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23 June 2020

In accordance with the powers granted by the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 this will be a virtual meeting.

Adults and Community Wellbeing Scrutiny Committee

A meeting of the **Adults and Community Wellbeing Scrutiny Committee** will be held on **Wednesday, 1 July 2020 at 10.00 am as a Virtual - Online Meeting via Microsoft Teams** for the transaction of the business set out on the attached Agenda.

Access to the meeting is as follows:

Members of the Adults and Community Wellbeing Scrutiny Committee and officers of the County Council supporting the meeting will access the meeting via Microsoft Teams.

Members of the public and the press may access the meeting via the following link: <https://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=550&MId=5483> where a live feed will be made available on the day of the meeting.

Yours sincerely

A handwritten signature in cursive script that reads 'Debbie Barnes'.

Debbie Barnes OBE
Chief Executive

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

Councillors C E H Marfleet (Chairman), E J Sneath (Vice-Chairman), B Adams, Mrs P Cooper, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid and M A Whittington

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 1 JULY 2020**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting held on 26 February 2020	5 - 12
4	Announcements by the Chairman, Executive Councillor and Lead Officers	
5	Examples of Excellent Work during Covid-19 - Overview for the Committee <i>(To receive a report and presentation by Chris Erskine, Lead Professional and Principal Social Worker, which provides the Committee with an overview of some of the excellent work which has been undertaken during the covid-19 pandemic)</i>	13 - 14
6	Adult Care and Community Wellbeing Performance Report - Quarter 4 2019/20 <i>(To receive a report by Caroline Jackson, Performance Manager, Adult Care and Community Wellbeing, which presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 4 2019/20)</i>	15 - 72
7	Adult Care and Community Wellbeing Outturn 2019-20 <i>(To receive a report by Pam Clipson, Head of Finance – Adult Care and Community Wellbeing, which provides the Committee with the opportunity to consider the budget outturn for Adult Care and Community Wellbeing for 2019/20)</i>	73 - 78
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>	79 - 86

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

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

Contact details set out above.

All papers for council meetings are available on:

<https://www.lincolnshire.gov.uk/council-business/search-committee-records>



**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
26 FEBRUARY 2020**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors E J Sneath (Vice-Chairman), B Adams, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, C E Reid, C L Strange and M A Whittington

Officers in attendance:-

Andrew Appleyard (Inspection Manager Lincolnshire, Care Quality Commission), Paul Basset (Head of Adult Frailty and Long Term Conditions), Pam Clipson (Head of Finance - Adult Care and Community Wellbeing), Chris Erskine (Lead Professional and Principal Social Worker), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Justin Hackney (Assistant Director, Specialist Adult Services), Theo Jarratt (County Manager, Performance Quality and Development) and Rachel Wilson (Democratic Services Officer)

56 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs M J Overton MBE.

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

57 DECLARATIONS OF MEMBERS' INTERESTS

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

58 MINUTES OF THE MEETING HELD ON 15 JANUARY 2020

RESOLVED

That the minutes of the meeting held on 15 January 2020 be signed by the Chairman as a correct record.

59 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

There were no announcements by the Chairman, Executive Councillor or Lead Officers.

**60 CARE QUALITY COMMISSION - ADULT SOCIAL CARE INSPECTION
UPDATE**

Consideration was given to a report by the Inspection Manager Lincolnshire from the Care Quality Commission (CQC) which provided the Committee with a position statement on the progress and themes coming out of the CQC's inspections of Adult Social Care services in Lincolnshire.

The Inspection Manager reported that he had been in post for five months, and managed a team of nine inspectors for Lincolnshire. It was highlighted that the role of the CQC was to monitor, inspect and regulate all health and social care services in England and ensure that they met fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008. Members were advised that there were 422 locations registered in Lincolnshire for the provision of adult social care and the CQC had inspected and published ratings on 385 of these 422 services.

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:

- It was queried if a service had been rated as good by the CQC and through council monitoring it was found to be not doing as well, was the Council able to contact the CQC to request a visit. Members were advised that the contract officers were in regular contact with the CQC, and if concerns were raised about a provider, then either the Council would carry out a visit, or the CQC could bring forward an inspection. It was noted that the Council had the ability to go into a provider more regularly than the CQC.
- It was noted that having a consistent Registered Manager in post had a positive influence. There were currently 25 locations in Lincolnshire without a registered manager. Members were advised that where a registered manager had left one establishment and moved to another, this would generate a visit. It would be possible to check how quickly a provider improved if they got a new registered manager.
- In terms of small, unregistered providers, it was queried how they were engaged with, as if financial risk was recognised, there was the potential for people to be exploited. It was highlighted that registration was not due to the size of the organisation, but whether it was providing a regulated activity.
- In terms of Registered Managers, it was queried whether there was the possibility of having affiliated managers where they covered, for example, 3 smaller homes, and it was confirmed that this was possible.
- It was noted that organisations would have a registered manager and there were registered providers. GP surgeries may also have a registered person. It was highlighted that the registered manager was someone that was accountable for the delivery of the regulated activity.
- It was commented that elderly people would advertise for people to help them, including live in help, which could include a friendship element. However, there was no requirement for people responding to these adverts to be CRB checked. It was noted that where help included assistance with

washing/dressing or helping with medication, this would then become a regulated activity.

- In terms of the powers that the CQC held, it was noted that it could carry out targeted and focused inspections, as well as issuing warning notices. The CQC could also hold registered managers and providers accountable for both civil and criminal matters. It worked closely with the Police and the UK Border Agency.
- Members were advised that the Council had seen a huge increase in compliance with contracts. Over the last 18 months improvements had been seen where providers had gone from 'Requires Improvement' to 'Good'. It was noted that targeted support and intervention had made a significant difference.
- It was confirmed that visits by the CQC to providers were not announced, but inspections would generally take place within set timescales. How the Commission asked for provider information returns had recently changed, and they were now requested on an annual basis. However, small providers may be given 24 hours' notice to ensure that there were staff available.
- It was queried whether the CQC had any powers of intervention with non-registered services. Members were advised that there was scrutiny from the Council and officers would be looking for assurance that the provider was compliant with the contract. If a safeguarding risk was identified then it would be referred to the safeguarding team. The Council was working with the CQC and police in terms of criminal prosecutions. If there were concerns, the Council could contact the CQC.
- It was reported that the CQC did have a non-regulated services team, who could take action against non-registered providers who were delivering regulated services.
- Members were advised that the CQC did not use 'mystery shoppers' to check on services. However, there were assistant inspectors, and conversations were taking place around their roles, and the carrying out of welfare visits. There may be a change to the way that reports were written. It was also noted that the Council's contracts officers could visit providers and would observe practices. Sometimes, feedback would also be received from utilities companies, and a lot of information was also received from the general public.
- One member commented that they had visited a number of care homes and had noticed how things had improved in recent years, and were moving in the right direction.
- It was queried what percentage of the elderly population went into residential care. However, it was noted that the trend for the past 10 – 20 years had been to help people to stay in their own homes. There was however, still a large number of working age people with disabilities entering residential care settings. The availability of suitable housing was currently a big topic, and it was important that closer working with district colleagues continued in order to address this.
- It was highlighted that as people stayed in their homes for longer, the care that was being delivered changed and it was likely they would need more complex care, and most of this care was being delivered by family members.
- It was suggested that there could be increased demand for non-regulated services such as shopping/cleaning as peoples care needs changed.

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Members were advised that where these services were part of someone's care package, they would be commissioned by the Council who would have oversight of how they were delivered.

- If a new registered manager was appointed to a provider, it would be between six months and a year before the CQC would visit to take account of any notice period they may have to serve at their previous provider and also to allow time to complete their induction period. The CQC would try to be flexible with these circumstances and seek to understand the whole situation.
- It was queried whether there was a career path for registered managers, and it was noted that there was a lot of development of staff within the industry, which was important. It was noted that the CQC had been to Boston College to speak to a group of registered managers who were holding a day of training.

RESOLVED

That the information presented be noted.

61 NEW WAYS OF WORKING IN SOCIAL CARE

Consideration was given to a report which provided an overview of the development of initial conversations and assessments to support Adult Care and Community Wellbeing to build upon work to embed strengths and assets based working.

A presentation was received from Chris Erskine, Lead Professional and Principal Social Worker, which provided the Committee with detailed information on the following areas:

- Initial conversations - supporting and empowering people to recognise their own strengths and make choices about their care; shift the focus to the person as a whole; focus on achievements and how best to meet their needs;
- Initial conversation – progress so far
- Key messages – Initial Conversation
- What are the benefits?
- Next Steps

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

- One member commented that they used to run a befriending service for LPFT, and became aware of how little clinicians knew about their patients as a person. Health was about more than systems and processes.
- There was a need for a community ambassador to ensure younger people continued to join community groups to ensure they were sustainable.
- There were a number of teams who undertook assessments that did not lead anywhere, and so it was possible that practitioners were not being used to best effect.
- Since the introduction of Initial Conversations there had been a reduction in waiting lists and people were being contacted sooner by a social worker.

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There had also been a reduction in complaints received around waiting times. Staff workloads had also reduced, and they were able to go out to see people and spend the right amount of time with them.

- It was commented that this was very positive work and that staff were being invited to lead the change. However, it was queried whether there were any potential barriers in terms of legislation. Members were advised that the Care Act was facilitative rather than prescriptive in this area and gave authorities a broad remit.
- There was a need to keep note of the successes so that they could be used to encourage people.

RESOLVED

That the report and future planned actions be noted.

62 ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT
- QUARTER 3 2019/20

Consideration was given to a report which presented performance information against Council Business Plan targets for the Directorate as at the end of Quarter 3 2019/20. A summary of performance against target for the year was provided in Appendix A to the report and a full analysis of each indicator over the year had been provided in Appendix B of the report.

It was reported that out of the 23 measures, 18 were either on target or exceeding target. Direct payments was still one of the top performers in terms of other local authorities. Of the ones that were below target, it was noted that some had a time lag on the data, such as 'percentage of alcohol users that left specialist treatment successfully' had a three month lag time, however data that was being received on a weekly basis was showing lower re-presentation rates.

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:

- In terms of the chlamydia diagnoses, new ways of doing this were being explored, such as sending out home testing kits. The provider has been asked to be as inventive and creative as possible. Members were happy to accept this performance data at this time.
- It was queried whether there were any plans to include obesity as a measure, as there was now the One Lincolnshire approach. It was noted that how this could be reflected would be discussed with the Director of Public Health.
- It was noted that to change people's attitudes and behaviours was one of the hardest things to change, and it could take a significant amount of time.
- It was highlighted that indicator 117 – '% of adults in contact with secondary mental health services living independently with or without support' was another area which needed to be looked at. However, it was noted that this indicator referred to very low numbers of people. To put it into context, this involved 55 people, and therefore any slight change to the numbers would have a big impact.

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- It was queried what secondary mental health services were, and it was noted that these were services supplied by the trust, such as clinical mental health services.
- It was requested that a note in relation to the indicators which were not at target was prepared for the Overview and Scrutiny Management Board.

RESOLVED

That the performance of Adult Care and Community Wellbeing for Quarter 3 be noted.

**63 ADULT CARE AND COMMUNITY WELLBEING BUDGET MONITORING
2019/20**

Consideration was given to a report which provided the Committee with an opportunity to review the outturn projection for 2019-20. It was reported that the Adult Care and Community Wellbeing Budget was £227.396m. For the period up to and including 31 December 2019, the information available projected the outturn to deliver an underspend of £1.040m for the 2019-20 financial year.

It was reported that there continued to be a strong financial performance across Adult Care and Community Wellbeing for 2019/20 and there had been an increase in underspend from November 2019.

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:

- It was queried why there was expected to be a large number of new service users, and it was noted that in 2020-21 there would be a number of transitions from Children's Services.
- It was noted that it was estimated that there were around 14,000 people in Lincolnshire with learning disabilities, but only around 2000 presented to Children's and Adult Services.
- It was noted that the prevalence and awareness of autism was growing, and clinical colleagues were diagnosing more regularly than they used to. The clinical aspect was beginning to strengthen, and people were being diagnosed more accurately.
- One member commented that they had gone through the budget with the Head of Finance and her team to model all activity and cost pressures and how they tried to project demand for services. All activity had been modelled through the system.

RESOLVED

That the Committee note the outturn projection for 2019-20.

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64 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
 WORK PROGRAMME

Consideration was given to a report which set out the Committee's work programme and included a list of probable items up to and including 21 October 2020. The report also included a scheduled of previous activity by the Committee since June 2017.

The Committee was also requested to note the three decisions made by the Executive on 4 February 2020, following consideration by this Committee on 15 January 2020.

It was reported that there were two items coming off the agenda for the 1 April 2020, and two further items being added.

Members were advised that the Day Opportunities item was moving to the May meeting and it was planned for that the Chairman would visit Ancaster Day Centre in the afternoon. Any other Committee members were welcome to attend. Dates for visits to other day centres would also be circulated to local members in the event that they also wanted to attend. It was also noted that there would be an article in County News about day services. This would also be circulated to the Committee as background information.

RESOLVED

That the work programme be noted.

65 CONSIDERATION OF EXEMPT INFORMATION

RESOLVED

That, in accordance with Section 100A of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that if they were present there could be a disclosure of exempt information as defined in paragraph 3 of Part 1 of Section 12A of the Local Government Act 1972, as amended.

66 NEW LINCOLNSHIRE PARTNERSHIP NHS FOUNDATION TRUST
 MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT

Consideration was given to an exempt report in relation to the new Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement.

Officers responded to a number of questions from members in relation to the report.

RESOLVED

That the Committee support the recommendations as set out in the exempt report.

**8
ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
26 FEBRUARY 2020**

The meeting closed at 1.03 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:	1 July 2020
Subject:	Examples of Excellent Work During Covid-19 - Overview for the Committee

Summary:

This item is to provide an overview of the excellent work undertaken during the covid-19 pandemic. The presentation will highlight some good news stories and the creative and flexible ways in which individuals and organisations have worked to support the people Adult Care and Community Wellbeing have worked with.

Actions Required:

- (1) The Committee are asked to consider the work to date.
- (2) The Committee are asked to comment on the future planned actions.

1. Background

We know that our practitioners and teams have been navigating their way through the covid-19 pandemic with a stronger focus than ever on working together, being flexible, creative and with a focus on people and relationships.

Covid-19 has created a situation and environment that has required individuals, teams and organisations to think and act differently, working in ways we would have found hard to have imagined a few months ago. While there have undoubtedly been challenges, there have also been successes and opportunities.

Things that were previously thought impossible have been achieved in a matter of weeks. We have pulled together to support people in communities and our teams by adopting new practices and organising ourselves in new ways.

Collaboration between people and services, the third sector and communities has been evident and we have seen collective community action. Alongside the many challenges, new areas of practice and ways of working are emerging, some of which will be valuable to hold onto when the pandemic is over. No doubt many of us are considering different ways of working for the longer term.

An essential part of our work has been to support practitioners and colleagues to have access to emerging information, guidance and to support them to maintain their health and wellbeing.

We want to share some of the examples of excellent work that is going on as a way of turning challenging times into a point of reflection for the benefit of Adult Care and Community Wellbeing and the people who need support every day.

2. Consultation

a) Policy Proofing Actions Required

n/a

3. 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 Chris Erskine, who can be contacted via email at chris.erskine@lincolnshire.gov.uk.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	01 July 2020
Subject:	Adult Care and Community Wellbeing Performance Report - Quarter 4 2019/20

Summary:

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 4 2019/20.

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 the performance of Adult Care and Community Wellbeing for Quarter 4.

1. Background

This report provides an overview of performance for the suite of Corporate Business Plan measures designed to reflect the impact of the work of Adult Care and Community Wellbeing (ACCW) across five commissioning strategies:

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

As in previous performance reports to the Committee, a one-page summary has been provided at **Appendix A**. This shows, at a glance, the status against targets for each measure. In Community Wellbeing, there are five measures which have a time delay in reporting, so the latest available figures have been included and the period they relate to clearly marked (measures 31, 33, 34, 110 and 111).

For a number of measures we only have provisional data. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete. These are marked as provisional.

There are also four measures where we do not have quarter 4 data and, therefore, we are including previously reported quarter 3 data where it is available. These are detailed below.

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 enables benchmarking of performance against other local authorities. Benchmarking information is also provided in this appendix, where available.

These five commissioning strategies consist of 24 measures. In quarter 4 we have been unable to report up to date data for 5 measures as stated above. Of the 19 measures that can be compared with a target this quarter, 84% (16) achieved the target, with three measures not meeting the target.

The following four commissioning strategies have performed really well (all measures reported this quarter achieved the target):-

- Adult Frailty, long term conditions and physical disability
- Carers
- Safeguarding Adults
- Specialist Adult Services

The Wellbeing Commissioning Strategy continues to have mixed performance (some measures achieved the target and some measures did not). The three which are not achieving target at the end of this period are:

- Percentage of alcohol users that left specialist treatment successfully (M31) continues to decline slightly from 34.1% last quarter to 33.5%. Data has a three month time lag and reflects performance at the end of December 2019. During the period, the number of successful discharges increased, despite the percentage decreasing slightly due to the total numbers accessing treatment increasing at a greater rate. Referral rates have increased 16% in the last twelve months compared to the same period in 2018/19. During this period, only 3.1% of those leaving treatment re-presented within six months of discharge, indicating that the treatment received is good quality and achieving long term sustainable outcome.

Please note: a target of 35% has been agreed from quarter 1 of 2020/21, as this was agreed to be more appropriate.

- Chlamydia diagnosis (M34) The target was not achieved during this quarter. Public Health England (PHE) is investigating this as it may be linked to data capture and data quality issues. The national target for the positivity rate of 8% has been exceeded, with the service achieving 10.6%. This measures the percentage of people being tested who have had a positive test result and demonstrates that focussed testing is being achieved. This rate forms part of the Detection Indicator Rate (DRI) reported in the Business Plan. The majority of Sexual and Reproductive Services in England have been unable to reach the national target or their own local target for the last few years. A national consultation about changing the methodology of the National Chlamydia Screening Programme (NCSP) has concluded as more young women are receiving Human Papilloma Vaccine (HPV) which is reducing the number of cervical cancer diagnoses. However, no formal outcomes or recommendations have yet been published.

Please note: it has already been agreed that this measure is being removed from quarter 1 2020/21 as it is not an appropriate measurement. It will be replaced when a suitable measure can be developed which aligns with the new national sexual health strategy.

- People are supported to successfully quit smoking (M111) Please note the figure of 504 reported in quarter three was not cumulative and should have been 939. This has been updated in Appendix B. Data has a three month time lag and so represents performance at the end of December 2019 and is a combined set of results from the former and current providers. One You Lincolnshire has a cumulative target of 1,980 quits over the three quarters from July 2019 to March 2020, weighted more heavily to the later quarters (to be reported in June). The new service provider was mobilised on the 1 July 2019 and the target is planned to be changed to reflect contractual requirements for 2020/21, rebalanced in light of the broader integrated lifestyle approach.

Quarter 4 data for four measures is not available at the time of writing this report. Where it is available, quarter 3 data has been included. These are:

- Data for Adults aged 18-64 with mental health problems living independently (M117) is provided by LPFT. Due to prioritisation of work around the covid-19 pandemic by LPFT, they are unable to provide the data required to be able to report fully on this measure.
- Permanent admissions to residential and nursing care homes, aged 65+ (M60), Requests for support for new clients, where the outcome was no support or support of a lower level (M122) and Completed episodes of reablement (M124). The time frame for submission of the national Adult Care statutory return has been extended due to the covid-19 pandemic and there are also some capacity issues within the performance team which means we are currently unable to report quarter 4 data.
- People who report that services help them have control over their daily life (M123). This measure is based on a paper survey and the input/analysis has been delayed due to the covid-19 pandemic.

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	Q4 Adult Care & Community Wellbeing Performance Summary
Appendix B	Q4 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 Caroline Jackson, who can be contacted on 07920 214017 or caroline.jackson@lincolnshire.gov.uk.

		2018/19	2019/20			CBP Alert
		Actual	Q4 or as stated	Target	Trend vs. 2018/19	Tolerance: +/- 5% pts
Community Wellbeing						
31	Percentage of alcohol users that left specialist treatment successfully	32%	34% Q3	40%	↑	Not achieved
33	% of people aged 40 to 74 offered and received an NHS health check PHOF 2.22iv	63%	63% Q3	55%	↔	Exceeds
34	Chlamydia diagnoses per 100,000 15-24 year old PHOF 3.02	1,794	1479 Q2	2,045	↓	Not Achieved
109	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	1,126	423	400		Exceeds
110	Older people supported by the Wellbeing Service to improve their outcomes	96%	98% Q3	95%	↑	Achieved
111	People successfully supported to stop smoking	1,545	1428 Q3	2,400	↓	Not Achieved
112	People accessing Housing related support that are successfully supported to access and maintain their settled accommodation	96%	98%	90%	↑	Achieved
113	Percentage of emergency & urgent deliveries & collections completed on time within ICES	99%	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
116	Concluded enquiries where the desired outcomes were fully or partially achieved SAC SG4a	96%	93%	95%	↓	Achieved
130	% of Adult Safeguarding concerns that lead to a Safeguarding enquiry SAC SG1f	37%	51%	48%	↑	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%	77%	Provisional 80%	↔	Achieved
51	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	51%	53%	Provisional 49%	↑	Achieved
117	% of adults in contact with secondary mental health services living independently, with or without support ASCOF 1H	77%	64.7% Q3	75%	↓	Not Achieved
118	% of adults with a learning disability in receipt of long term support who have been reviewed in the period	96%	98%	Provisional 95%	↑	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	98%	96%	Provisional 72%	↓	Achieved
Carers						
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)	10,324 1,692	10,613 1,740	Provisional 10,550 1,730	↑	Achieved
121	Carers who have received a review of their needs in the last 12 months	89%	83%	Provisional 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**	1,005	601 Q3	863	Cumulative	Exceeds
63	% of clients in receipt of long term support who receive a direct payment ASCOF 1C (2a)	33%	32%	Provisional 34%	↓	Achieved
65	% of people in receipt of long term support who have been reviewed in the period	98%	96%	Provisional 90%	↓	Exceeds
122	% of requests for support for new clients, where the outcome was no support or support of a lower level! SALT STS001	91%	92.8% Q3	93%	↑	Achieved
123	People who report that services help them have control over their daily life **SURVEY MEASURE**	91%	Not Available	95%		
124	% of people with a concluded episode of reablement who subsequently require no ongoing support or support of a lower level ASCOF 2D	88%	90.4% Q3	95%	↑	Achieved

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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 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.

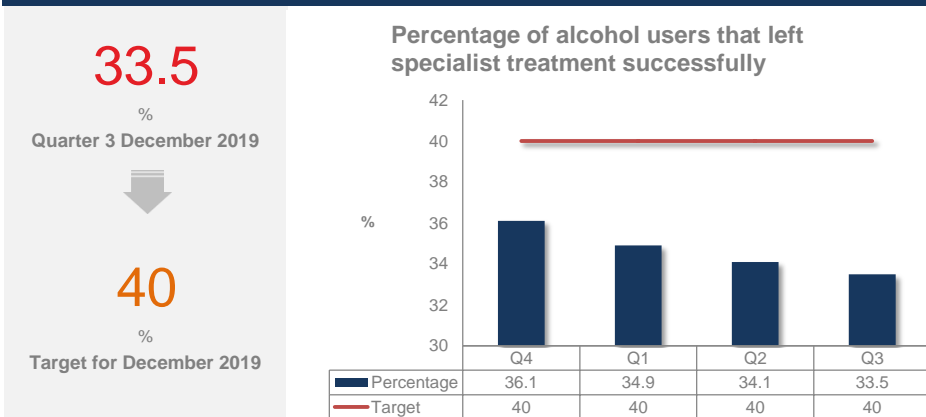
Numerator: Number of successful completions (NDTMS)

Denominator: Number of completions (NDTMS)

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



Not achieved

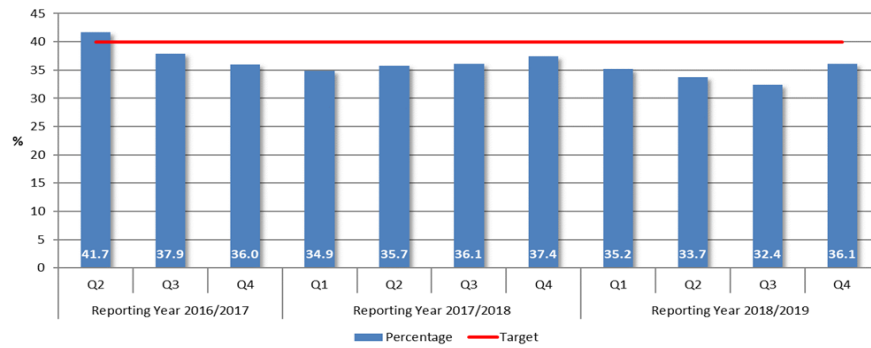


About the latest performance

The performance for percentage of alcohol users who left specialist treatment successfully this period has declined slightly from 34.1% last quarter to 33.5%. Data has a three month time lag and reflects performance at the end of December 2019. During the period, the number of successful discharges increased, despite the percentage decreasing slightly due to the total numbers accessing treatment increasing at a greater rate. Referral rates have increased 16% in the last 12 months compared to the same period in 2018/19. During this period, only 3.1% of those leaving treatment re-presented within 6 months of discharge, indicating that the treatment received is good quality and achieving long term sustainable outcome.

Further details

Percentage of alcohol users that left specialist treatment successfully



About the target

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

About the target range

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

About benchmarking

No benchmarking data is available as this is a commissioned service producing local level information to help tell the story of our services to members and the wider public.



Health and wellbeing is improved

Peoples' health and wellbeing is improved

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

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

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

Numerator: Number of people aged 40-74 eligible for an NHS Health Check who received an NHS health check in the financial year (Integrated Performance Measures Monitoring Return (IPMR_1), NHS England)

Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the financial year (IPMR_1, NHS England)

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



Achieved

62.8

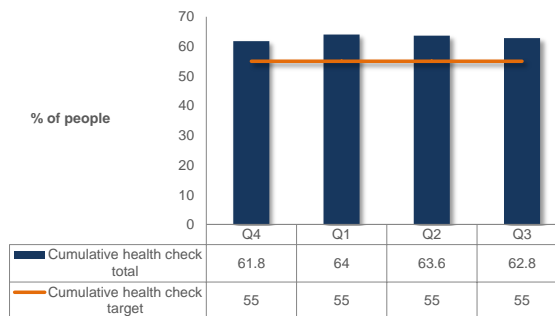
% of people
Quarter 3 December 2019



55

% of people
Target for December 2019

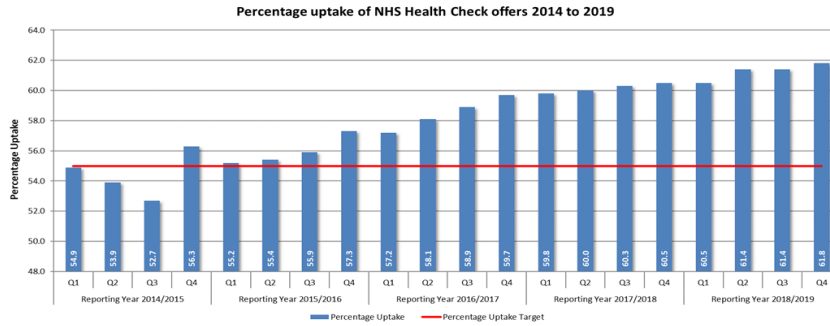
People aged 40 to 74 offered and received an NHS health check



About the latest performance

The NHS Health Check data for Quarter 3 shows that we continue to exceed our target and outperform regional and national average performance (Lincolnshire is ranked 16th out of 152 counties in England. The percentage for England is 46.8%).

Further details



About the target

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

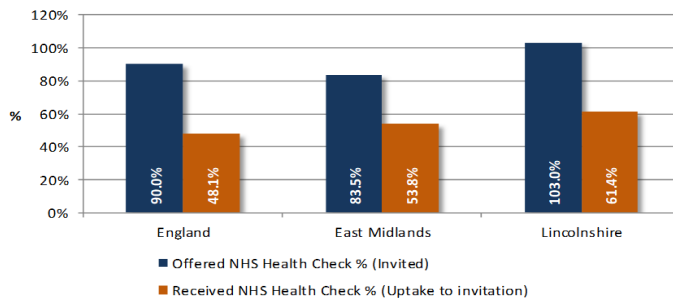
About the target range

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

About benchmarking

Benchmarking currently available for this measure is comparator local authorities based on CIPFA nearest neighbours. Numbers for those offered NHS health checks are subject to change on an annual basis. PHE methodology dictates that the number of people offered an NHS health check is applied to the full 5 year activity; as the numbers of people offered an NHS health check are lower than in previous years, to date Lincolnshire's performance is reported as over 100%.

**Cumulative NHS Health Check Data
Q1 2014/15 to Q4 2018/19**



	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	90.0%	83.5%	103.0%
Received NHS Health Check % (Uptake to invitation)	48.1%	53.8%	61.4%



Health and wellbeing is improved

Peoples' health and wellbeing is improved

Chlamydia diagnoses

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

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

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

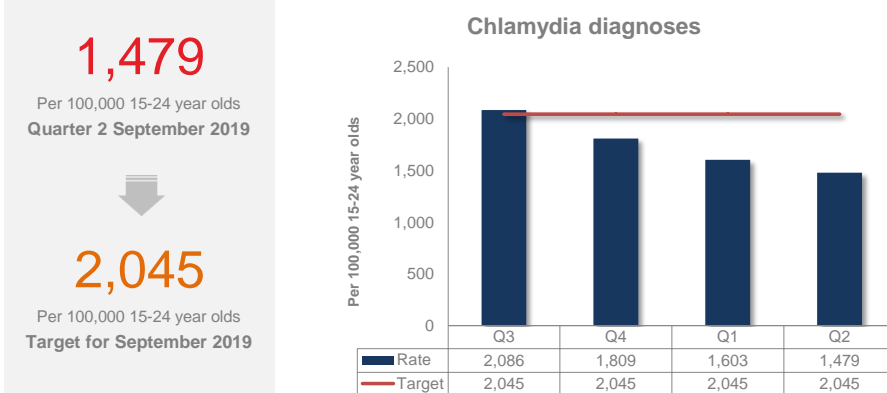
Numerator: The number of people aged 15-24 diagnosed with chlamydia

(<http://www.chlamydia-screening.nhs.uk/ps/data.asp>)

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



Not achieved

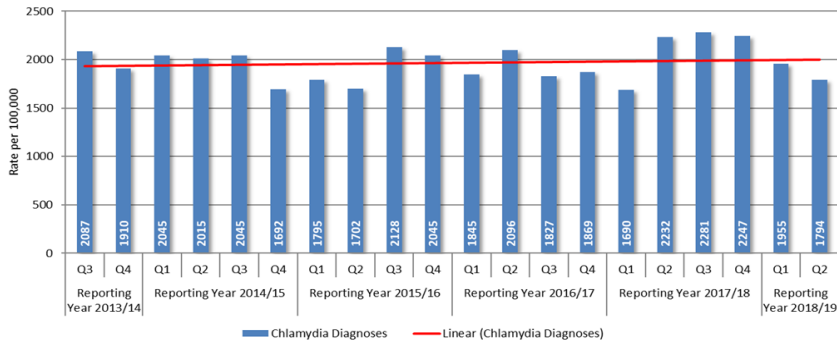


About the latest performance

The Target was not achieved during this quarter. Public Health England (PHE) is investigating this as it may be linked to data capture and data quality issues. The national target for the positivity rate of 8% has been exceeded, with the service achieving 10.6%. This measures the percentage of people being tested who have had a positive test result and demonstrates that focussed testing is being achieved. This rate forms part of the Detection Indicator Rate (DRI) reported in the Business Plan. The majority of Sexual and Reproductive Services in England have been unable to reach the national target or their own local target for the last few years. A national consultation about changing the methodology of the National Chlamydia Screening Programme (NCSP) has concluded as more young women are receiving Human Papilloma Vaccine (HPV) which is reducing the number of cervical cancer diagnoses. However, no formal outcomes or recommendations have yet been published.

Further details

Chlamydia Diagnosis Rate per 100,000 Young Adults (15-24)



About the target

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

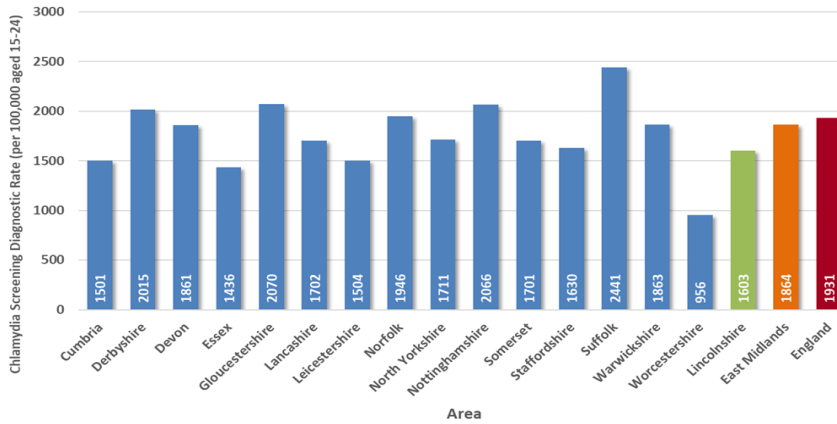
About the target range

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

About benchmarking

Benchmarking currently available for this measure is comparator local authorities based on CIPFA nearest neighbours.

Chlamydia Diagnosis Benchmarking Data April 2019 - June 2019





Health and wellbeing is improved

Work with others to promote community wellbeing

Number of staff and volunteers trained in Making Every Contact Count

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



Achieved

423

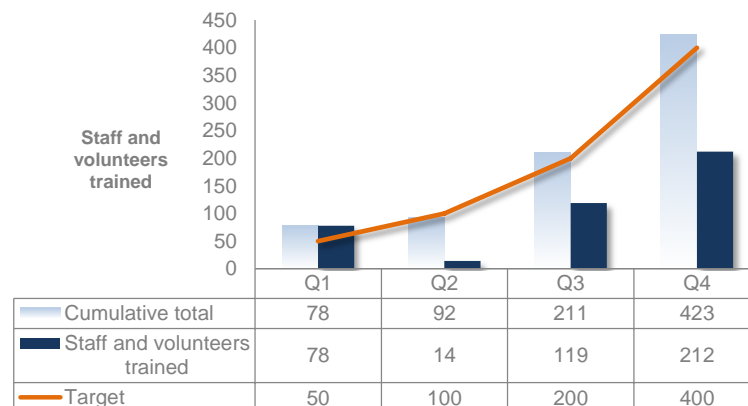
Staff and volunteers trained
Cumulative Actual as at March 2020



400

Staff and volunteers trained
Cumulative Target for March 2020

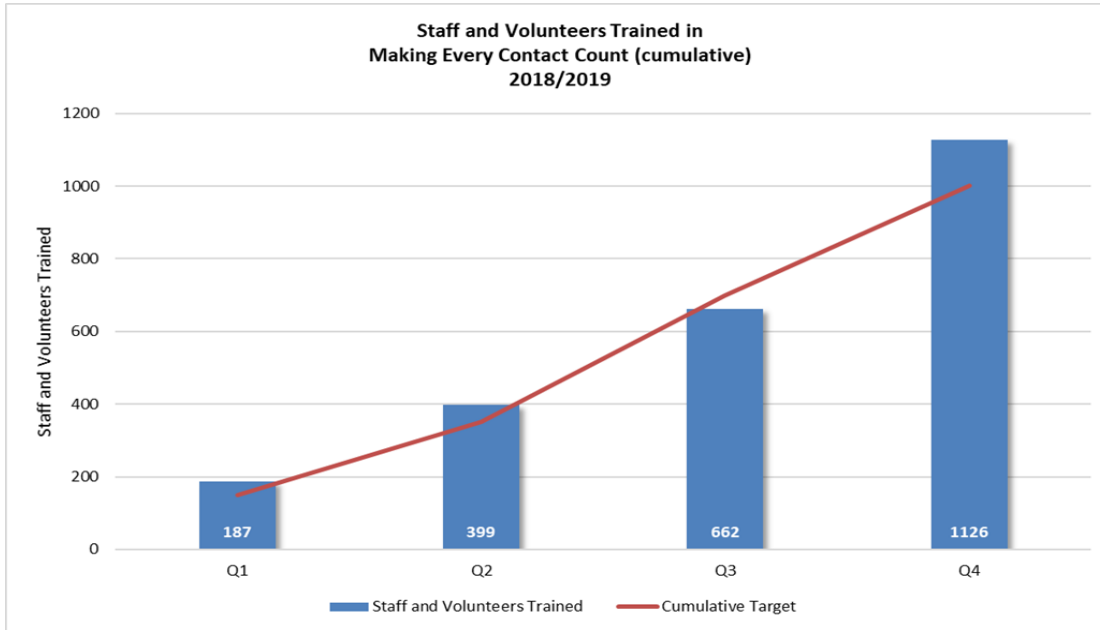
Number of staff and volunteers trained in Making Every Contact Count



About the latest performance

During 2019-20 Making Every Contact Count (MECC) underwent major changes with respect to the content of the training, the organisation of the programme and the method of training delivery, however, it maintained its strong performance and has once again exceeded its annual target.

Further details



About the target

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

About the target range

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

About benchmarking

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



Health and wellbeing is improved

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

People supported to improve their outcomes

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

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

Denominator: The total number of service users exiting the service.

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



Achieved

98

%

Quarter 3 December 2019

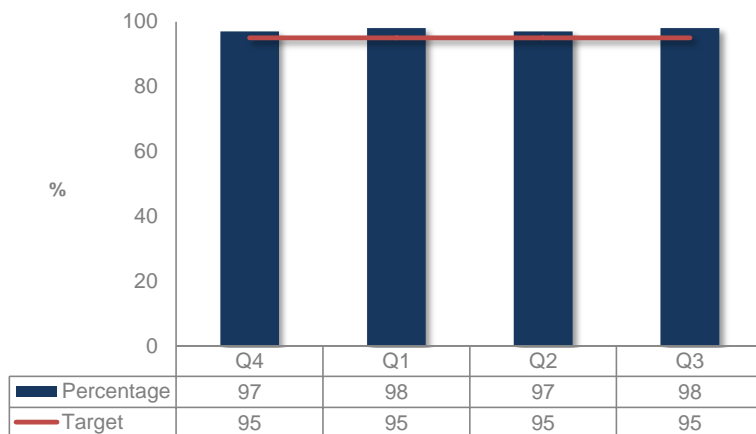


95

%

Target for December 2019

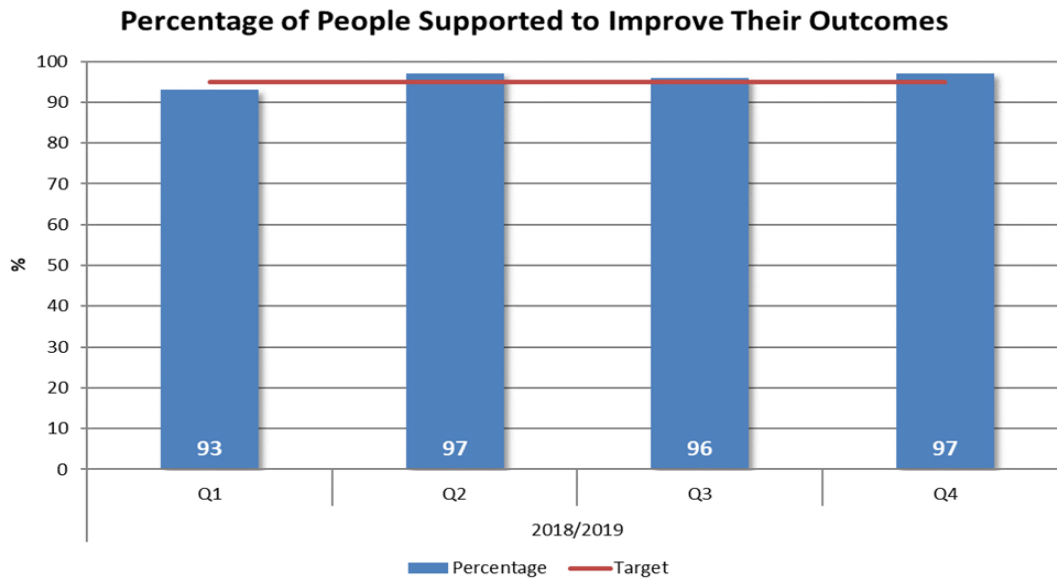
People supported to improve their outcomes



About the latest performance

The Wellbeing Service has maintained its continued strong performance to meet this customer-led measure of improvement in overall outcomes. Customers are supported to achieve their outcomes through up to 12 weeks of direct support, advice and signposting to local community resources. This key measure consistently evidences the positive impact provided for those who engage with the service.

Further details



About the target

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

About the target range

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

About benchmarking

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



Health and wellbeing is improved

People are supported to live healthier lifestyles

People supported to successfully quit smoking

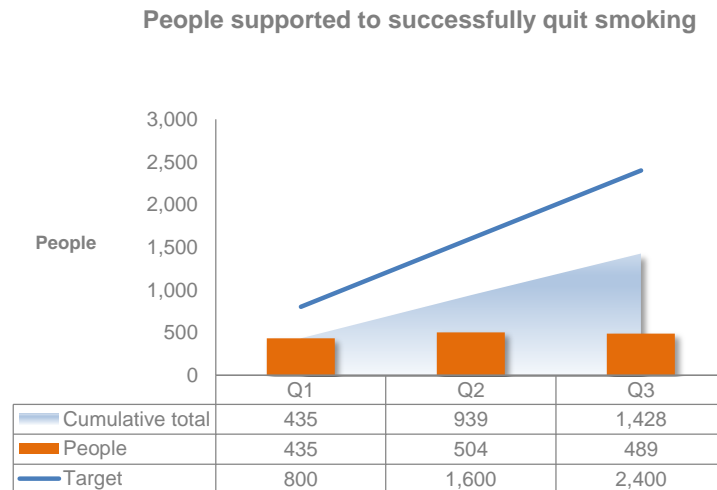
This measure identifies all those people who are supported to quit smoking by stop smoking and tobacco control services. These services raise awareness about the harms of tobacco and encourage and support smokers to quit smoking. People accessing the service are measured at 4 weeks; this will be the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

Not achieved

1,428
People
Cumulative Actual as at
December 2019

↓

2,400
People
Cumulative Target for
December 2019

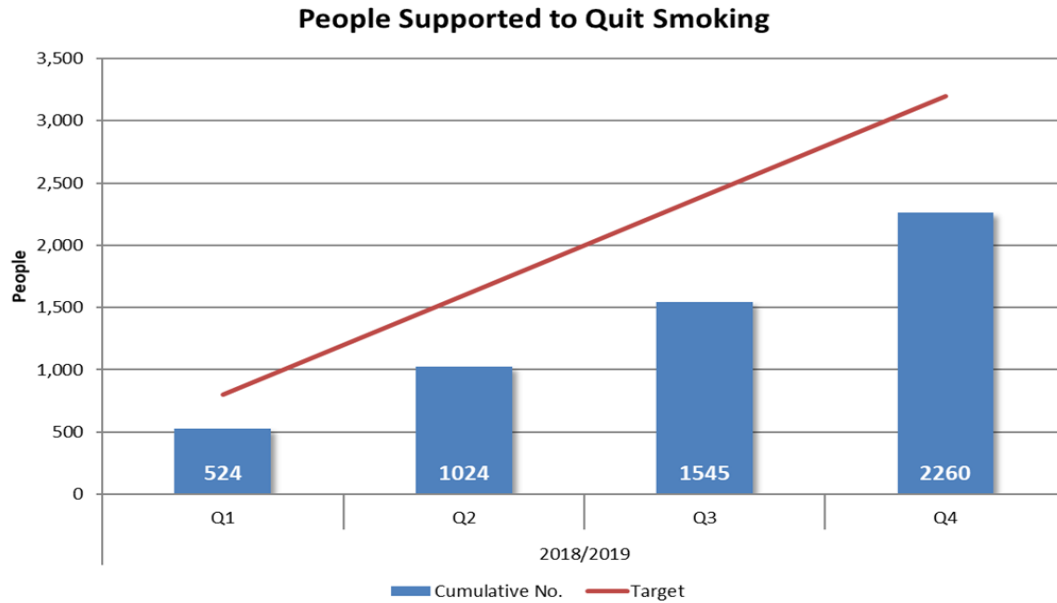


About the latest performance

Data reported in Q3 was cumulative and not the actual for that quarter. This been corrected in the graph above.

Data for the number of people successfully supported to stop smoking has a three month time lag and so represents performance at the end of December 2019 and is a combined set of results from the former and current providers. One You Lincolnshire has a cumulative target of 1,980 quits over the three quarters from July 2019 to March 2020, weighted more heavily to the later quarters (to be reported in June). The new service provider was mobilised on the 1 July 2019 and the target is planned to be changed to reflect contractual requirements for 2020/21, rebalanced in light of the broader integrated lifestyle approach.

Further details



About the target

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

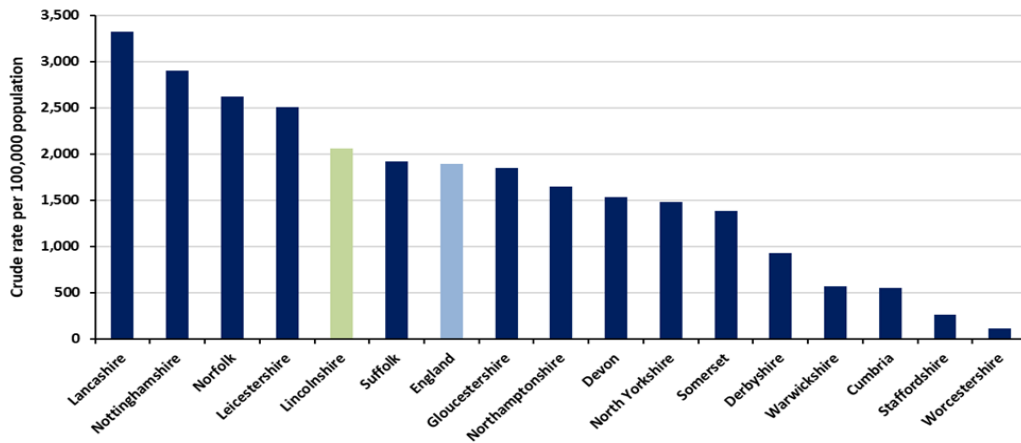
About the target range

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

About benchmarking

The latest published data by PHE for 2018/19 showed that the crude rate per 100,000 population aged 16+ for smokers that successfully quit at 4 weeks in Lincolnshire was 2,056; this is similar to the regional rate (1,953 per 100,000 population aged 16+). Of Lincolnshire's comparator areas Lancashire (3,323 per 100,000 population aged 16+) performed significantly better than its counterparts, whilst Worcestershire (115 per 100,000 population aged 16+) and Staffordshire performed significantly worse (261 per 100,000 population aged 16+). Since 2015/16, it can be seen that the rate of successful quits has been reducing in Lincolnshire which is comparable to the national trend.

Crude rate of smokers that have successfully quit at week 4 per 100,000 population aged 16+ (95% confidence level) in 2018/19 by Lincolnshire comparator areas



Area Name	Value
Lancashire	3,323
Nottinghamshire	2,902
Norfolk	2,622
Leicestershire	2,508
Lincolnshire	2,056
Suffolk	1,919
England	1,894
Gloucestershire	1,847
Northamptonshire	1,647
Devon	1,533
North Yorkshire	1,482
Somerset	1,380
Derbyshire	926
Warwickshire	570
Cumbria	550
Staffordshire	261
Worcestershire	115



Health and wellbeing is improved

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

People supported to maintain their accommodation

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

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

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



Achieved

97.6

%

Quarter 4 March 2020

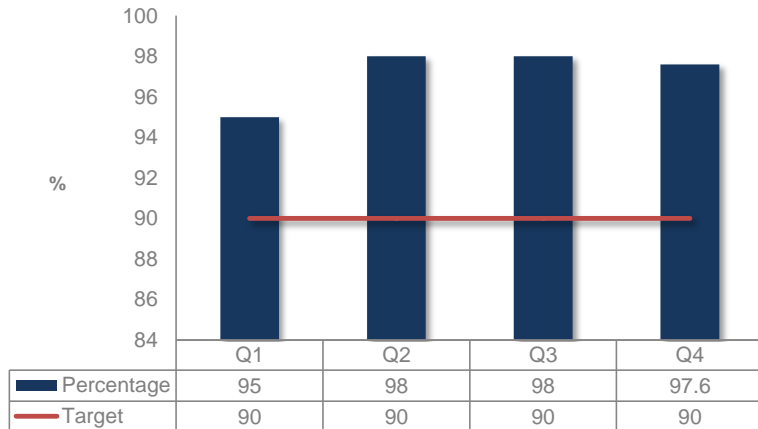


90

%

Target for March 2020

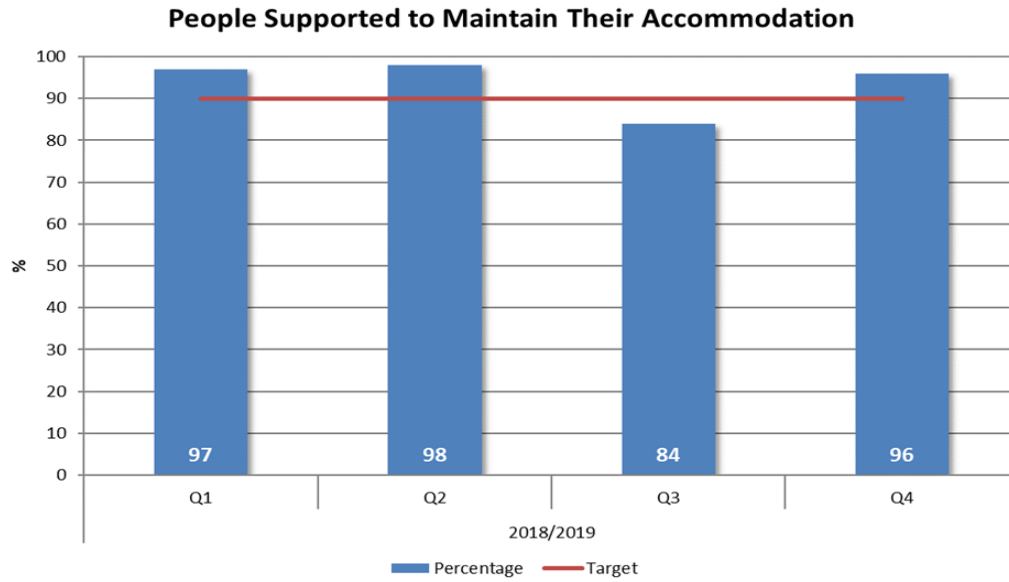
People supported to maintain their accommodation



About the latest performance

The outcome of accessing and maintaining accommodation continues to be consistently achieved by all commissioned providers. During the last weeks of March a contingency plan was implemented due to the Covid-19 pandemic. However, it is expected that these results are kept during the pandemic as the providers have managed to provide support to their service users during the social distancing measures and will continue to support the service users during the Covid-19 outbreak and through the Housing Related Support (HRS) mobilisation plan, providing continuity to the service.

Further details



About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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



Health and wellbeing is improved

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

Emergency and urgent deliveries and collections completed on time

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

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

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

A higher percentage indicates a better performance.



Achieved

99

%

Quarter 4 March 2020

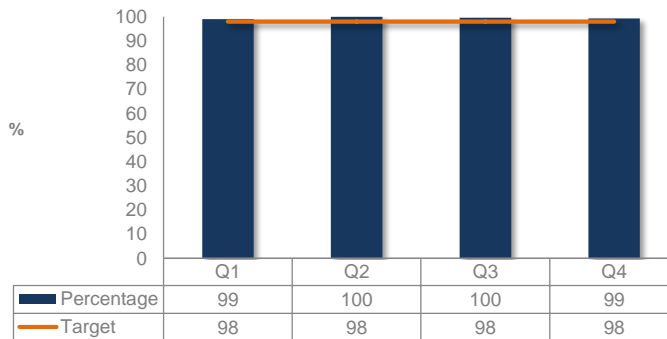


98

%

Target for March 2020

Emergency and urgent deliveries and collections completed on time

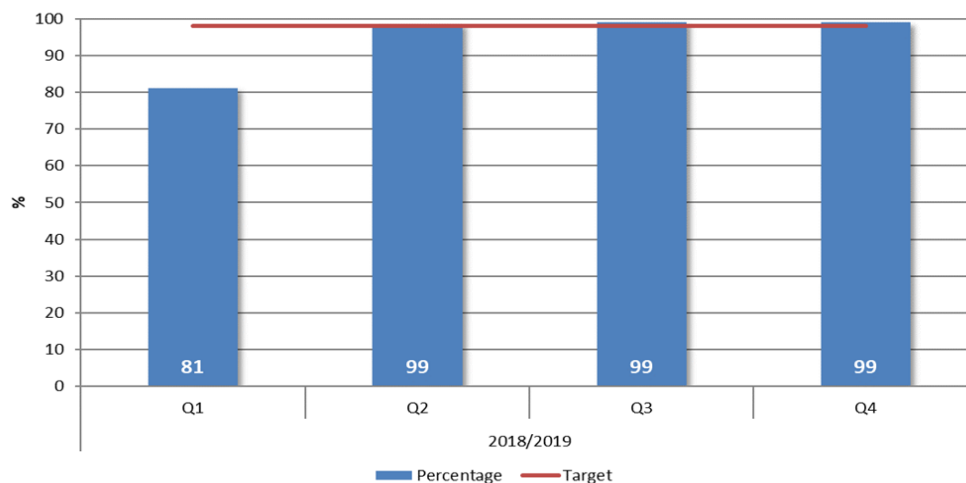


About the latest performance

The service witnessed an increased demand in the last quarter in line with the other services due to the Pandemic. The increased demand has been mitigated well by the provider meaning that even in exceptional circumstances this service is achieving a success rate above its target.

Further details

Emergency and Urgent Deliveries and Collections Completed on Time



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.

 Communities are safe and protected

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

Safeguarding cases supported by an advocate

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

An advocate can include:-

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

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

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

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

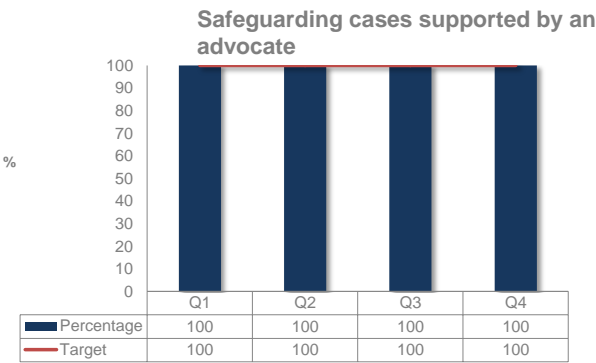
A higher percentage of cases supported by an advocate indicates a better performance.

 **Achieved**

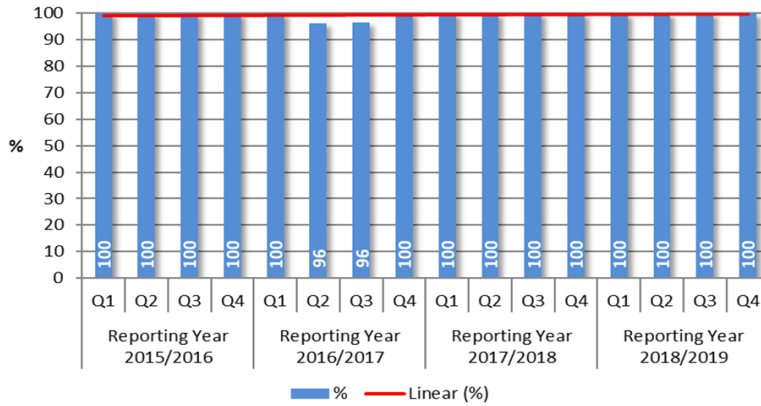
100
%
Quarter 4 March 2020



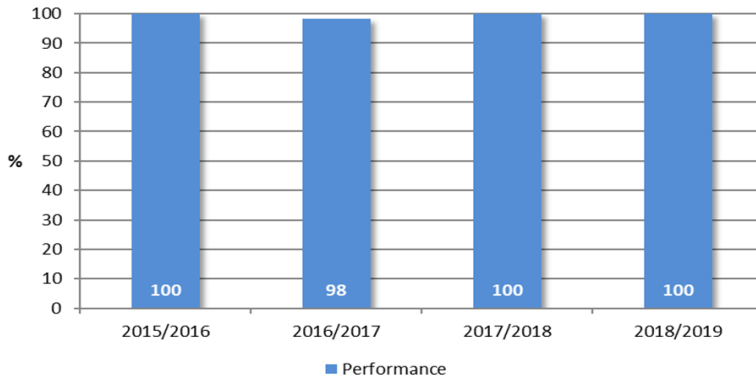
100
%
Target for March 2020



Percentage of Safeguarding Cases Supported by an Advocate



Annual Percentage of Safeguarding Cases Supported by an Advocate



About the target

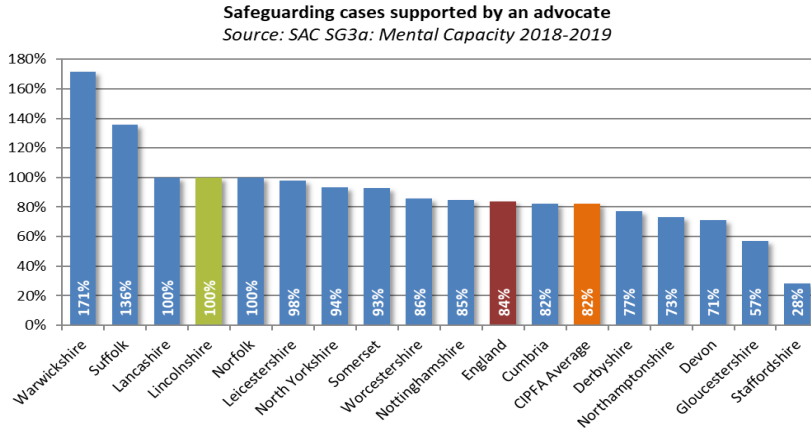
Targets are based on trends and CIPFA group averages.

About the target range

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

About benchmarking

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



 Communities are safe and protected

Making safeguarding personal

Concluded enquiries where the desired outcomes were achieved

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

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

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

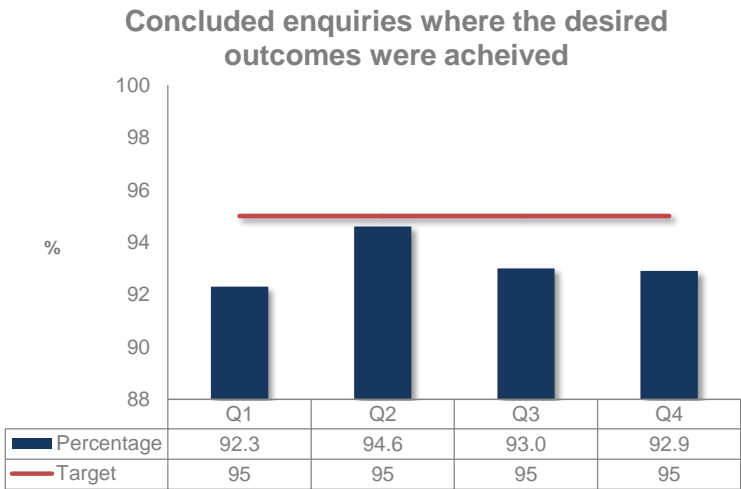
A higher percentage indicates a better performance.

 Achieved

92.9
%
Quarter 4 March 2020



95
%
Target for March 2020

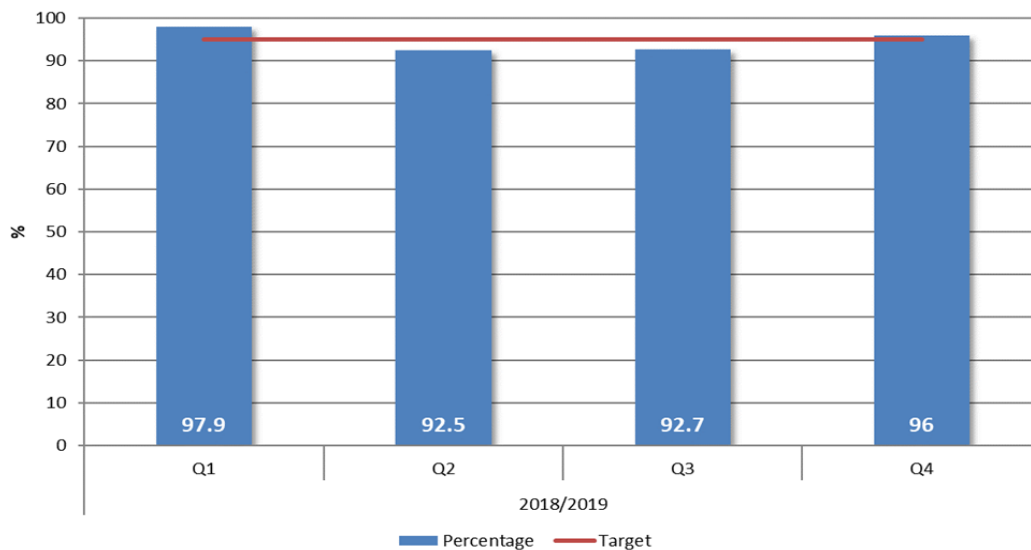


About the latest performance

The target is achieved. In order to build on our successes in this area we are reviewing the few cases where outcomes have not been met in order to identify any themes or patterns. The on-going audit has been paused since the onset of the current pandemic. Results from this audit should be available to report in Quarter 1

Further details

Concluded Enquiries Where Desired Outcomes Were Achieved



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

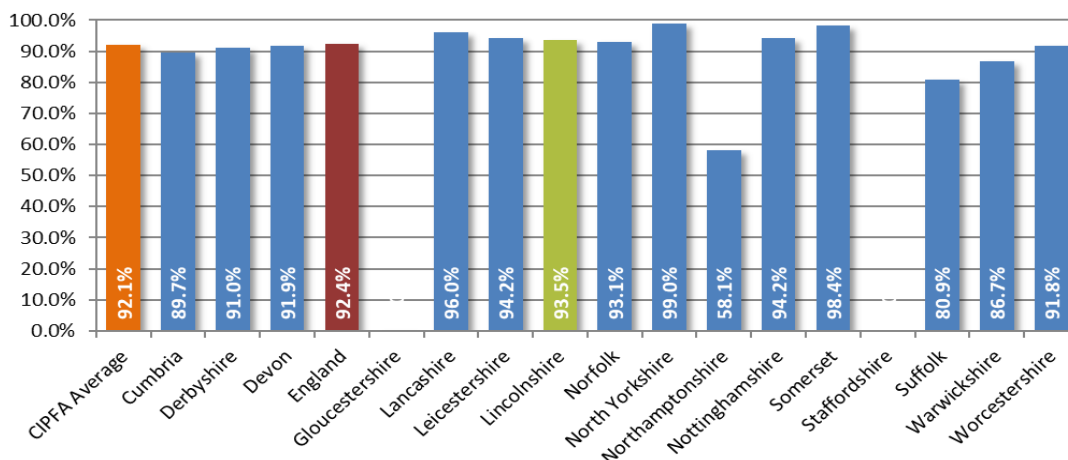
This measure has a target range of +/-5 percentage points.

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 where the desired outcomes were achieved

Source: SAC SG4a: Making Safeguarding Personal 2018-2019





Communities are safe and protected

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

Adult Safeguarding concerns that lead to a Safeguarding enquiry

The LCC Safeguarding Service want to encourage providers, partners and professionals to submit concerns to the Local Authority only where appropriate, and to ensure these concerns have already been managed and considered within the remit of their organisations and only escalated to the authority as necessary. The Safeguarding Service would therefore expect a higher proportion of concerns progressing to an enquiry, with a corresponding reduction in concerns that do not warrant a full enquiry.



Achieved

51.4

%

Cumulative Actual as at March
2020

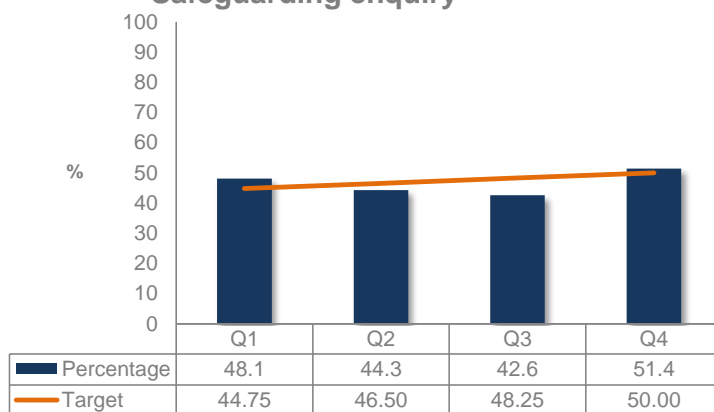


50

%

Cumulative Target for March
2020

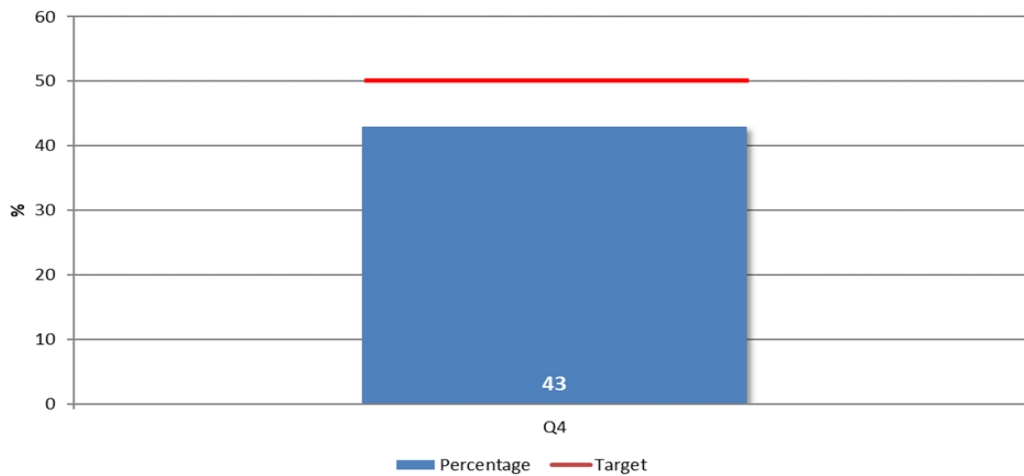
Adult Safeguarding concerns that lead to a Safeguarding enquiry



About the latest performance

The target has been achieved and there has been a significant increase since the last quarter. The provider generated concern form has been implemented but more data is needed to establish whether this impacted on the quality of referrals.

Adult Safeguarding concerns that lead to a Safeguarding enquiry 2018/2019



About the target

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date. The target is profiled to monitor an increase to 50% by the end of 2019/20, which means an increment of 1.75 percentage points is applied quarterly.

An increment of 5 percentage points for each subsequent year has been proposed, however this may need to be reviewed after a period of monitoring to determine whether this is realistic.

About the target range

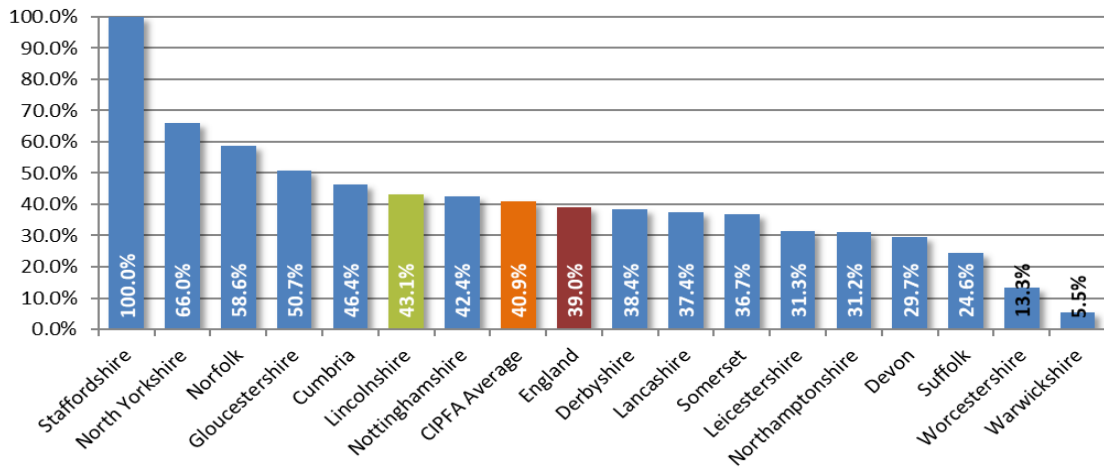
This measure has a target range of +/-5 percentage points.

About benchmarking

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.

The proportion of adult safeguarding concerns received in the year that lead to a Safeguarding enquiry

Source: SAC SG2b: Safeguarding Enquiries 2018-2019





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

76.8

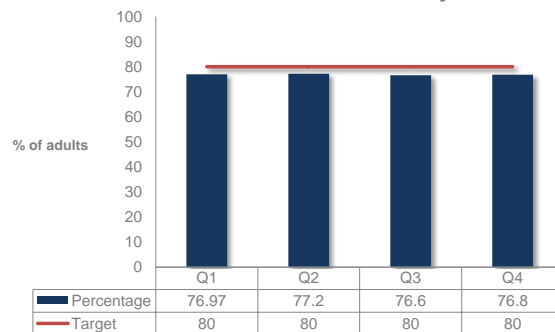
% of adults
Quarter 4 March 2020



80

% of adults
Target for March 2020

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

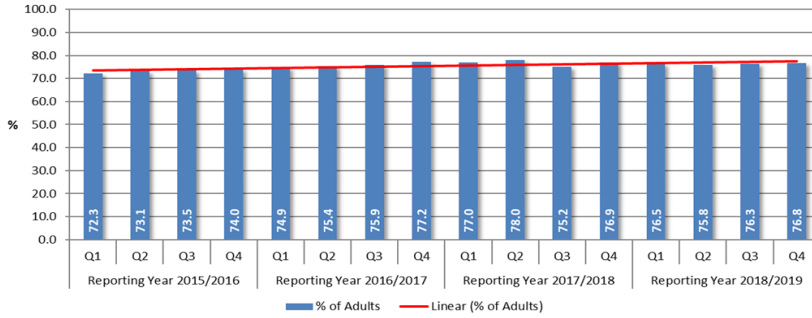


About the latest performance

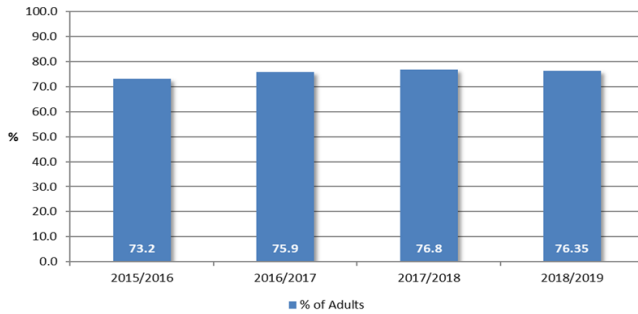
This data is provisional. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete.

Further details

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



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



About the target

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

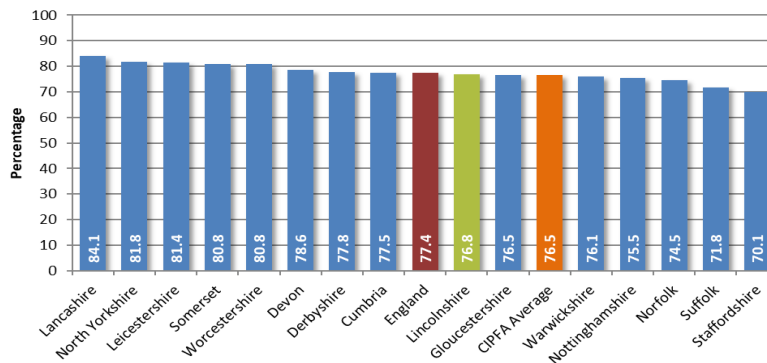
About the target range

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

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

The proportion of adults with a learning disability who live in their own home or with their family (2018/2019)





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 in the community.

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

53

%

Quarter 4 March 2020

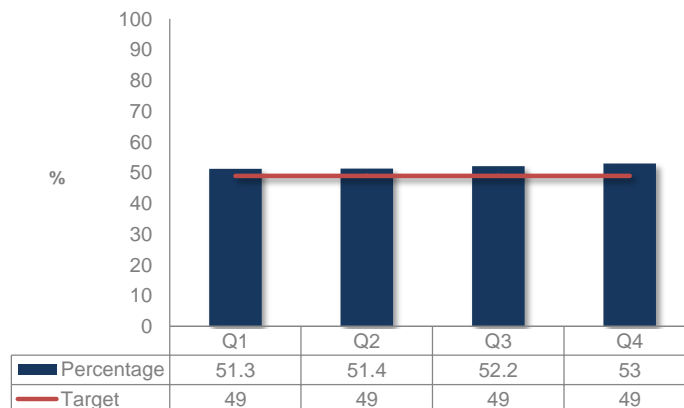


49.0

%

Target for March 2020

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

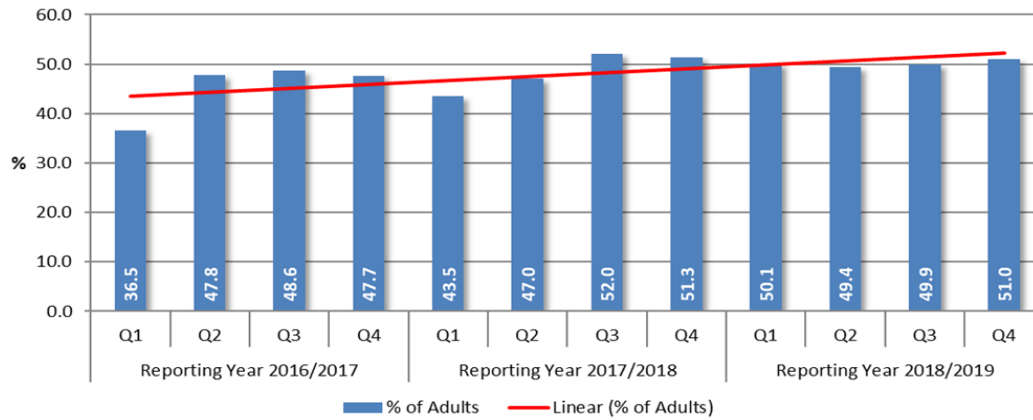


About the latest performance

This data is provisional. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete.

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

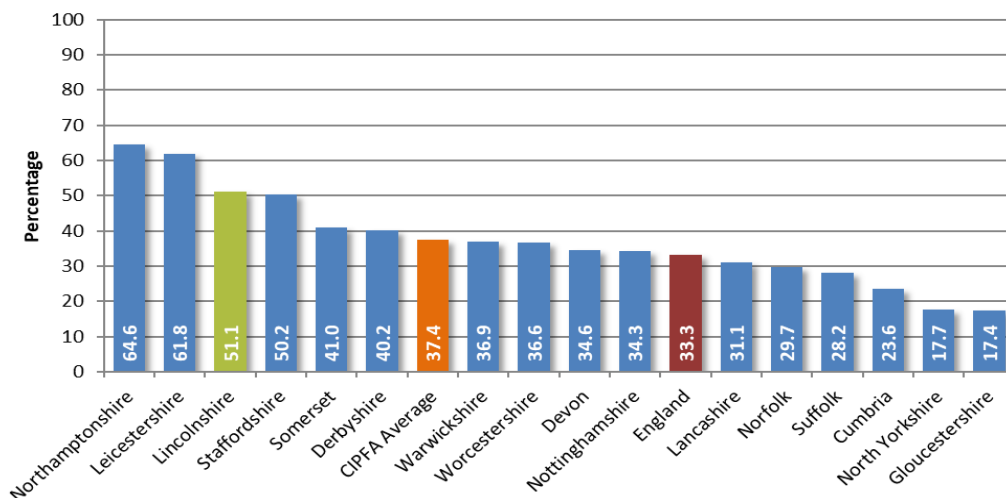
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

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.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

LD & MH Direct Payments (2018/2019)





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

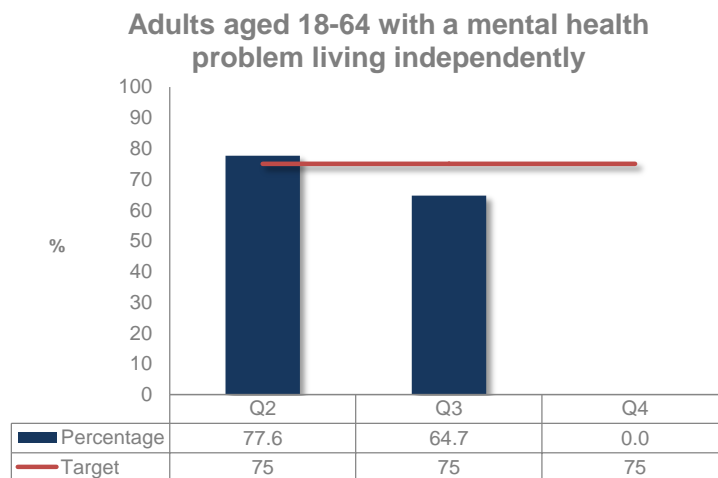
This measure has been adapted from an Adult Social Care Outcomes Framework national measure, ASCOF 1H, which identifies all mental health clients aged 18 to 69 in contact with secondary mental health services on the Care programme Approach (CPA) who are living independently. The measure to be reported 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 MHMSD (Mental Health Monthly Data Set) submission.



X
%
Quarter 4 March 2020

↓

75
%
Target for March 2020

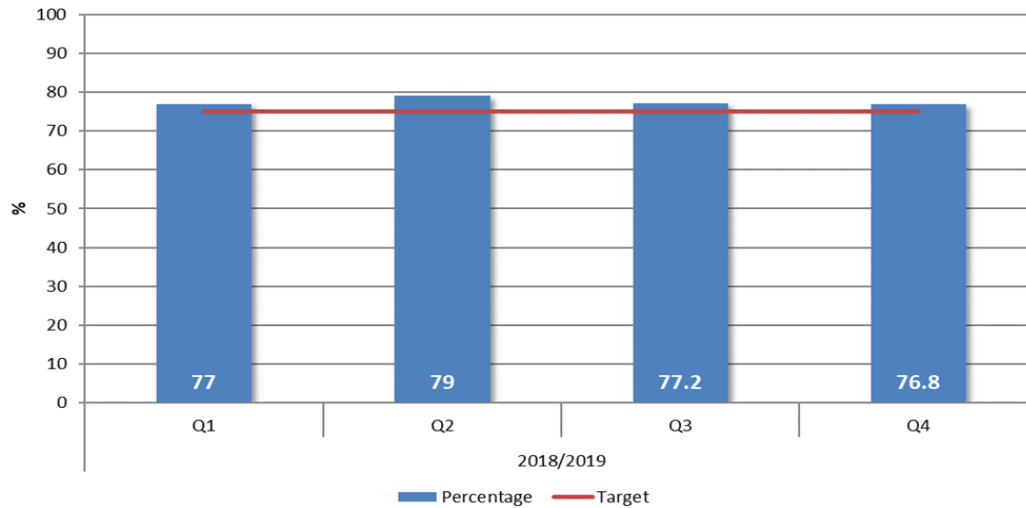


About the latest performance

We are unable to source the information from LPFT at the present time. LPFT are prioritising their work around the COVID 19 pandemic and are unable to provide the information required to be able to report fully on this measure

Further details

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



About the target

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

About the target range

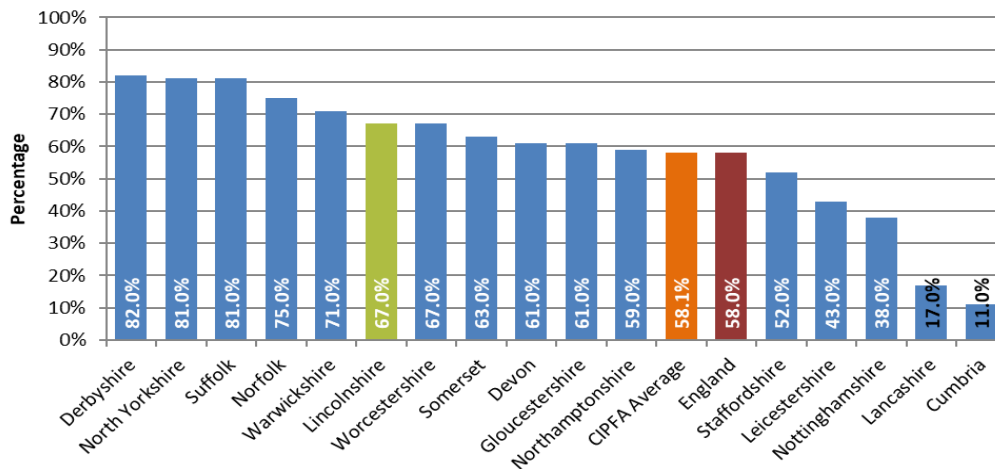
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

The proportion of adults in contact with secondary mental health services living independently (2018/2019)





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. As clients require an annual review each year, this measure resets to 0% on 1st April. Reviews of these clients are undertaken by area teams throughout the year, with the aim to have reviewed 95% of clients by year-end.



Achieved

98.2

%

Cumulative Actual as at March 2020

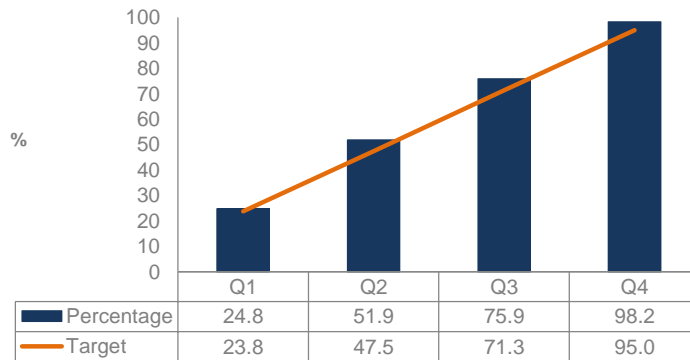


95

%

Cumulative Target for March 2020

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

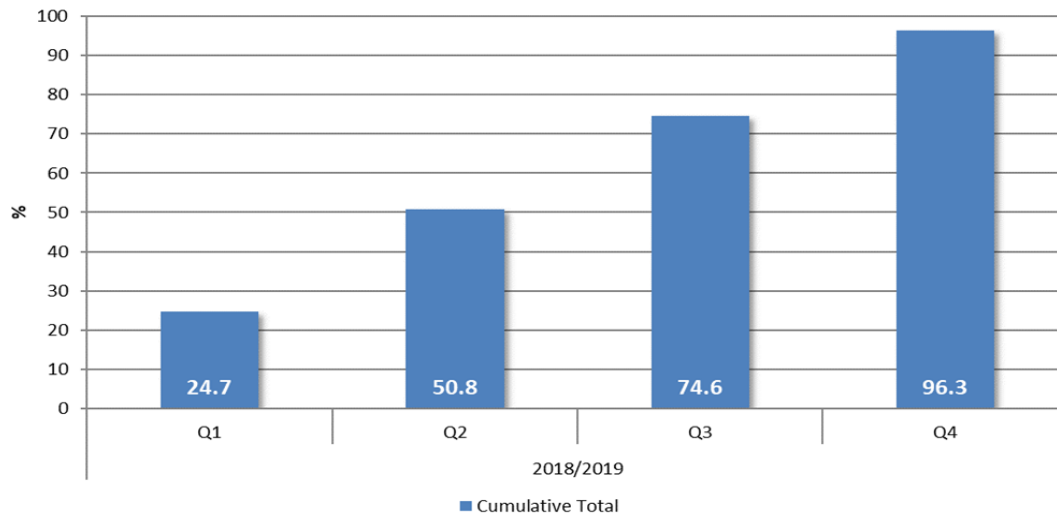


About the latest performance

This data is provisional. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete.

Further details

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



About the target

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

About the target range

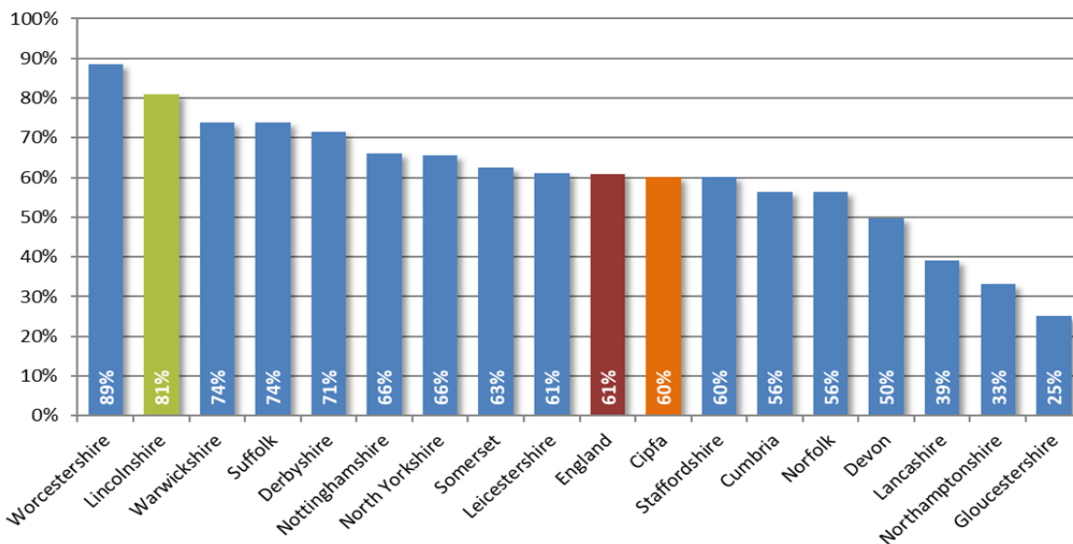
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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

People in receipt of long term support who have been reviewed

Source: SALT Data file 2018/2019





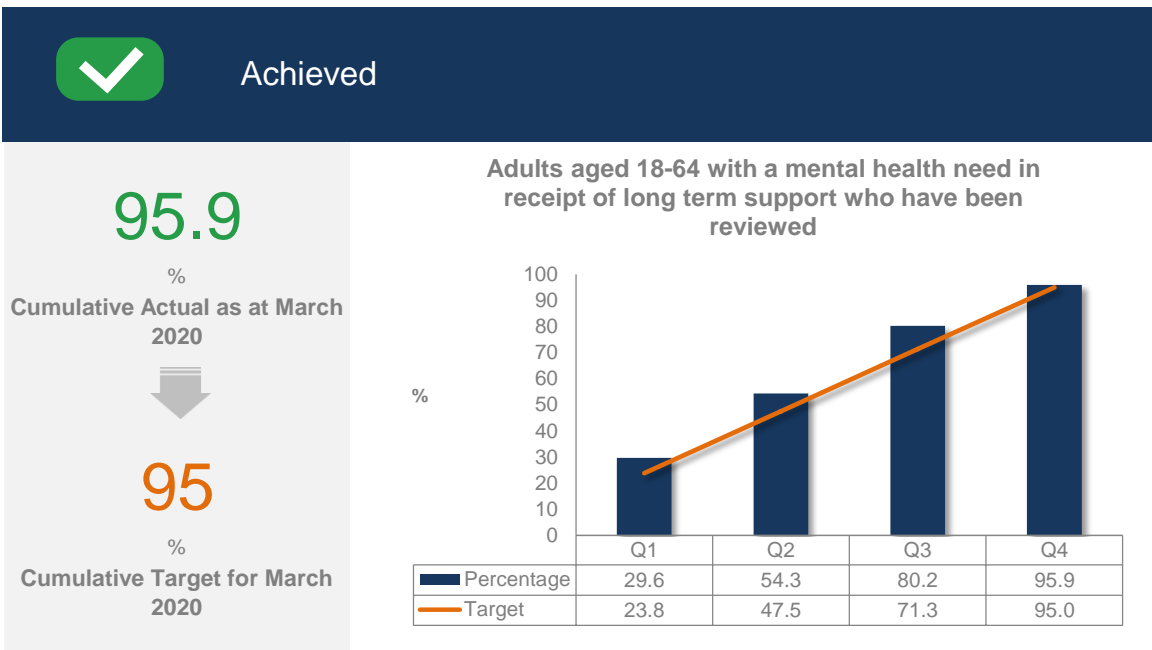
Health and wellbeing is improved

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.

As clients require an annual review each year, this measure resets to 0% on 1st April. Reviews of these clients are undertaken by area teams throughout the year, with the aim to have reviewed 95% of clients by year-end.

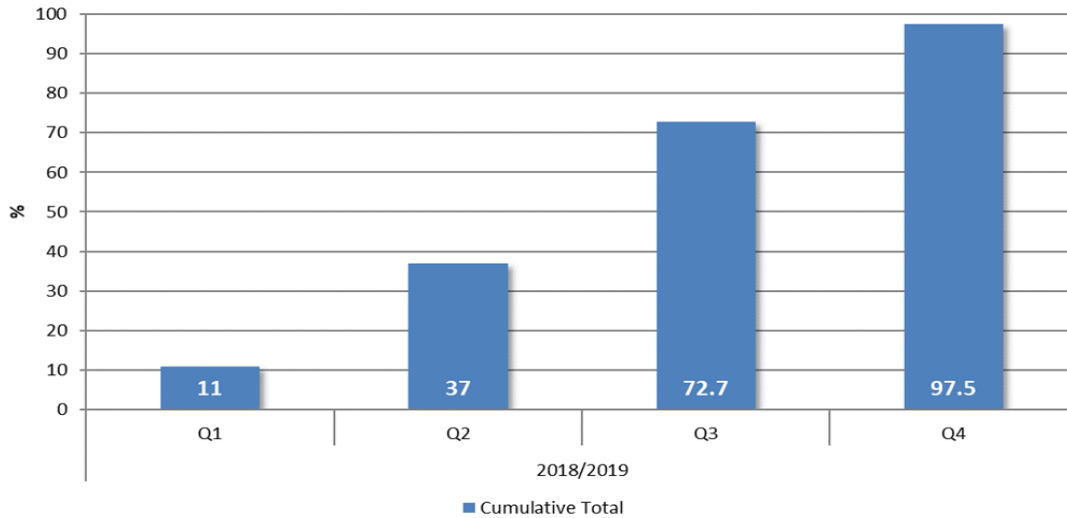


About the latest performance

This data is provisional. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete.

Further details

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



About the target

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

About the target range

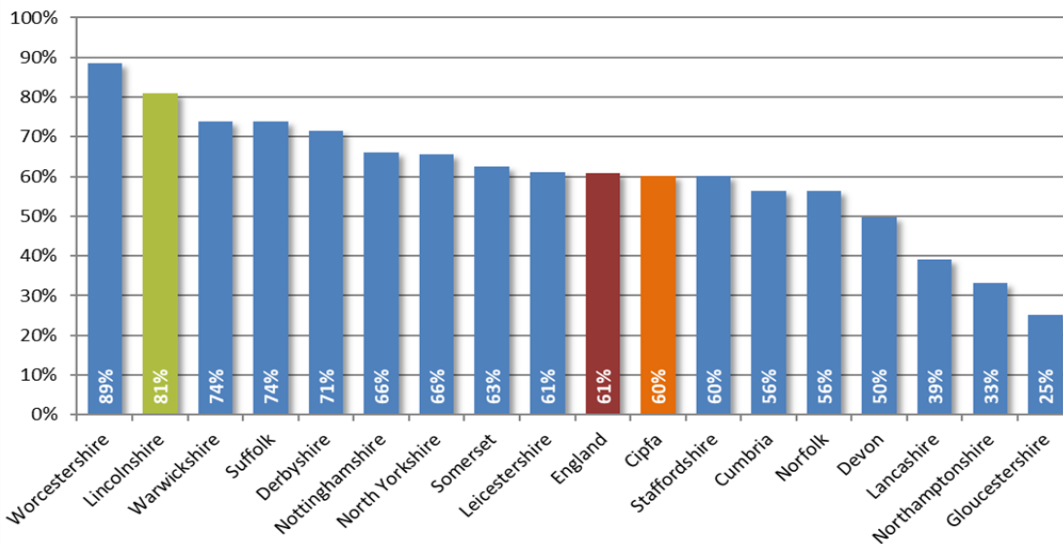
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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

People in receipt of long term support who have been reviewed

Source: SALT Data file 2018/2019





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

1,740

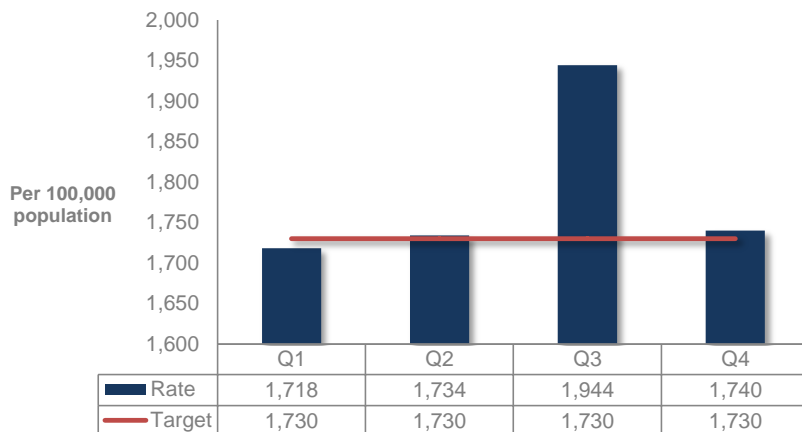
Per 100,000 population
Quarter 4 March 2020



1,730

Per 100,000 population
Target for March 2020

Carers supported in the last 12 months

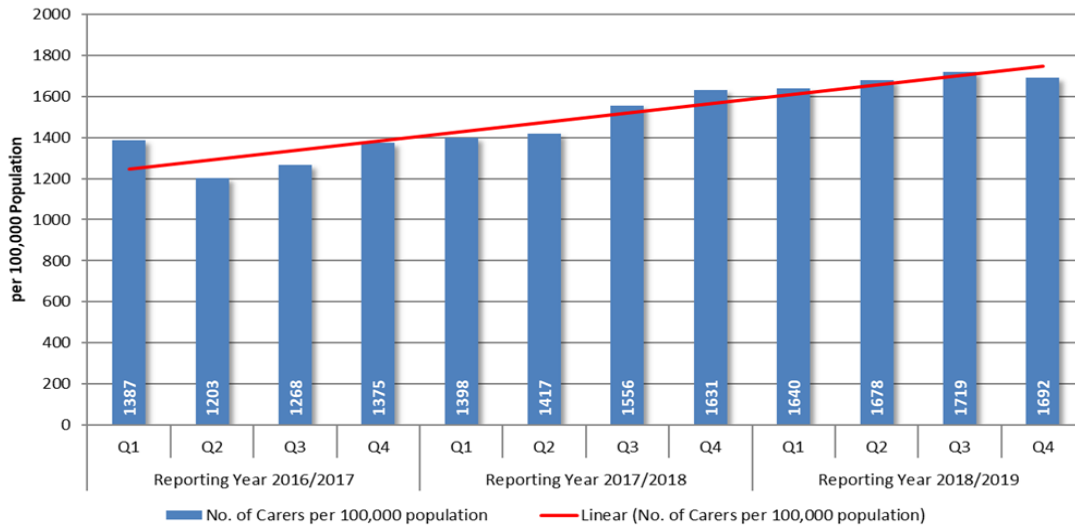


About the latest performance

This data is provisional. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete.

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

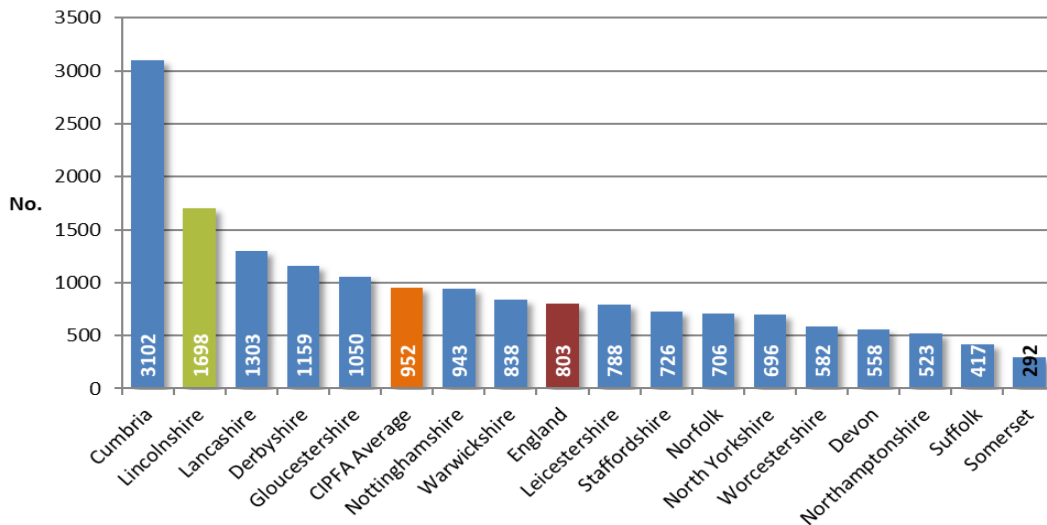
This measure has a target range of +/- 5% based on tolerances used by Department of Health

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.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Carers supported per 100,000 population (2018/2019)





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

82.5

%

April 2019 - March 2020

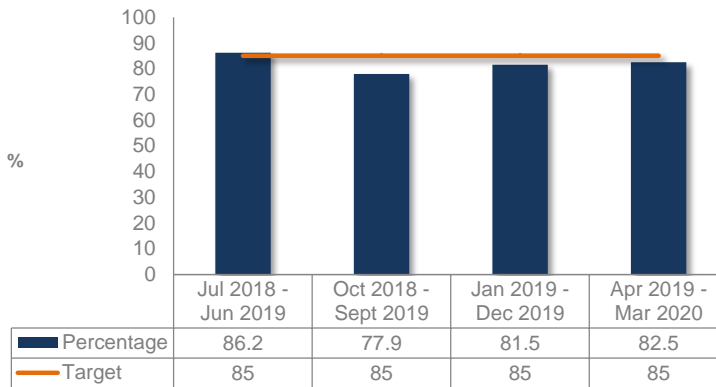


85

%

Target for April 2019 - March 2020

Carers who have received a review of their needs

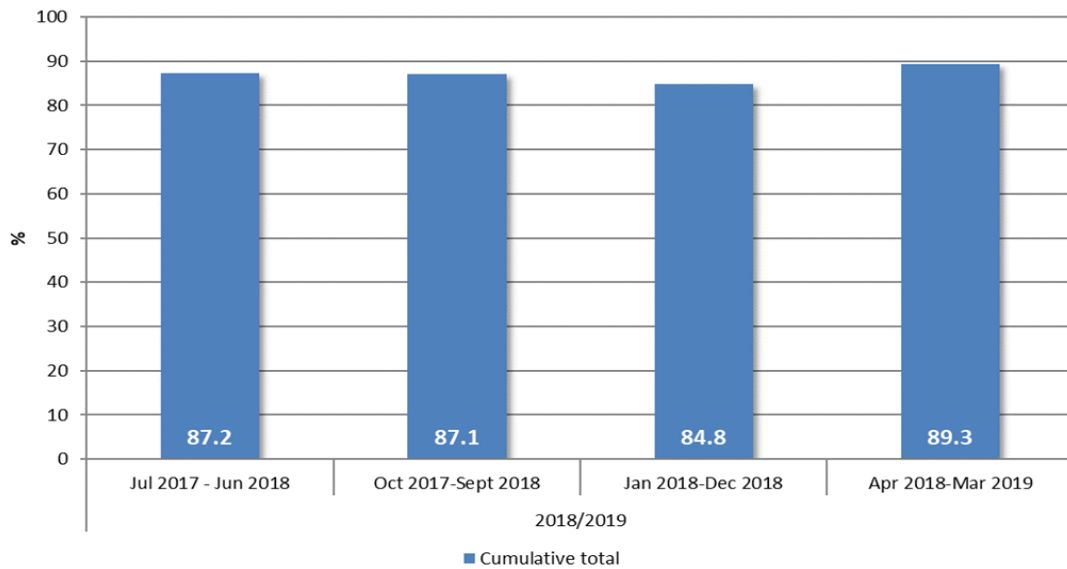


About the latest performance

This data is provisional. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete.

Further details

Carers who have received a review of their needs



About the target

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

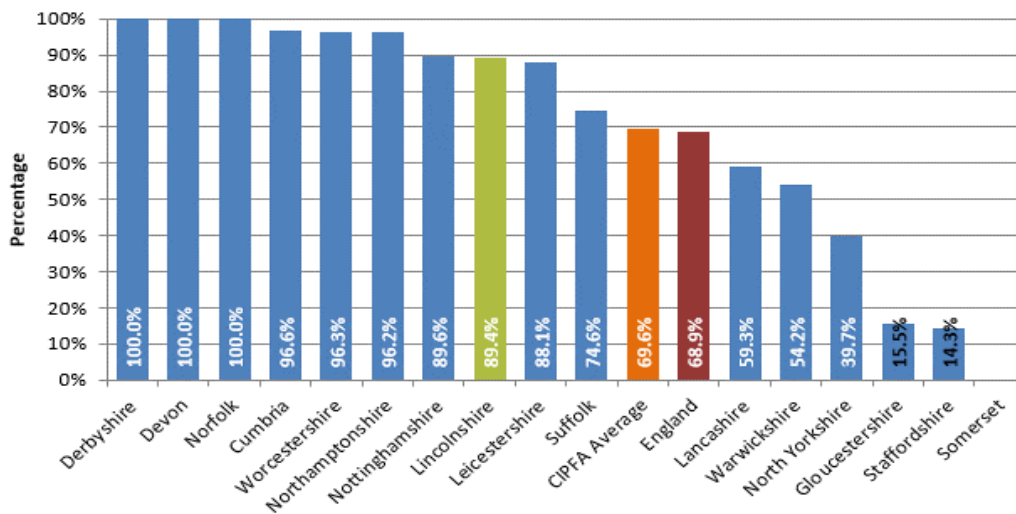
About the target range

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

About benchmarking

Benchmarking is available for this measure from the SALT return on an annual basis. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Carer Reviews and Assessments (2018/2019)



No data for Somerset reviews



Health and wellbeing is improved

Delay and reduce the need for care and support

Permanent admissions to residential and nursing care homes aged 65+

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

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

A smaller number of people permanently admitted to residential and nursing homes indicates a better performance. Admissions into residential and nursing placements tend to increase in the winter period due to illness and increased care being required.

This measure is particularly sensitive to time lags in data recording on the system because of the complex care home placement process. As such the reported figures are as recorded at the time of the data extract.



X

People

Cumulative Actual as at March 2020

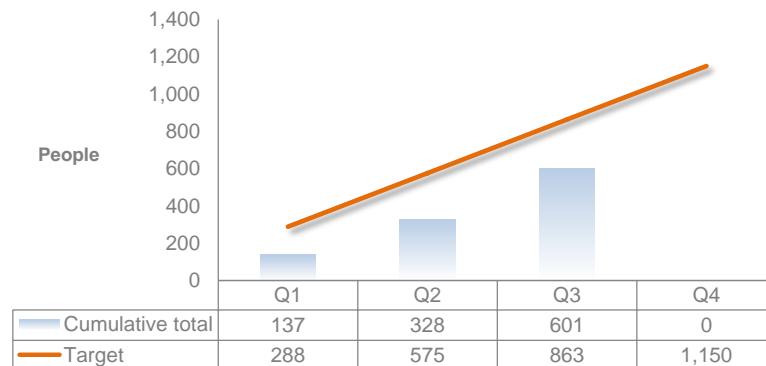


1,150

People

Cumulative Target for March 2020

Permanent admissions to residential and nursing care homes aged 65+

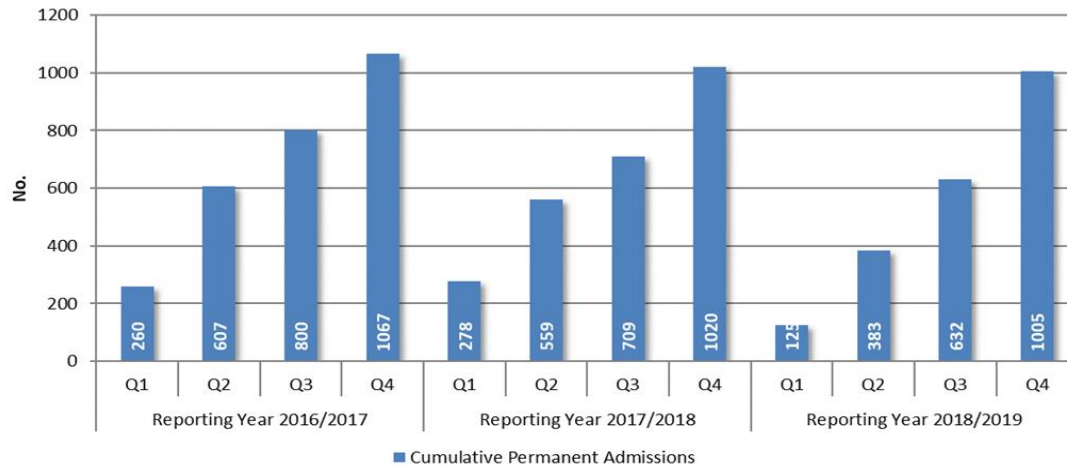


About the latest performance

The time frame for submission of the national Adult Care (SALT) return has been extended due to the Covid-19 pandemic and there are also some capacity issues within the performance team which means we are currently unable to report quarter 4 data.

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

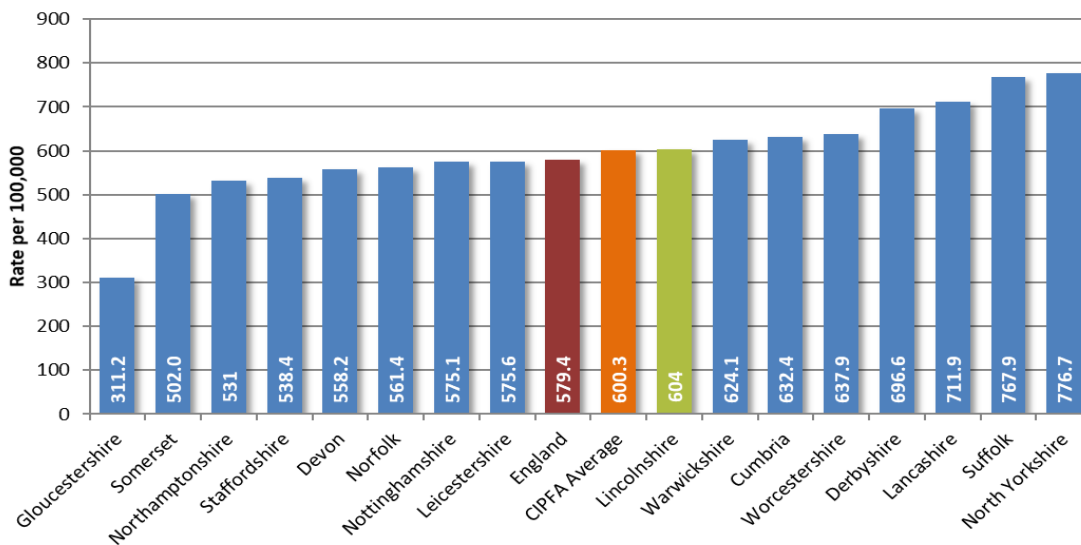
About benchmarking

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.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - CIPFA Benchmarking 2018/2019





Health and wellbeing is improved

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

Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.

Numerator: Number of users receiving direct or part direct payments.

Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.

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

This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.

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



Achieved

32.2

%

Quarter 4 March 2020

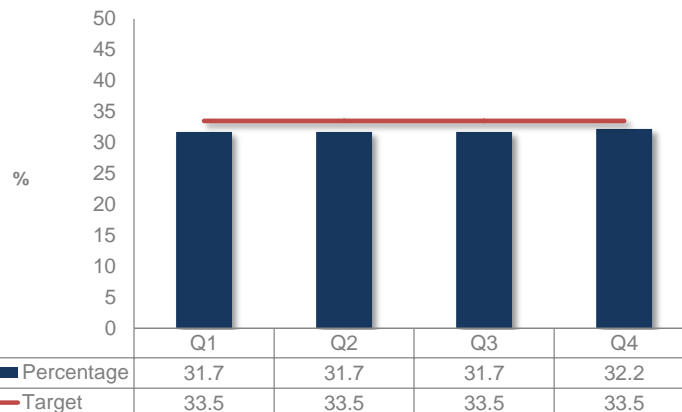


33.5

%

Target for March 2020

Adults who receive a direct payment

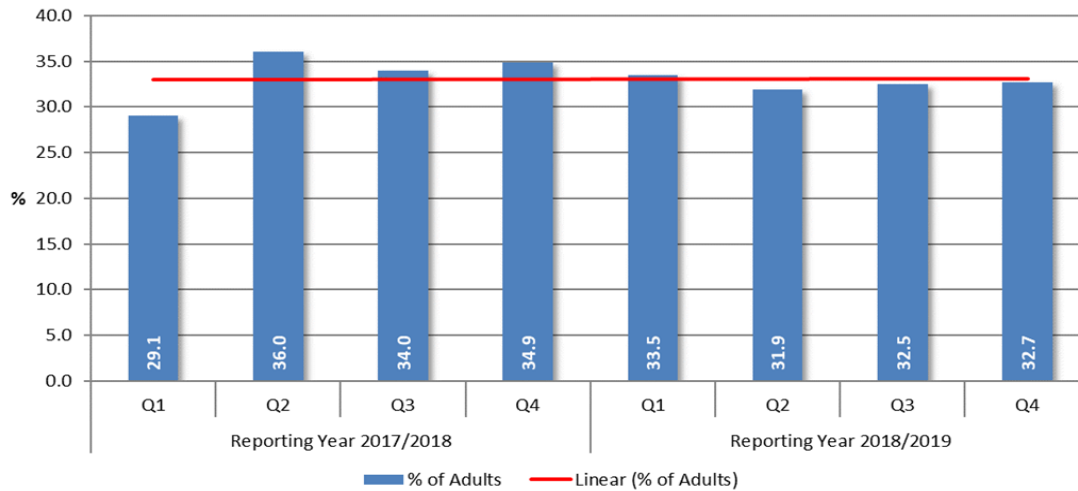


About the latest performance

This data is provisional. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete.

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 2018/19 we have set a revised target of 33.5% for the 2019/20 reporting year.

About the target range

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

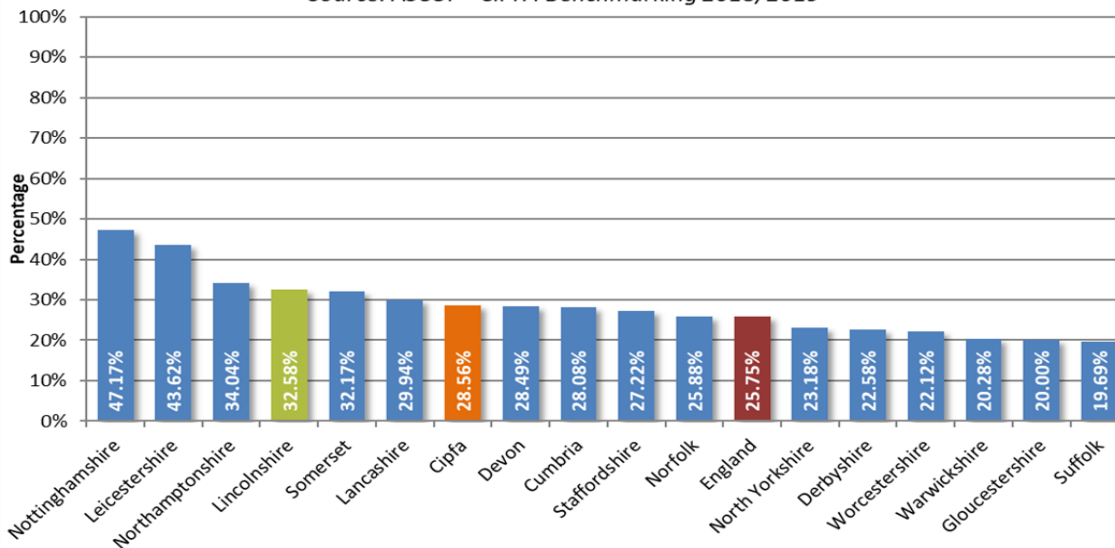
About benchmarking

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

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Adults who receive a direct payment

Source: ASCOF - CIPFA Benchmarking 2018/2019





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

95.8

%

Cumulative Actual as at March
2020

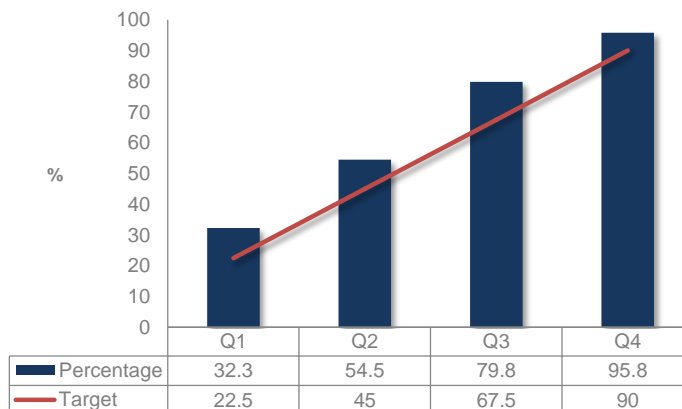


90

%

Cumulative Target for March
2020

People in receipt of long term support who have been reviewed

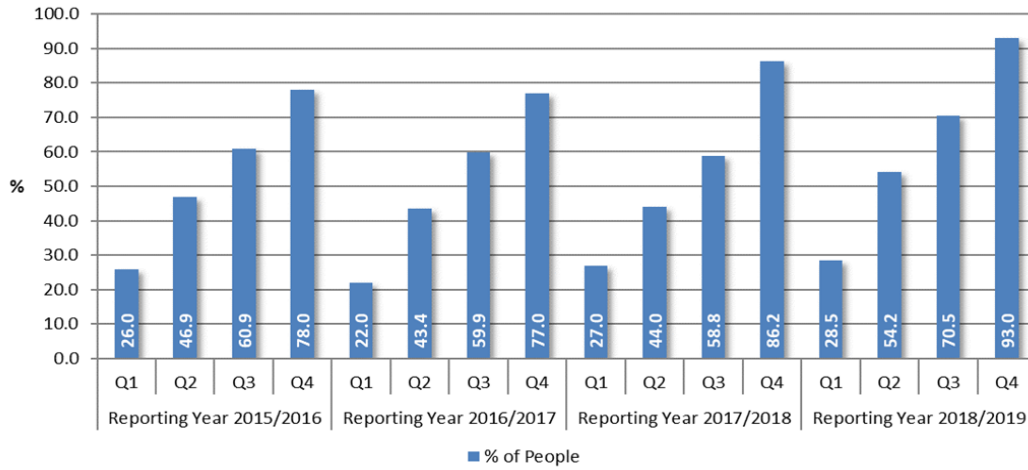


About the latest performance

This data is provisional. This is due to the process undertaken around the submission of statutory data which may mean this data changes and is therefore provisional until the process is complete.

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

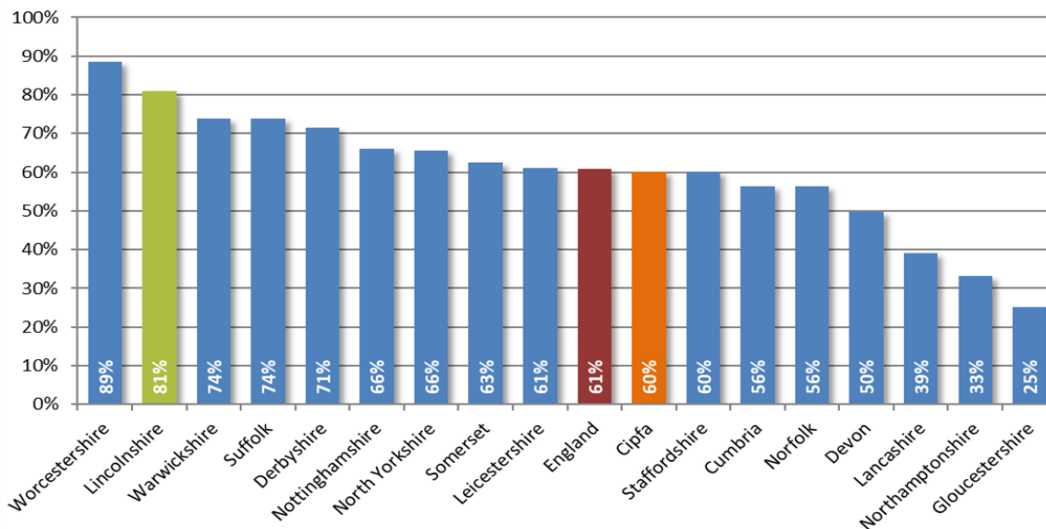
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

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 2018/2019





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 Short and Long Term (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.



X
%
Quarter 4 March 2020

↓

93
%
Target for March 2020

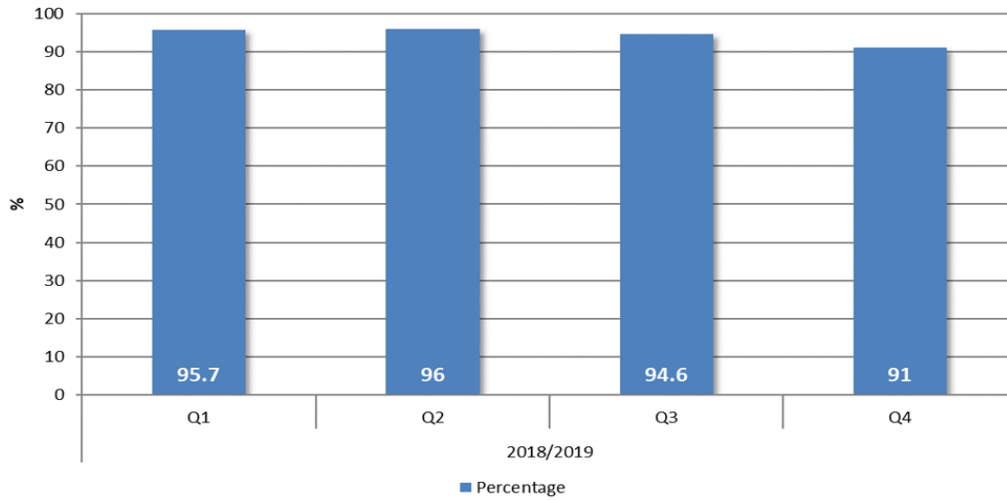


About the latest performance

The time frame for submission of the national Adult Care (SALT) return has been extended due to the Covid-19 pandemic and there are also some capacity issues within the performance team which means we are currently unable to report quarter 4 data.

Further details

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



About the target

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

About the target range

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

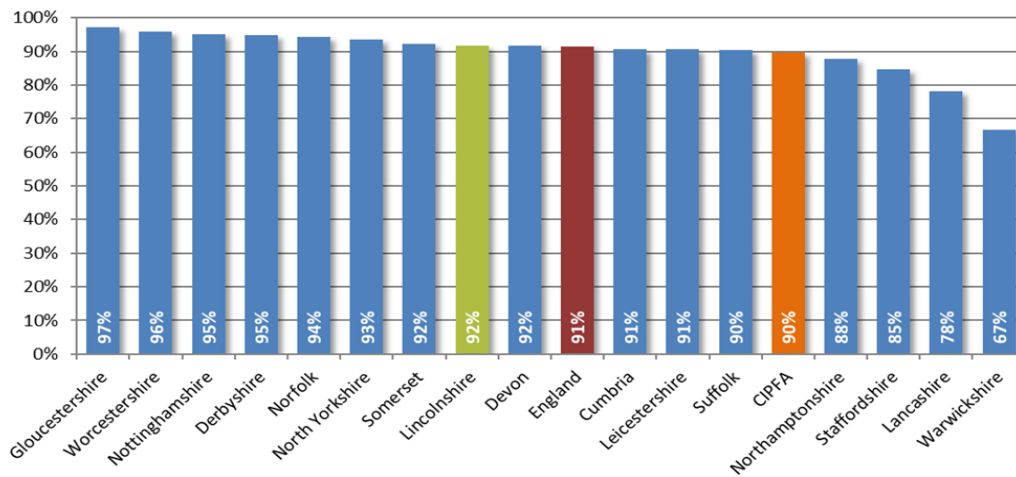
About benchmarking

Benchmarking is available for all councils from the SALT return at the end of the summer each year and will be added when it becomes available.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

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

Source: SALT Data file 2018/2019





Health and wellbeing is improved

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

People who report that services help them have control over their daily life

A self-reported measure from the annual Adult Social Care client Survey (ASCS) which determines whether services help people to have control over their daily lives. This has replaced the Adult Social Care Outcomes Framework (ASCOF) measure from the same survey previously reported in the Council Business Plan which asked about general feeling about control, which is not an effective way to determine the impact of support provided. A higher percentage indicates a better performance.

Numerator: The number of people in the denominator answering 'Yes'.

Denominator: The number of people answering the question: 'Do care and support services help you in having control over your daily life?'

A higher percentage indicates a better performance.



X

%

April 2019 - March 2020

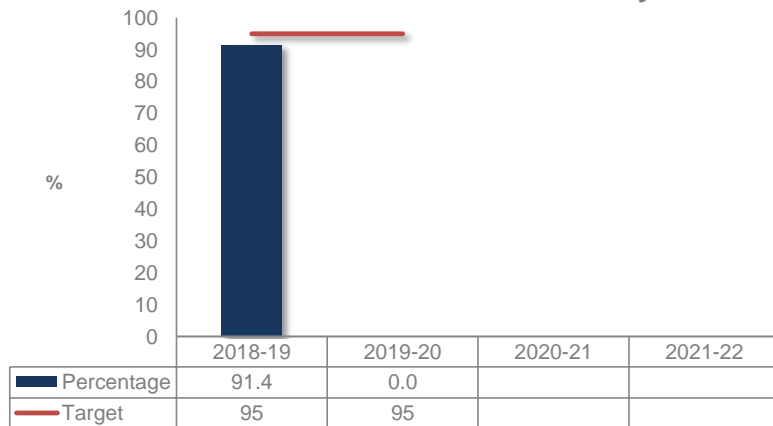


95

%

Target for April 2019 - March 2020

People who report that services help them have control over their daily life



About the latest performance

This measure is based on a paper survey and the input/analysis has been delayed due to the Covid 19 pandemic.

Further details

Please see the main graphic for all available data relating to this measure.

About the target

The target for this measure has been set to 95% which will maintain our current level of performance.

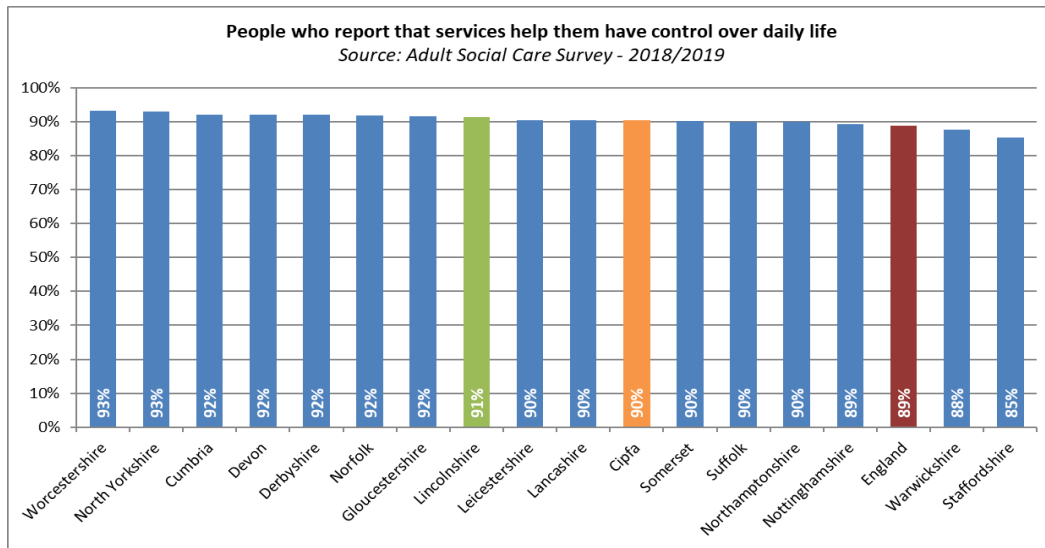
About the target range

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

About benchmarking

This data is reported to NHS-Digital annually and should be available for all councils at the end of the summer each year.

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.





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)

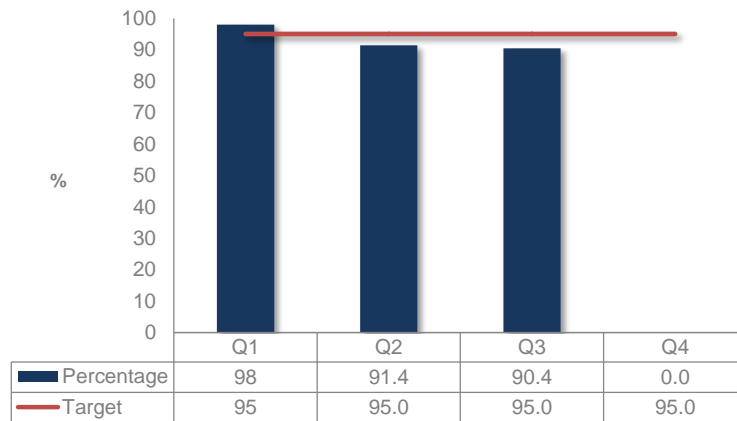


X
%
Quarter 4 March 2020

↓

95
%
Target for March 2020

Completed episodes of Reablement

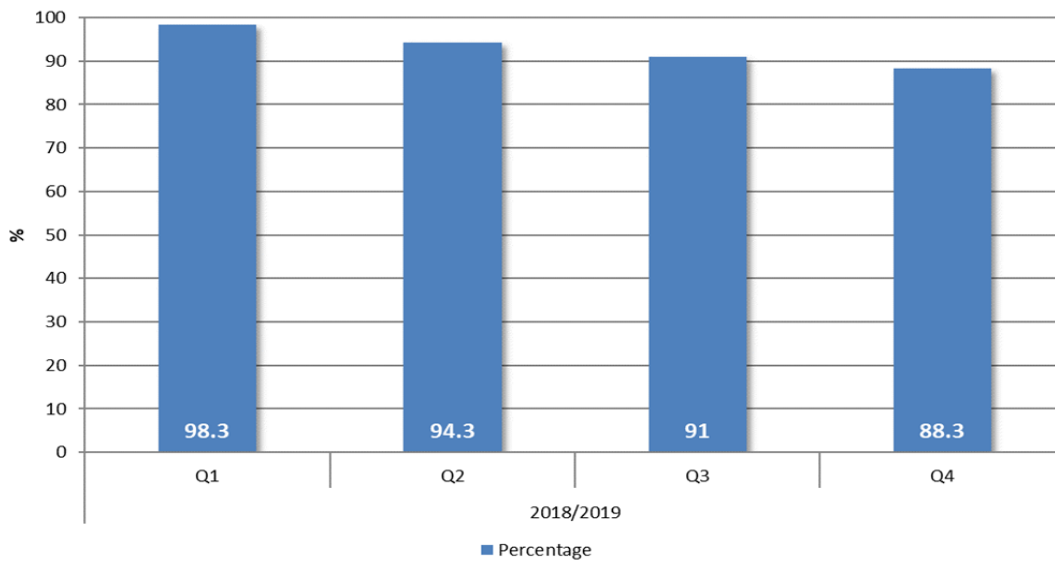


About the latest performance

The time frame for submission of the national Adult Care (SALT) return has been extended due to the Covid-19 pandemic and there are also some capacity issues within the performance team which means we are currently unable to report quarter 4 data.

Further details

Completed Episodes of Reablement



About the target

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

About the target range

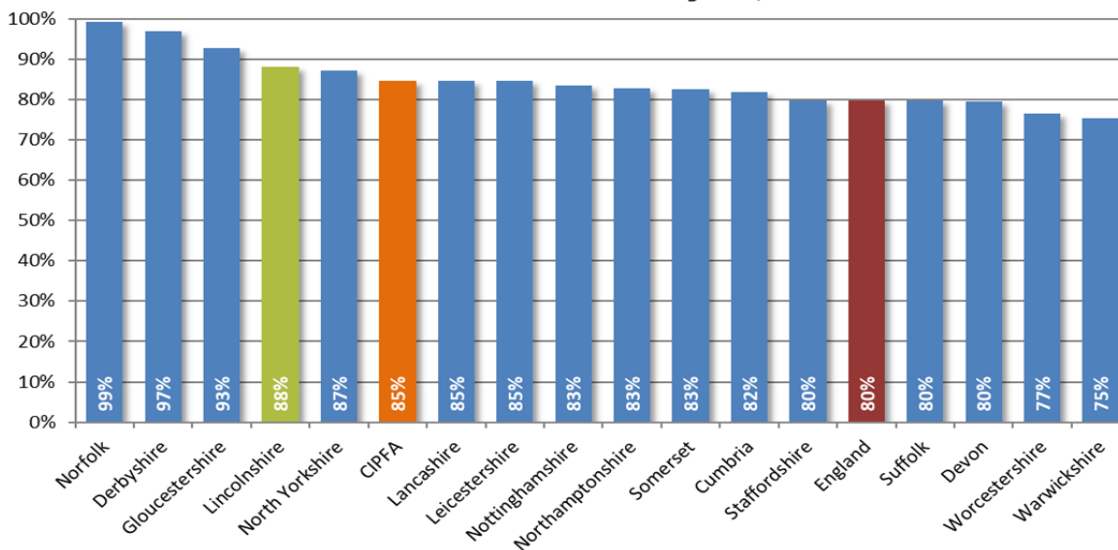
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Since this measure is an ASCOF measure, benchmarking is available each year in the Summer. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Completed episodes of reablement

Source: ASCOF - CIPFA Benchmarking 2018/2019



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	1 July 2020
Subject:	Adult Care and Community Wellbeing Outturn 2019-20

Summary:

The Adult Care and Community Wellbeing (ACCW) budget is £227.370m net. For the financial year 1 April 2019 – 31 March 2020, ACCW incurred spending of £225.130m. With agreement to transfer 1% to fund the Council-wide transformation programme, the underspend for 2019/20 is £0.141m.

Actions Required:

The Adult Care and Community Wellbeing Scrutiny Committee is asked to note the outturn position for 2019-20.

1. Background

Adult Care and Community Wellbeing (ACCW) is organised into the following three delivery strategies;

- Adult Frailty and Long Term Conditions
- Specialist Adult Services and Safeguarding
- Public Health and Community Wellbeing (including Carers)

The table below highlights the outturn position for each of the above delivery strategies prior to transformation programme support.

Delivery Strategy	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Adult Frailty & Long Term Conditions	120.065	118.780	(1.285)
Specialist Adult Services & Safeguarding	76.475	76.103	(0.371)
Public Health & Community Wellbeing	30.830	30.247	(0.583)
Total	227.370	225.130	(2.239)

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

The Adult Frailty and Long Term Conditions strategy brings together older people and physical disability services as well as hosting the Directorate budgets for back office functions in infrastructure budgets. The financial allocation of this delivery strategy aims to support eligible individuals to receive appropriate care and support.

The current budget for this strategy is £120.064, £113,130 excluding infrastructure. The outturn against the frailty budget is £1.285m underspend for the 2019-20 financial year.

This strategy includes budgets for community based care including home support, reablement, day care and direct payments. The table below indicates the projected spend against each care budget.

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Staffing	15.064	15.064	
Day Care	0.500	0.440	(0.060)
Direct Payments	17.766	17.950	0.184
Home Base	26.869	27.801	0.932
Residential	86.090	87.444	1.354
Better Care Fund & Other Expenditure	5.930	6.123	(0.193)
Total AF&LTC Expenditure	152.219	154.822	2.603
Income	(39.090)	(42.978)	(3.888)
Total AF&LTC	113.130	111.844	(1.285)

The above care budgets delivered within the allocated budget due to the following;

- current activity being in line with the levels forecast when the budgets were set.
- £1.860m accelerated recovery of income predominantly from direct payment refunds and debtor income.
- Financial assessment improvement programme delivering its objectives of reducing the number of financial assessments pending, generating one off additional income of £0.667m, and the turnaround time of 28 days in the majority of cases.

Physical Disabilities has seen continued growth in Community Supported Living and Home Support. These areas promote independence and avoid costly long term placements in Residential/Nursing care. 2020-21 will see budget realignment from older persons to support this continued growth.

1.2 Specialist Adult Services and Safeguarding

The financial allocation of this delivery strategy supports delivery of services for eligible adults with learning disabilities, autism and/or mental health needs.

The current budget for this delivery strategy is £76.475. The outturn against this budget is an underspend of £0.371m for the 2019-20 financial year.

The following table indicates the position against the Learning Disabilities care budgets.

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Staffing	3.064	3.064	
Day Care	1.889	2.026	0.138
Direct Payments	11.110	11.623	0.513
Home Base	31.447	31.430	(0.018)
Residential	32.421	33.792	1.371
In House Team	2.428	2.523	0.095
Transport / Admin / Infrastructure	2.745	1.236	(1.509)
Total Learning Disabilities	85.104	85.694	0.590
Staffing	1.769	1.769	
Community Care Fund	6.511	7.401	0.890
Total Mental Health	8.280	9.170	0.890
EDT Team	0.599	0.600	
Deprivation of Liberty Standards (DoLS)	2.395	2.395	
Safeguarding Infrastructure	1.000	1.012	0.012
Total Safeguarding	4.000	4.012	0.012
Income	(20.909)	(22.772)	(1.862)
Total Adult Specialties	76.475	76.103	(0.371)

The above care budgets delivered within the allocated budget due to the following;

- demand for Learning Disability services has increased in comparison to 2018-19 however not at the rate originally budgeted. Updated forecasts indicate that growth levels will accelerate into the summer of 2020-21 with a large number of new service users transitioning from Children's Services.
- an increase in continuing healthcare services. The table above assumes £1.964m additional income will be received from the Clinical Commissioning Group (CCG) for their element of these costs.

- Deprivation of Liberty (DoLs) standards reported an additional spend of £1.768m, generated through minimising the number of assessments pending. As planned, this was funded through the release of underspends and reserves. This level of additional funding has been set aside in 2020-21 to ensure demand can be met whilst the new Liberty Protection Standards are introduced.

Mental Health services are delivered in partnership with Lincolnshire Partnership Foundation Trust (LPFT) with financial monitoring residing with LPFT during 2019-20. Agreement was made to mirror the accruals based financial monitoring and reporting processes established within the learning disabilities services. This means costs are captured as soon as the packages of care are agreed and in place and removes delays as a result of waiting for paperwork which we see in a cash based system. This agreement resulted in a full review of the cost of packages agreed during quarter 4 and additional costs of £0.55m being reported. The new process is in place and will be reported each month going forward.

1.3 Public Health & Community Wellbeing

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Public Health & Wellbeing	28.413	27.952	(0.461)
Carers	2.417	2.295	(0.122)
Total Public Health & Wellbeing	30.830	30.247	(0.583)

The Public Health Grant for 2019-20 was fully utilised, including children's public health reported within Children's Directorate.

Wellbeing services reported an underspend predominantly driven by the additional demand for community equipment forecast at the start of 2019-20 not being spent in full.

1.4 Areas of Focus across the Directorate

Better Care Fund

The Lincolnshire Better Care Fund (BCF) is an agreement between the Council and the Lincolnshire clinical commissioning groups and is overseen by the Health and Wellbeing Board. The BCF pools funds from the organisations to aid the objective of integrated service provision.

The total pooled amount in 2019-20 is £254.282m which includes £58.682m allocated to the Lincolnshire BCF from the Department of Health and Social Care.

Following Regional Assurance, the Lincolnshire Better Care Fund Programme for 2019-20 received national approval in early January 2020. The programme, with the agreed outcome measures, is being delivered as per the plan. We are planning for a rollover of the programme into 2020-21.

Covid-19

Covid-19 impacted in Lincolnshire towards the tail end of 2019-20 and resulted in ACCW incurring £0.099 costs for the procurement of personal protection equipment. This cost is fully funded from the covid-19 grant received from the government. The unprecedented financial impact covid-19 will have on adult social care will be monitored as we move through 2020-21.

1.5 Conclusion

For the eighth consecutive year, Adult Care and Community Wellbeing concluded the financial year with an underspend of £1.040mm against its £227.370m budget.

ACCW Medium Term Financial Plan, drafted February 2020, forecast 2020-21 would see ACCW continue to deliver within its agreed budget. This position will be updated monthly given the potential financial impact of demand growth and covid-19 in year and moving forward.

2. Consultation

a) Policy Proofing Actions Required

n/a

3. 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 Pam Clipson, Head of Finance Adult Care, who can be contacted on 07775 003614 or pam.clipson@lincolnshire.gov.uk.

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**Open Report on behalf of Andrew Crookham
Executive Director - Resources**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	1 July 2020
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

The Committee is also requested to consider its future work programme, which includes a list of possible items up to and including 25 November 2020. The report also includes a schedule of previous activity by the Committee since June 2017.

The Committee is requested to note the decision made by the Executive on 3 March 2020 on the *Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement*, following consideration by this Committee on 26 February 2020. The Executive approved the recommendations set out in the report.

Actions Required:

- (1) To review the Committee's future work programme, highlighting any activity for possible inclusion in the work programme.
- (2) To note the decision made by the Executive on 3 March 2020 on the *Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement*, following consideration by this Committee on 26 February 2020.

1. Current Items

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

1 July 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Examples of Excellent Work During Covid-19	Glen Garrod, Executive Director – Adult Care and Community Wellbeing

1 July 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Performance Report - Quarter 4 2019/20	Caroline Jackson, Performance Manager, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget 2019-20 – Outturn Report	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing

2. Future Items

Set out below are the meeting dates up to October 2020, with a list of items allocated or provisionally allocated to a particular date. The items in the published forward plan of executive decisions within the remit of this Committee are listed in Appendix A.

9 September 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Rural Strategic Partner of the Centre for Ageing Better	Semantha Neal, Head of Prevention & Early Intervention, Public Health Michelle Howard, Assistant Director – People – East Lindsey District Council
Payment Arrangements for Residential Care	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Performance Report - Quarter 1 2020/21	Caroline Jackson, Performance Manager, Adult Care and Community Wellbeing
Linelands, Nettleham - Extra Care Housing Programme (Possible Item)	Kevin Kendall, Assistant Director, Corporate Property

The Committee is requested to bear in mind that if the item on *Linelands, Nettleham - Extra Care Housing Programme* goes ahead, it may be necessary to reschedule the Committee's meeting, to take place prior to the Executive meeting on 2 September.

21 October 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Lincolnshire Safeguarding Adults Board – Annual Report and Plan	David Culy, Lincolnshire Safeguarding Adults Business Manager

21 October 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Budget Monitoring 2020-21	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing
Lincolnshire Integrated Health Protection Service (Exempt Report)	Natalie Liddle, Programme Manager, Infection Prevention & Control and Emergency Planning

25 November 2020 – 10.00am	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Performance Report - Quarter 2 2020/21	Caroline Jackson, Performance Manager, Adult Care and Community Wellbeing

Meeting dates for 2021 will be confirmed by the County Council on 26 June 2020.

Items to be Programmed

Set out below is a list of items, brought forward from the previous work programme. Given the impact of the covid-19, the Committee may wish to prioritise the items in the list, and whether any are no longer relevant: -

- Alcohol Harm and Substance Misuse Services
- Better Care Fund
- Day Opportunities
- Homes for Independence
- Long Term Funding of Adult Social Care
- Lincolnshire NHS Long Term Plan
- Managed Care Network for Mental Health (*Considered 11 April 2018*)
- Mental Health – Community Based Model
- National Carers Strategy
- Team Around the Adult – Update on Developments
- Transforming Care

All items previously considered by the Committee since June 2017 are listed in Appendix B.

On 26 February 2020, the Committee considered a report on *Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement*. Following the committee's consideration, the Executive approved

the recommendations set out in the report. Further details are available in the relevant minutes from the last meeting.

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	Forward Plan – Items Relevant to the Remit of the Adults and Community Wellbeing Scrutiny Committee
Appendix B	Adults and Community Wellbeing Scrutiny Committee – Previously Considered Items

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

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

From 2 July 2020

DEC REF	MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	DIVISIONS AFFECTED
1019235	Extra Care Housing	2 Sept 2020	Executive	Adults and Community Wellbeing Scrutiny Committee	Assistant Director - Corporate Property Tel: 01522 552933 Email: Kevin.Kendall@lincolnshire.gov.uk	All
1019547	Lincolnshire Integrated Health Protection Service	Between 28 Oct and 30 Oct 2020	Executive Councillor: Adult Care, Health and Children's Services (Exempt Report)	United Lincolnshire NHS Hospitals Trust; Public Health England; Clinical Commissioning Groups; Adults and Community Wellbeing Scrutiny Committee	Programme Manager, Infection Prevention & Control and Emergency Planning Tel: 01522 552345 Email: natalie.liddle@lincolnshire.gov.uk	All

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
PREVIOUSLY CONSIDERED ITEMS

	2017			2018					2019					2020											
KEY	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	22 May	3 July	4 Sept	9 Oct	27 Nov	15 Jan	26 Feb	1 July	9 Sept	21 Oct
✓ = Item Considered ■ = Planned Item																									
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135	135	210	185	130	170	190	135	194	150	140	132	185				
Adult Care and Community Wellbeing Corporate Items																									
Advocacy Services																				✓					
Better Care Fund	✓																								
Budget Items		✓	✓		✓				✓	✓		✓	✓				✓			✓	✓	✓	■		■
Care Quality Commission				✓																	✓				
Commercial Team																✓									
Contract Management					✓																				
Covid-19 Response																							■		
Integrated Community Care															✓										
Introduction	✓																								
IT Updates					✓						✓														
Joint Strategic Needs Assessment	✓																								
Local Account				✓																					
Multi-Purpose Block Beds																				✓					
Social Care Working																						✓			
NHS Long Term Plan														✓											
Quarterly Performance	✓	✓	✓			✓			✓	✓		✓		✓			✓	✓		✓		✓	■	■	
Strategic Market Support Partner			✓																						
Winter Planning										✓						✓			✓						
Adult Frailty, Long Term Conditions and Physical Disability																									
Activity Data 2018/19																		✓							
Assessment and Re-ablement															✓						✓				
Care and Support for Older People – Green Paper											✓				✓										
Commissioning Strategy										✓															
Dementia										✓					✓										
Direct Payments Support Service																				✓					
Home Care Service																						✓			
Homecare Customer Survey									✓																
Residential Care / Residential Care with Nursing - Fees					✓				✓																
Review Performance									✓																

	2017			2018					2019					2020												
KEY	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	22 May	3 July	4 Sept	9 Oct	27 Nov	15 Jan	26 Feb	1 July	9 Sept	21 Oct	
Adult Safeguarding																										
Commissioning Strategy										✓																
Safeguarding Board Annual Plan																										█
Safeguarding Scrutiny Sub Group				✓		✓		✓		✓																
Carers																										
Commissioning Strategy											✓															
Community Wellbeing																										
Director of Public Health Report								✓													✓					
Director of Public Health Role								✓																		
Domestic Abuse Services			✓																							
Healthwatch Procurement								✓																		
Integrated Lifestyle / One You											✓									✓						
NHS Health Check Programme							✓																			
Sexual Health Services													✓													
Stop Smoking Service					✓																					
Wellbeing Commissioning Strategy											✓															
Wellbeing Service												✓								✓						
Housing Related Activities																										
Extra Care Housing						✓															✓					█
Homes for Independence Strategy																										
Housing Related Support																					✓					
Memorandum of Understanding															✓											
Supported Housing						✓																				
Specialist Adult Services																										
Autism Strategy																✓										
Commissioning Strategy											✓															
Community Supported Living																						✓				
Day Opportunities																										
Learning Disability – Short Breaks																					✓					
Managed Care Network Mental Health							✓																			
Mental Health Community Based Model																										
Section 75 Agreement – Mental Health																								✓		
Section 117 Mental Health Act Policy																					✓					
Shared Lives							✓																			
Team Around the Adult																					✓					
Transforming Care																										

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