5,884	1,855	3,711	5,566	1,850	3,700	5,550	1,882	3,764	5,646
South CCG	1,180	2,360	3,540	1,160	2,319	3,479	1,211	2,423	3,634	1,190	2,381	3,571
South West CCG	890	1,780	2,670	903	1,806	2,709	945	1,891	2,836	857	1,713	2,570
Other contributing CCGs	118	236	355	119	238	357	121	241	362	119	237	356
Total	6,318	12,636	18,955	6,229	12,459	18,688	6,320	12,639	18,959	6,192	12,384	18,577

Variance from plan (cumulative in Qtr)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	-44	-45	-25	32	-82	-160	223	379	659	191	172	452
West CCG	-54	-148	-201	-41	50	-7	279	533	883	272	355	760
South CCG	-140	-110	-219	-71	-111	-135	-97	-114	-149	25	-69	-29
South West CCG	37	11	41	26	63	106	89	243	334	199	321	536
Other contributing CCGs	4	14	22	8	9	9	4	6	10	4	-2	3
Total	-196	-278	-382	-47	-70	-188	498	1,047	1,736	692	777	1,722

% Variance from plan (cumulative in Qtr)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	✗ -2.01%	✗ -1.03%	✗ -0.38%	✗ 1.45%	✗ -1.87%	✗ -2.44%	✗ 10.19%	✗ 8.65%	✗ 10.02%	✗ 8.92%	✗ 4.00%	✗ 7.03%
West CCG	✓ -2.74%	✓ -3.77%	✓ -3.41%	✗ -2.23%	✗ 1.35%	✗ -0.13%	✗ 15.09%	✗ 14.40%	✗ 15.91%	✗ 14.45%	✗ 9.43%	✗ 13.46%
South CCG	✓ -11.83%	✓ -4.65%	✓ -6.20%	✓ -6.14%	✓ -4.77%	✓ -3.88%	✓ -7.98%	✓ -4.72%	✓ -4.09%	✗ 2.07%	✓ -2.88%	✗ -0.81%
South West CCG	✗ 4.17%	✗ 0.61%	✗ 1.55%	✗ 2.88%	✗ 3.50%	✗ 3.91%	✗ 9.41%	✗ 12.86%	✗ 11.77%	✗ 23.27%	✗ 18.72%	✗ 20.86%
Other contributing CCGs	✗ 3.20%	✗ 5.72%	✗ 6.12%	✗ 6.81%	✗ 3.82%	✗ 2.48%	✗ 2.90%	✗ 2.61%	✗ 2.66%	✗ 3.78%	✗ -0.86%	✗ 0.96%
Total	✓ -3.11%	✗ -2.20%	✗ -2.02%	✗ -0.75%	✗ -0.57%	✗ -1.00%	✗ 7.89%	✗ 8.28%	✗ 9.16%	✗ 11.17%	✗ 6.27%	✗ 9.27%

2: Admissions to residential / nursing care homes - aged 65+ per 100,000 population (ASCOF 2A part ii)

Definition: The total number of admissions to permanent residential or nursing care during the year (excluding transfers between homes unless the type of care has changed from temporary to permanent)

Frequency / Reporting Basis: Monthly / Cumulative YTD

Source: AIS data: Local Adult Care Monitoring (LTC admissions report & SALT return) upto Nov 2016. Local finance system from Dec 2016.

Note: Figure reported cumulatively, so monthly figures show increases in placements recorded & not necessarily within that month



Observations from the data:

Within 2016 - 17 there have been 1031 permanent admissions to care homes for older people, which is 49 more than planned for the year. From December the data for this measure has been taken from our finance system, due to the introduction of Mosaic which replaces AIS as the adult care case management system within LCC. The figures provided for this measure are provisional, pending the submission of the statutory SALT return. Overall the number of admissions remains higher than target. This appears to have been caused by discharge pressures in hospitals and an increase in the level of support people are requiring in the community. Work is being undertaken to quality assure the placements we are making, however the early indication is that we are dealing with a higher level of acuity and therefore the placements are fully justified. We are experiencing a higher level of demand for services generally and a similar proportion of people are being admitted to care homes as in previous years. All the while though, over the 2 years, the ratio of people in res care to community has stayed pretty static (1:2) suggesting we are consistently placing people as appropriate.

Prior Year	2015/16 BCF (Financial Year)											
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
In month	81	72	85	87	79	118	80	95	75	86	75	86
Cumulative YTD	81	153	238	325	404	522	602	697	772	858	933	1,019

Current Year	2016/17 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Additions per month	87	120	52	154	123	43	158	63	42	54	62	73
Cumulative YTD	87	207	259	413	536	579	737	800	842	896	958	1,031
Denominator	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133
Rate per 100,000	50.5	120.3	150.5	239.9	311.4	336.4	428.2	464.8	489.2	520.5	556.5	599.0
Target (admissions)	82	164	246	327	409	491	573	655	737	818	900	982
Target (per 100k)	48	95	143	190	238	285	333	380	428	475	523	570
Performance	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved

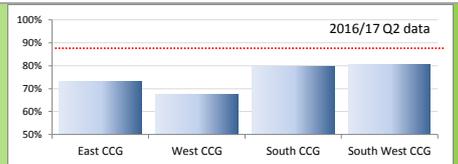
by CCG													
Care home admissions (Cumulative)	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East	385	41	90	110	177	223	239	298	322	339	351	380	409
West	339	22	51	61	101	131	144	193	208	219	243	263	283
South	167	13	38	46	61	94	100	127	147	154	167	174	187
South West	106	11	28	42	69	77	85	105	109	112	116	120	129
Not Recorded	22	-	-	-	5	11	11	14	14	18	19	21	23
Total	1,019	87	207	259	413	536	579	737	800	842	896	958	1,031
Est. CCG population (aged 65+)	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	58,286	62,724	62,724	62,724	62,724	62,724	62,724	62,724	62,724	62,724	62,724	62,724	62,724
West CCG	44,185	47,550	47,550	47,550	47,550	47,550	47,550	47,550	47,550	47,550	47,550	47,550	47,550
South CCG	31,865	34,291	34,291	34,291	34,291	34,291	34,291	34,291	34,291	34,291	34,291	34,291	34,291
South West CCG	25,617	27,568	27,568	27,568	27,568	27,568	27,568	27,568	27,568	27,568	27,568	27,568	27,568
Lincolnshire	159,953	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133
Rate per 100,000	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	661	65	143	175	282	356	381	475	513	540	560	606	652
West CCG	767	46	107	128	212	276	303	406	437	461	511	553	595
South CCG	524	38	111	134	178	274	292	370	429	449	487	507	546
South West CCG	414	40	102	152	250	279	308	381	395	406	421	435	468
Lincolnshire	637	51	120	150	240	311	336	428	465	489	521	557	599

3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part 1)

Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.

Frequency / Reporting Basis: 6-monthly / Cumulative for sample period

Source: Reablement - external service provider - Allied Healthcare, rehabilitation - LCHS



Observations from the data:

The data shows that for 75.4% of the of hospital discharges between October and December into reablement services, the service user was still at home 91 days after discharge. The number of discharges into reablement services has fallen from 958 reported in March 16 to 668 reported for the same period this year. Comparing CCG performance, only the South CCG achieved the 80% target, with the East CCG just falling below with 79.8%. Within Lincolnshire the East CCG has the highest number of hospital discharges resulting in reablement services, followed by the West, and with the South West having the lowest.

	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Numerator	728						658						504
Denominator	958						896						668
Value	76.0%						73.4%						75.4%
Target	80.0%						80.0%						80.0%
Performance	Not achieved						Not achieved						Not achieved

by CCG													
Numerator	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	318						241						193
West CCG	157						196						145
South CCG	122						119						88
South West CCG	114						96						77
Not known	17						6						1
Total	728						658						504
Denominator	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	403						329						242
West CCG	214						290						211
South CCG	165						149						110
South West CCG	158						119						104
Not known	18						9						1
Total	958						896						668
Actual	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	78.9%						73.3%						79.8%
West CCG	73.4%						67.6%						68.7%
South CCG	73.9%						79.9%						80.0%
South West CCG	72.2%						80.7%						74.0%
Total	76.0%						73.4%						75.4%

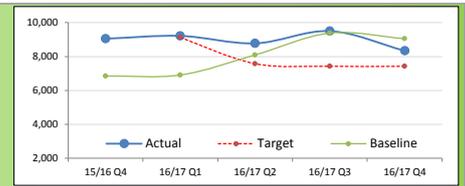
4: Delayed transfers of care (delayed days) from hospital for adults aged 18+, per 100,000 population

Definition: The number of delayed transfers of care (days) for adults who were ready for discharge from acute and non-acute beds, expressed as the rate per 100,000 of the adult population of Lincolnshire.

Frequency / Reporting Basis: Monthly / Cumulatively within the quarter

Source: NHSE Published Delayed Days Report (Sitrep)

Table note: In the analysis by delay reason below, the organisation that the delay reason is attributable to is included in parentheses i.e. NHS, SSD, NHS or SSD, BOTH.



Observations from the data:

There were a total of 8,341 delayed days for patients in Q4, 916 higher than the target of 7,425 days. The trend throughout the year is quite linear and consistent compared to 2015/16 where delayed days showed a more pronounced increase throughout the year.

The proportion of non-acute delays has continued to fall and is now 35% of total delayed days. Social Care delays account for 23%, higher than figures reported throughout Q3, but lower than reported in January (25%). NHS delays account for 71% of delayed days, up from January, but lower than the figures reported in Q3.

In terms of delay reasons, 68% of delayed days relate to waiting for further non-acute care, residential or packages in the persons home. The proportion of delays attributed to these reasons is broadly consistent with Q3. As mentioned in previous reports this year, housing delays are higher than usual and the proportion of delays attributed housing has increased steadily throughout the year, peaking within Q3 and now dropping to 4% of delay reasons.

	2015/16 BCF (Financial Year)											
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
Numerator	2,283	4,490	6,910	2,548	5,360	8,094	3,514	6,333	9,386	3,543	6,301	9,052
Denominator	591,829	591,829	591,829	591,829	591,829	591,829	591,829	591,829	591,829	596,120	596,120	596,120
Actual	385.8	758.7	1,167.6	430.5	905.7	1,367.6	593.8	1,070.1	1,585.9	598.7	1,057	1,518

	2016/17 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In month	3,006	3,227	2,985	3,048	2,856	2,873	3,347	3,212	2,944	3,066	2,588	2,687
In Quarter (cumulative)	3,006	6,233	9,218	3,048	5,904	8,777	3,347	6,559	9,503	3,066	5,654	8,341
Denominator	598,595	598,595	598,595	598,595	598,595	598,595	598,595	598,595	598,595	602,877	602,877	602,877
Rate per 100,000 population	502.2	1,041.3	1,539.9	509.2	986.3	1,466.3	559.1	1,095.7	1,587.6	508.6	937.8	1,383.5
Target (days)	3,042	6,085	9,127	2,525	5,050	7,575	2,475	4,950	7,425	2,475	4,950	7,425
Target (per 100k)	508.2	1,016.5	1,524.7	421.8	843.6	1,265.5	413.5	826.9	1,240.4	410.5	821.1	1,231.6
Performance	Achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved

	2015/16 BCF (Financial Year)												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	
Acute	6,171	1,806	3,682	5,217	1,530	3,093	4,645	1,926	3,874	5,618	1,921	3,654	5,392
Non Acute	2,881	1,200	2,551	4,001	1,518	2,811	4,132	1,421	2,685	3,885	1,145	2,000	2,949
Total	9,052	3,006	6,233	9,218	3,048	5,904	8,777	3,347	6,559	9,503	3,066	5,654	8,341
Acute	68%	60%	59%	57%	50%	52%	53%	58%	59%	59%	63%	65%	65%
Non Acute	32%	40%	41%	43%	50%	48%	47%	42%	41%	41%	37%	35%	35%

	2015/16 BCF (Financial Year)												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	
NHS	6,184	2,000	4,307	6,157	1,931	4,020	6,163	2,476	4,925	7,016	2,060	3,956	5,898
Social Care (SSD)	2,415	830	1,489	2,226	848	1,370	1,897	596	1,063	1,554	777	1,326	1,890
Both	453	176	437	835	269	514	717	275	571	933	229	372	553
Total	9,052	3,006	6,233	9,218	3,048	5,904	8,777	3,347	6,559	9,503	3,066	5,654	8,341
NHS	68%	67%	69%	67%	63%	68%	70%	74%	75%	74%	67%	70%	71%
Social Care (SSD)	27%	28%	24%	24%	28%	23%	22%	18%	16%	16%	25%	23%	23%
Both	5%	6%	7%	9%	9%	9%	8%	8%	9%	10%	7%	7%	7%

	2015/16 BCF (Financial Year)												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	
A. Completion of Assessment (BOTH)	2,252	473	792	1,180	542	1,020	1,434	281	655	956	336	574	875
B. Public Funding (BOTH)	114	13	106	159	46	88	177	33	189	260	19	94	155
C. Awaiting NHS Non-acute care (NHS)	1,366	511	1,157	1,654	543	1,099	1,714	825	1,562	2,199	589	1,188	1,727
D. Residential or Nursing Care (BOTH)	1,211	612	1,293	2,035	570	1,264	1,794	596	1,187	1,769	717	1,342	1,969
E. Care Package at home (BOTH)	2,693	833	1,602	2,275	701	1,294	1,976	871	1,599	2,432	865	1,421	1,954
F. Awaiting Equipment (BOTH)	434	133	264	465	79	138	218	80	140	234	44	85	164
G. Patient or Family Choice (NHS or SSD)	779	283	638	839	299	511	804	357	598	792	226	463	817
H. Disputes (NHS or SSD)	132	73	200	304	76	188	248	31	31	70	116	237	336
I. Housing - (SSD)	71	75	181	307	192	302	412	273	598	791	154	250	344
Total	9,052	3,006	6,233	9,218	3,048	5,904	8,777	3,347	6,559	9,503	3,066	5,654	8,341
A. Completion of Assessment (BOTH)	25%	16%	13%	13%	18%	17%	16%	8%	10%	10%	11%	10%	10%
B. Public Funding (BOTH)	1%	0%	2%	2%	2%	1%	2%	1%	3%	3%	1%	2%	2%
C. Awaiting NHS Non-acute care (NHS)	15%	17%	19%	18%	18%	19%	20%	25%	24%	23%	19%	21%	21%
D. Residential or Nursing Care (BOTH)	13%	20%	21%	22%	19%	21%	20%	18%	18%	19%	23%	24%	24%
E. Care Package at home (BOTH)	30%	28%	26%	25%	23%	22%	23%	26%	24%	26%	28%	25%	23%
F. Awaiting Equipment (BOTH)	5%	4%	4%	5%	3%	2%	2%	2%	2%	2%	1%	2%	2%
G. Patient or Family Choice (NHS or SSD)	9%	9%	10%	9%	10%	9%	9%	11%	9%	8%	7%	8%	10%
H. Disputes (NHS or SSD)	1%	2%	3%	3%	2%	3%	3%	1%	0%	1%	4%	4%	4%
I. Housing - (SSD)	1%	2%	3%	3%	6%	5%	5%	8%	9%	8%	5%	4%	4%

	2015/16 BCF (Financial Year)												
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	
ULHT	4,829	1,303	2,762	3,923	1,149	2,335	3,480	1,476	2,964	4,321	1,453	2,713	4,039
LCHS	2,055	670	1,235	1,694	540	983	1,665	607	990	1,237	143	317	574
LPFT	811	530	1,316	2,307	978	1,828	2,467	814	1,644	2,592	1,002	1,674	2,332
Total*	7,695	2,503	5,313	7,924	2,667	5,146	7,612	2,897	5,598	8,150	2,598	4,704	6,945
ULHT	63%	52%	52%	50%	43%	45%	46%	51%	53%	53%	56%	58%	58%
LCHS	27%	27%	23%	21%	20%	19%	22%	21%	18%	15%	6%	7%	8%
LPFT	11%	21%	25%	29%	37%	36%	32%	28%	29%	32%	39%	36%	34%

Note: *Total of NHS Trust delayed days will never equal Total LCC delayed days, because NHS delays can relate to treatment of residents from other authorities.

Local Performance / Patient Experience Metrics

<p>5. The proportion of people aged 65+ offered Reablement services following discharge from hospital (ASCOF 2B part 2)</p> <p>Definition: The number of people aged 65+ offered Reablement services following discharge from hospital during October to December, as a proportion of the total number of people aged 65+, discharged alive from hospitals in England between 1 October 2015 and 31 December 2015</p> <p>Frequency / Reporting Basis: Annual Source: SALT STS004 / Hospital Episode Statistics</p>	<p>6. Proportion of people feeling supported to manage their long term condition</p> <p>Definition: Of the number of people identifying a long-term condition in their responses, the % who responded 'Yes, definitely' or 'Yes, to some extent' to the question 'In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term health condition(s)?'.</p> <p>Frequency / Reporting Basis: 6-monthly / results from 2 GP patient surveys in the year are aggregated and reported as an annual figure Source: GP Patient Survey</p>
<p>Observations from the data: The provisional outturn for this measure is 2.9% against a target of 4.4%. The denominator for this measure is based on the 15/16 figure as the final 16/17 data on hospital discharges is not yet available.</p>	<p>Observations from the data: This data for measure is not yet available.</p>

	2015/16	Q4 2016/17	2015/16	2016/17
Numerator	958	668	3,719	
Denominator	22,830	22,830	5,900	
Value	4.2%	2.9%	63.0%	
Target	Not monitored in BCF in 2015/16	4.4%	64.0%	66.0%
Performance	-	Not achieved		

By CCG				
Numerator	2015/16	Q2 2016/17	2015/16	2016/17
East CCG	403	329	1252	
West CCG	214	290	1018	
South CCG	165	149	767	
South West CCG	158	119	682	
Not known	18	9	0	
Total	958	896	3719	0
Denominator	2015/16	2016/17	2015/16	2016/17
East CCG			2032	
West CCG			1621	
South CCG	Data not disaggregated by CCG	Data not disaggregated by CCG	1200	
South West CCG			1047	
Not known			0	
Total	22,830	22,830	5,900	0
Value	2015/16	Q2 2016/17	2015/16	2016/17
East CCG			61.6%	
West CCG			62.8%	
South CCG	Data not disaggregated by CCG	Data not disaggregated by CCG	63.9%	
South West CCG			65.1%	
Not known			0.0%	
Total	4.2%	3.9%	63.0%	0

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	26 July 2017
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

This item enables the Committee to consider and comment on the content of its work programme for the coming year to ensure that scrutiny activity is focused where it can be of greatest benefit. Members are encouraged to highlight items that could be included for consideration in the work programme.

The work programme will be reviewed at each meeting of the Committee to ensure that its contents are still relevant and will add value to the work of the Council and partners.

Actions Required:

The Committee is invited to:

- 1) review, consider and comment on the work programme as set out in Appendix A to this report; and
- 2) highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

1. Background

Overview and Scrutiny should be positive, constructive, independent, fair and open. The scrutiny process should be challenging, as its aim is to identify areas for improvement. Scrutiny activity should be targeted, focused and timely and include issues of corporate and local importance, where scrutiny activity can influence and add value.

Overview and scrutiny committees should not, as a general rule, involve themselves in relatively minor matters or individual cases, particularly where there are other processes, which can handle these issues more effectively.

All members of overview and scrutiny committees are encouraged to bring forward important items of community interest to the committee whilst recognising that not all items will be taken up depending on available resource.

Purpose of Scrutiny Activity

Set out below are the definitions used to describe the types of scrutiny, relating to the items on the Committee Work Programme:

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Policy Review - The Committee is reviewing the implementation of policy, to consider the success, impact, outcomes and performance.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Consultation - The Committee is responding to (or making arrangements to) respond to a consultation, either formally or informally. This includes pre-consultation engagement.

Budget Scrutiny - The Committee is scrutinising the previous year's budget, or the current year's budget or proposals for the future year's budget.

Requests for specific items for information should be dealt with by other means, for instance briefing papers to members.

Identifying Topics

Selecting the right topics where scrutiny can add value is essential in order for scrutiny to be a positive influence on the work of the Council. Members may wish to consider the following questions when highlighting potential topics for discussion to the committee:-

- Will Scrutiny input add value?
Is there a clear objective for scrutinising the topic, what are the identifiable benefits and what is the likelihood of achieving a desired outcome?
- Is the topic a concern to local residents?
Does the topic have a potential impact for one or more section(s) of the local population?
- Is the topic a Council or partner priority area?
Does the topic relate to council corporate priority areas and is there a high level of budgetary commitment to the service/policy area?
- Are there relevant external factors relating to the issue?

Is the topic a central government priority area or is it a result of new government guidance or legislation?

Scrutiny Review Activity

Where a topic requires more in-depth consideration, the Committee may commission a Scrutiny Panel to undertake a Scrutiny Review, subject to the availability of resources and approval of the Overview and Scrutiny Management Board. The Committee may also establish a maximum of two working groups at any one time, comprising a group of members from the committee.

Work Programme items on scrutiny review activity can include discussion on possible scrutiny review items; finalising the scoping for the review; consideration and approval of the final report; the response to the report; and monitoring outcomes of previous reviews.

2. Conclusion

The Committee's work programme for the coming year is attached at Appendix A to this report.

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

Consideration should be given to the items included in the work programme as well as any 'items to be programmed' listed.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

Not Applicable

b) Risks and Impact Analysis

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adults and Community Wellbeing Scrutiny Committee – Work Programme

5. Background Papers

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

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

Adults and Community Wellbeing Scrutiny Committee
Work Programme

26 July 2017 – 2.00pm
Better Care Fund:- <ul style="list-style-type: none"> • Presentation on Better Care Fund • Report to Executive Councillor – Better Care Fund (<i>Pre-Decision Scrutiny</i>)
Quarterly Performance Report – Adult Care (Quarter 4 and 2016/17)

6 September 2017 – 10.00am
Strategic Market Support Partner - Procurement (<i>Pre-Decision Scrutiny</i>)
Domestic Abuse Support Services Procurement (<i>Pre-Decision Scrutiny</i>)
Quarterly Performance Report - Adults and Community Wellbeing (Quarter 1 of 2017/18)
Adults and Community Wellbeing - Budget Monitoring Report

26 October 2017 – 10.00am
Care Quality Commission Update
Shared Lives Services – Procurement (<i>Pre-Decision Scrutiny</i>)

29 November 2017 – 10.00am
Quarterly Performance Report – Adults and Community Wellbeing (Quarter 2 of 2017/18)
Adults and Community Wellbeing - Budget Monitoring Report
Health and Wellbeing Board's Housing, Health and Care Delivery Group
Adult Care Local Account 2016/17
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - 26 September 2017

Other Potential Items for Autumn 2017

- Wellbeing Service
- Telecare Update.
- Transforming Care – Learning Disabilities.
- National Carers Strategy

10 January 2018 – 10.00am

Budget Proposals 2018/19

14 February 2018 – 10.00am

Quarterly Performance Report – Adults and Community Wellbeing (Quarter 3 of 2017/18)

Residential and Nursing Care Fee Levels - Adult Care
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Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - January 2018
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11 April 2018 – 10.00am

Annual Report of the Director of Public Health
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