



County Offices
Newland
Lincoln
LN1 1YL

19 February 2019

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 27 February 2019 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 cursive script that reads 'DBarnes'.

Debbie Barnes OBE
Head of Paid Service

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), Mrs P Cooper, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid, C L Strange, M A Whittington and 1 Conservative Vacancy

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 27 FEBRUARY 2019**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting held on 16 January 2019	5 - 10
4	Announcements by the Executive Councillor and Lead Officers	
5	NHS Long Term Plan <i>(To receive a presentation from Glen Garrod, Executive Director Adult Care and Community Wellbeing in relation the NHS Long Term Plan)</i>	
6	Adult Care and Community Wellbeing Performance Report - Quarter 3 2018/19 <i>(To receive a report by Katy Thomas, County Manager – Performance & Intelligence, which presents performance against Council Business Plan targets for Adult Care and Community Wellbeing as at the end of Quarter 3 2018/19)</i>	11 - 62
7	Adult Care & Community Wellbeing 2018/19 Budget Monitoring Report <i>(To receive a report by Steve Houchin, Head of Finance – Adult Care and Community Wellbeing, which sets out the expected underspend for the financial year 2018/19)</i>	63 - 76
8	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>	77 - 84

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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.

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www.lincolnshire.gov.uk/committeerecords



**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
16 JANUARY 2019**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), R J Kendrick, Mrs J E Killey, C E Reid, T R Ashton and T Bridges

Officers in attendance:-

Liz Allen (Head of Clinical Specialist Services, LCHS NHS Trust), Simon Evans (Health Scrutiny Officer), Justin Hackney (Assistant Director, Specialist Adult Services), Steve Houchin (Head of Finance, Adult Care and Community Wellbeing), Cheryl Kern (Matron, LCHS NHS Trust), Tony McGinty (Consultant in Public Health), Carol Skye (Programme Manager, Health Protection, LCHS NHS Trust), Dr Sandya Wellwood (Lead Doctor for Lincolnshire Integrated Sexual Health Services, LCHS NHS Trust) and Rachel Wilson (Democratic Services Officer)

51 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs P Cooper, Mrs C J Lawton, A P Maughan and M A Whittington.

The Chief Executive reported that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, she had appointed Councillors T Aston and A Bridges as replacement members of the Committee in place of Councillors Mrs P Cooper and Mrs C J Lawton respectively for this meeting only.

Apologies for absence were also received from Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services.

52 DECLARATION OF MEMBERS' INTERESTS

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

53 MINUTES OF THE MEETING HELD ON 28 NOVEMBER 2018

RESOLVED

That the minutes of the meeting held on 28 November 2018 be signed by the Chairman as a correct record, subject to it being noted that Councillor C E Reid was in attendance at this meeting.

54 ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR AND LEAD OFFICERS

There were no announcements reported.

55 THE ROLE OF LINCOLNSHIRE COMMUNITY HEALTH SERVICES NHS TRUST (LCHS) IN PROVIDING SEXUAL HEALTH SERVICES ON BEHALF OF THE COUNTY COUNCIL

Consideration was given to a report which provided an update on the role of Lincolnshire Community Health Services NHS Trust (LCHS) in providing sexual health services on behalf of Lincolnshire County Council.

It was reported that the responsibility for sexual health services passed to the local authority in 2012 under the Health and Social Care Act, and it was one of several public health services that the Council was now responsible for.

Lincolnshire benefitted from what was classed as an integrated sexual health service which included most day to day service delivery. Most of the services were available in most of the clinics most of the time.

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

- One member commented that they had heard about a tablet which was available in London and the southern counties that could prevent someone from getting HIV and could also prevent it from spreading. It was confirmed that this was known as PrEP (Pre-Exposure Prophylaxis).
- It was commented that Lincolnshire services were quite well performing when compared with other comparable areas and outperformed a range of comparator counties on a range of different measures.
- The indicators measured the number of people who were screened but officers also had an interest in whether the right people were being screened and targeted.
- It was queried how the service effectively connected with the under 21 age range, and members were pleased to see that social media was used. Members were advised that sexual health education would be mandatory in schools again from 2020, and the County Council would offer help schools to prepare for this. It was noted that there was some evidence that the current generation of young people were much better behaved than some of the other previous generations, in terms of drinking less alcohol, smoking less and had better sexual health. The amount of conversations that took place on anonymous social media/internet platforms also seemed to help.
- Young people had been involved in the co-development of services and market testing marketing materials for young people. There had also been work to look at what people felt they needed and there was also work taking place around developing a digital service.

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
16 JANUARY 2019

- The approach was to try and find as many opportunities to offer a service as possible.
- It was queried what the difference between a flyby clinic and pop up clinic was. Members were advised that a pop up clinic would be delivered by request, for example in a GP surgery. Fly by clinics were for those young people who did not want to answer a lot of personal questions, and they could just attend the clinic, have the test and go.
- It was noted that the clinic map was not an exhaustive list, and there were possibly another 10-12 clinics and were not included as they may have been experimental to see if it would work in that area.
- The clinic in Monks Road, Lincoln had been open for 3 months, and initial indications were that it was working well, but more data would be available in the coming months.
- Any patient from anywhere could attend any clinic. Data was showing that there was a number of people using clinics around the edges of the county, many were doing this for economic reasons. It was being looked into whether if there were lots of people from Stamford visiting a clinic in Peterborough, then a clinic in Stamford may be successful.
- It was queried how the re-procurement of the laboratory services was progressing.
- There had been a lot of success with neighbouring authorities who had been asked to promote LISH (Lincolnshire Integrated Sexual Health) services in their clinics, and an offer had been received to set up a clinic in Grimsby.
- Concerns were raised for those young people who lived in very rural areas. It was reported that the mobile unit now had clinical areas and so had to work closely with infection control team, but it was now fit for purpose and ready to come back into use. It was also noted that the service had been remodelled and was going through a consultation. Some members of staff had been lost and so the team had been working with a limited number of staff. Getting into the hard to reach areas had been a challenge, but it was hoped to work up to visits four times per week. There had been a lot of interest, but the team's ability to meet these requests had been limited due to numbers of staff and drivers.
- Online screening had been increased as part of the reorganisation of the model. There was also now a marketing officer to get the message out which it was hoped would make a big difference in rural areas.
- It was noted that one of the difficulties was that the majority of young people would get transport into and out of school so there was little time to access these services.
- There had not been many secondary schools that had been willing to bring these services into schools, as there had been some resistance. It was highlighted that it had always been difficult to do practical sexual health education in schools due to the diversity of parents' beliefs.
- It was noted that of 50 secondary schools, the service had engaged with 25 to attend training sessions with LISH.
- It was queried how the County Council monitored the areas for improvement. Members were advised that this was mainly managed by contract

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
16 JANUARY 2019**

management processes. There were formal meetings every three months and informal meetings every month. There was also an annual review.

- It was commented that 2020 could be significant in terms of sexual health education again becoming mandatory. Privacy was paramount for this whole conversation. It was suggested that going back into schools and having an online presence would be a much more proactive approach. It was also commented that the website and social media needed to be done in a simple way.
- It was highlighted that one issue that came later in life was the need for relationship guidance after divorce. It was noted that Relate was the primary relationship guidance organisation used by the service.
- In recent years, one of the biggest risk areas was the divorced 40+ year olds who were going back into new relationships.
- Part of the website would include a section for professionals and a section for parents, and a big part of that would focus on how to talk to their children about these issues.
- It was noted that often one of the weak areas around sexual health and relationships was the relationship aspect.
- It was highlighted that a lot of teachers did not feel fully qualified to teach sexual health and relationship education, but the introduction of the training for teachers was positive so that they were able to talk to young people about these things. However, it was suggested it would be better if it was a specialised team going into to schools, but it was understood that this was not always possible in the financial climate. It was noted that there was an evidence base which showed that young people did respond well to external persons.
- It was highlighted that children lived in an open society and it was positive if they were asking questions around this subject.
- Biology was the easy aspect to find out about and teach, it was the relationship parts, self-esteem and managing themselves and their sexual health and relationships which was more difficult to teach.
- There was also a need to be aware of potential mental health issues for young people when things went wrong and how that could impact them.

RESOLVED

That the role of Lincolnshire Community Health Services NHS Trust and their provision of sexual health services in Lincolnshire County Council be noted.

56 ADULT CARE & COMMUNITY WELLBEING BUDGET 2019/20

Consideration was given to a report which described the Council's budget proposals for Adult Care and Community Wellbeing (AC&CW).

Members were advised that the report set out a one year financial plan for revenue budgets to take the Council to the end of a four year funding deal from government.

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
16 JANUARY 2019

The Committee received a presentation which provided further detail in relation to the following areas:

- The Four Year Deal
- Corporate Budget Strategy
- Recent Trends
- How 'other' expenditure has been squeezed nationally by protection for social care
- Local Authority Over and Underspends
- Better Care Fund (BCF) in Lincolnshire
- Service User Contributions
- Adult Care and Community Wellbeing – Commissioning Strategies
- Service Changes - cost pressures and savings – Adult Safeguarding
- Service Changes – cost pressures – Adult Frailty
- Service Changes – savings – Adult Frailty
- Service Changes – cost pressures – Adult Specialties
- Service Changes – savings – Adult Specialties
- Service Changes – cost pressures and savings – Carers
- Service Changes – cost pressures and savings – Wellbeing
- Capital
- BCF in Lincolnshire
- Next Steps and Future Budget Setting

(NOTE: Councillor T Ashton left the meeting at 11.45am)

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

- It was queried how the budget could be reduced for 2020/2021. Members were advised that it was expected that the BCF would carry on in some form, as to remove that funding nationally could cause social care services to collapse. The assumption had been made that the council tax increases would return to the previous levels of 3.95%. There would be a need to look at which services the authority wanted to carry on providing.
- In terms of the capital investment in delivery of extra facilities, a piece of work would be undertaken to establish where these buildings and facilities needed to be and where the service demand was.
- It was noted that extra care housing was a complicated issue and an update report would be requested for the Committee in the coming months.
- It was commented that the Better Care Fund was a risk, in case it came to an end. However, the BCF could also be increased, and there would be a need to consider what services to keep and it was highlighted that there would be some discretionary services that would be better to keep due to the rurality of the county.
- Officers would be happy to provide the committee with additional updates.
- In terms of the NHS Long Term Plan and the BCF, there was a need for the future service to be affordable for the County Council and provide the people of Lincolnshire with the services they needed.

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- It was commented that the rationale for the budget proposals was cogent and Adult Care and Community Wellbeing had done a good job in setting and balancing its budgets for the past few years.
- One member commented that they would like to see something about what Lincolnshire provided in terms of mental health, possibly including NHS services as well. It was noted that the Section 75 agreement between the County Council and Lincolnshire Partnership NHS Foundation Trust (LPFT) would be reviewed next year. Work was also ongoing with LPFT in relation to rehabilitation.

RESOLVED

That the Committee's support for the 2019/20 Adult Care and Community Wellbeing budget proposals be recorded and the comments made in relation to the proposed Adult Care and Community Wellbeing budget be forwarded to the Executive for consideration on 5 February 2019.

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

Consideration was given to a report which provided the committee with the opportunity to comment on its work programme for the coming year.

It was proposed that after the next meeting, the Committee would have a discussion about its forward plan in more detail.

In terms of the working group, it was noted that as the Green Paper was not yet published, there was little point in the group meeting at this point in time.

RESOLVED

That the work programme, as presented, be noted.

The meeting closed at 12.10 pm

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

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

Summary:

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

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

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

Actions Required:

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

1. Background

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

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

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

More detail, including indicator definitions and commentary on current performance from strategy owners, is provided in **Appendix B**. For consistency and comparability, the council business plan measures have been largely based on Adult Social Care statutory datasets, which enable benchmarking of performance against other local authorities. Benchmarking information is also provided in this Appendix.

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

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

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

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

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

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

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

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

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

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

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

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Council Business Plan information shown in Appendix A.

3. Consultation

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

No

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Q3 Adult Care & Community Wellbeing Performance Summary
Appendix B	Q3 Adult Care & Community Wellbeing Full Performance Analysis

5. Background Papers

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

This report was written by Katy Thomas, who can be contacted on 01522 550645 or katy.thomas@lincolnshire.gov.uk.

		2017/18	2018/19				
		Actual	Q3 or as stated	Target	Forecast	Trend vs. 2017/18	CBP Alert Tolerance: +/- 5% pts
Community Wellbeing							
31	% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months PHOF 2.15iii	36%	33.7% Sep-18	40%		↓	Not achieved
33	% of people aged 40 to 74 offered and received an NHS health check PHOF 2.22iv	60%	61.4% Sep-18	55%		↑	Exceeds
34	Chlamydia diagnoses per 100,000 15-24 year old PHOF 3.02	2,232	1,955 Jun-18	2,045		↓	Not Achieved
109	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	1,258	662	700	993	↓	Not Achieved
110	Older people supported by the Wellbeing Service to improve their outcomes	96%	97% Sep-18	95%		↑	Achieved
111	People successfully supported to stop smoking	2,300	1024 Sep-18	1,600	2,048	↓	Not Achieved
112	People accessing Housing related support that are successfully supported to access and maintain their settled accommodation	-	84%	90%		-	Not Achieved
113	Percentage of emergency & urgent deliveries & collections completed on time within ICES	-	99%	98%		-	Achieved
Safeguarding Adults							
28	% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate SAC SG3a	100%	100%	100%	-	↔	Achieved
114	% of safeguarding enquiries where the 'Source of Risk' is a service provider - i.e. social care support SAC SG2b	33%	55%	31%		↑	Not achieved
116	Concluded enquiries where the desired outcomes were fully or partially achieved SAC SG4a	96%	93%	95%		↓	Achieved
Specialist Adult Services							
49	% of adults with a learning disability (or autism) who live in their own home or with their family ASCOF 1G	77%	76%	79%		↓	Achieved
117	% of adults in contact with secondary mental health services living independently, with or without support ASCOF 1H	71%	77%	75%		↑	Achieved
51	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	52%	50%	48%		↓	Achieved
118	% of adults with a learning disability in receipt of long term support who have been reviewed in the period	91%	75%	73%	100%	↑	Achieved
119	% of adults aged 18 to 64 with a mental health need in receipt of long term support who have been reviewed in the period	78%	73%	71%	100%	↑	Achieved
Carers							
56	% of carers who have been included or consulted in discussions about the person they care for ASCOF 3C **SURVEY MEASURE**	58%	-	71%		Annual measure: Reported in Q4	n/a
59	Number of carers (caring for Adults) supported in the last 12 months - above expressed as a rate per 100,000 population (18 to 64)	9,875 1,662	10,487 1,719	10,550 1,730	-	↑	Achieved
120	Carers who reported they had as much social contact as they would like **SURVEY MEASURE**	33%	-	35%		Annual measure: Reported in Q4	n/a
121	Carers who have received a review of their needs in the last 12 months	92%	85%	85%		↓	Achieved
Adult Frailty & Long Term Conditions							
60	Permanent admissions to residential and nursing care homes, aged 65+ ASCOF 2A(ii) numerator **Better Care Fund**	1,020	632	863	948	↑	Exceeds
63	% of clients in receipt of long term support who receive a direct payment ASCOF 1C (2a)	35%	33%	40%		↓	Not achieved
65	% of people in receipt of long term support who have been reviewed in the period	86%	71%	68%	100%	↑	Exceeds
122	% of requests for support for new clients, where the outcome was no support or support of a lower level	93%	95%	93%		↑	Exceeds
123	People who report that services help them have control over their daily life **SURVEY MEASURE**	92%	-	95%		Annual measure: Reported in Q4	n/a
124	% of people with a concluded episode of reablement who subsequently require no ongoing support or support of a lower level ASCOF 2D	78%	91%	95%		↑	Achieved

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 Health and Wellbeing is improved

Delay and reduce the need for care and support

Permanent admissions to residential and nursing care homes aged 65+

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

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

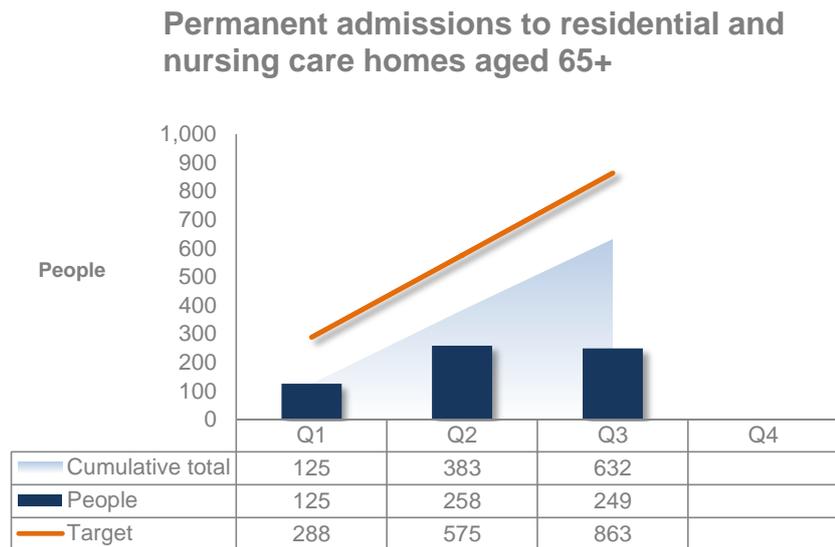
A smaller number of people permanently admitted to residential and nursing homes indicates a better performance.

 **Achieved**

632
People
Cumulative Actual as at
December 2018



863
People
Cumulative Target as at
December 2018

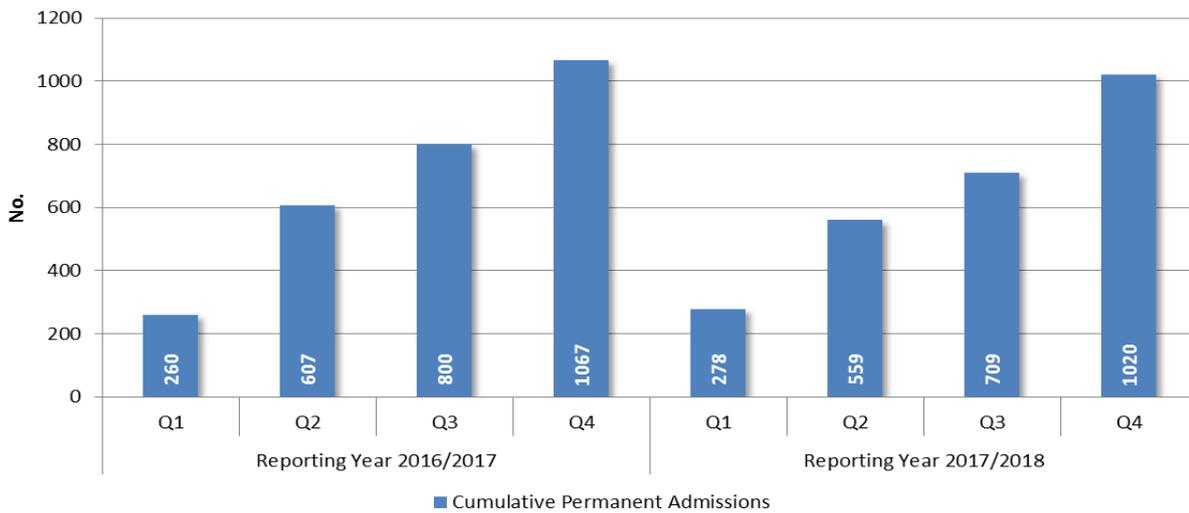


About the latest performance

The number of new admissions to care homes is exceeding the target by 231. Approximately 50% of new admissions are from new clients with the remaining transferring from an existing community package. This measure has consistently been achieved since Quarter 1.

Further details

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



About the target

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

About the target range

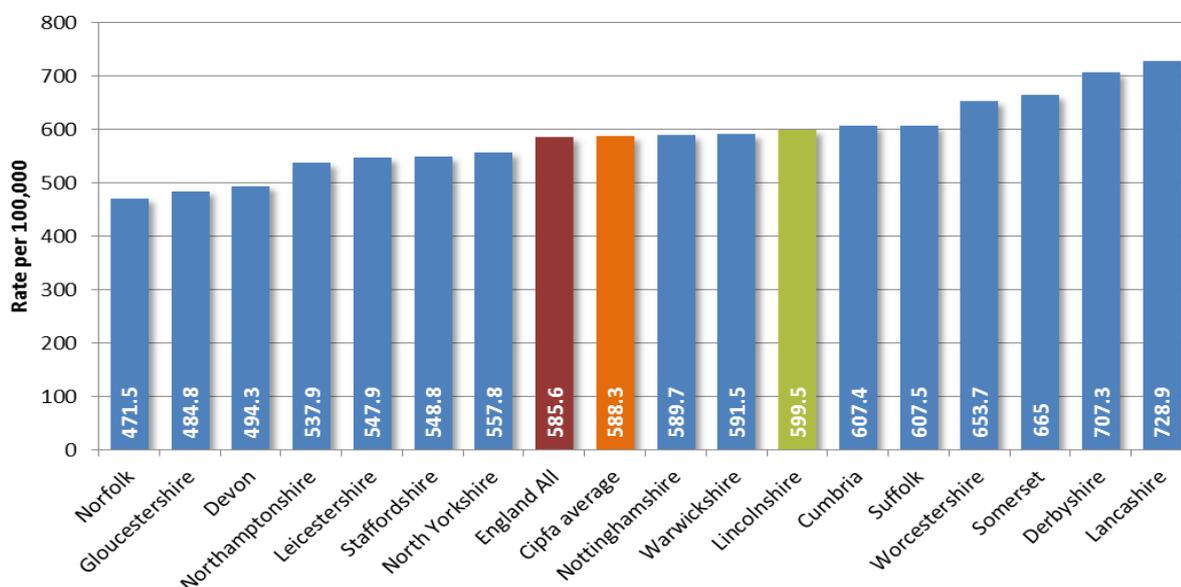
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - CIPFA Benchmarking 2017/2018



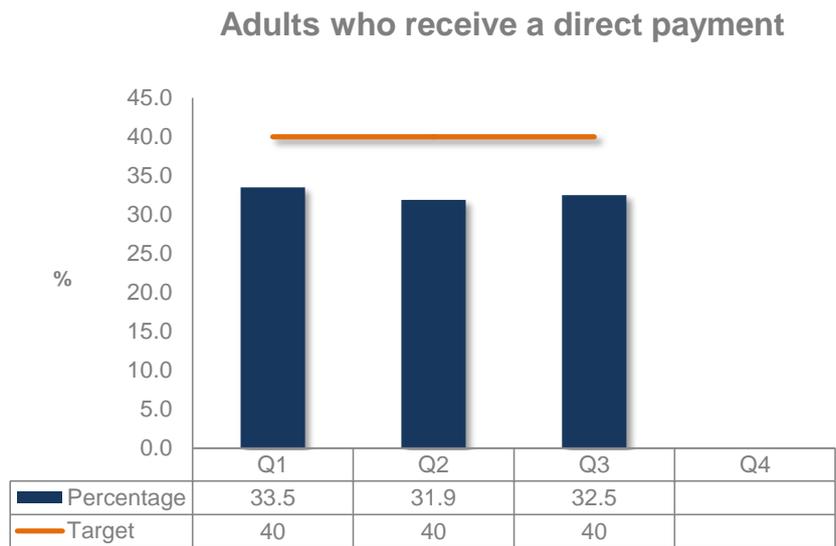
 Health and Wellbeing is improved

Enhance the quality of life for people with care and support needs

Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.
 Numerator: Number of users receiving direct or part direct payments.
 Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.
 The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
 This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.
 A higher percentage of adults that receive a direct payment indicates a better performance.

 Not achieved

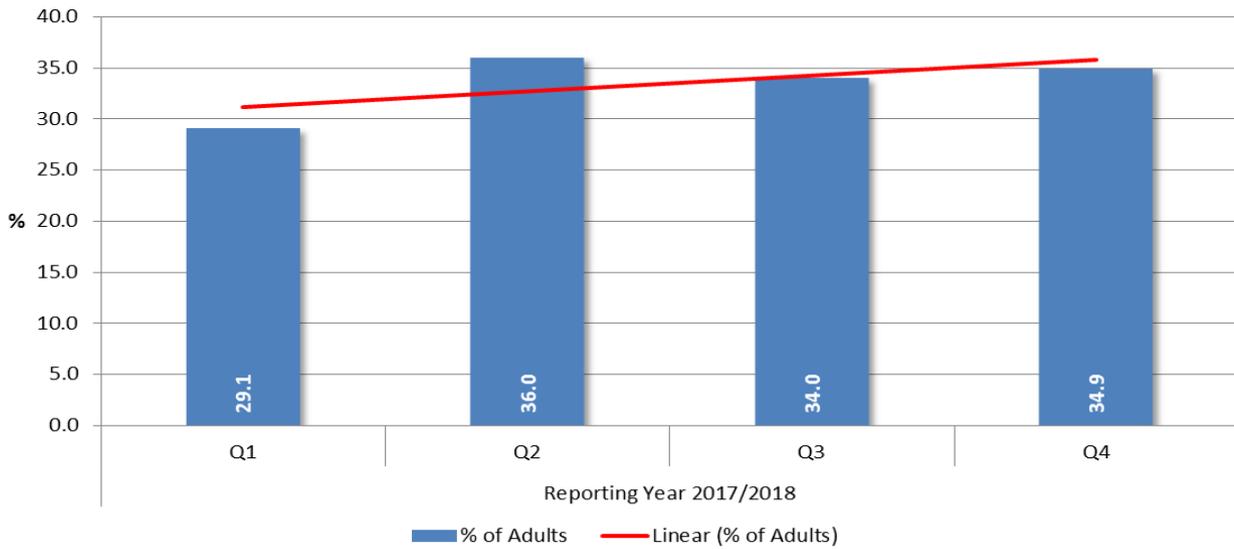


About the latest performance

The actual performance figure has improved from 31.9 in Quarter 2 to 32.5 in Quarter 3. Even though this is an improvement, it is important to note that the denominator is decreasing, in Quarter 1 it was 3820, Quarter 2 the figure was 3766 and now is at 3600. This is also reflected in the numerator (clients receiving a Direct Payment and Part Direct Payment) which was 1280 in Quarter 1; Quarter 2 it was 1203 and now is 1196 in Quarter 3. Due to this, a deep dive is being undertaken to understand why the performance against this measure is not achieving. Currently, more Direct Payments are ceasing than are being taken up by new clients; particular attention will be given to the reasoning behind this when performance is reviewed.

Further details

**Percentage of Adults Who Receive a Direct Payment
(Adult Frailty and Long Term Conditions)**



About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2017/18 we have set a revised target of 40% for the 2018/19 reporting year.

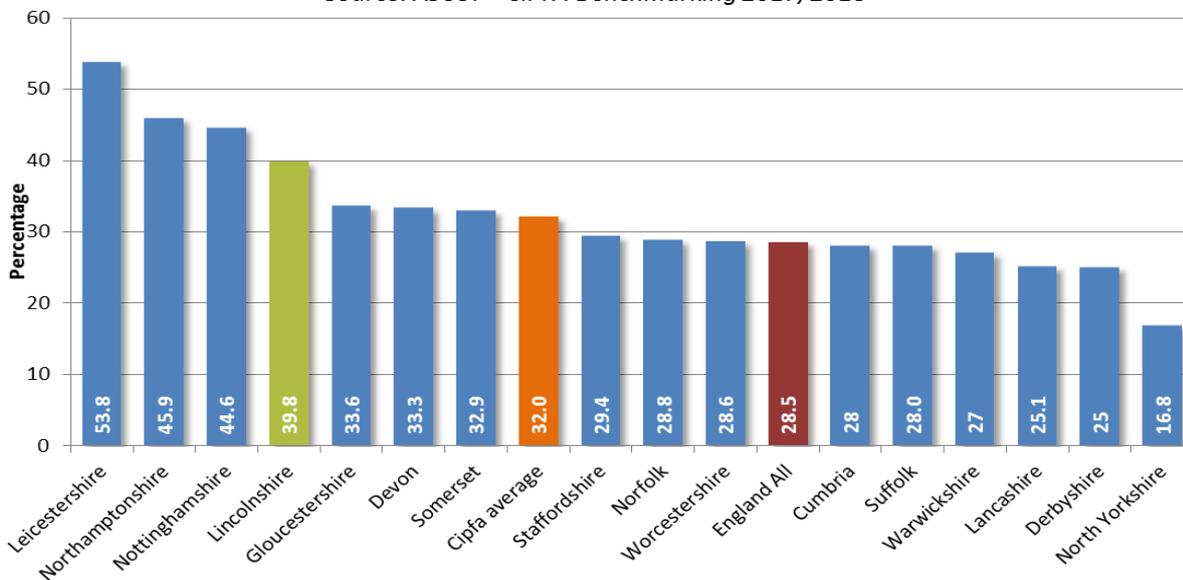
About the target range

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

About benchmarking

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

Adults who receive a direct payment
Source: ASCOF - CIPFA Benchmarking 2017/2018





Health and Wellbeing is improved

Ensure that people have a positive experience of care and support

People in receipt of long term support who have been reviewed

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

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

Denominator: Number of current Adult Frailty and long term conditions (Older people and physical disability) service users receiving long term support in the community or in residential care for 12 months or more.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100. A higher percentage of people that have been reviewed indicates a better performance.



Achieved

70.5

%

Cumulative Actual as at December 2018

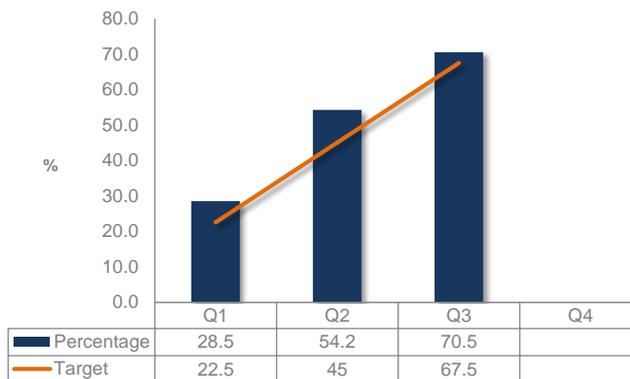


67.5

%

Cumulative Target as at December 2018

People in receipt of long term support who have been reviewed

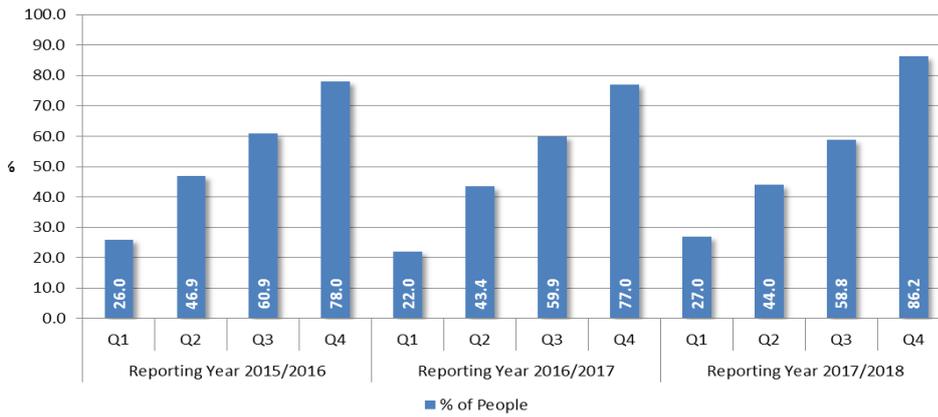


About the latest performance

The target has been achieved in Quarter 2 with 70.5% of long term support clients already reviewed this financial year. 29.5% of clients are still awaiting to be reviewed; this consists of 14% in Nursing and Residential settings and the remaining 15.5% within the community.

Further details

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



About the target

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

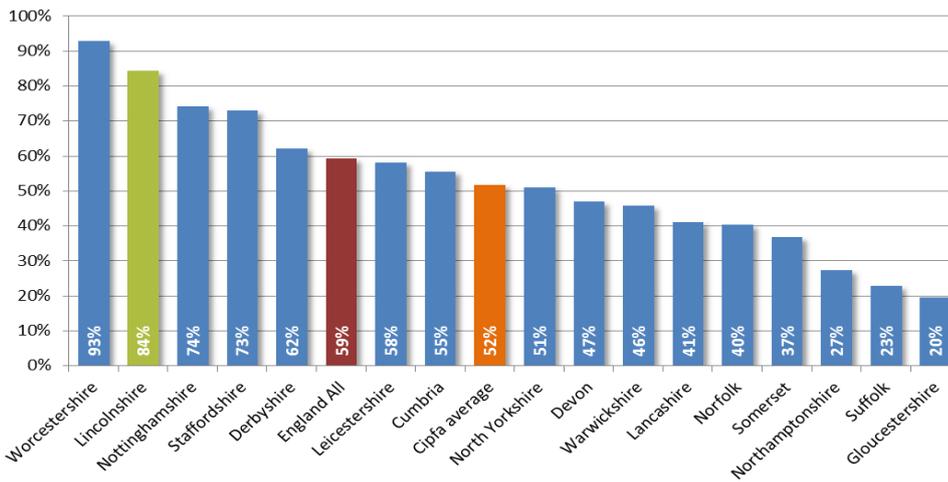
About the target range

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

About benchmarking

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

People in receipt of long term support who have been reviewed
Source: SALT Data file 2017/2018





Health and Wellbeing is improved

Delay and reduce the need for care and support

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

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



Achieved

94.6

%

Quarter 3 December 2018

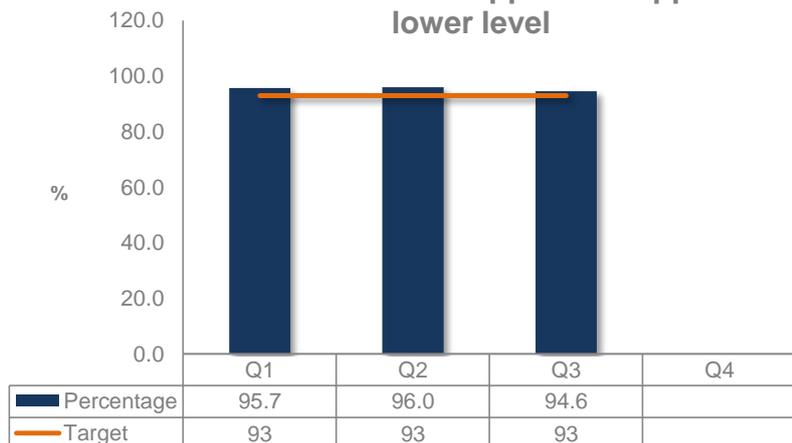


93

%

Target for December 2018

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



About the latest performance

The target for being signposted to alternative solutions before paid services has been achieved. When comparing Quarter 3's data with last quarter some clients that were reported in Quarter 2 were no longer showing in Quarter 3. Also the increase between Quarter 2 denominator's (13771) and Quarter 3 (17173) isn't as high as expected. These two points are due to two main reasons. The reason for clients coming off the report between Quarter 2 and 3 is because cases that were open, incoming or proposed on Mosaic were counted in Quarter 2; however, in the Quarter 3 run these cases have been cancelled as they were no longer a valid/required contact. Reason two which relates to the lower than expected denominator in Quarter 3 is due to the finance team of Mosaic backdating long term funding that has been waiting to be entered thus affecting the number of clients that are considered new.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

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

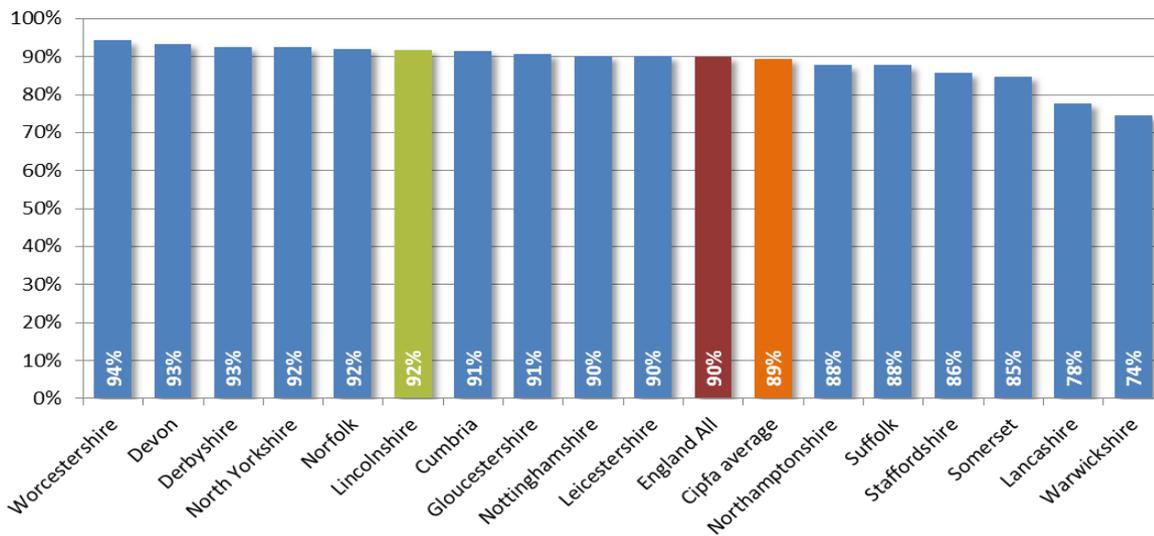
About the target range

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

About benchmarking

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

Source: SALT Data file 2017/2018



 Health and Wellbeing is improved

Delay and reduce the need for care and support

Completed episodes of Reablement

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

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

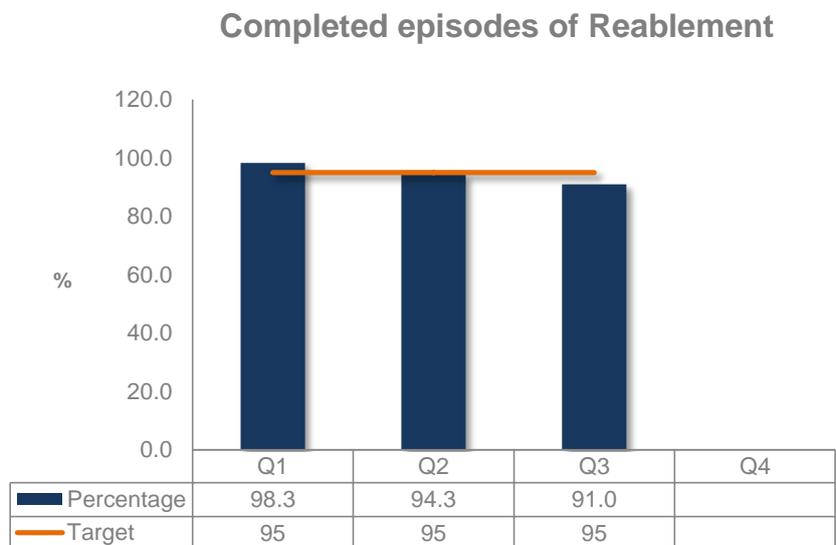
Denominator: Number of new clients who had completed an episode of short-term support to maximise independence (aka Reablement) in the period. (SALT STS002a)

 Achieved

91.0
%
Quarter 3 December 2018



95
%
Target for December 2018



About the latest performance

This measure is within the target tolerance range; due to the transition of Reablement provision to a new provider (Libertas), we have taken the opportunity to develop Mosaic reports to reduce the burden on the new provider in these early months of transition. We will work with Libertas to validate the data and get them back up to speed with reporting.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

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

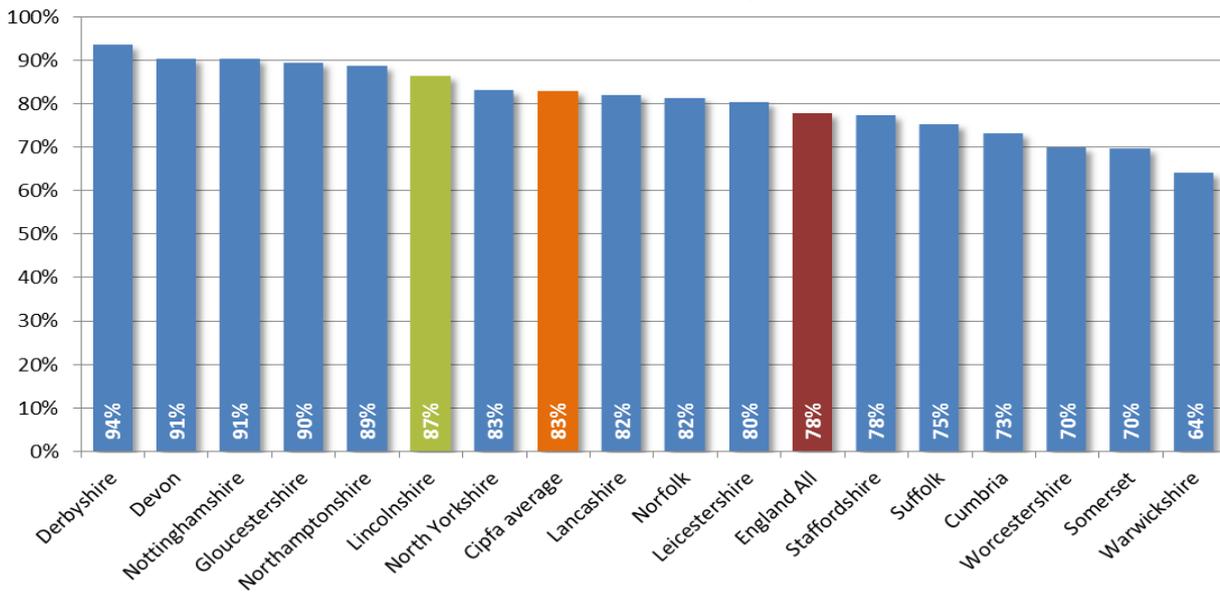
About the target range

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

About benchmarking

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

Completed episodes of reablement
Source: ASCOF - CIPFA Benchmarking 2017/2018





Health and Wellbeing is improved

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

Carers supported in the last 12 months

This measure reflects the number of carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population.

A higher rate of carers supported indicates a better performance.



Achieved

1,719

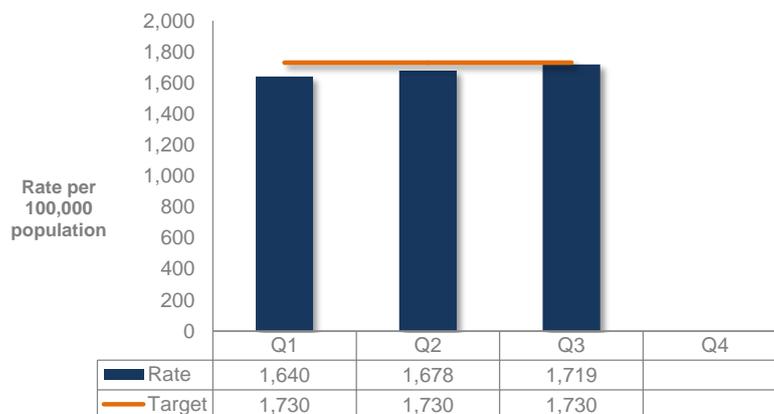
Rate per 100,000 population
Quarter 3 December 2018



1,730

Rate per 100,000 population
Target for December 2018

Carers supported in the last 12 months



About the latest performance

In the 12 month period up to 31 December 2018 over ten thousand (10,487) carers of adults have been supported by the Carers Service and Adult Care. This is an increase of 249 carers compared to the Quarter 2 figure. This figure does not include any data from Children's Services and as such does not include parent carers or young carers.

955 (9.1%) carers have received a Personal Budget as a Direct Payment.

665 (6.3%) cared-for adults have been provided with short term respite services to allow their carer to take a break.

8867 (84.6%) carers have received information and advice, including those supported by Carers FIRST's universal offer.

Quarter 2 comparisons:

73 fewer Personal Budgets (Direct Payments) were awarded (-7.1%)

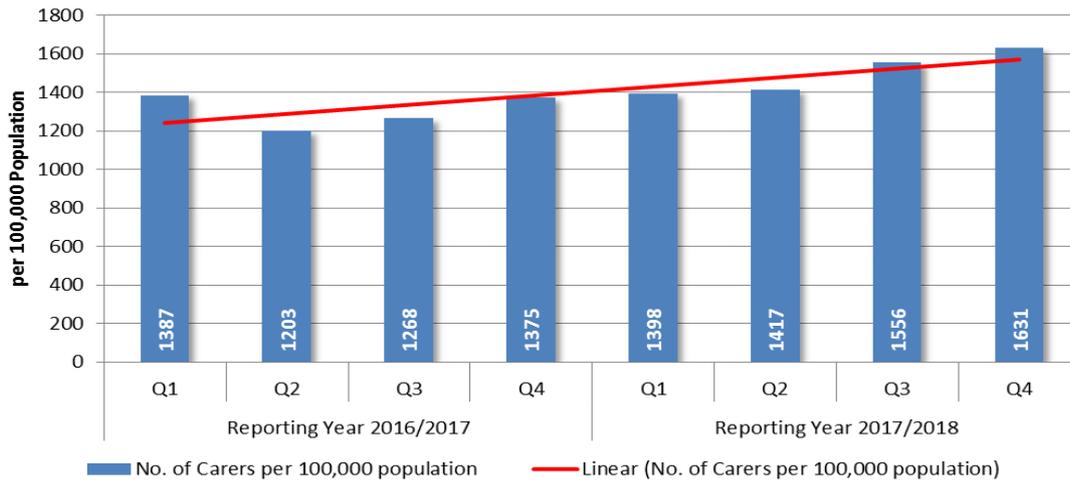
10 additional clients received short term respite on behalf of their carer (+1.5%)

312 more carers received Information & Advice (+3.6%)

Further training in a strength-based approach to assessments has recently been rolled out across the Carers Service which places a greater emphasis on a collaborative process to identify and utilise carers' own strengths and capabilities, along with existing family and community networks. Maximising those strengths will enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing. This approach may have influenced the on-going reduction in the number of Personal Budgets awarded to carers and will be monitored into Quarter 4 to see if the trend continues.

Further details

Carers supported in the last 12 months



About the target

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

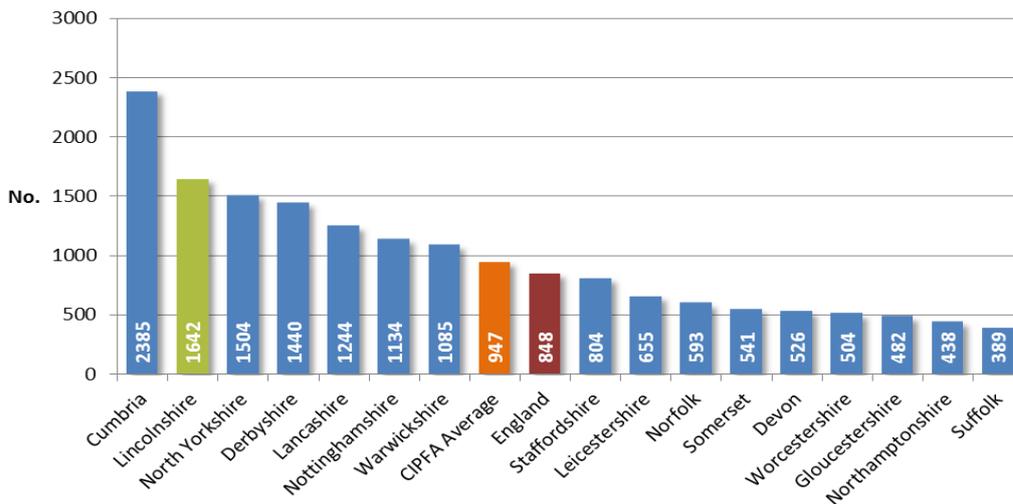
About the target range

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

About benchmarking

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

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





Health and Wellbeing is improved

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

Carers who have received a review of their needs

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



Achieved

84.8

%

Jan 2018-Dec 2018

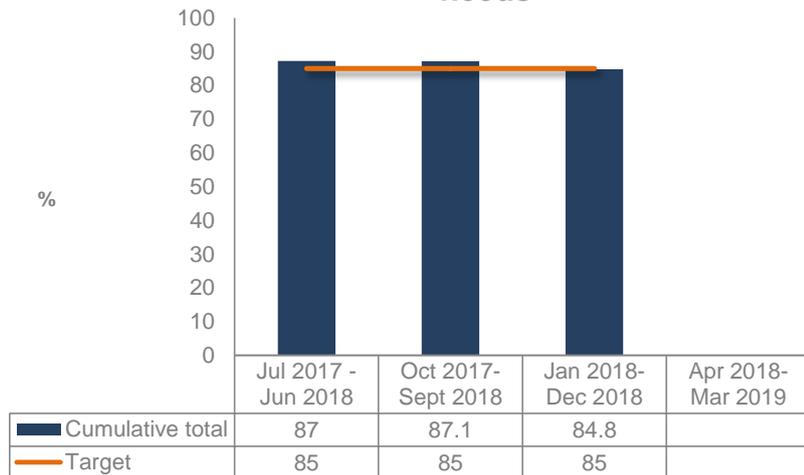


85

%

Target for Jan 2018-Dec 2018

Carers who have received a review of their needs



About the latest performance

This measure monitors whether carers, who were eligible for support under the Care Act 2014 and who received funded direct support, received their annual review of needs as per their entitlement. The measure is based on the carers table (LTS003) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting. Of the 955 carers who received funded direct support (Personal Budget as a Direct Payment), 810 (84.8%) received an assessment or review in the period. 689 (85.1%) of these were Carer's assessments/reviews performed by the Carers Service, whilst 121 (14.9%) were joint assessments/reviews undertaken by an Adult Care Practitioner. This measure is down 2.3% on Quarter 2, but is still within 5% tolerance of the target.

Further details

This is a new measure for the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

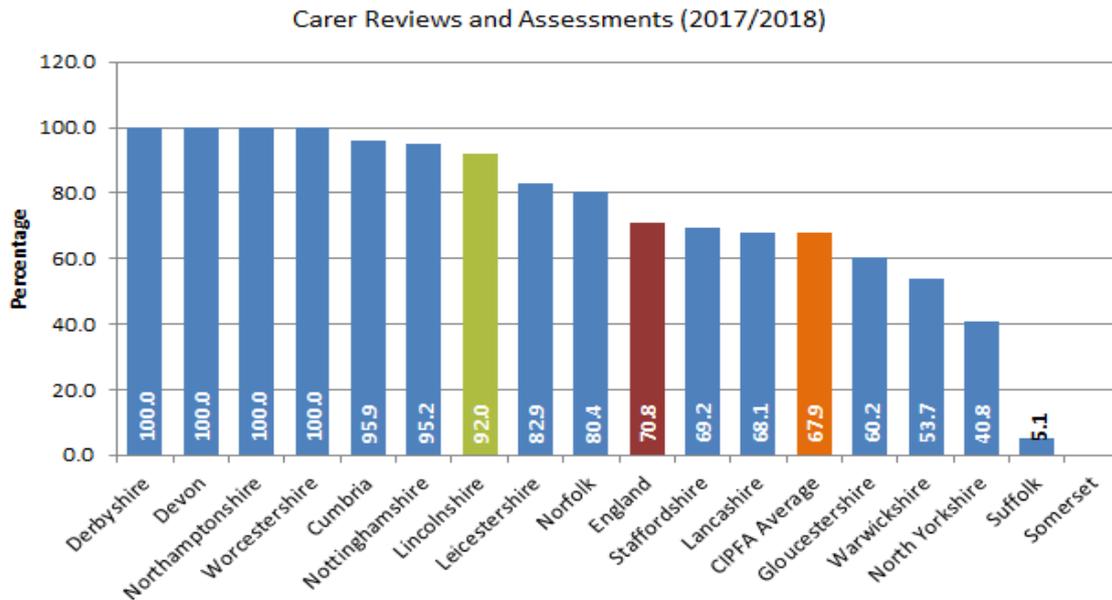
The target for this measure has been set to 85%. The baseline for this new measure is 70% and so this is an aspirational target.

About the target range

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

About benchmarking

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



No data for Somerset reviews



Health and Wellbeing is improved

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

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

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.

Individuals 'known to the council' are adults of working age with a learning disability who received long term support during the year.

'Living on their own or with family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.

Numerator: For adults in the denominator, those who were recorded as living in their own home or with their family.

Denominator: Adults aged 18 to 64 with a primary support reason of learning disability, who received long-term support during the year .

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

A higher percentage of adults with learning disabilities living in their own home or with family indicates a better performance.



Achieved

76.3

% of adults

Quarter 3 December 2018

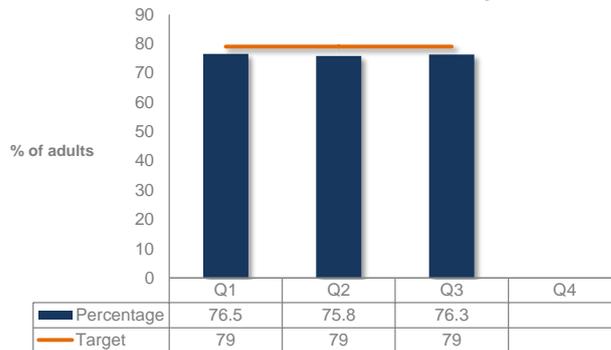


79

% of adults

Target for December 2018

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

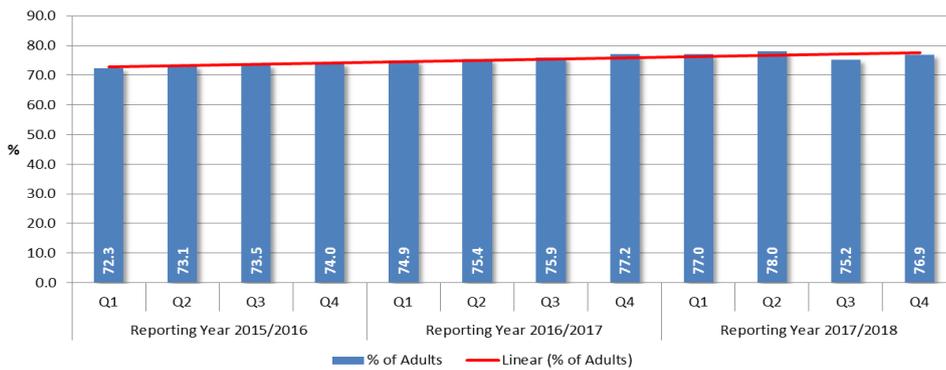


About the latest performance

2018/19 has an increased aspirational target of 79% (an increase of 3 percentage points on the 2017/18 target of 76%). Performance is within tolerance for this measure. Of the 426 service users who were identified as living in unsettled accommodation, 99.5% are in either Residential or Nursing care.

Further details

Percentage of Adults with Learning Disabilities Who Live in Their Own Home or With Family



About the target

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

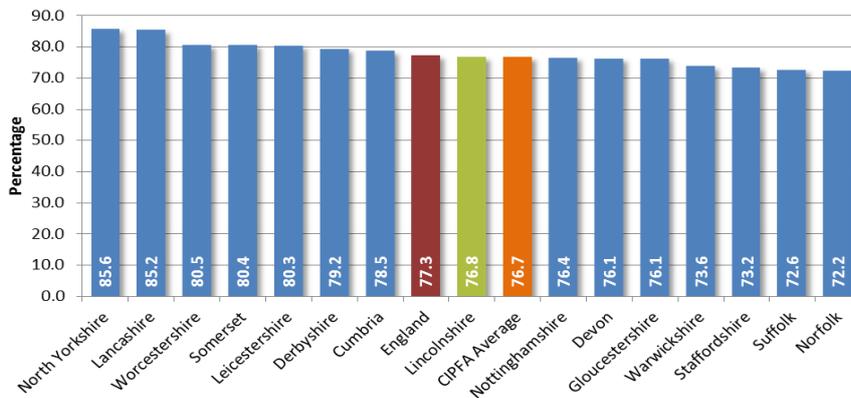
About the target range

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

About benchmarking

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

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





Health and Wellbeing is improved

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

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

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



Achieved

49.9

%

Quarter 3 December 2018

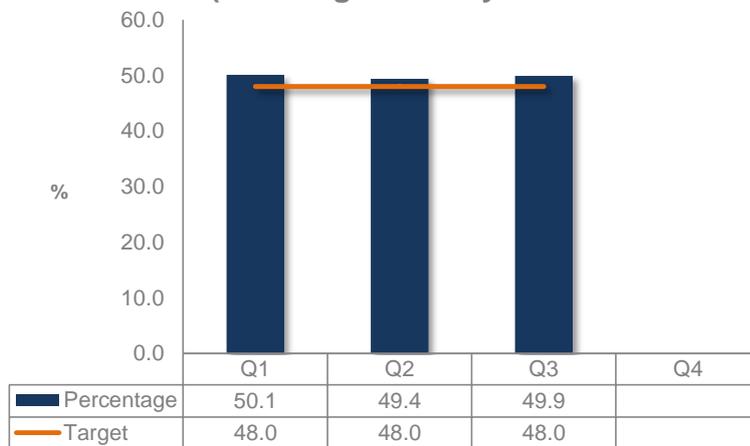


48.0

%

Target for December 2018

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

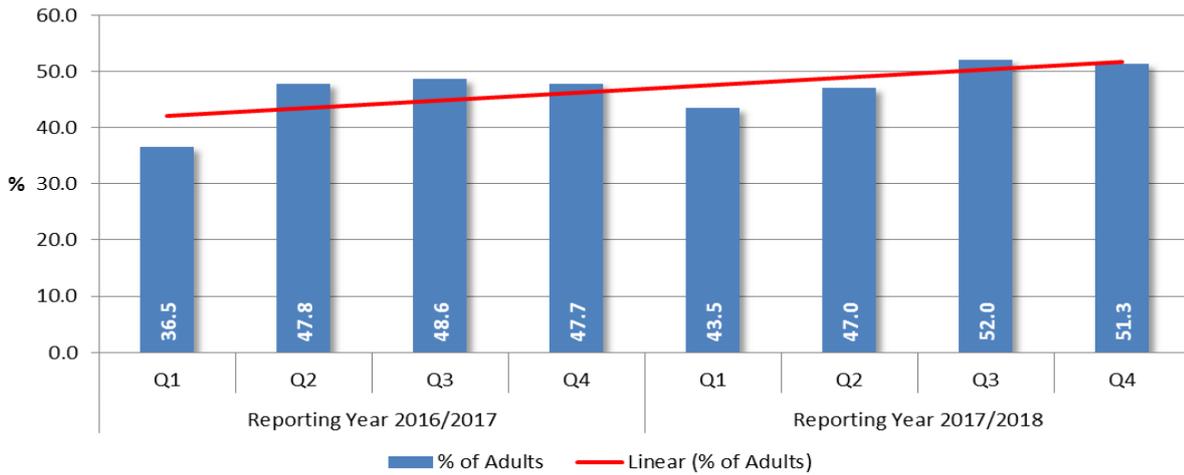


About the latest performance

This measure has achieved the target for Quarter 3. Looking at the cohorts individually:
 Learning Disability – 41.9% (614) of clients in the Learning Disability community take their Personal Budget as a Direct Payment.
 Mental Health – 94.0% (250) of clients in the Mental Health community take their Personal Budget as a Direct Payment.
 Direct Payments allow our clients to self-direct and purchase their own care leading to greater personalisation.

Further details

**Percentage of adults who receive a direct payment
(Learning Disability or Mental Health)**



About the target

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

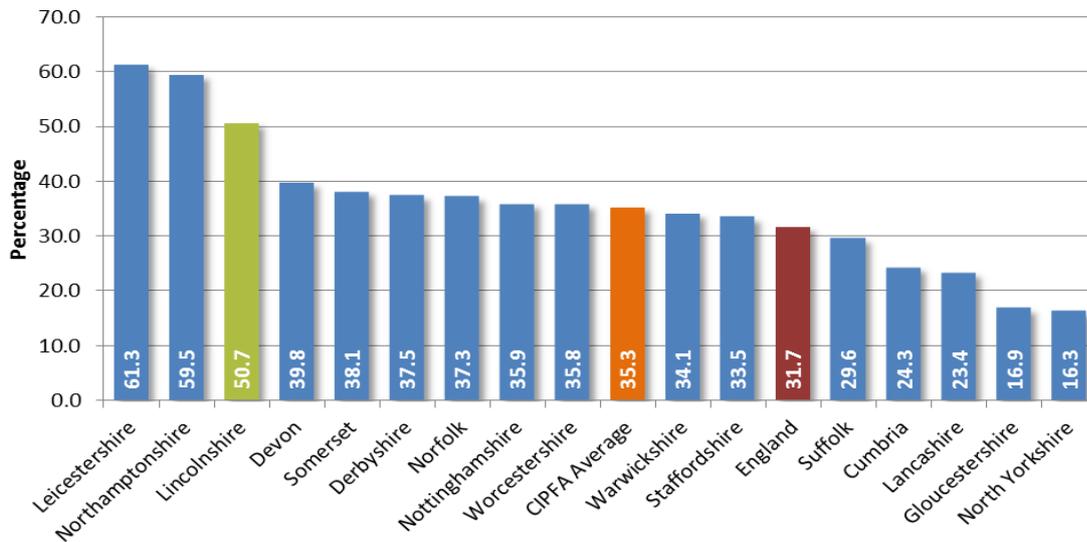
About the target range

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

About benchmarking

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

LD & MH Direct Payments (2017/2018)





Health and Wellbeing is improved

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

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

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



Achieved

77.2

%

Quarter 3 December 2018

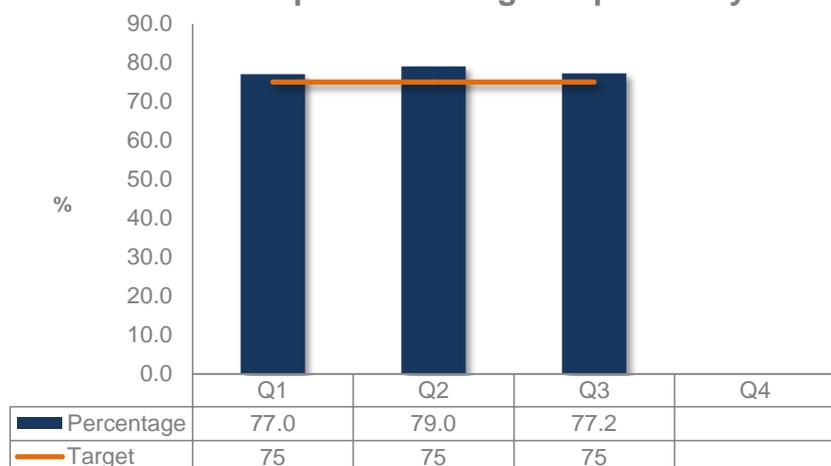


75

%

Target for December 2018

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



About the latest performance

The service continues to achieve this target, with a consistent position for the last nine months. This indicates a significant number of those who are in receipt of long-term support are living independantly. Some work is being undertaken within the wider organisation around data quality to further improve this position.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

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

About the target range

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

About benchmarking

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



Health and Wellbeing is improved

People have a positive experience of care

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

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



Achieved

74.6

%

Cumulative Apr 2018-Dec 2018

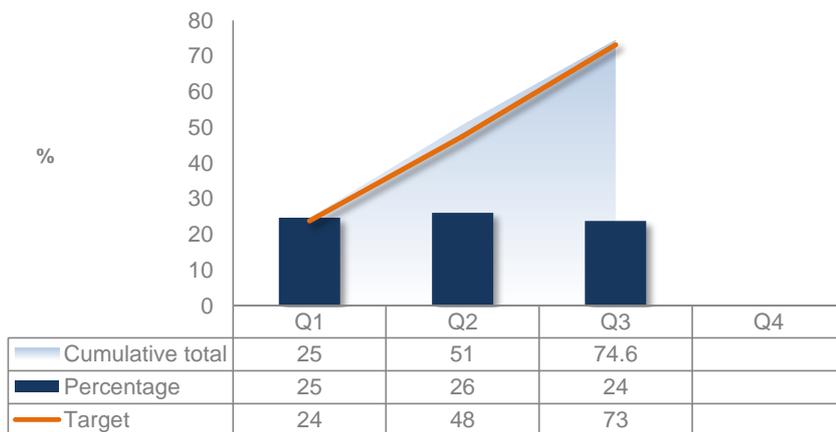


73

%

Target for Apr 18-Dec 18

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



About the latest performance

This measure has changed for 2018/2019 and is reporting on Adults with a Learning Disability (LD) only. 1377 reviews of Adults with a Learning Disability have been undertaken between 1 April 2018 and 31 December 2018. The denominator (1846) is the number of current LD clients who were in receipt of long term support at 31 March 2018. This is the cohort of Adults with a Learning Disability who will require a review of their support during the 2018/2019 financial year. 74.6% of required reviews have taken place which is an excellent result, exceeding the Quarter 3 target.

Further details

This is new measure to the 2018-2020 Council Business Plan therefore historical information is not available.

About the target

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

About the target range

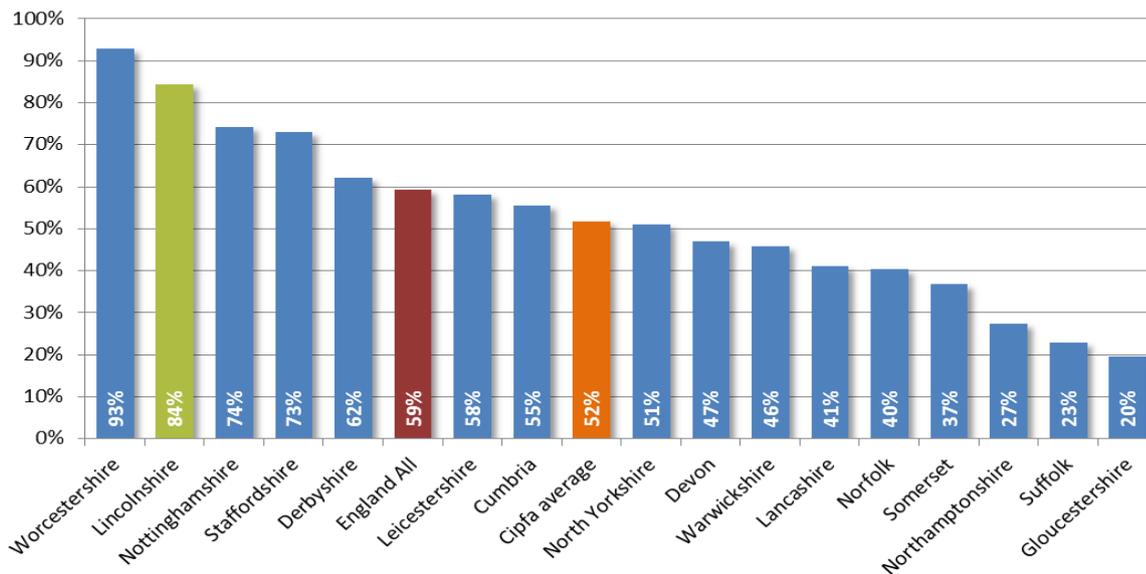
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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

People in receipt of long term support who have been reviewed

Source: SALT Data file 2017/2018





Health and Wellbeing is improved

People have a positive experience of care

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

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



Achieved

73

%

Cumulative total Apr 2018-Dec 2018

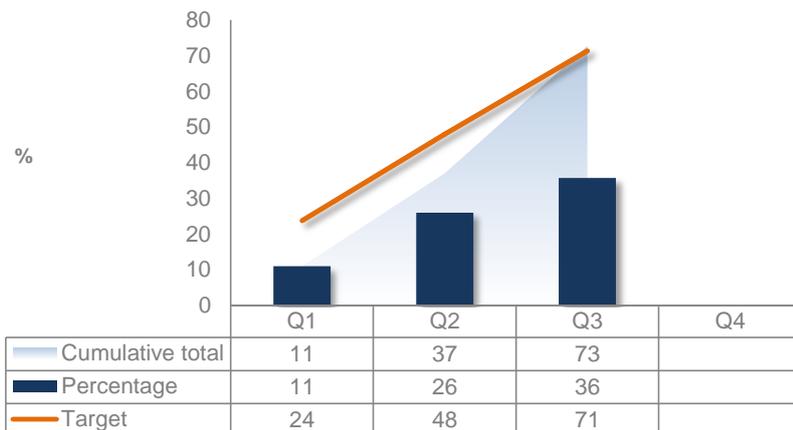


71

%

Target for Apr 2018-Dec 2018

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



About the latest performance

The percentage of clients in receipt of long term support who received an assessment or review of their needs at the end of the month is 73% against a target of 71%. This month end position shows a much improved position compared to the previous months against the trajectory and reflects both the improved data and the work undertaken in the service to ensure the allocated resources matches demand. The service is aware of which clients require their next review and activity is being coordinated to undertake the outstanding reviews before the end of the financial year.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore no historical information is available.

About the target

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

About the target range

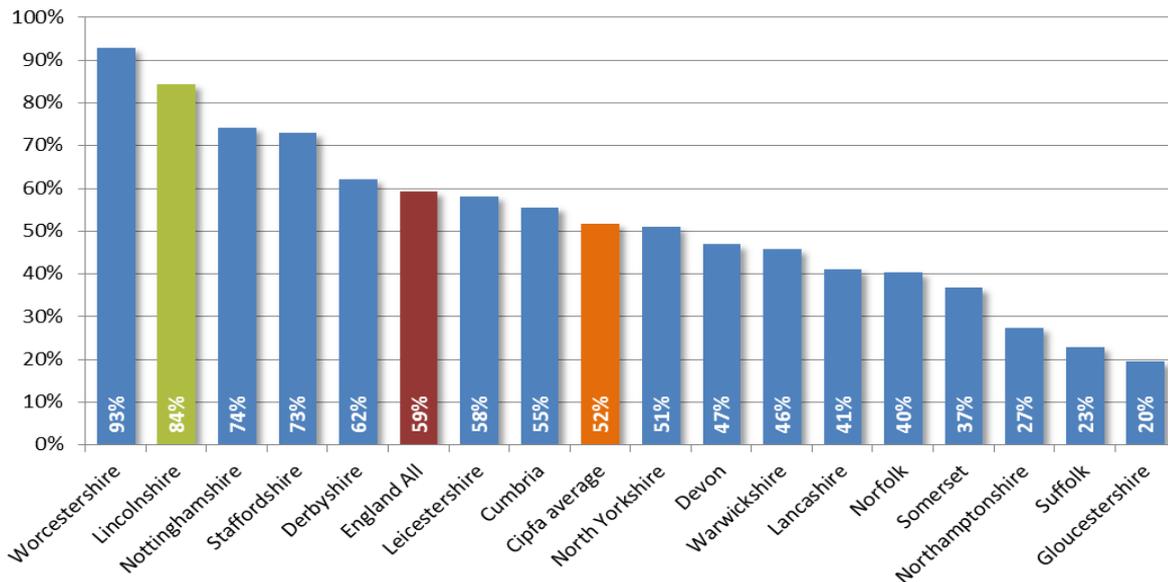
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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

People in receipt of long term support who have been reviewed

Source: SALT Data file 2017/2018



 Communities are safe and protected

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

Safeguarding cases supported by an advocate

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

An advocate can include:-

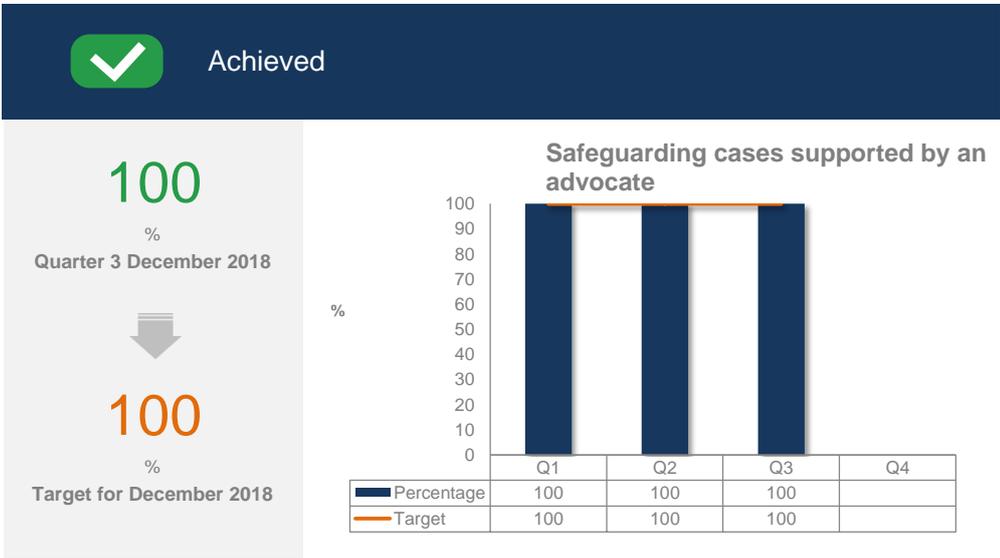
- * An Independent Mental Health Advocate (IMHA);
- * An Independent Mental Capacity Advocate (IMCA); or
- * Non-statutory advocate, family member or friends.

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

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

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

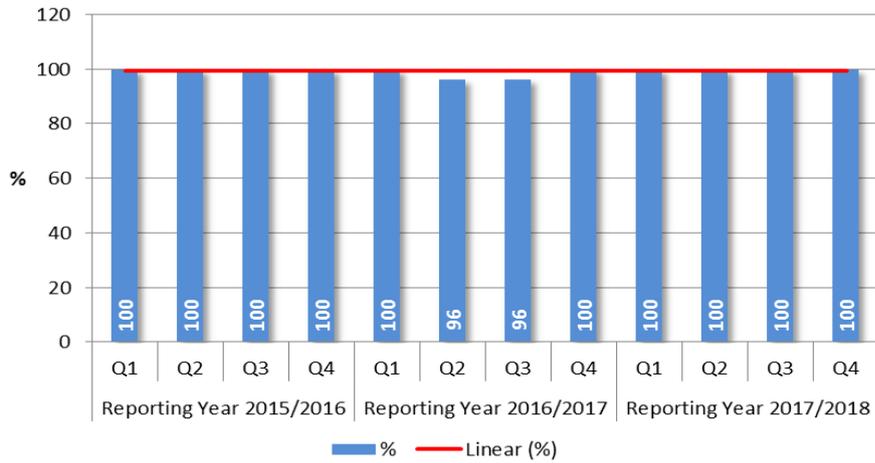
A higher percentage of cases supported by an advocate indicates a better performance.



About the latest performance

Based on the available data, performance in this area is consistently strong. This remains an important measure to ensure we are offering personalisation and control.

Percentage of Safeguarding Cases Supported by an Advocate



About the target

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

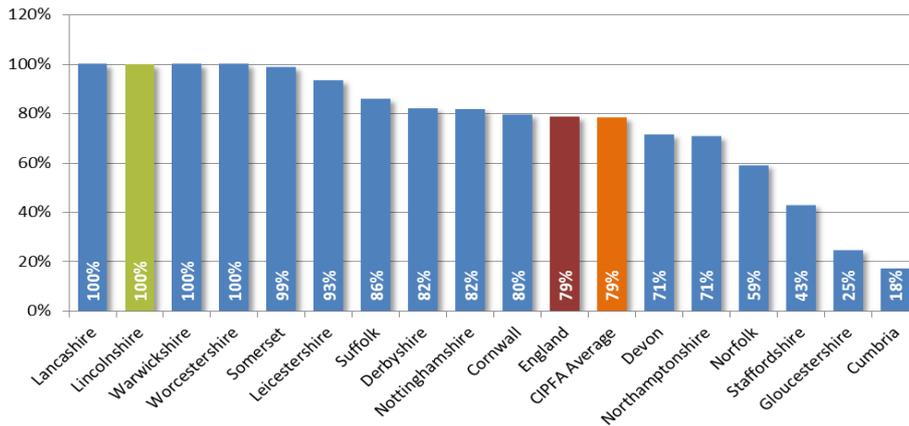
About the target range

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

About benchmarking

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

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





Health and Wellbeing is improved

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

Safeguarding enquiries where the 'Source of Risk' is a service provider

This measure records the proportion of safeguarding enquiries concluded where a risk was identified and the 'source of risk' was a 'service provider'. This provides a good gauge of the quality of care provision and the extent to which vulnerable people and professionals feel they are able to raise concerns when necessary, and work to resolve them.

Numerator: The number of S42 ('Section 42' under the Care Act 2014) safeguarding enquiries concluded in the period and where risk was identified, and the source of risk was a service provider.

Denominator: The total number of S42 safeguarding enquiries concluded in the period where risk was identified.

A lower percentage indicates a better performance.



Not achieved

55.1

%

Quarter 3 December 2018

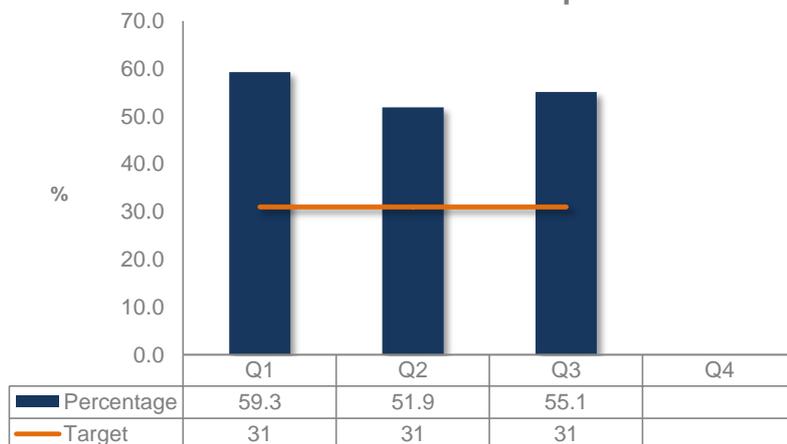


31

%

Target for December 2018

Safeguarding enquiries where 'Source of Risk' is a service provider



About the latest performance

This measure remains outside target due to an increase in the number of cases entering the numerator as a result of changes in the screening process. These were implemented to enable us to capture data more accurately at different stages of the process. This measure is currently being reviewed to ensure that the focus of the measure is suitable and meaningful for reporting in the 2018-2020 Council Business Plan.

At the last reporting period, Quarter 2 data was not available for publishing due to ongoing work ensuring data could be collected consistently - data for Quarter 2 has now been input and can be viewed above.

Further details

The definition of this measure has been revised in Quarter 1 of the 2018-2020 Council Business Plan to enable benchmarking with other authorities; historical data is no longer comparable.

About the target

The target is set based on CIPFA comparator group averages.

About the target range

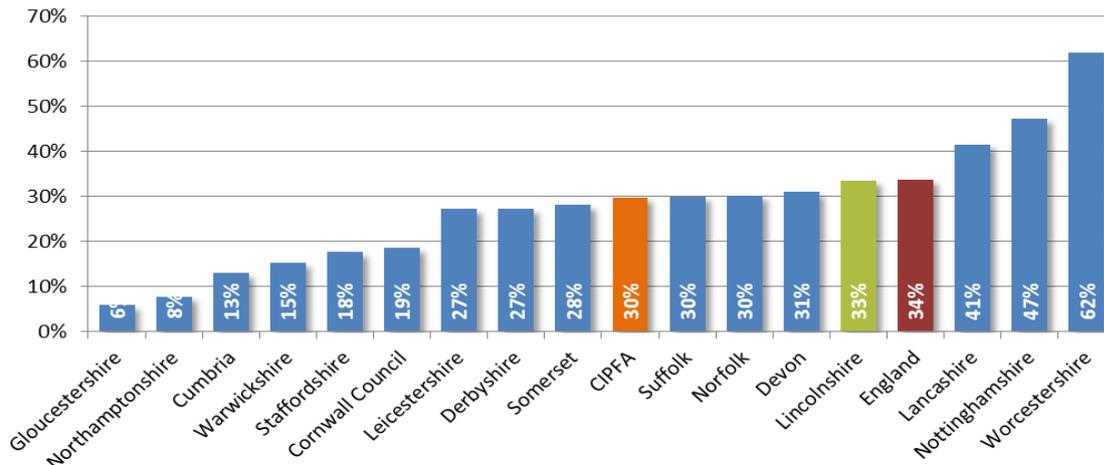
This measure has a target range of +/-5 percentage points.

About benchmarking

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

Safeguarding Enquiries concluded where the Source of Risk was a Service provider

Source: SAC SG2b: Safeguarding Enquiries 2017/2018



 Health and Wellbeing is improved

Making safeguarding personal

Concluded enquiries where the desired outcomes were achieved

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

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

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

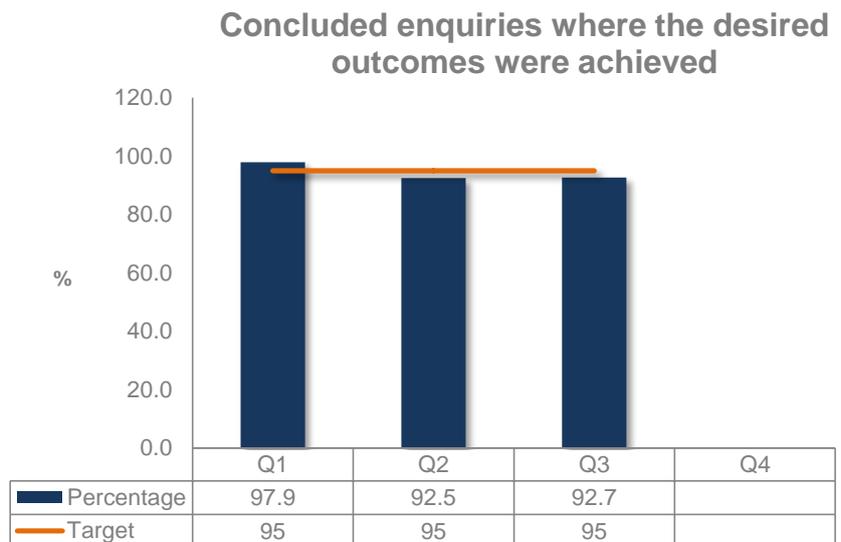
A higher percentage indicates a better performance.

 Achieved

92.7
%
Quarter 3 December 2018



95
%
Target for December 2018



About the latest performance

Performance is within tolerance for this measure; this area remains strong and demonstrates that 'making safeguarding personal' is embedded in practice, ensuring that the service user is at the centre of the safeguarding process.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

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

About the target range

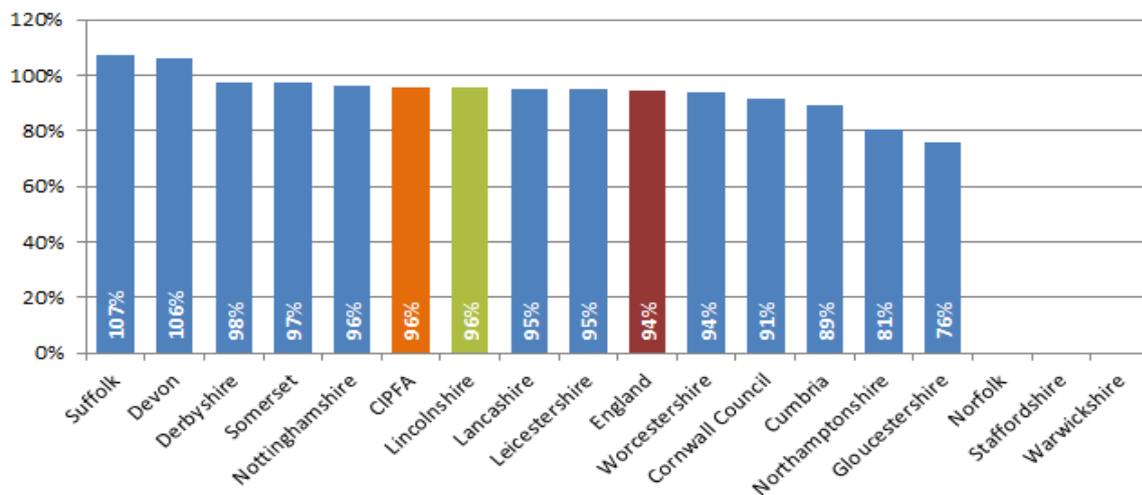
This measure has a target range of +/-5 percentage points.

About benchmarking

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

Safeguarding Enquiries concluded where the desired outcomes were fully / partially met

Source: SAC SG4a: Making Safeguarding Personal 2017/2018



Note:

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



Health and Wellbeing is improved

People are supported to live healthier lifestyles

Percentage of alcohol users that left specialist treatment successfully

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

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

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

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

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

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



Not achieved

33.7

%

Quarter 2 September 2018

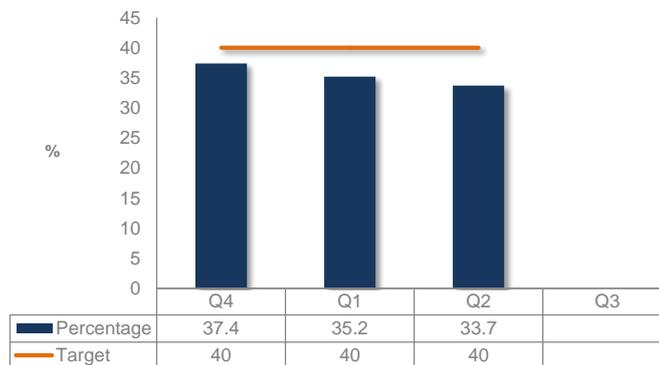


40

%

Target for September 2018

Percentage of alcohol users that left specialist treatment successfully



About the latest performance

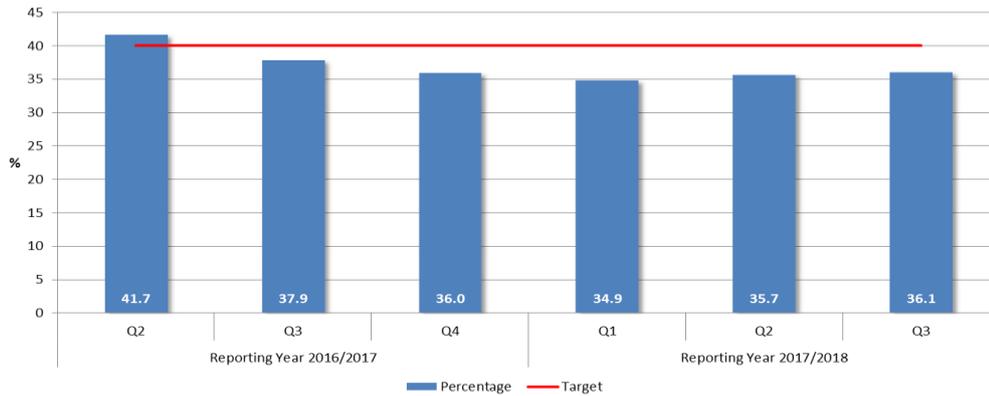
Performance is 33.7 percent which is 6.3 percentage points below the 40 percent target. This drop in performance coincides with the service undergoing staffing issues which have now been resolved. It is anticipated performance will start to improve over future reports and will stabilise between 35 and 37 percent.

Performance is unlikely to return to levels above 40 percent as the service is running at maximum capacity alongside a trend of increasing levels of both alcohol and drug clients. The volume of clients being seen makes achieving outcomes more challenging. This is currently manageable but is affecting performance, as seen within this indicator, due to the resources available to the provider not keeping pace with increased demand for the service.

This situation is not easily resolved and the provider continues to seek new and innovative ways to get clients to recovery but with very high caseloads it is difficult.

Further details

Percentage of alcohol users that left specialist treatment successfully



About the target

A target of 40% has been set to reflect the wording and definition of this measure.

About the target range

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

About benchmarking

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 are important to identify early signs of poor health leading to opportunities for early interventions.

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

Numerator:

Number of people aged 40-74 eligible for an NHS Health Check who received an NHS health check in the financial year.

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

Denominator:

Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the financial year.

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

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



Achieved

61.4

% of people

Quarter 2 September 2018

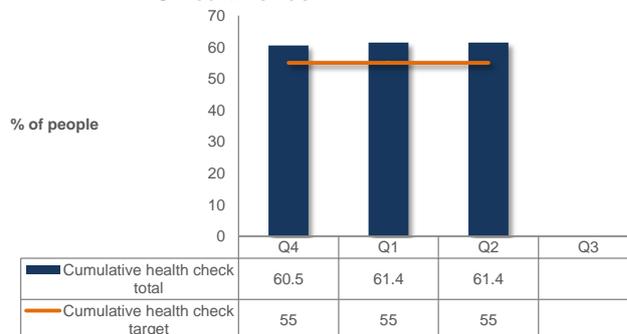


55

% of people

Target for September 2018

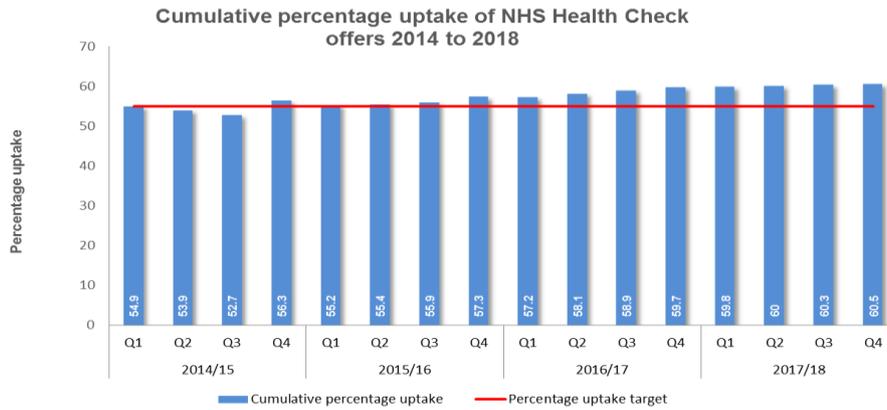
People aged 40 to 74 offered and received an NHS health check



About the latest performance

The NHS Health check data for Quarter 2 has now been verified and published by Public Health England. We have exceeded our target and continue to perform better than the Regional and England averages. We are ranked 15th out of 152 counties in England. The cumulative figure of eligible people invited to a health check over the 5 year rolling period (Q2 2014/15 to Q2 2018/19) is 195,109; of those, a total of 119,865 individuals took up the offer of an NHS Health Check.

Further details



About the target

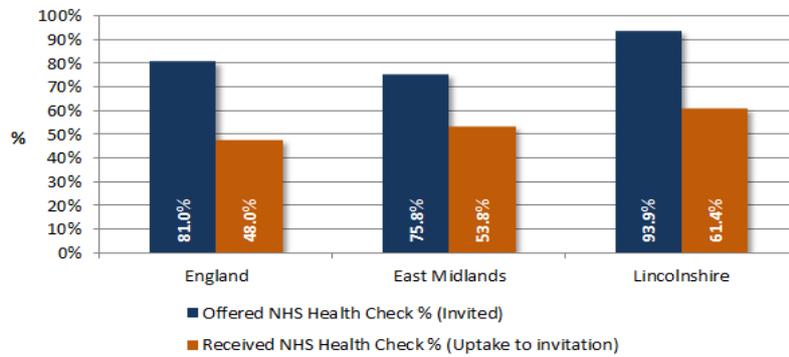
The target has been set to ensure our programme exceeds the national average and is in line with regional performance.

About the target range

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

About benchmarking

**Cumulative NHS Health Check Data
Q2 2014/15 to Q2 2018/19**



	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	81.0%	75.8%	93.9%
Received NHS Health Check % (Uptake to invitation)	48.0%	53.8%	61.4%



Health and Wellbeing is improved

Peoples' health and wellbeing is improved

Chlamydia diagnoses

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

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia.

Detection Rate Indicator definition: All Chlamydia diagnoses in 15-24 year olds attending specialist and non-specialist sexual health services (SHSs), who are residents in England, expressed as a rate per 100,000 population.

Numerator:

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

Denominator:

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



Not achieved

1,955

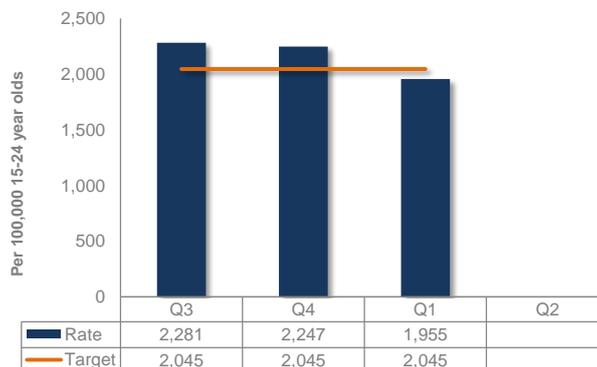
Per 100,000 15-24 year olds
Quarter 1 June 2018



2,045

Per 100,000 15-24 year olds
Target for June 2018

Chlamydia diagnoses

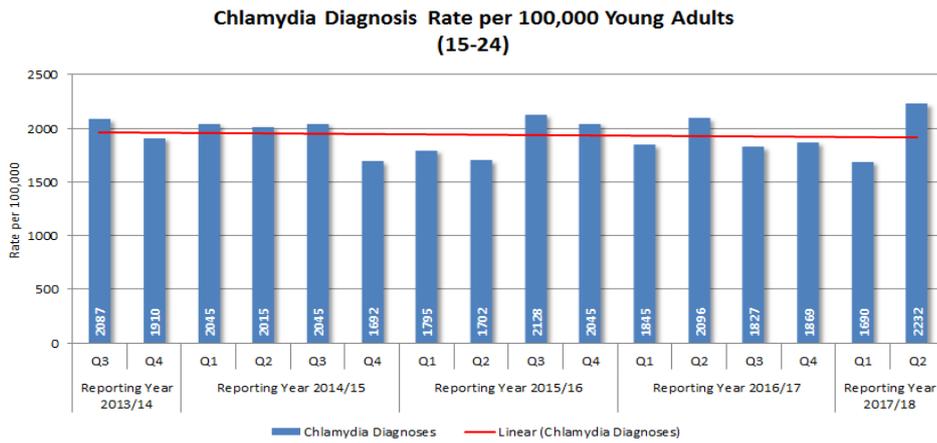


About the latest performance

The data is published nationally 6 months in arrears so reflects performance in the first quarter of 2018. The performance in this quarter did not meet the target. This was expected due to changes in the provider's delivery model. The Sexual Health Services (LISH) have an action plan in place to improve their performance which includes partnership work and collaboration, including midwifery services, Addaction and school Immunisation services and the situation is being continually monitored. Online self- testing remains very popular and has the highest positivity rate, indicating this service is well targeted.

Lincolnshire is ranked 5th out of 9 Local Authorities in the East Midlands Region. There is only one Local Authority that is meeting the national target. Positive test results remain high at 10.4 percent (target 8 percent) suggesting the services remain well targeted. The Public Health England (PHE) Regional Advisor for Sexual Health has advised that the positivity rate should be the main quality indicator. Relationships with sub-contracted General Practitioner's and Pharmacies have developed to improve and promote the chlamydia testing programme and is still ongoing.

Further details



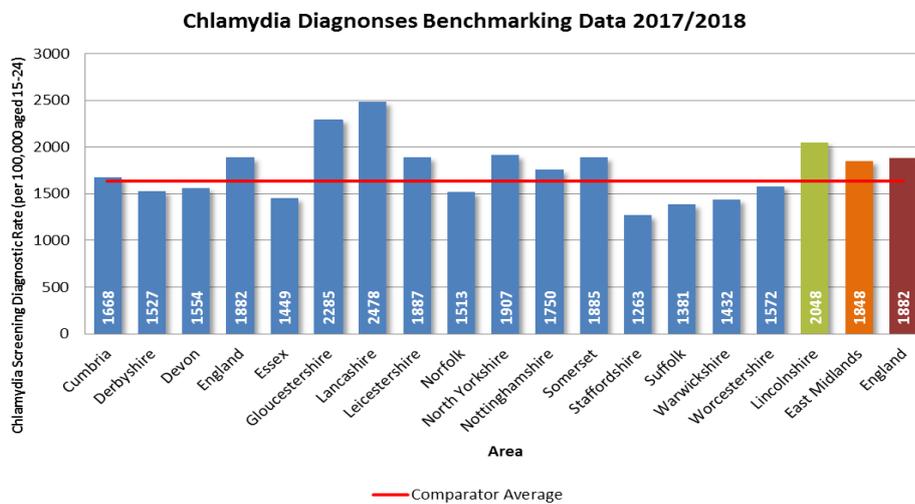
About the target

The target of 2,045 has been set in 2018/19 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if so, whether it is due to a general decline in chlamydia within the population at large.

About the target range

The target range for this measure is between 2004 and 2086, this is based on an expectation of fluctuation in performance across the year.

About benchmarking





Health and Wellbeing is improved

Work with others to promote community wellbeing

Number of frontline staff and volunteers trained in Making Every Contact Count (MECC)

This measure records the number of Health and Social Care frontline staff and volunteers who receive training to offer brief advice to service users; they are also trained in referring people to the appropriate services in order to make positive changes to their health and wellbeing, both mentally and physically. The training completed by staff and volunteers will either be face-to-face training or e-learning. The aim of this measure is to ensure that Health and Social care staff and volunteers 'Make Every Contact Count' (MECC). A higher number of Health and Social care staff trained indicates a better performance.



Not achieved

662

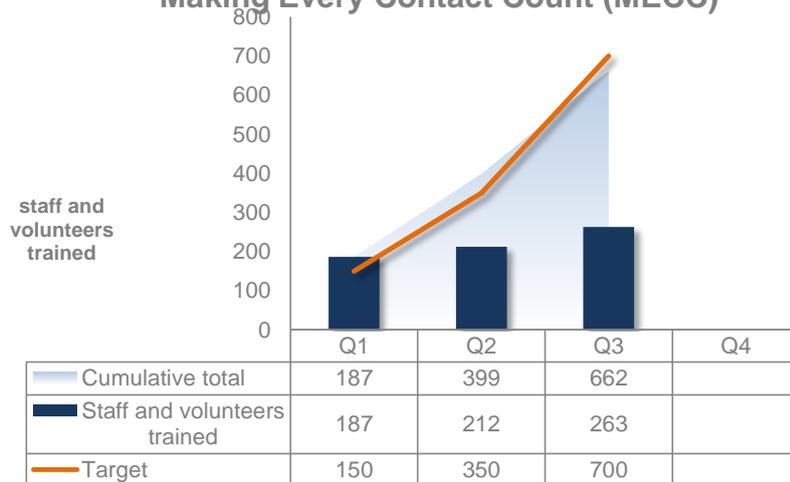
staff and volunteers trained
Cumulative as at Quarter 3
December 2018



700

staff and volunteers trained
Cumulative Target for
December 2018

Frontline staff and volunteers trained in Making Every Contact Count (MECC)



About the latest performance

This measures the number of staff and volunteers working in health and care related services who have received Making Every Contact Count training. This training enables service providers to deliver healthy lifestyle advice and signposting information to clients. By the end of Quarter 3, 662 individuals have been trained. Due to fluctuations in the delivery of MECC the target is annual and is on track to be achieved by end of Quarter 4.

Further details

The purpose of MECC is to provide a flexible training vehicle whose content and roll out can change to reflect changing needs; subsequently historical information will only be provided when it is directly comparable to current performance.

About the target

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

About the target range

An intuitive target range of +/- 5% has been set.

About benchmarking

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



Health and Wellbeing is improved

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

People supported to improve their outcomes

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

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

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



Achieved

97

%

Quarter 2 September 2018

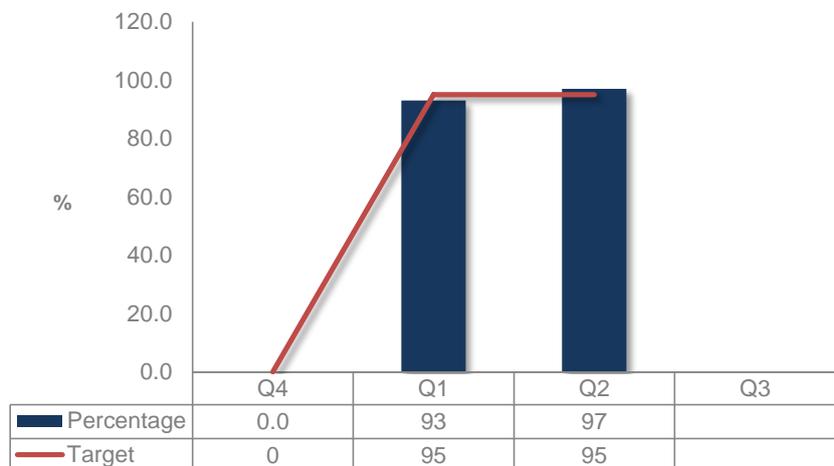


95

%

Target for September 2018

People supported to improve their outcomes



About the latest performance

Wellbeing Lincolnshire continues to perform well against this indicator which is determined by customers self-defined outcome improvement whilst engaged with the service.

Further details

This is a new measure to the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

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

About the target range

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

About benchmarking

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



Health and Wellbeing is improved

People are supported to live healthier lifestyles

People supported to successfully quit smoking

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



Not achieved

1,024

people

Quarter 2 September 2018

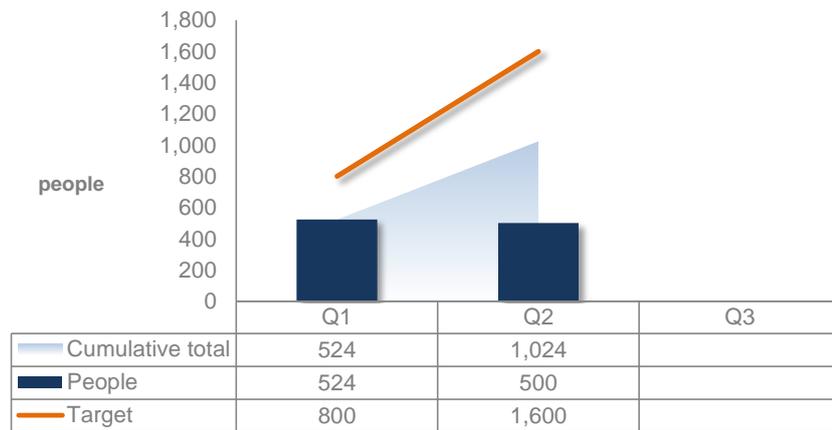


1,600

people

Target for September 2018

People supported to successfully quit smoking



About the latest performance

Quit 51 achieved only 64% of the cumulative target for Quarter 2. The service continues to target the most hardened smokers that need more support to help them to quit smoking and stay quit. The average quit rate for the quarter was 48 percent for Lincolnshire, compared to England's average quit rate of 51%. The service is moving to a new model from July 2019 and we would expect to see improvement from that point onwards.

Further details

This is a new measure in the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

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

About the target range

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

About benchmarking

Statistics on NHS Stop Smoking Services are published by NHS Digital on a quarterly basis. This provides details from all local authority areas which provide data returns and so allows for regular benchmarking of stop smoking services. In 2016/17 Lincolnshire performance was mid point amongst comparator areas (ranked 8th of 16). This equates to 2,300 successful quitters at a rate of 48% (of all those who set a quit date). This is slightly below the comparator average (50.1%) as well as England (50.7%) and the East Midlands (53.2%).



Health and Wellbeing is improved

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

People supported to maintain their accommodation

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

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

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



Not achieved

84

%

Quarter 3 December 2018

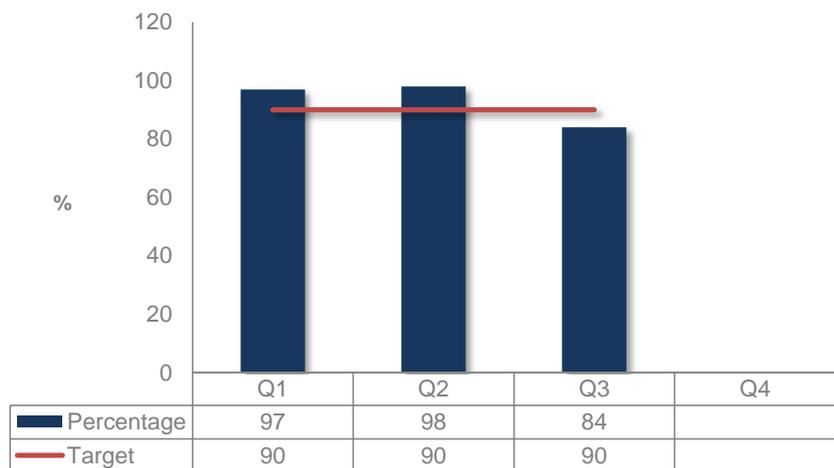


90

%

Target for December 2018

People supported to maintain their accommodation



About the latest performance

Housing Related Services have not achieved this target on this outcome measure for the people accessing their services. The services have slightly under achieved missing the target by 6 percentage points. Quarter 3 contract management meetings will take place during February and the reasons for this fluctuation will be discussed.

Further details

This is a new measure to the Council Business Plan 2018/2019, therefore historical data is not available.

About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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



Health and Wellbeing is improved

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

Emergency and urgent deliveries and collections completed on time

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

This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.

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

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

A higher percentage indicates a better performance.



Achieved

99

%

Quarter 3 December 2018

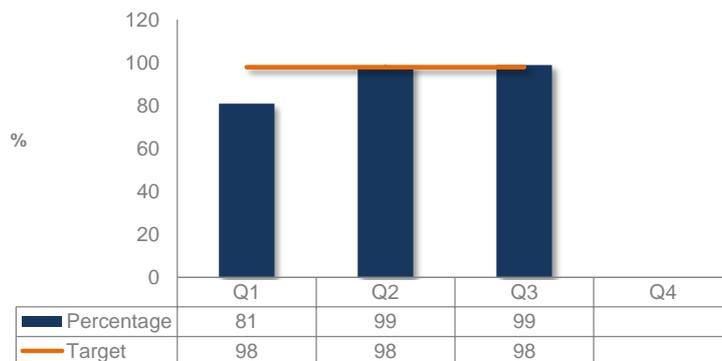


98

%

Target for December 2018

Emergency and urgent deliveries and collections completed on time



About the latest performance

Performance on Emergency and Same Day deliveries and collections has remained consistent and the provider has exceeded target. This has been due to restructure of staff at the depot and also an increase in head count of Driver Technicians to cater for increase in demand on the service.

Further details

This is new measure to the 2018-2020 Council Business Plan therefore historical data is not available.

About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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

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

Report to:	Adults & Community Wellbeing Scrutiny Committee
Date:	27 February 2019
Subject:	Adult Care & Community Wellbeing 2018/19 Budget Monitoring Report

Summary:

The Adult Care & Community Wellbeing (AC&CW) net budget is £221.006m. Based on current information available to 31 December 2018 it is estimated that AC&CW will produce an underspend of £0.642m for the financial year 2018/19.

Actions Required:

The Adult Care and Community Wellbeing Scrutiny Committee is asked to review the budget outturn projection for 2018/19.

1. Background

AC&CW is organised into five commissioning strategies, these being:

- Adult Frailty & Long Term Conditions
- Specialist Adult Services (Mental Health, Autism and Learning Disability)
- Safeguarding Adults
- Carers
- Community Wellbeing

An analysis of the AC&CW budget and projected outturn for 2018/19 is illustrated below. Based on current information available to 31 December 2018 it is estimated that AC&CW will produce an underspend of £0.642m for the financial year 2018/19.

Adult Care & Community Wellbeing Budget Monitoring Report	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)	%
Adult Frailty & Long Term Conditions (Service)	112.616	111.241	- 1.375	-1.22%
Adult Frailty & Long Term Conditions (Infrastructure)	7.788	7.183	- 0.605	-7.77%
Specialist Adult Services	65.808	67.036	1.228	1.87%
Safeguarding Adults	4.485	4.650	0.165	3.68%
Carers	2.464	2.438	- 0.026	-1.06%
Community Wellbeing	27.845	27.816	- 0.029	-0.10%
Total Adult Care & Community Wellbeing	£ 221.006	£ 220.364	- 0.642	-0.29%
PH Grant - Children's Services (info only)	9.698	9.198	- 0.500	-5.16%

A more detailed version of the analysis can found in Appendix A.

The report will look at each area in turn.

1.1 Adult Frailty & Long Term Conditions (AF<C)

The Adult Frailty & Long Term Conditions Strategy brings together Older People (OP) and Physical Disability (PD) services as well as hosting the budgets for back office functions in Infrastructure budgets. This Commissioning Strategy aims to ensure that eligible individuals receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Reablement
- Domiciliary Care (Home Support)
- Direct Payments
- Community Support
- Extra Care Housing
- Residential Care including Block Beds
- Dementia Support Services
- Assessment & Care Management and Social Work Service
- Infrastructure

The current budget for this Commissioning Strategy is £120.604m

a) AF<C Services

AF<C services budget currently totals £112.616m and the projected outturn based on current information is estimated at £111.241m an underspend of £1.375m or 1.23%.

The staffing budget for 2018/19 is £14.694 million. OP/PD is carrying a number of vacancies but recruitment is on-going and agency staffing is being used for backfill in certain areas, given the continued level of vacancies the staffing budget is projected to produce an underspend of £1.000m at year end.

The service is taking and applying learning from Children's Services successful recruitment campaign and has a more cohesive approach to recruitment with a rolling advert. This is starting to demonstrate growth and improvement in recruiting experienced registered staff where the greatest challenges are.

The Direct Payments budget is £18.188m across OP and PD services for Older Persons and it is projected that the budget will underspend by £0.542m.

Current activity is showing a reduction from the end of 2017/18. The client numbers were 1,866 across both areas as at the end of March last year, as at the end of December 2018 there are 1,593, but there are further annual payments to be made along with some new cases so this figure will increase.

Home Support budget for 2018/19 is £23.661m; this budget line includes all expenditure for Extra Care Housing and supported living. Current projection is that this budget will produce an overspend of £0.803m. The main areas of pressure are for PD services where the projected underspend is £0.695m and £0.324m for supported living cases. OP spend is expected to be slightly under budget.

The Long term & Short term Residential care budget for 2018/19 is £83.456m and placement activity remain stable. At this point it is projected that the budget will balance at the end of 2018/19.

Other budgets totalling £5.012m with AF<C (Service) include Care Beds which are purchased via a block contract, Workforce Development (Training) budget of £0.309m as well as the Reablement service, a number of BCF funded projects and costs relating to the remaining in-house Day Care Service in Stamford which has a budget £0.113m. Analysis to the end of December 2018 suggests that the above mentioned areas will produce a balanced budget at the end of the financial year.

b) AF<C Infrastructure

The infrastructure budget currently includes expenditure in relation to the Executive Director for AC&CW, along with individual Heads of Service costs as well as budgets for Policy and Service Development, Performance and Brokerage Teams.

The current budget for this element of the AF<C for 2018/19 is £7.788m, at this time it is considered that it will produce an underspend of £0.605m of the total budget.

Areas of underspend include the Sensory Impairment contract this year due to re-charges totalling £0.169m, in the Business Improvement team (£0.050m), a reduction of £0.041m in staffing costs in the Quality Assurance team and a £0.220m underspend is projected within the Operations Adult Services and Specialist Adult services staffing teams.

The final underspend is due to a number of long running staffing vacancies and as a result a restructure of those two teams is expected in the coming months.

1.2 Specialist Adult Services

This Commissioning Strategy aims to ensure that eligible Adults with Learning Disability, Autism and/or Mental Health needs receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Residential and Nursing Care
- Community Supported Living
- Homecare
- Direct Payments
- Day Services
- Respite Services
- Shared Lives
- Transport
- Assessment and Care Management and Social Work Service
- Section 75 Agreement with Lincolnshire Partnership Foundation Trust for Mental Health Services

The total budget which also includes costs for the Council's in-house Day Care service (£2.580m) for 2018/19 is £65.808m, which includes an additional £2.2m into base budget from the Better Care Fund (BCF).

Current projections indicate that the budget will overspend this year by a total of £1.228m. Given the complexity and individual costs associated with service users supported within these budget areas, projections can be volatile given that a relatively small increase or decrease in service user activity can have a significant impact on the overall out-turn position. However, allowing for further new service starts, further attrition and a further increase in expected income we would not expect the overspend position to increase further.

As a result of the projected overspend within Learning Disability and Mental Health services a review of these service areas will be undertaken.

a) Learning Disability Services

The Adult Learning Disabilities service is administered via a Section 75 Agreement between the Council and NHS Commissioners in Lincolnshire. This is funded via a combination of Council funding, CCG contributions and BCF income. The total net budget for the S75 is £57.128m.

Part of the LD Section 75 is with Health and the four Lincolnshire Clinical Commissioning Groups (CCGs) amounting to £11.9m relating to all service users with Continuing Health Care that are either Joint funded with Social Care, or fully funded through Health. Whilst we currently have an overspend of over £2.000m within this area, this will be dealt with via the risk share arrangements within the S75 Agreement. Hence this overspend that will be funded by the CCGs is currently not being reported as a pressure against the LCC budget.

As part of a review to consider the way in which cases supported via S117 of the Mental Health Act 1983 are managed and funded between the Council and the NHS there is a potential effect on the Adult Care and Community Wellbeing budget both in 2018-19 and, for future years. At this time it is not possible to estimate the financial impact of this change; however a provision for any potential costs will be added to the outturn once an indication of the cost is known.

Direct payments within the Learning Disabilities budget are currently under pressure due to higher than anticipated increases in new packages. We have also built in an estimate for the additional cost of night rate payments that will affect clients who employ personal assistants using their direct payment.

Whilst increased costs have been built into the budget for supported living for 2018-19, the planned activity levels were set at the same level as 2017-18, however activity levels have surpassed the planning targets with more people meeting eligibility thresholds than anticipated. As with Direct Payments this is a budget pressure.

Residential activity has seen an increase in new placement costs compared to those leaving the service this year. To date we have had eight new placements, all of which have higher needs than the four lower cost de-commitments in year. If this trend continues then again we will see pressures mounting in the later part of the year.

The current projection for income is to receive £1.899m more income than budget for 2018/19. Some of this is made up from the additional Supported Living client's contributions and additional direct payment refunds.

b) Mental Health

The current budget for Mental Health is £6.100m for 2018/19. LCC have a S75 Partnership Agreement set up with Lincolnshire Partnership Foundation Trust (LPFT) to provide this service on behalf of LCC.

Demographic growth and inflationary increases around all of the Community Care packages in year has created further pressures on this budget this year. LCC are currently working very closely alongside LPFT to ensure any higher than average cost placements are being challenged and that these packages are being checked for any Continuous Health Care element, to ensure this is reclaimed from Health and reduce costs to Social Care. However, due to this year's rate increases from Providers, the increase in the National Living Wage and the number of high cost packages that have entered the service this year, the Mental Health Community Care budget is currently projecting an overspend of £0.699m for 2018/19.

There is also an on-going stringent review of the LPFT staffing structure in year. The current structure was set up in 2012 when the S75 was first signed. This now needs to be restructured to be able to meet and cope with the increasing demand and complex nature of this service.

1.3 Safeguarding

The current budget for Safeguarding for 2018/19 is £4.485m, which has been increased in year by £700k which came from a successful bid from the Adult Care 1% carry forward from 2017/18. It is now envisaged that this budget will cover all of the additional costs for the increased Best Interest Assessments still coming through each month.

Whilst work was carried out last year to significantly reduce the backlog of Deprivation of Liberty Safeguarding (DoLS) Assessments and Reviews in the system, the volume of new Assessments we are receiving each month is still very high. It is expected that this volume will continue whilst the Cheshire West Judgement is still in place.

This high volume continues to put pressure on the Mental Health Capacity Team to ensure that all Best Interest Assessments and Reviews are completed on time so that backlogs are monitored and kept to a minimum.

On that basis we expect the budget to overspend by £0.165m.

1.4 Community Wellbeing

The current budget for Community Wellbeing is £27.845m.

Services are delivered as part of the Council's statutory obligation to improve the public health of local populations as per the Health and Social Care Act, in addition there are also a number of non-statutory services which the Council deliver.

Community Wellbeing services include:

- Health Improvement Prevention & Self-Management
- Public Health Statutory Services
- Wellbeing Service
- Sexual Health
- Housing Related Service
- Prevention & Treatment of Substance Misuse

Based on information received to the end of December 2018/19, it is projected that this area will have a small underspend of £0.029m for the year.

The majority of costs within the Wellbeing Strategy are funded via the Public Health Grant following the transfer of NHS Public Health duties to Local Authorities in April 2013; however the grant also funds a number of children's services most notably 0-5 and 5-19 services. The total budget assigned to these services is £9.698m and is illustrated in Appendix B for information only. It is expected that this element of the service will underspend by £0.500m.

1.5 Carers

The current budget for Carers for 2018/19 is £2.464m.

The Carers Strategy aims to prevent or delay on-going care needs by supporting Adult Carers so they are able to sustain their caring role, reducing the need for costly services in primary and acute care, and long term Social Care.

The Strategy is also responsible for services provided to young carers helping to prevent inappropriate caring, helping to reduce the negative impact on the Child's

wellbeing and development by ensuring adequate support for the Adult and to support the Child to fulfil their potential.

Carers FIRST contact (£1.059m) continues to promote a focus on early identification and support of carers providing a wide range of services, including carers universal support services, community networks, information and advice as well as statutory assessments. This increase has been delivered within the allocated budget.

There is also a budget of £0.750m relating to Personal Budgets through Direct Payments to Carers which is also within budget for the year.

As a result it is expected that the Carers budget will produce a small underspend of £0.026m.

1.6 Better Care Fund

The Lincolnshire Better Care Fund (BCF) is a framework agreement between Lincolnshire County Council and the Lincolnshire Clinical Commissioning Groups (CCGs) and looks to pool funds from those organisations to help support the national and local objective of closer integration between the Council and the CCGs.

The total pooled amount in 2018/19 is £232.123m which includes £56.164m that was allocated to the Lincolnshire BCF from the Department of Health and Social Care. The BCF has recently been reviewed which has resulted in minor changes to BCF expenditure plans. These have been agreed by the Lincolnshire Joint Executive Team, with confirmation issued to the regional Better Care Support Team confirming the changes. The nationally directed changes to Non-Elective Admissions and Delayed Transfers of Care metrics have also been noted and included within the local performance monitoring for 2018/19.

Lincolnshire's fund is one of the largest in the country and includes pooled budgets for Learning Disabilities, Children and Adolescence Mental Health Services (CAMHS) and Community Equipment plus 'aligned' Mental Health funds from the County Council and the four CCGs.

In addition to the continuation of existing pooled funds, there are a number of other funding streams, these 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 totalling £14.249m in 2018/19
- The announcement of iBCF Supplementary funding in the Chancellor's March 2017 budget totalling £9.609m in 2018/19

Overall BCF funding from central government has increased by £6.772m in 2018/19.

There is a requirement to ensure that the funding has a positive impact on performance in the areas of Delayed Transfers of Care, Non-Elective Admissions, Residential Admissions and positive outcomes following Reablement, these have been reflected in our plans.

For members if it important to note that the BCF is subsumed into the Council's base budget, it is intended to support pressures within AC&CW and deliver on expected areas of performance.

This funding continues to support AC&CW pressures, most notably in 2019/20, although confusingly it may appear not to be the case.

1.7 Income

The income target for Adult Frailty & Long Term Conditions for 2018/19 is £37.710m. For Residential/Nursing placements the income target is £26.2m which represents 69% of the total income expected to be received. Current projections indicate that income will be on target as at financial year end.

£4.2m of the residential/nursing income is property debtor income. There are currently 107 service users with an active Deferred Payment Agreement which represents £2.5m of the property debtor figure. There have been 16 deferred payment cases repaid totalling £0.371m and 39 other property cases totalling £0.467m have been repaid in 2018/19 to date.

The Non Residential income target is £11.5m. £1.8m of this income is expected to be received through the audit of Direct Payments recovering surplus on accounts, the other income will be for service user contributions for Direct Payments and Home Support. Current projections indicate that the income will be on target as at financial year end.

In 2017/18 there was £0.903m, which is 2.4%, written off from £37.2m income outturn. Once debts are outstanding for 365 days a bad debt provision is put in place to mitigate the risk to future years' income should it proceed to write off.

Specialist Adult Services income target for 2018/19 is £16.151m, of this £11.9m is S75 income received from Health. Service user income and income from other local authorities equates to £4.251m. Residential income represents £2.3m which is 54% of the service user income target; the current projection is for a small shortfall of £0.014m.

The Non Residential and Other LA income target is £1.9m and the projection figure for year end is £2.8m. The additional income is largely down to additional service user contributions for Direct Payments, Supported Living and recovering surplus funds through Direct Payment Audits.

Overall income collection is expected to exceed targets by £5.528m of which £2.000m will come via CCGs to cover additional CHC costs described above, £1.415m above target for direct payment audit refunds and the remainder related to growth in service user contributions.

1.8 Capital

Adult Care and Community Wellbeing currently have a capital reserve of £12.653m of which the majority will be used to fund options around the development of the Council's Extra Care Housing Strategy, and the potential development for additional building base capacity within Learning Disabilities services.

1.9 Winter Pressures

Funding totalling £3.368m was allocated to the Council in 2018/19 following the Chancellor's October Budget Statement with a further allocation of £3.368m also allocated in 2019/20, although funding in that year will be distributed via iBCF.

Funding has to be used to "*alleviate winter pressures on the NHS, getting patients home quicker and freeing up hospital beds across England*". The funding is subject to regular government scrutiny regarding its use over the winter period with a condition that the fund must be fully utilised by 31 March 2019.

Funding is provided to 16 schemes in total including:

- One off schemes
- Proof of concept schemes
- Funding to offset budget pressures
- Funding to enhance existing services
- Already some interest from NHS colleagues on how funding is used which will increase when funding is delivered via iBCF
- Details of funding is on the enclosed spreadsheet

A total of £1.160m has already been allocated over recent weeks and the Council is expected to fully utilise the funding by the end of the financial year.

A copy of the scheme list can be found in Appendix B.

2. Conclusion

The AC&CW outturn is projected to be £220.364m producing an underspend of £0.642m (0.29%) for the year ending 31 March 2019. This being the case it would be the seventh year in succession that AC&CW has been able to live within its budgeted allocation.

3. Consultation

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

No

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	AC&CW Budget Monitoring Analysis December 2018
Appendix B	Winter Pressures Scheme List 2018/19

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 Steven Houchin, who can be contacted on 01522 554293 or steven.houchin@lincolnshire.gov.uk.

Appendix A Adult Care & Community Wellbeing Budget Monitoring Report		Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)	%
AF<C (Service)	Staffing (OP/PD)	14.694	13.694	- 1.000	-6.81%
	Residential Services (OP/PD)	80.071	80.998	0.927	1.16%
	Domicilliary Care Services (OP/PD)	22.409	23.212	0.803	3.58%
	Direct Payments (OP/PD)	18.188	17.470	- 0.718	-3.95%
	Reablement	4.274	4.274	-	0.00%
	Day Care (OP/PD)	0.503	0.437	- 0.066	-13.12%
	Transport (OP/PD)	0.351	0.351	-	0.00%
	Other Expenditure (OP/PD)	10.036	9.851	- 0.185	-1.84%
	Income (OP/PD)	- 37.710	- 38.298	- 0.588	1.56%
		<i>Sub Total</i>	<i>112.816</i>	<i>111.989</i>	<i>- 0.827</i>
AF<C (Infrastructure)	Home Support Brokerage	0.499	0.496	- 0.003	-1%
	Adult Care Performance & Intelligence Team	0.571	0.602	0.031	5%
	Quality Assurance & Business Improvement Teams	0.803	0.707	- 0.096	-12%
	Other Back Office and Senior Management Staffing Costs	5.069	4.677	- 0.392	-8%
	Contracted Services	0.916	0.771	- 0.145	-16%
	Income	- 0.070	- 0.070	-	0%
		<i>Sub Total</i>	<i>7.788</i>	<i>7.183</i>	<i>- 0.605</i>
Specialist Adult Services	Staffing (LD)	2.983	2.983	-	0%
	Residential Services (LD)	30.385	31.672	1.287	4%
	Domicilliary Care Services (LD)	25.235	27.662	2.427	10%
	Direct Payments (LD)	9.436	10.589	1.153	12%
	Day Care (LD)	1.389	1.657	0.268	19%
	Transport (LD)	0.861	0.925	0.064	7%
	Other Expenditure (LD)	2.990	2.990	-	0%
	Service User Income (LD)	- 4.251	- 6.150	- 1.899	45%
	NHS Income (LD)	- 11.900	- 14.671	- 2.771	23%
	Mental Health Services (LD)	6.100	6.799	0.699	11%
	In House Day Care Services (LD)	2.580	2.580	-	0%
	<i>Sub Total</i>	<i>65.808</i>	<i>67.036</i>	<i>1.228</i>	<i>1.87%</i>
Carers	Carer Personal Budgets	0.750	0.750	-	0%
	Carers First contract	1.059	1.036	- 0.023	-2%
	Carers Development	0.578	0.625	0.047	8%
	Other Contracts	0.077	0.027	- 0.050	-65%
		<i>Sub Total</i>	<i>2.464</i>	<i>2.438</i>	<i>- 0.026</i>
Safeguarding Adults	Mental Health Capacity Act	3.002	3.002	-	0%
	Safeguarding Team	0.788	0.953	0.165	21%
	Emergency Duty team	0.635	0.635	-	0%
	Safeguarding Board	0.060	0.060	-	0%
		<i>Sub Total</i>	<i>4.485</i>	<i>4.650</i>	<i>0.165</i>
Community Wellbeing	Health Improvement & Prevention	2.737	2.650	- 0.087	-3%
	Public Health Statutory Service	3.580	3.412	- 0.168	-5%
	Wellbeing Services	6.341	6.991	0.650	10%
	Sexual Health Services	5.528	5.219	- 0.309	-6%
	Housing Related Support	4.242	4.127	- 0.115	-3%
	Substance Misuse	5.417	5.417	-	0%
		<i>Sub Total</i>	<i>27.845</i>	<i>27.816</i>	<i>- 0.029</i>
Total Adult Care & Community Wellbeing		£ 221.206	£ 221.112	-£ 0.094	-0.04%

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Winter Pressure Schemes

Scheme		DoH Definition	Project Lead	Description	% of Estimated Cost	Estimated Cost (£m)
1	Winter Room	Streamlining assessment processes including continuing healthcare	Tracy Perrett	Silver Command type process with ability to approve low level spend on an ad-hoc basis to remove blocks to discharge.	4.45%	£ 0.150
2a	Step Up/Discharge to Assess Residential Beds & Community OOH Assessment	Reablement or Intermediate Care places in a residential or nursing home	Tracy Perrett	Procurement of intensive reablement/intermediate type care beds on a block basis for 6 months.	2.97%	£ 0.100
2b	Step Up/Discharge to Assess Residential Beds & Community OOH Assessment	Other Interventions to prevent or delay avoidable admissions or readmissions	Tracy Perrett	Test the model of an integrated OOH's co-located offer for CAS to support Admission Avoidance and Discharge through winter.	7.42%	£ 0.250
3	Homecare Trusted Assessors (Domiciliary)	Dedicated discharge teams embedded in domiciliary care providers	Carolyn Nice	Roll out a proof of concept to Dom Care mirroring the programme we have in situ for Care Homes.	3.56%	£ 0.120
4	HART extension	Additional Domiciliary Care packages (not reablement)	Carolyn Nice	Extend Hart provision from 72 hours to 5 days	4.16%	£ 0.140
5	Homecare Restart Extension	Additional Domiciliary Care packages (not reablement)	Carolyn Nice	Extend homecare packages following hospital admission from 48 hours to a maximum of 7 days before closing the care package	9.74%	£ 0.328
6	Winter Induction Bursary plus 6 month bonus/DBS	Additional Domiciliary Care packages (not reablement)	Carolyn Nice	Bursary payments for new entrants for the homecare market. Eligible employees would be guaranteed 25 hours full pay in the first two weeks of employment and a £250 bonus if they remain employed after 6 months.	6.68%	£ 0.225
8	Investment in Technology	Improved Equipment Services to speed up turnaround times	Emma Scarth	Zoom licenses and investment in DTOC systems to progress clinical support triage at CAS	4.25%	£ 0.143
9	Assessment Staffing for Hospital Teams/Housing Link Worker	Other interventions to minimise delayed discharges, implement good practice on discharge and discharge planning	Tracy Perrett	Agency Staffing x 8 for 6 months across ULHT, NWAFT, NLAG and a Housing Link Worker	10.69%	£ 0.360
10a	Equipment ICES over 7 Days	Expansion of seven day working	Derek Ward	Services delivered via NRS increase from the existing arrangement of 6 day per week to 7 days per week	7.42%	£ 0.250
10b	Equipment ICES over 7 Days	Reablement or Intermediate Care in a persons own home	Derek Ward	Support reablement provider with any unforeseen costs	7.42%	£ 0.250
11	Prevention of Nursing de-registration	additional placement capacity in nursing or residential care (not reablement)	Carolyn Nice	Investment to prevent de-registration of nursing homes via a transfer of funds to CCG	7.42%	£ 0.250
12	End of Life Care	Additional Domiciliary Care packages (not reablement)	Carolyn Nice	Advanced planning and support to enable people to remain in preferred place of death	2.97%	£ 0.100

Scheme		DoH Definition	Project Lead	Description	% of Estimated Cost	Estimated Cost (£m)
13	LPFT	Specialist placements e.g. dementia, mental health and learning disabilities	Justin Hackney	To support DTOC arrangements throughout winter and maintain current performance	7.42%	£ 0.250
14	Wellbeing Increase Capacity	Work with voluntary and community sector to reduce or delay avoidable admissions or readmissions	Derek Ward	To support DTOC arrangements throughout winter and maintain current performance	1.54%	£ 0.052
15	Falls Prevention	Other Interventions to prevent or delay avoidable admissions or readmissions	Derek Ward	Introduction of falls advisory service in residential homes. Promotion of "Slippers for Tripper" and additional investments for "LIVES" service	8.91%	£ 0.300
16	Co-Responders Extension	Work with the voluntary sector to help reduce DTOC	???	Extension of existing service to ensure countywide response within 45 minutes of a call	2.97%	£ 0.100
Total Estimated Cost					100.0%	£ 3.368

Open Report on behalf of David Coleman, Chief Legal Officer

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	27 February 2019
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

The Committee is requested to consider its work programme.

Actions Required:

To review, consider and comment on the work programme; and highlight any activity which could be considered for inclusion in the work programme.

1. Current and Previous Items

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

27 February 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
NHS Long Term Plan	Glen Garrod, Executive Director of Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Quarter 3 2018-19 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Budget Monitoring Report	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

2. Future Work Programme Items

Set out below are the meeting dates for 2019, with a list of items allocated or provisionally allocated to a particular date:

10 April 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Integrated Community Care Portfolio	Sarah-Jane Mills, Chief Operating Officer, Lincolnshire West Clinical Commissioning Group Kirsteen Redmile, Lead Change Manager – Integrated Care STP System Delivery Unit
Lincolnshire Assessment and Re-ablement Service	Carolyn Nice, Assistant Director, Adult Frailty and Long Terms Conditions
Community Based Support Service for People with Dementia and Their Families <i>(Executive Councillor Decision between 15 and 26 April 2019)</i>	Carolyn Nice, Assistant Director, Adult Frailty and Long Terms Conditions
Memorandum of Understanding – Housing (Extra Care Housing)	Glen Garrod, Executive Director of Adult Care and Community Wellbeing

22 May 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Annual Report of the Director of Public Health <i>(to be confirmed)</i>	Derek Ward, Director of Public Health
Rurality in Lincolnshire – Opportunities and Challenges <i>(to be confirmed)</i>	Derek Ward, Director of Public Health
Short Breaks Provision in Lincolnshire <i>(Executive Councillor Decision 29 May 2019)</i>	Carl Miller, Commercial and Procurement Manager – People Services
Government Green Paper on Care and Support for Older People	To be confirmed.

3 July 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Quarter 4 2018-19 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Final Budget Outturn Report 2018/19	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

3 July 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Policy under Section 117 of the Mental Health Act 1983 (<i>Executive Councillor Decision</i>)	Heston Hassett, Section 117 Specialist Project Manager, Specialist Adult Services

4 September 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Quarter 1 2019-20 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing

9 October 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>

27 November 2019 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Quarter 2 2019-20 Performance	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget Outturn Projection Report 2019/20	Steve Houchin, Head of Finance, Adult Care and Community Wellbeing

The following list of items has been previously suggested by the Committee, or an update has been previously requested: -

- National Carers Strategy
- Joint Commissioning Arrangements
- Alcohol Harm and Substance Misuse Services
- Day Opportunities
- Health, Housing and Care Delivery Group Update (*Considered 29 November 2017*)
- Managed Care Network for Mental Health (*Considered 11 April 2018*)
- Adult Safeguarding Commissioning Strategy – Refresh due in 2019 (*Considered 5 September 2018*)
- Adult Frailty and Long Term Conditions Commissioning Strategy – Refresh due in 2019 (*Considered 10 October 2018*)
- Wellbeing Commissioning Strategy – Refresh due in 20019
- Care Quality Commission Update (*Considered 29 November 2017*)
- All Commissioning Strategies – Annual Summary

3. Conclusion

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

4. Consultation – Not applicable

5. Appendices – These are listed below and set out at the conclusion of this report.

Appendix A	Adults and Community Wellbeing Scrutiny Committee – At-A-Glance Work Programme
Appendix B	Forward Plan – Items Relevant to the Remit of the Adults and Community Wellbeing Scrutiny Committee

6. 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 AT A GLANCE WORK PROGRAMME

	2017				2018								2019		
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135	135	210	185			
Adult Care and Community Wellbeing Corporate Items															
Better Care Fund		✓													
Budget Items			✓		✓				✓		✓		✓		
Care Quality Commission				✓											
Contract Management					✓										
Introduction	✓														
IT Updates					✓							✓			
Joint Strategic Needs Assessment	✓														
Local Account				✓											
Quarterly Performance		✓	✓	✓			✓		✓	✓		✓			
Strategic Market Support Partner			✓												
Winter Planning										✓					
Adult Frailty, Long Term Conditions and Physical Disability															
Care and Support for Older People – Green Paper												✓			
Commissioning Strategy											✓				
Dementia Strategy											✓				
Homecare Customer Survey									✓						
Residential Care / Residential Care with Nursing - Fees						✓			✓						
Review Performance									✓						
Adult Safeguarding															
Commissioning Strategy										✓					
Safeguarding Scrutiny Sub Group				✓		✓		✓		✓					
Carers															
Commissioning Strategy											✓				
Community Wellbeing															
Director of Public Health Report								✓							
Director of Public Health Role								✓							
Domestic Abuse Services			✓												
Healthwatch Procurement								✓							
NHS Health Check Programme							✓								
Sexual Health Services													✓		
Stop Smoking Service					✓										
Wellbeing Commissioning Strategy											✓				
Wellbeing Service												✓			
Housing Related Services															
Extra Care Housing						✓									
Supported Housing						✓									

KEY
 = Item Considered
 = Planned Item

2017				2018							2019			
15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr

Specialist Adult Services														
Commissioning Strategy														
Managed Care Network Mental Health														
Shared Lives														

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

From 1 March 2019

DEC REF	MATTERS FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	HOW TO COMMENT ON THE DECISION BEFORE IT IS MADE AND THE DATE BY WHICH COMMENTS MUST BE RECEIVED	RESPONSIBLE PORTFOLIO HOLDER	KEY DECISION YES/NO	DIVISIONS AFFECTED

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