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17 November 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, 25 November 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=5486> where a live feed will be made available on the day of the meeting.

Yours sincerely

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 L Foulkes, 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, 25 NOVEMBER 2020**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting held on 21 October 2020	5 - 10
4	Announcements by the Chairman, Executive Councillor and Lead Officers	
5	In-House Day Services <i>(To receive a report by Justin Hackney, Assistant Director, Specialist Adult Services, which provides an update to the Committee in relation to In-House Day Services)</i>	11 - 38
6	Transforming Care <i>(To receive a report by Justin Hackney, Assistant Director Specialist Adult Services, which provides the Committee with an update on the Lincolnshire Transforming Care agenda)</i>	39 - 44
7	Service Level Performance Against the Corporate Performance Framework - Quarters 1 and 2 <i>(To receive a report by Caroline Jackson, Head of Corporate Performance, which summarises the Adult Care and Community Wellbeing Service Level Performance for Quarters 1 and 2 for the measures which are above or below the target range)</i>	45 - 80
8	Covid-19 Update <i>(To receive a verbal update from Derek Ward, Director of Public Health, which updates the Committee on the latest position with Covid-19)</i>	Verbal Report
9	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 future work programme)</i>	81 - 88

Democratic Services Officer Contact Details

Name: **Rachel Wilson**

Direct Dial **07796 994874**

E Mail Address rachel.wilson@lincolnshire.gov.uk

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
21 OCTOBER 2020**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

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

Councillor Mrs P A Bradwell OBE attended the meeting as an observer.

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Simon Evans (Health Scrutiny Officer), Justin Hackney (Assistant Director, Specialist Adult Services), Theo Jarratt (County Manager, Performance Quality and Development), Heather Roach (Independent Chairman, Lincolnshire Safeguarding Adults Board) and Rachel Wilson (Democratic Services Officer)

17 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

There were no apologies for absence.

18 DECLARATIONS OF MEMBERS' INTERESTS

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

19 MINUTES OF THE MEETING HELD ON 1 SEPTEMBER 2020

RESOLVED

That the minutes of the meeting held on 1 September 2020 be signed by the Chairman as a correct record.

20 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR
AND LEAD OFFICERS

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

21 LINCOLNSHIRE SAFEGUARDING ADULTS BOARD (LSAB): STRATEGIC
PLAN UPDATE AND ANNUAL REPORT

The Committee received a report and presentation which provided the opportunity to consider the Lincolnshire Safeguarding Adults Board (LSAB) Strategic Plan, which was currently in its final year and had been updated for 2020/21, and also its Annual

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Report for 2019/20. Heather Roach, Independent Chair of the LSAB was in attendance to give a presentation to the Committee.

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

- It was queried whether Covid-19 had had an impact in relation to the Safeguarding Adult Reviews. It was reported that this work was still taking place, and there were several reports which were likely to be published in the next few months. Two recent referrals had been received but they had not met the criteria for a review.
- It was queried whether Safeguarding Adult Review Reports would be presented to the Committee. Members were advised that the reports would continue to be published online, and an update could be provided to the Committee if necessary.
- In relation to Deprivation of Liberty Safeguards (DoLS) applications, it was noted that this number had continued to increase, however, there was no longer a backlog of cases. It was highlighted that this increase in cases was particularly due to the work that had been carried out with providers. The County Council was working in partnership with Lincolnshire Care Association, and a large amount of training had taken place with the care sector.
- It was queried whether there was a national forum where good practice could be shared, and the Committee was advised that there was a network of Lincolnshire Safeguarding Adults Board (LSAB) Chairs, and a lot of information was shared.
- It was noted that several services had been suspended, but additional money had been received, and it was queried what the LSAB was doing in relation to homelessness. However, members were advised that homelessness was outside the remit of the Board, with initial responsibility lying with the district councils. However, it was recognised that homelessness provided a potential risk for vulnerable adults.
- It was highlighted that there had been 3,751 safeguarding concerns raised in 2019/20. It was noted that this number was in line with national figures, but officers looked into the origin of reports and the agencies involved etc.
- It was queried whether county boundaries were causing any issues for safeguarding teams in North and North East Lincolnshire. Members were advised that the LSAB was in contact with other Chairs and there were good cross border relationships in place.
- It was noted that the new Strategic Plan would be implemented at the end of April 2021. The LSAB would be holding some sessions on the new Plan at the beginning of 2021. It was requested that the Independent Chair of the LSAB reported to the Committee at the start of the new Council.

RESOLVED

1. That the Lincolnshire Safeguarding Adults Board Strategic Plan and Annual Report for 2019/20 be received and noted.

2. That the Independent Chair of the LSAB report to the Committee at the start of the new Council term in 2021.

22 ADULT CARE AND COMMUNITY WELLBEING BUDGET MONITORING
2020-21

Consideration was given to a report which set out the financial performance of Adult Care and Community Wellbeing for the financial year 1 April – 31 March 2021). It was reported that ACCW was forecasting an underspend of £0.437m.

It was highlighted that in terms of funding received in response to Covid-19, £8.4m had been received and so far, £5.42m had been allocated to residential providers, and £1.74m to community providers. There was also £1.79m which the County Council was able to allocate to other care settings.

Members were provided with an 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:

- Officers were congratulated for continuing to deliver a balanced budget, which was a great achievement during this time.
- It was commented that it was notable that the directorate had managed to stay on target with the budget considering the impact that Covid-19 had had on the country and the world since March 2020. It was queried whether it was expected that there would be any costs going into the next year relating to Covid-19 or were there already systems in place to mitigate any additional expense. It was noted that the provision for the following year was due to negotiated and the authority was working with the providers in order to manage the non-recurrent costs.
- In terms of financial modelling, it was commented that there had been very good information sharing between the service managers and the finance teams.
- A lot of work had taken place towards the end of 2019/20 to put mental health services on the same footing as learning disabilities. Part of that challenge was in terms of financial monitoring, and some costs had been identified for services which were no longer needed. It was noted that there were items scheduled for future meetings around the mental health agenda.
- It was queried whether any work had been done on the risk that could from long Covid-19, and whether it would impact on services like adult frailty. It was confirmed that this would have an impact on future health services and adult social care services, and would be factored into service planning when the impacts were clearer. It was highlighted that a number of factors had been identified which indicated that someone may suffer from long Covid-19.
- It was noted that occupancy rates of care homes were being monitored, as well as changes to care packages.
- It was commented that it was known that the elderly age group was particularly vulnerable to Covid-19, but it was queried whether there was any indication of increased infection rates in those people with learning disabilities. The Committee was advised a revised shielding list was being developed which would include people with Downs Syndrome.

RESOLVED

That the Committee note the financial performance to date and the resulting year end forecast.

23 DIGITAL ROADMAP FOR ADULT CARE AND COMMUNITY WELLBEING

Consideration was given to a report and presentation on key Adult Care and Community Wellbeing (ACCW) Digital Roadmap Projects. It was reported that the Digital Roadmap set out the vision for harnessing new ways of working and digital technology innovation over the next five years. The roadmap had been produced with input from care users, Adult Care workforce, council members, and Information Management and Technology (IMT). The roadmap focused on three key themes – Digital Citizen; Digital Workforce; and Digital Community.

Members were guided through a presentation which provided an update on each of the current Digital Roadmap projects within Adult Care and focused on the following areas:

- AC&CW Digital Roadmap – Themes
- Virtual Wallet and Marketplace
- Better Care and Better Off
- Connect to Support Lincolnshire (CTSL)
- NHS Mail for Care Providers
- WHZAN Digital Health – technology support in care homes
- Clinical Care Portal
- Facebook Portals
- Howz (pilot)
- Armed (pilot)
- Online Care and Support Assessment (Discovery Project)

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

- 400 new mobile devices had been distributed to adult care and public health frontline staff to assist their working during the pandemic period.
- As a number of the projects were pilots, it was queried whether these projects would be rolled out, and what the next steps would be. It was confirmed that about half of the projects were pilots, but learning from these would help LCC in the future commission of the Telecare contract and other services.
- It was highlighted that the move to more digital services would be accessible to the majority of people, however, it was queried how it would be ensured that those people without access to broadband connections would not be left behind. It was acknowledged that online services were not suitable for everyone and there was not a wish to transfer everyone to a solely digital route. There should always be a face to face or paper based route. It was noted that if people were able to access services themselves via digital routes,

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this would free up resources for the people who required more intensive face to face support.

- Connectivity was an issue in the county, and there were teams within the County Council working with broadband providers to ensure there was coverage for the majority of the county.
- It was noted that a lot of the products used in the projects were available 'off the shelf' where people could now access these products to help support themselves.
- Members commented that these were fantastic projects, and were pleased that the authority was embracing innovative solutions.
- It was queried whether any thought had been given to issuing the wearable technology (such as Armed) to people with dementia who were prone to wander and were living in a residential home. It was noted that this technology was focused on falls, but devices did have GPS capabilities and so it could be seen how it may be beneficial. However, there were ethical considerations to be taken into account, and the right processes would need to be followed. It would be something to explore.
- The WHZAN technology was largely focused around use in care homes, however, three kits had been deployed to independent living and sheltered accommodation.
- It was commented that there was a fine line between monitoring and balance and it was queried how that balance was found. Members were advised that where a service user had fluctuating capacity, a 'best interests' meeting would need to take place. If the person had capacity it would be their decision about whether the technology would be useful.

RESOLVED

That the Committee note the presentation and progress to date.

24 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME

Consideration was given to a report which invited the Committee to consider its future work programme, which included a list of items which were planned up to an including 14 April 2021.

During discussion of the work programme the following was noted:

- The Annual Report for the Director of Public Health be added to the meeting on 13 January 2021;
- The report on the Boston Extra Care Housing Scheme to be deferred from the meeting on 24 February 2021 to a meeting later in the year;
- Updates from the LSAB would be added into the work programme, on a six monthly basis;
- The meeting scheduled for 14 April 2021 may need to be moved as it would be taking place in the pre-election period.

RESOLVED

6

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That the changes highlighted above be incorporated into the Committee's work programme.

The meeting closed at 12.30 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:	25 November 2020
Subject:	In-House Day Services

Summary:

The purpose of the report is to provide an update to the Scrutiny Committee in relation to In-House Day Services.

The report also includes a first draft action plan that sets out the direction of travel for In-House Day Services linked to the objectives in the Lincolnshire County Council (LCC) Corporate Plan. The Scrutiny Committee is asked to provide feedback on this first draft action plan.

The report also includes a presentation that will share with the Scrutiny Committee examples of the work that have been completed during the Covid-19 pandemic.

Actions Required:

To note the update on In-House Day Services and to provide feedback on the draft action plan for In-House Day Services.

1. Background

In-House Day Services have previously been subject to a significant programme of rationalisation to enhance the sustainability of the service.

Following the appointment of a new In-House Day Services Manager, additional work has been completed to inform a first draft action plan that sets out the future operating model for these services linked to the Lincolnshire County Council Corporate Plan.

This report provides the Adult Care and Community Wellbeing Scrutiny Committee with the opportunity to consider the first draft action plan and to provide feedback.

The In-House Day Services Manager and the Assistant Director for Specialist Adult Services and Safeguarding will deliver a presentation relating to how the In-House Day Services have operated during and since the first Covid-19 lockdown.

2. Conclusion

A first draft action plan has been developed to confirm the proposed direction of travel for In-House Day Services linked to the objectives set out in the LCC Corporate Plan.

3. Consultation

a) Risks and Impact Analysis

A risk and impact analysis will be completed before the finalisation of the final version of the In-House Day Services Action Plan. At this point the plan is in first draft format.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Draft Action Plan for In-House Day Services
Appendix B	Presentation in relation to Day Services Activities during the Covid-19 pandemic.

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 Justin Hackney, who can be contacted on 07774661042 or justin.hackney@lincolnshire.gov.uk.

Living Life to the Full



We have been working really hard to make sure every person who accesses the In-House Day Service has their own unique support plan. These plans draw on people's skills and abilities so they can grow and thrive as active members of our communities.

Our shared ambition is not only to reach for the stars but also to sprinkle star dust on others.

Executive Summary

This Plan called "Living Life to the Full" summarises the strategic direction for our In-House Day Service which is provided by Adult Social Care and Wellbeing. It also confirms priority actions for the development of the service up to 31 March 2024.

Our [In-House Day Service](#) currently offers good quality building based day services for people with disabilities who are eligible for Adult Social Care. The service also provides a level of support for the wider family,

Always getting better at what we do

We believe that it is essential to aim high and keep on getting better at what we do. We strive to improve both the services we commission from others and those we provide directly. This focus on service improvement means local people benefit from high quality, forward looking services. As part of this commitment we will try new approaches and share our learning of what works well as widely as we can. We aim to be an example of best practice that others can learn from.

Listening to local people and planning together

As part of our day to day running of the In-House Day Service we have close relationships with the people we support and their families. We work hard every day to understand their wishes and to incorporate them into the service. To inform this plan we asked people to tell us their experiences of the service what they liked, what they didn't like and what they wanted to change moving forwards. Many of the proposals set out in this plan come from the things people said were important, we will also continue to involve people as we move forwards.

Investing for the Future

We have identified opportunities to invest in our Day Services, in local people and in developing and maintaining positive relationships.

The aim of the In-House Day Service is, to help people to live independent and fulfilling lives and to support families and local communities to continue to care for each other. We will help people using the service to develop friendships and to do the everyday things that are important to them. We will also ensure people can be part of, and make important contributions to their local communities.

Corporate Plan – Our Approach

The In-House Day Service will also make an important contribution to Lincolnshire County Council's Corporate Plan. Lincolnshire County Council is committed to:

- **Being customer focused:** understanding the key issues for Lincolnshire's people and places, to help shape services;
- **Working collaboratively:** recognising our challenges and developing plans to deliver improvements together with communities and partners;
- **Connecting our communities** – using infrastructure to connect people and places, including digital communications, rail and road networks;
- **Advocating for Lincolnshire:** working with our partners to passionately advocate for Lincolnshire, attracting additional investment to strengthen our communities;
- **Making your money go further:** providing cost effective, high quality services;
- **Working creatively:** tackling our challenges and making the most of all opportunities and innovation.

Key Objectives

The following objectives are relevant to the LCC Corporate Plan and to the further development of the In-House Day Services:

Lincolnshire County Council Objectives

<p>High aspirations</p> <ul style="list-style-type: none"> Help neighbourhoods flourish Support businesses to succeed Help our young people achieve Offer additional learning options to all Establish high quality job, skills and development opportunities Protect the environment for the future 	<p>The opportunity to enjoy life to the full</p> <ul style="list-style-type: none"> Make sure housing feels like home Help those who look after others Support all children to have a loving home Give children the best possible start in life Provide opportunities for a fulfilling life
<p>Thriving environments</p> <ul style="list-style-type: none"> Look after our places in a sustainable way Develop our county for a prosperous future Make sure families can live safely Provide great choice and high-quality education Enable opportunities to enjoy free time 	<p>Good value council services</p> <ul style="list-style-type: none"> Support community spaces and travel Encourage innovation and be innovative ourselves Make the best use of buildings and funding Support those who need extra help, especially older residents Support during key life events

A personal pledge from the managers of the In-House Day Service

We recognise the privileged position we hold being responsible for a service that is essential to so many residents in our County. We are committed to ensuring the service helps people to enjoy fulfilling lives and reach their full potential. We publicly commit to support the delivery of this plan and are proud to be charged with helping the service achieve its aims and ambitions.

Glen Garrod Executive Director, Justin Hackney Assistant Director, Joanna Tubb Head of Learning Disability Services & John Waters In-House Day Services Manager

[include headshots & signatures]

An endorsement of support from the Deputy Leader of the Council

As the Deputy Leader of the Council and the Executive elected member responsible for Adult Social Care and Wellbeing I am delighted to endorse this plan. It sets out bold ambitions for our service and demonstrates the Council's commitment to maximising independence for people with support needs as well as their families. I am particularly pleased to see how the plan recognises the service buildings are assets that must be shared with and made available to the wider community.

Cllr Patricia Bradwell

[include headshots & signatures]

DRAFT

Section One – Strategic Direction

The Traditional Day Service

The existing In-House Day Service operates from a number of properties across the County with buildings located centrally in most of the County's main towns (see Appendix One for a map of where our Day Service buildings are located).

Currently the service is normally available from 9.00am to 5.00pm on week days. The Day Service buildings vary in size with some of the buildings being relatively large but not all of the space or grounds are always fully utilised.

Our Day Service has focused on providing good quality building-based day care supplemented with some additional activities in the local community. Examples of existing activities and opportunities may include (but are not limited to) arts and crafts, gardening, enjoying sensory services, visiting the local sports centre or spending time with friendship groups.

The people who have traditionally attended the Day Service are eligible for Adult Social Care and the Day Service plays an important role in meeting peoples assessed care needs and in particular those people with a Learning Disability.

The Day Service also plays an important role in maintaining wider family life. Other family members may work during the day or have other equally demanding responsibilities that need to be addressed whilst the person with care and support needs attends the Day Service.

The In-House Day Service of the Future

Whilst our Day Services will retain the focus on providing quality building-based services that meet assessed needs and support to the wider family we will enhance the current service offer in the following ways:

- **We will implement Strength Based Practice across the Day Service:** This will ensure our services are personalised, enable people to build upon what they can do for themselves and their communities whilst also developing an understanding of people's aspirations to enjoy life to the full.
- **We will provide people with access to new and enhanced opportunities and activities within the Day Service Buildings but also within the local community:** This will ensure people have the opportunity to stretch their traditional horizons. We will also enable people to contribute positively to their local communities whilst participating in activities they enjoy. This will help people to thrive.
- **We will invest in our Day Service buildings to increase access and use of the buildings by the wider local community:** This will ensure that the Day Service buildings are seen as community assets and more people can benefit from their use. It will also mean that the traditional service offer can be expanded beyond normal opening hours and also to people with more complex needs whilst also offering the opportunity to prevent people's needs escalating and therefore avoiding the need for more intensive levels of Health and Social Care.
- **We will develop a dementia friendly service offer across our In-House Day Services:** We have identified that there is a need for Dementia Support Services in Lincolnshire and therefore we will develop a mix of opportunities for adults with dementia and their carers. This may include access to traditional day services but also to extended networks and related activities.
- **We will enhance our investment in people and positive relationships:** We recognise that people and positive relationships are at the heart of what we do, the service is made up of and relies upon many different groups. The people we support, their families,

volunteers who help us, local people, the staff who work in the service, and other professionals are all essential to our ambitions for a great service. We will therefore enhance our investment in people and in developing and maintaining positive relationships.

Section Two - High Aspirations

In the past Adult Social Care has largely focused on understanding people's disabilities and then purchasing or providing support to meet assessed needs.

Whilst we will continue to support people with assessed needs, going forward, we will also have a greater focus on understanding people's strengths, building on what people are able to do for themselves and their communities whilst also developing an understanding of people's aspirations to enjoy life to the full. This is known as strength based working.

To help us understand people's strengths, we will use person centred planning. This means that people's assessments and reviews will be personal to them, reflect their own unique interests and help them to achieve the things in life that are important to them. Assessed needs will be communicated clearly to the In-House Day Services team.

Everyone who uses our In-House Day Service will also have a circle of support and an opportunity to create their own person centred support plan. To do this we will work with them, their friends and family to agree clear outcomes they want to achieve. We will include practitioners and health professionals to ensure people benefit from their skills knowledge and experience. The support we provide to help people meet these outcomes will be flexible, innovative and creative.

When we help people develop their plans we will not be mechanical and follow one set process but rather we will use a variety of approaches to suit the person and their family. We will encourage people to lead healthy lifestyles and to contribute to their local community. We believe strongly that everyone has something to offer. Where people want to take risks we will help them understand these and do so safely.

We will also improve the way that people's support plans can be stored and accessed. Currently people's support plans are paper based but going forward these will also be available electronically. We will offer ways for people to access an electronic copy of their support plan, for other stakeholders to contribute to the plan and for progress against outcomes in the plan to be recorded and reported. This will also help us to celebrate achievements.

We will create more opportunities for people to take part in meaningful and purposeful activity, through projects such as;

- Countryside access; a partnership with Highways to enable people we support to help maintain footpaths and improve local environment;
- Library based worker; a post focussed on increasing volunteering across the county's network of libraries;
- Community Sparks programme; a micro grant scheme available to enable people using the service to start their own community project or social enterprise;
- Places and spaces we are proud to share; including people we support in work to refresh our buildings and grounds;
- Supporting micro enterprise and employment opportunities.

Key Actions

- **Champions for Person Centred Planning:** We will establish a countywide network of people who are passionate about person centred planning and strength based practice that will lead and champion this work.
- **Electronic Care and Support Plans:** We will develop electronic care and support plans on MOSAIC the Council's client database.
- **Opportunities for Volunteering and Employment:** We will support people to access opportunities for volunteering and employment;
- **Individual Support Funds:** We will seek to introduce individual support funds as a way of increasing people's control over their

support and our accountability to them and their family. Doing this will allow people to make better use of their allocated personal budgets and personal health budgets.

Section Three – Thriving Environments

Often when we ask people what they want to do, they naturally draw on their experience of familiar things rather than thinking of new opportunities or fresh challenges. We also know that for some people we support, the opportunities that most of us take for granted, are harder from them to access.

In particular we know that some people find it hard to communicate what they like and what they would like to do. A number of people who attend the Day Services are non-verbal. We will therefore explore innovative ways to engage with people who want to access Day Services and wider opportunities in the local community so that we may better understand their needs and aspirations. For example we will make use of technology that may help people who are non-verbal to communicate what they want to achieve.

We are also committed to offering a wider range of new and more purposeful opportunities. We will help people widen their horizons. This will mean encouraging and supporting people to do new things. We will provide the opportunity for people to live life to the full, in ways that they choose. Our commitment to person-centred planning and individual support funds will mean we are able to raise and meet the new aspirations that people develop.

We know that poor physical or mental health can be a significant barrier to people achieving their full potential and therefore we want to help people maintain or improve their health and wellbeing. Our Day Services will therefore offer a range of opportunities for people to access physical activities, mental health promotion techniques, wellbeing services and health checks.

Key Actions:

- **Tailored Communication with each Family:** We will develop a tailored way of communicating with each person and family who utilises our Day Services to ensure we capture their ideas and aspirations. This will include the use of new engagement techniques and new technologies for non-verbal people.
- **WIKIS:** We will explore the use of WIKIS to transform our approach to daily records with the aim of improving our communication with family members, and health and care professionals.
- **Local Engagement Plans:** To ensure we can implement this strategy in a way that is right for each community we will work with key stakeholders to produce local engagement plans each with their own set of priorities and deliverables for improving outcomes for individuals and the wider community.
- **Innovation Funds:** We will support these developments with an innovation fund for each local community;
- **Wellbeing and Health Checks:** We will work with the Lincolnshire CCG to offer increased access to Personal Health Checks and Health Plans. We will also work with Public Health colleagues to offer improved access to Wellbeing Services.
- **Increased Joint Working:** To promote better joint working, we will increase the availability of hot desks and conference rooms available for practitioners and health colleagues and voluntary organisations that offer value adding activities for the local community.

Section Four – Enjoy Life to the Full

Local people are at the heart of what we do, the service is made up of and relies upon many different groups. The people we support, their families, volunteers who help us, local people, the staff who work in the service, and other professionals are all essential to our ambitions for a great service. We recognise the contribution everyone can make to the service, we are committed to working in partnership and making sure everyone can take part and contribute to achieving great things across the In-House Day Service.

Moving forwards we want to make sure the people we support, their families and other people are more actively involved in the service so we will make sure that key stakeholders are more fully involved in key decisions about the service. To do this we will create a network of formal groups, made up of people we support, their family, carers and other people interested in the service. These groups will help us make sure that as the service develops the views and wishes of the people we support are at the heart of everything we do. They will have a key role steering the development of the service over time and have a meaningful say in all the important decisions that affect the service.

Day Service teams and managers also play a critical role in helping people to achieve their full potential. Day Service workers and their managers will therefore adopt a can do and flexible attitude with the express purpose of raising expectations, at the same time we will give people who work in the service permission to be ambitious and to innovate. Where people are succeeding we will celebrate and share their success and by doing this we will increase belief in what is possible.

We have recently benefited from an emerging partnership with local colleges who provide painting and decorating apprenticeships. This partnership is mutually beneficial, both the college and the day opportunities service. We will develop this and similar partnerships as we continue to improve the quality of our buildings. We will seek to actively involve families, people using the service and other interested people in this work.

It is also really important that we celebrate people's personal and collective achievements. This will encourage further innovation and for people to try out new experiences for themselves.

Key Actions:

- **Development of Partnership Groups:** We will forge a new and more active partnership with families and people we support by establishing a partnership group in each area. The partnership group will ensure that a broad range of stakeholders can be actively involved in the running and development of the service. This will include help with self-advocacy and the use of technology, so the people we support can take part fully. To increase oversight and scrutiny we will also seek to involve the wider community and local elected members in these bodies.
- **Quality Assurance:** Include people we support and family members in our quality assurance process and conduct an annual service survey to provide measurable feedback.
- **More direct time with families:** We will seek to increase the amount of direct time our staff and managers spend with people we support and their families. This will be helped by reducing the amount of time spent on administration but also by increasing support capacity within the Day Services including:
- **Work Experience and Community Volunteers:** We will work with local colleges and use the talent academy to make an increasing number of work experience opportunities available to people who want to pursue a career in Adult Social Care. We will also increase the number of volunteers, who offer their time in the service. We will also recruit, train and support a group of volunteers focussed on promoting friendship and social inclusion.
- **Apprentice Opportunities:** We will create an entry level apprentice post and recruit to a number of positions across the service.

- **Annual Report:** We will complete an annual report that celebrates the achievements of the families and communities we support as well as the people who work across our Day Services.

Section Five – Good Value Council Services

Places and spaces we are proud to share with our communities

We are committed to making Day Services buildings more widely used, so they become an asset to their local community. By doing so the people we currently support will also benefit from a wider range of opportunities.

We will help local community groups and organisations to make use of the buildings for providing complimentary activities and services. We also want to make the Day Services buildings available for use at weekends and in the evenings where there is local demand for this. For example a local carers group may want to use the centre at the weekend for a social gathering or a voluntary sector group may want to use the centre for a conference.

Encouraging the people who utilise our Day Services, their families and friends as well as the wider local community to make best use of the gardens and grounds surrounding the Day Service buildings is also a key opportunity for sharing the Day Services as community assets.

We will also help people who may not be eligible for Adult Social Care to benefit from wider opportunities within their local community. For example this may include more people making use of the Day Centre building, getting involved in volunteering opportunities or developing friendships and networking opportunities with other local people.

Transport to and from our day service buildings is also very important to people without their own means of transport particularly in a County as rural as Lincolnshire. It is also important that the people who utilise the Day Services also have access to wider activities in their communities and surrounding countryside.

Capital Investment

The In-House Day Service will continue to be provided by Adult Social Care. However the Day Service buildings have recently been brought under the oversight of the County Council's Corporate Property Team. This transfer has already helped to ensure that the buildings are properly maintained and future capital development plans can be managed in the most effective and efficient way.

In order to expand the use of our Day Service buildings, to make them more accessible for people with complex needs and to ensure they are places and spaces we can be proud and to ensure people can also access wider activities in their local communities we recognise that there will be a need for additional capital investment.

Key Actions:

- **A business case for capital investment in Grantham:** There is a priority need to replace the existing Day Service building in Grantham. The existing building only allows for very limited access and associated activities and has no provision for people with more complex needs (including people with dementia). For this reason a business case is being progressed to seek capital investment for the provision of a new Day Service building that can be utilised as a wider community asset for Grantham and surrounding areas.
- **A review of existing transport arrangements for Day Services:** Enabling people to access the Day Services, to return to their own address and also to access wider day opportunities in the local communities is of upmost importance. For this reason Day Services Teams are working with the LCC Transport Services group to review the opportunities for capital investment that could enhance existing arrangements.

- **Complex Care including a local dementia care offer:** In addition to the business cases above a further business case is being developed in order to secure a capital investment in the other in-house Day Service which would help to facilitate the development of a service offer for people with more complex needs including an offer to people with dementia.

Section Six – Our commitment to the people who use our services and their families

We know that this plan can only be delivered if we value and respect the people we support and their families. We therefore want to set out our commitments to the people who will use our day services and to their families as follows. We will:

1. Communicate well with and listen to you and your family. Include you and your family in all important decisions about your support.
2. Provide the highest possible quality care and support. Be respectful, courteous, and kind at all times. Review the support you get at least once a year and make changes as a result to support you better.
3. Work closely with other people including professionals who are important to you.
4. Value you as an individual, and recognise the gifts skills and passions you have, we will support you to try new things.
5. Support you to make decisions and make your views known to others.
6. Help you to be as healthy as you can, to understand and take risks safely if you choose to.
7. Help you take part in and contribute to your local community.
8. Support you to form and maintain friendships.
9. When you are not satisfied we will recognise we sometimes get things wrong, we will listen and work hard to put things right
10. Have high expectations and be ambitious.

To find out more about your local in-house Day Services or to offer some time in volunteering in related community activities please contact:



**Key message
High aspiration**



**Key message 3
Places spaces were
proud to share**



Fulfilling Lives

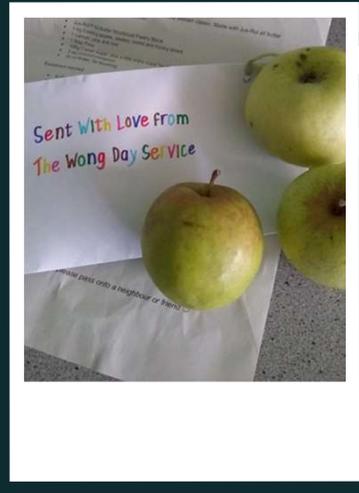
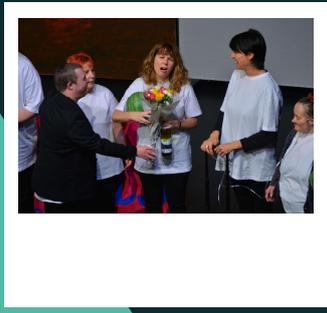
**Key message
Celebrating gifts
& talents**



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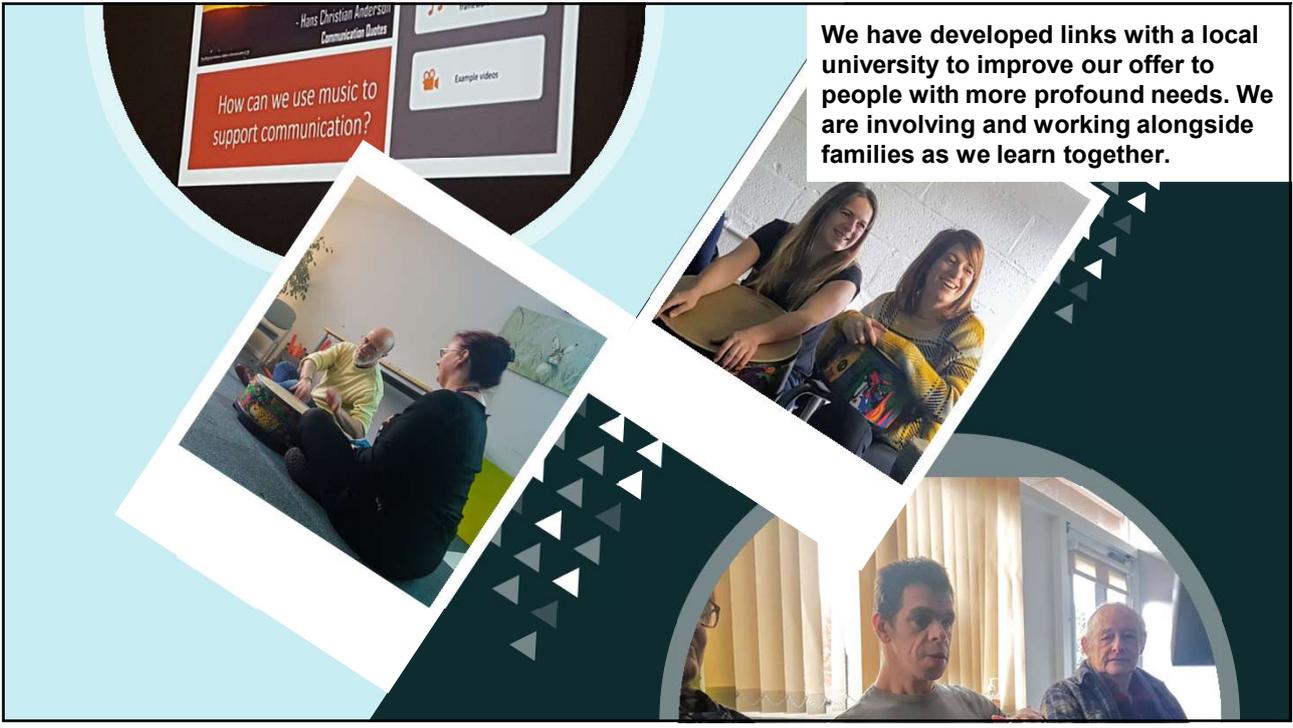
Day Service 2020

Connecting Contributing Community

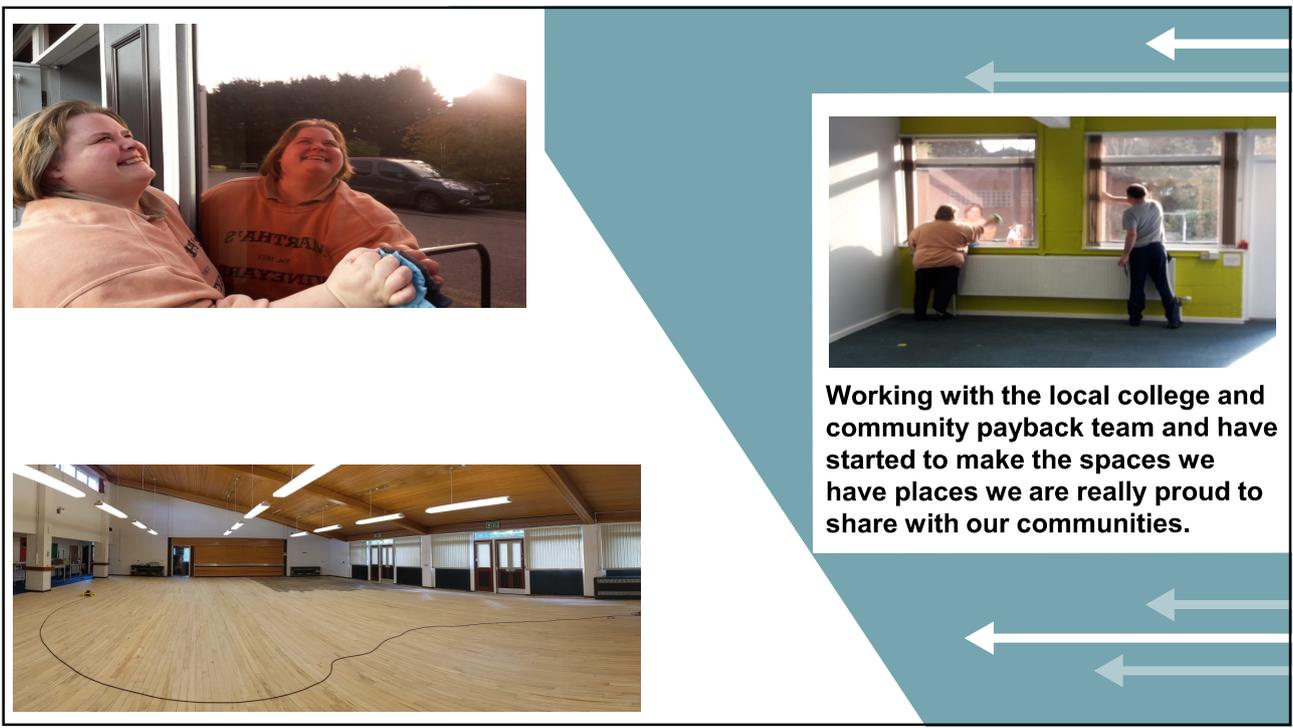


We have been working really hard to make sure every person we work with has their own unique support plan that draws on their skills and abilities so they can grow and thrive as active members of our communities.





We have developed links with a local university to improve our offer to people with more profound needs. We are involving and working alongside families as we learn together.



Working with the local college and community payback team and have started to make the spaces we have places we are really proud to share with our communities.





Community Clean up Day
17th Sept
10am - 1pm
at The ...
Equip...

We are seeking out opportunities for people to take part in and contribute to their community.

My son goes to Scott House he would of loved to join in with this
6w Like Reply 1



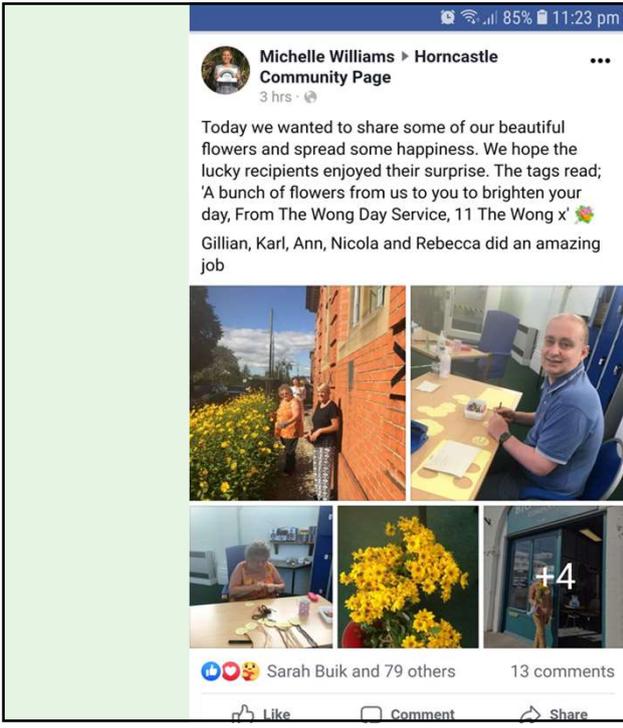
Partnership with countryside access team. Planting trees to make a woodland and nature reserve on an old landfill site.



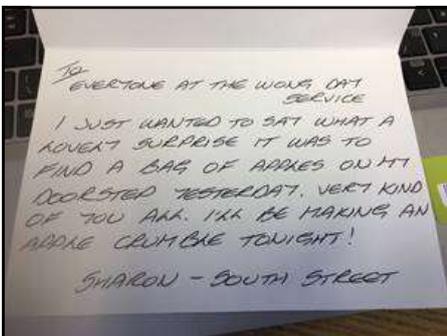
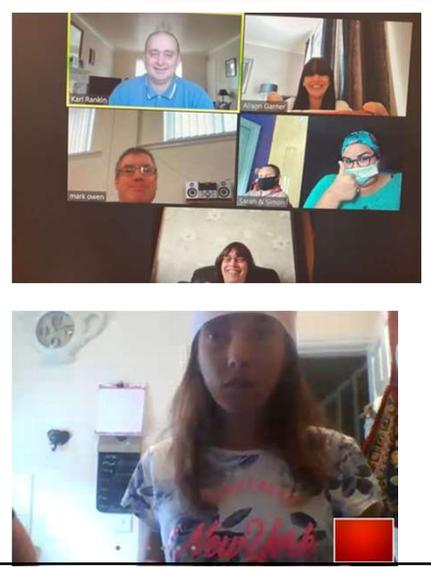
Planting trees to make a woodland and nature reserve on an old landfill site.



One council approach; partnership with LCC Countryside Access Team.



Using social media to stay connected in lockdown. To celebrate and share some of the great things we do.



Day Service Looking ahead



A strength based approach: building every individuals ability and potential, promoting their independence and wellbeing.

Quality of life for people we support and their families: Employment, volunteering, travel training, health checks, friendships supporting families to care for each other.

Strengthening the relationship we enjoy with family carers: including families in our service as it develops and improves.

Buildings as assets: open buildings for community use, extending opening times.

Partnerships: extend joint working local colleges and community groups.

Community contribution: Supporting people to take part in and contribute to their community – Review of transport.

Places we can be proud of – relocate from poor buildings Grantham.

Use Technology To add value to our face to face work.

We are very proud of what we are achieving.....

**We would welcome your
feedback**



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	25 November 2020
Subject:	Transforming Care

Summary:

The purpose of this report is to provide the Adults and Community Wellbeing Scrutiny Committee with an update on the Lincolnshire Transforming Care agenda.

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee is asked to consider the update and provide feedback.

1. Background

The Transforming Care agenda emerged as a national response to the Winterbourne View Hospital Report, concerning the abuse of adults with a learning disability published in December 2012. Further reports, including *Winterbourne View – A Time to Change (November 2014)*, *Transforming Care for People with Learning Disabilities – Next Steps (January 2015)*, and *Building the Right Support (October 2015)*, have informed a national drive to make improvements in the care and services available for people with learning disabilities (LD) and/or autism spectrum disorders (ASD). Simon Stevens, Chief Executive of NHS England, said on 3 June 2015: “We need a closure programme for long stay institutions, with more power in the hands of families.”

The national service model for individuals with learning disabilities (LD) and/or autism spectrum disorders (ASD) was published on the 30 October 2015, and includes national planning assumptions for re-designing services. Transformation Plans were required to be in line with the new service model as was reflected in the NHS planning guidance for 2016/2017 and in the more recent NHS Long Term Plan.

Across the country Transforming Care Partnerships were established to drive the transformation of services for people with a learning disability (LD) and/or autism spectrum disorders (ASD) and challenging behaviours, or a mental health condition. The Partnerships appointed Senior Responsible Officer(s) and confirmed the Governance to ensure appropriate scrutiny. Each Transforming Care Partnership developed a Transformation Plan describing how they planned to strengthen community services, reduce reliance on in-patient beds (non-secure, low and medium secure) and close some in-patient facilities. The Transforming Care Programme and NHS Long Term Plan requires a reduction of in-patient beds to 37 per million by 2020 and 30 beds per million by 2023/2024.

The Lincolnshire Transforming Care Board was established to ensure that the Lincolnshire Transforming Care Partnership (TCP) worked together to develop and implement the Transformation Plan in line with the *National Service Model (2015)* and *Building The Right Support (2015)*. The Senior Responsible Officer for Lincolnshire's Transforming Care Programme is Andy Rix the Chief Operating Officer within NHS Lincolnshire Clinical Commissioning Group (CCG), with the lead for Mental Health.

Transforming Care in Lincolnshire

Transformation means redesigning services to better meet a range of common sets of needs. For instance, it will mean better serving children, young people or adults with a learning disability and/or autism who:

- Have a mental health condition e.g. severe anxiety, depression, or a psychotic illness, and those people with personality disorders, which may result in them displaying behaviour that challenges;
- Display self-injurious or aggressive behaviour (not related to severe mental ill health), some of whom will have a specific neuro-developmental syndrome where there may be an increased likelihood of developing behaviour that challenges;
- Display risky behaviours which may put themselves or others at risk and which could lead to contact with the criminal justice system (this could include things like fire-setting, abusive or aggressive or sexually inappropriate behaviour);
- Often have lower level support needs and who may not traditionally be known to Health and Social Care Services, from disadvantaged backgrounds (e.g. social disadvantage, substance abuse, troubled family backgrounds) who display behaviour that challenges, including behaviours which may lead to contact with the criminal justice system.

At the outset of the Transforming Care agenda, Lincolnshire was recognised as one of the local systems leading the way. This was very much supported by the closure of Long-Leys Court, a specialist in-patient facility for adults with a learning disability and challenging behaviours. Long-Leys Court was a service provided by Lincolnshire Partnership NHS Foundation Trust (LPFT) and was closed following safeguarding matters relating to the abuse and neglect of patients. Some of the funding realised from the closure of Long Leys Court was re-invested in alternative NHS specialist community services for adults with a learning disability and or

autism with the aim of community assessment and treatment and the avoidance of future in-patient admissions. LPFT is the current service provider of those services and they are funded by Lincolnshire CCG.

The number of Transforming Care new admissions to in-patient care is relatively small. Previous analysis of admissions has shown that there are a number of short term admissions (for two weeks or less), where people are receiving the care and treatment they need then returning to their normal lives. The majority of these admissions were relating to people who were not previously known to services and predominately young adults aged under-25 with autism only. Over 2019-20 there has been a noticeable change in admissions with new admissions either being from prison, court or with people with a history of offending. These people therefore have care needs that represent significant challenges for commissioners given there is a deficit of forensic and high intensity support services in the community which are capable of meeting complex needs of these people.

Despite the challenges above, Lincolnshire has continued to be successful in facilitating a number of longer stay Transforming Care in-patient discharges. The care for these people post-discharge is provided via residential care or alternative community based services. These arrangements are either funded 100% by the CCG if their care needs are 100% health-related, or if they are a responsible commissioner case, or split 50/50 CCG/LCC, if they are Section 117 cases and /or the care needs relate to Health and Social Care or 100% LCC, if their care needs only relate to Social Care. The split of costs are determined by on-going assessments of people's needs and therefore are subject to change.

For the 2019-20, financial year, there were six long term Transforming Care in-patient placements that were either fully or part funded by LCC with a total cost to LCC in 2019-20 of £206k (£271k full year equivalent). There were also four other people who were admitted to and discharged from mental health related in-patient care for a very short stay. The costs of care have not been included in this report as they were known to service previously and therefore arguably do not represent new costs to existing lead commissioners.

Current Position

NHS England/Improvement (NHSE/I) trajectory targets have however become much more challenging in relation to the maximum number of people with a learning disability and/or autism that each Transforming Care Partnership should have in mental health related in-patient care. Lincolnshire has now fallen behind target and the Transforming Care Partnership has the second highest number of people (in comparison to all Transforming Care Partnerships in England) per million of population. Lincolnshire is also currently in escalation with NHSE/I.

The target for Lincolnshire Transforming Care Partnership is to have no more than 21 adults and two children with learning disability and or autism in mental health related in-patient care as at 31 March 2021. As at 4 November 2020 the Lincolnshire CCG confirmed 37 adults and one child placement.

It should be noted that a relatively large percentage of the adult Lincolnshire Transforming Care patients have been in in-patient care for over five years – 18 people of the total patients, and also that 15 of these patients have a Ministry of Justice (MoJ) Section status. In addition, a number of patients are only at stage 1 in terms of readiness for discharge. This is likely to mean that those patients are very unwell or pose a significant risk of harm to themselves or others if discharged from in-patient care without the proper community services being in place at point of discharge.

These circumstances therefore pose some significant challenges to the Lincolnshire Transforming Care Partnership. The deficit in forensic and high intensity support services in the community, including assessment and treatment and specialist residential care mentioned above, consolidates this challenge. There is also a recognised deficit in specialist services for those people with autism and challenging behaviour.

What is being done to improve performance?

The governance arrangements for the Lincolnshire Transforming Care Partnership have recently been strengthened to confirm membership of the Partnership and key roles and responsibilities. Programme Management support has also been sourced by Lincolnshire CCG.

The Transforming Care Partnership has also been linked the Joint Accommodation Strategy Group for Specialist Adults Services, which is chaired by the Assistant Director for Specialist Services, Adult Care (LCC) and which also includes membership of Lincolnshire CCG, LPFT, NHS England and Corporate Support. The group is also seeking membership from district councils. The Strategy Group will help the Transforming Care Partnership to identify and source accommodation options for people post-discharge from in-patient care, as there is currently a deficit of accommodation options for people with challenging behaviour and complex needs.

At the request of the Executive Director of Adult Social Care and Community Wellbeing and the Chief Officer of NHS Lincolnshire, LCC and the CCG are also revisiting our existing lead commissioning arrangements for adults with a learning disability, autism and/or a mental illness with a view to identifying, which commissioning agency would be best placed to lead on the commissioning of care and support for people with different levels of need and dependency going forward.

2. Conclusion

Lincolnshire Transforming Care Partnership is part of an important national programme. Lincolnshire has performed well against national target projections historically, but more recent national targets are proving to be challenging based on the complexity of needs of some of the in-patients. However, the Transforming Care Partnership has agreed a number of actions that will help to close the gap going forward.

3. Consultation

a) Risks and Impact Analysis

Not applicable

4. 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 Justin Hackney, who can be contacted on 07774 661042 or justin.hackney@lincolnshire.gov.uk.

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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:	25 November 2020
Subject:	Service Level Performance Against the Corporate Performance Framework – Quarters 1 and 2

Summary:

This report summarises the Adult Care and Community Wellbeing Service Level Performance for Quarters 1 and 2. This report will only summarise the measures that are above or below the target range.

Actions Required:

To consider and note performance of the Tier 2 Service Level Performance measures for Quarters 1 and 2 that are above or below the target range.

1. Background

This report will summarise the performance of the Tier 2 Service Level Performance measures for Adult Care and Community Wellbeing.

There are 18 measures in Tier 2 that should be reported in Quarters 1 and 2. However, reports on two of these measures could not be made owing to Covid-19. These two measures are:

- 'Carers supported in the last twelve months'; and
- 'Carers who have received a review of their needs'.

In Quarter 1:

- 8 measures achieved their target;
- 4 measures exceeded their targets;
- 3 did not achieve their targets; and
- 1 measure has improved but did not achieve its target.

In Quarter 2:

- 11 of the measures are on target, which you can see in the appendix attached to the report.

- 3 measures exceeded their targets. These are:
 - 'Percentage of people aged 40 to 74 offered and received an NHS health check'; and
 - 'Permanent admissions to residential and nursing care homes for clients aged 65+' and 'People in receipt of long term support who have been reviewed'.
- 2 did not achieve their targets. These are:
 - 'Adults aged 18-64 with a mental health problem living independently'; and 'People supported to successfully quit smoking'.

There are explanations below as to why these measures have either exceeded or not achieved the targets for these quarters.

Exceeded in Quarter 1

Adult Safeguarding concerns that lead to a Safeguarding enquiry

'Provider Generated Quality Concern Guidance' has been issued to care providers in order to support their own monitoring of quality concerns, which once embedded should have a positive impact on the quality of referrals received. The proportion of referrals which progress to enquiry continues to increase.

Exceeded in Quarters 1 & 2

Percentage of people aged 40 to 74 offered and received an NHS health check

In Lincolnshire during quarter 1 2016/17 – Q1 2020/21, the overall percentage of people taking up a NHS Health Check invite was 63.7% (46.8% in England). During the Q1 of 2020/21, the NHS Health Check programme has been impacted by Covid-19, with significantly reduced activity taking place.

Permanent admissions to residential and nursing care homes for clients aged 65+

Admissions into residential and nursing care homes for clients aged 65+ continues to exceed in performance with only 274 admissions at present. The previous Q2 year saw 328 admissions which is a 16% decrease compared to last year. This decrease could be due to the work the teams are doing to keep clients in their homes using other support services.

People in receipt of long term support who have been reviewed

The teams have continued to perform well in getting clients in receipt of long term support reviewed within the year and at present is performing at 51%. This in part is due to the teams reorganising themselves and how they process the work internally and also improved reporting on a more regular basis which allows the managers to prioritise and monitor their team's workload.

Not Achieved in Quarter 1

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

Due to a reduced number of contacts over the period (due to Covid-19) combined with the support provided for the shielded and vulnerable groups being recorded separately this will impact on the numbers with lower level needs presenting to Adult Social Care (ASC).

Completed Episodes of Re-ablement

Due to a reduced number of contacts over the period (due to Covid-19), combined with the support provided for the shielded and vulnerable groups being recorded separately, this will impact on the numbers with lower level needs presenting to ASC.

Not Achieved in Quarters 1 & 2

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

The Lincolnshire Partnership NHS Foundation Trust (LPFT) continues to ensure that those individuals that are supported both by social care under the Section 75 agreement and by LPFT under health, in addition to being on Care Programme Approach (CPA), are in accommodation settings to ensure their safety and wellbeing. Whilst the target has not been attained, performance for Q2 is in line with the Chartered Institute of Public Finance and Accountancy (CIPFA) group average for 2018/19 (Mean: 63% Median: 67%). The low denominator results in high volatility with regards to performance for this measure. Performance in the East Midlands for 2018/19 was 59%.

Improving but Not Achieved in Quarter 1 and Not Achieved in Quarter 2

People supported to successfully quit smoking (Quarter lag)

One You Lincolnshire (OYL) has achieved 56% of the target during the period of a national Covid-19 lockdown. As a result of the Covid-19 lockdown, OYL has ceased face to face working and has lost the additional capacity from sub-contractors for smoking cessation (General Practitioners and Community Pharmacies), due to a vast reduction in customer levels coming through sub-contracting route. Sub-contractors would usually support 40% of the service. One You Lincolnshire has moved to phone and digital support solely for smoking cessation (with pharmacotherapy by post) in order to maintain a programme. The transition to this new service model during the lockdown has managed to maintain the level of the core component of a stop smoking service from OYL (typically 60%). There is evidence that there is an increase in referrals via local pharmacies, but the heavy reduction in referrals caused by the Covid-19 pandemic has made it very challenging for performance to exceed 60% of the target.

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report.

3. Consultation

a) Risks and Impact Analysis

None required

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Performance Measure Summary

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

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.



Achieved

274

People

Cumulative Actual as at
September 2020

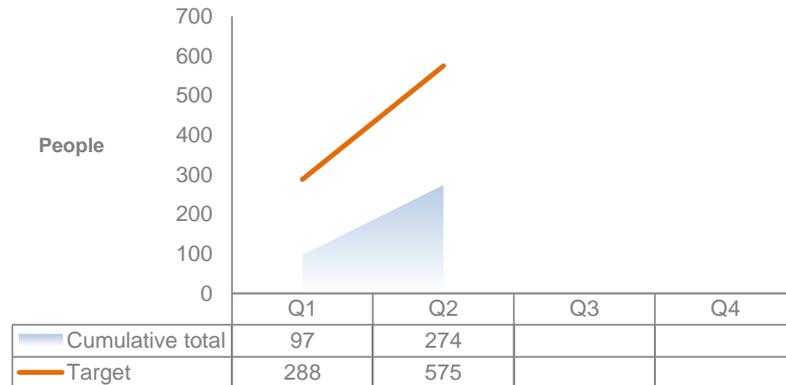


575

People

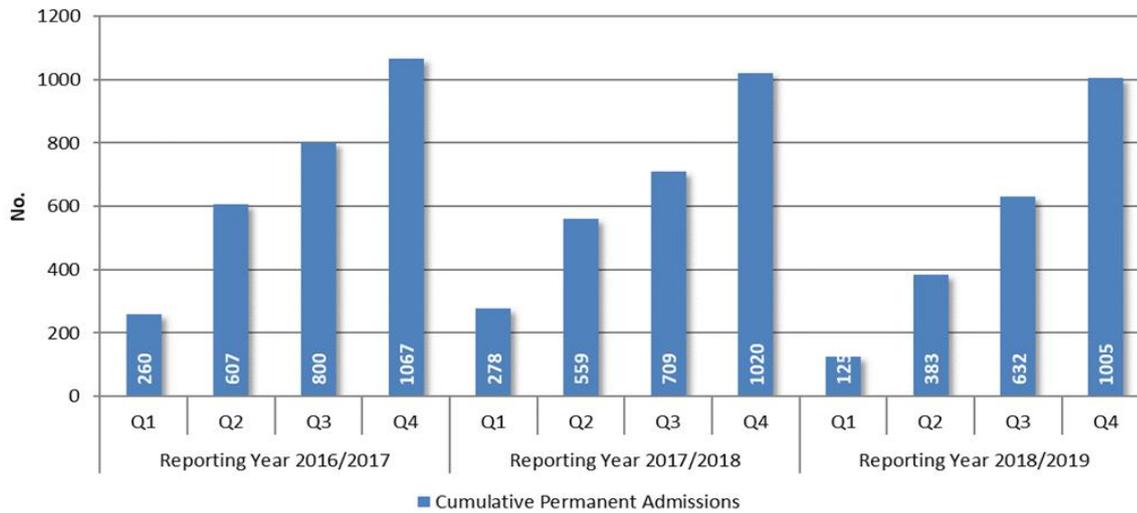
Cumulative Target for
September 2020

Permanent admissions to residential and nursing care homes aged 65+



Further details

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



About the target

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

About the target range

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

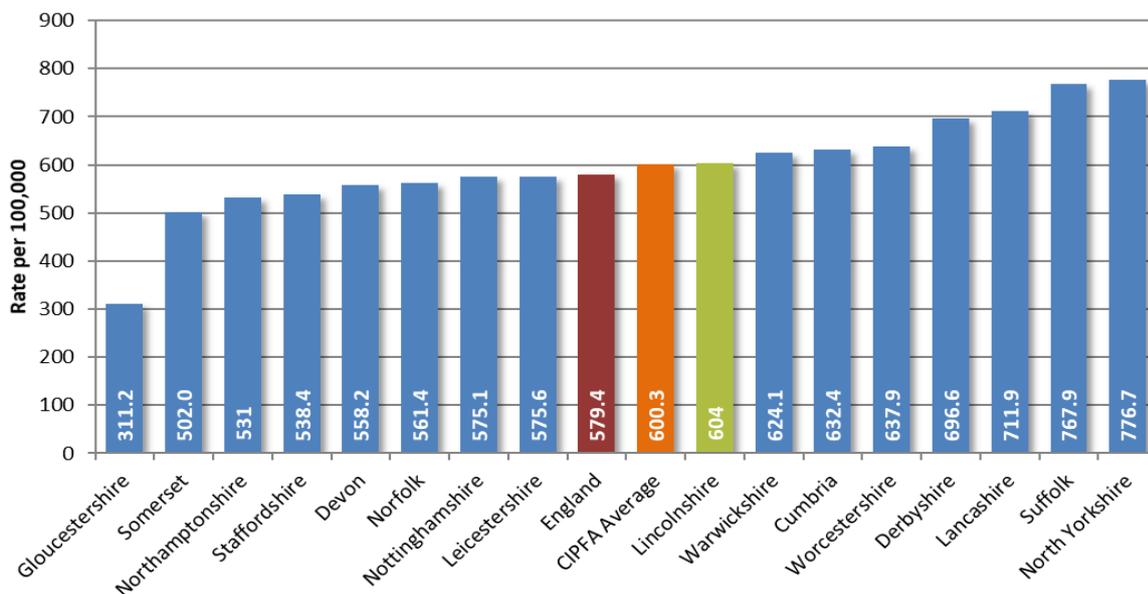
About benchmarking

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

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

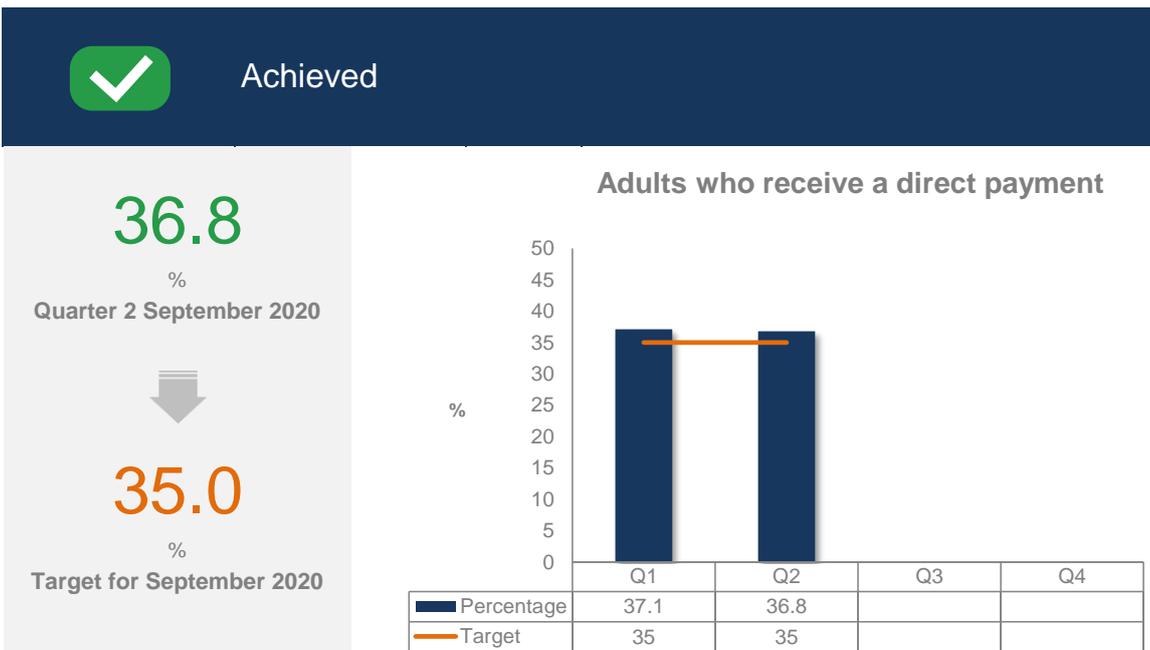
Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - CIPFA Benchmarking 2018/2019

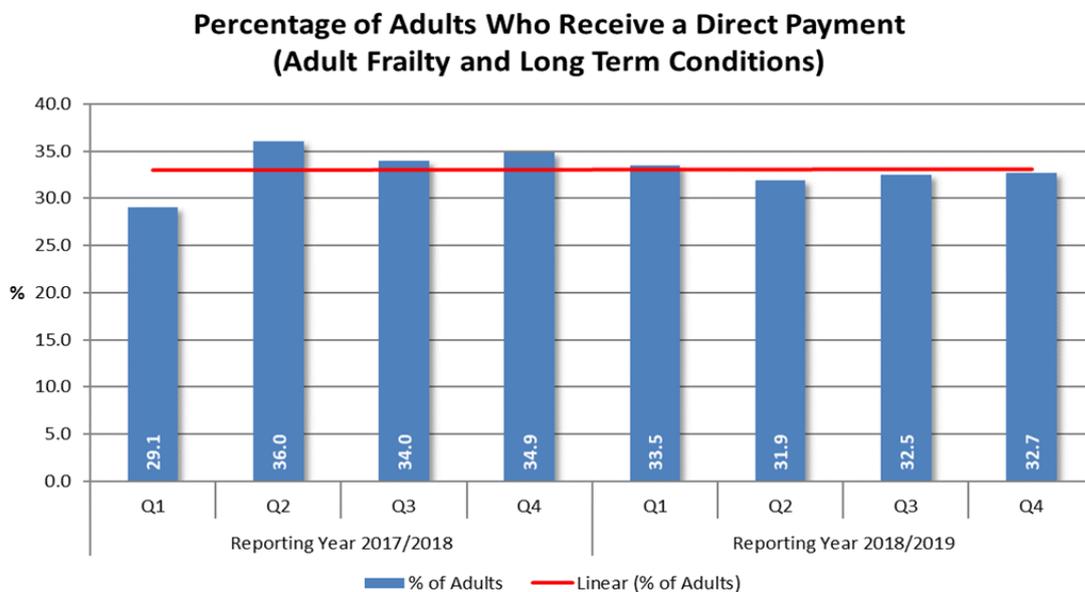


Adults who receive a direct payment

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.



Further details



About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2019/20 we have set a revised target of 35% for the 20/21 reporting year which now covers all service users.

About the target range

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

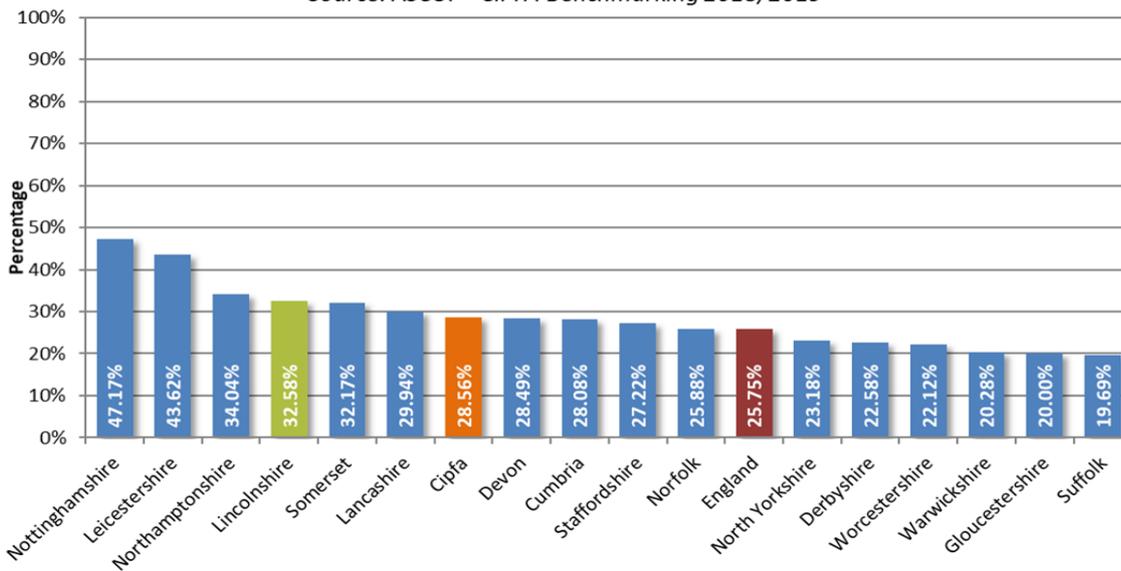
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Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Adults who receive a direct payment

Source: ASCOF - CIPFA Benchmarking 2018/2019



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 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

51.0

%

Cumulative Actual as at
September 2020

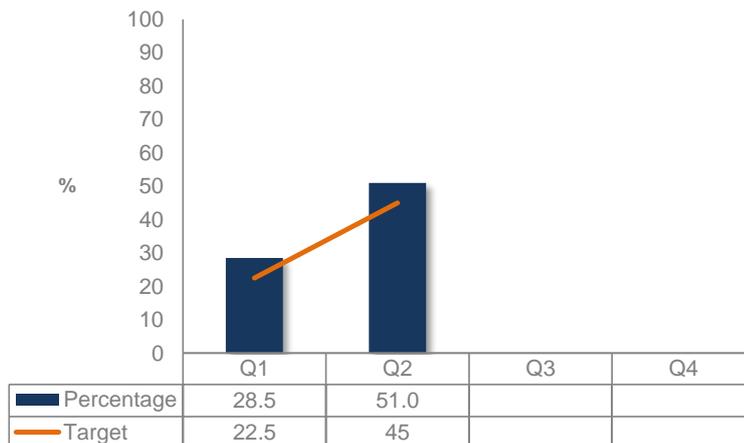


45

%

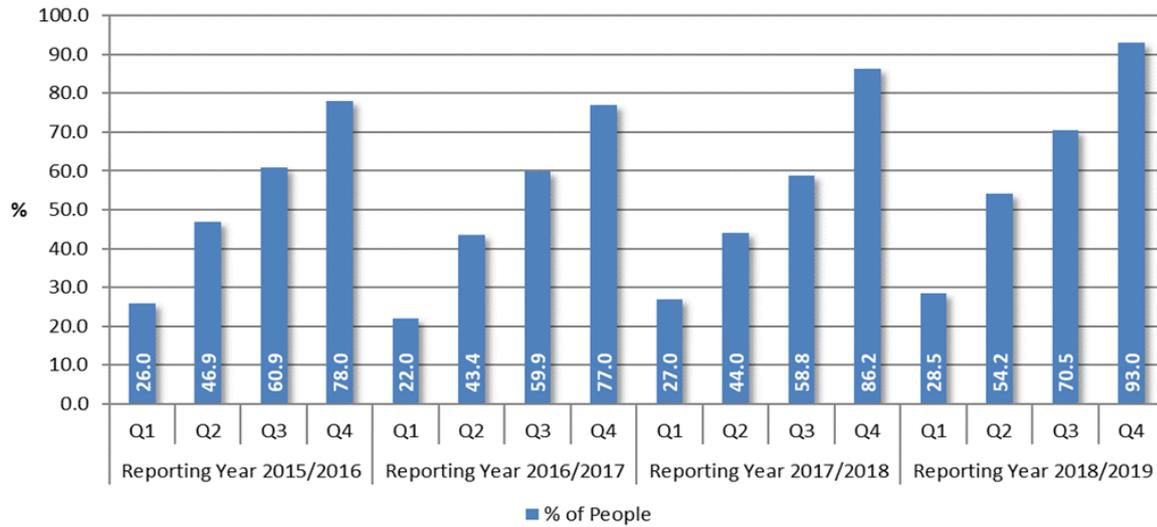
Cumulative Target for
September 2020

People in receipt of long term support who have been reviewed



Further details

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



About the target

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

About the target range

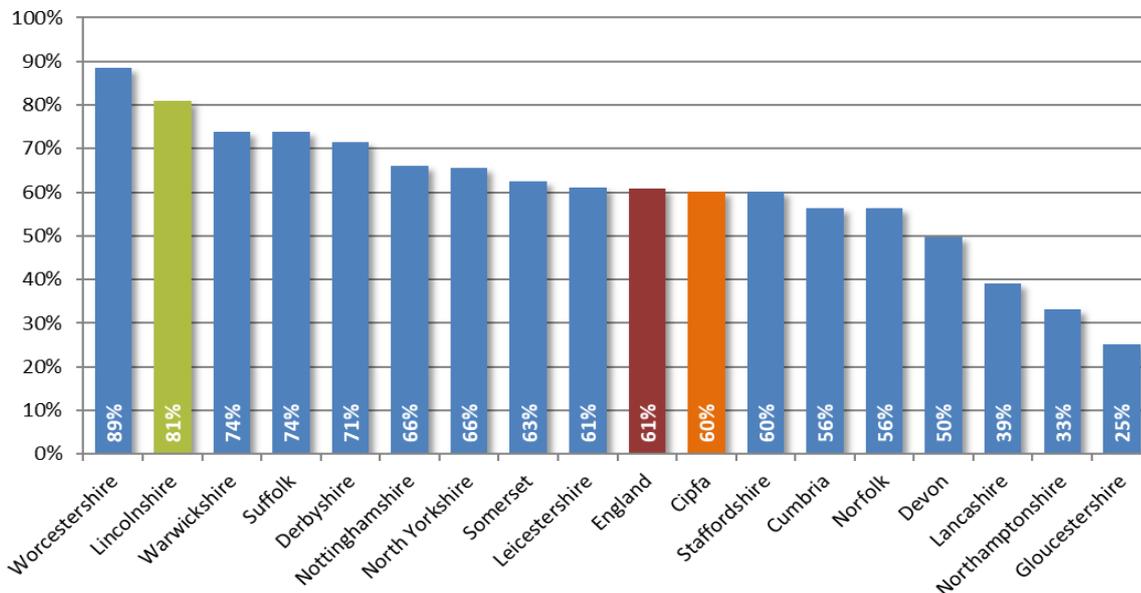
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

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.

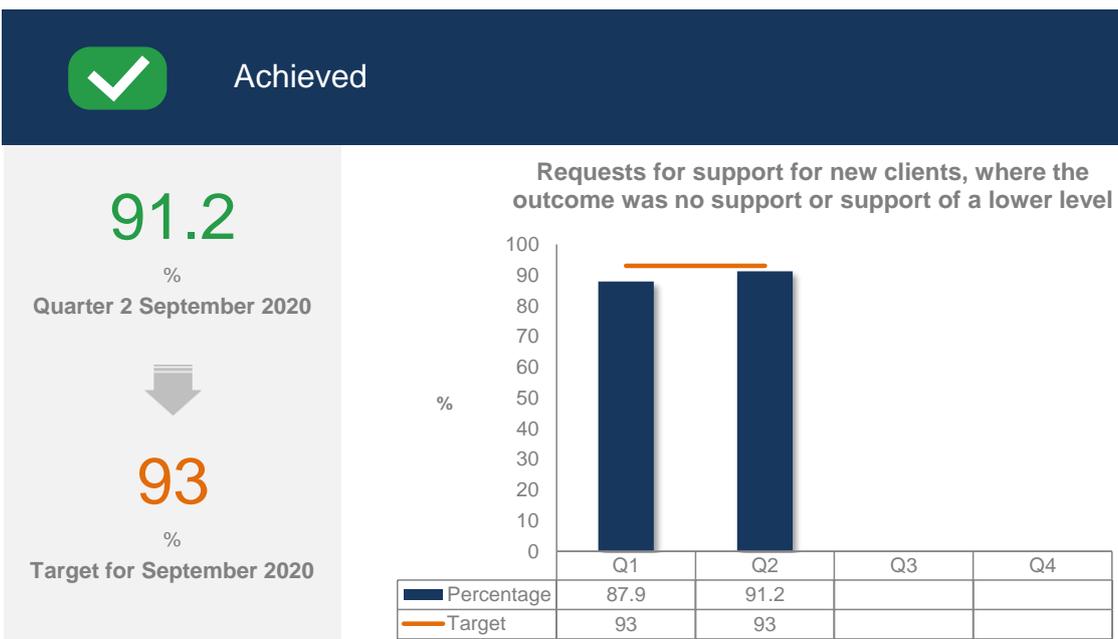
People in receipt of long term support who have been reviewed

Source: SALT Data file 2018/2019

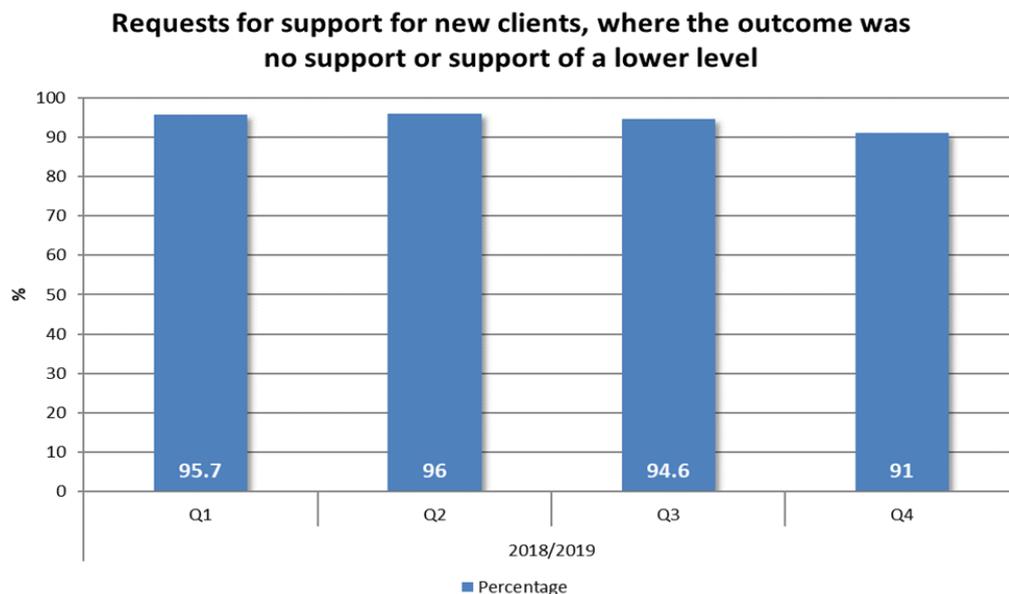


Requests for support for new clients, where the outcome was no support or support of a lower level

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.



Further details



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.

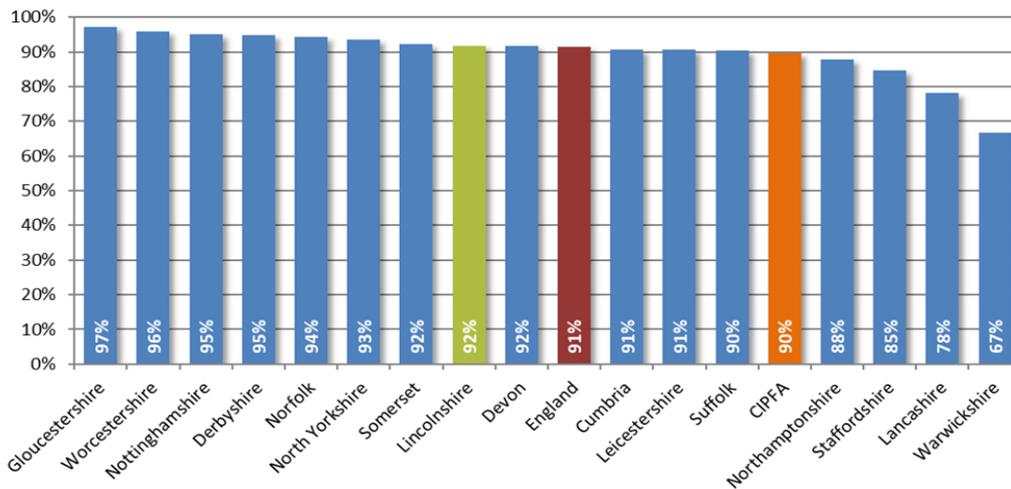
About benchmarking

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



Completed episodes of Reablement

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

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

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



Achieved

93.8

%

Quarter 2 September 2020

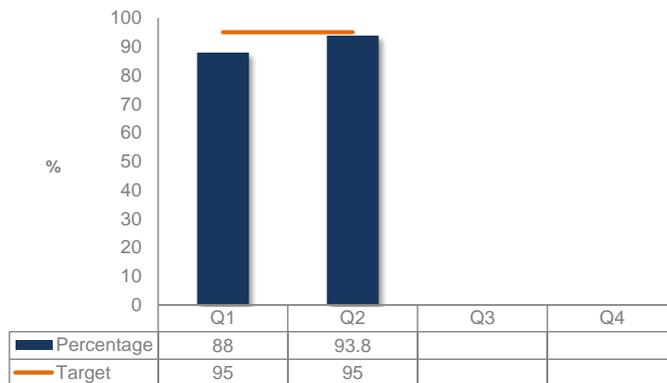


95

%

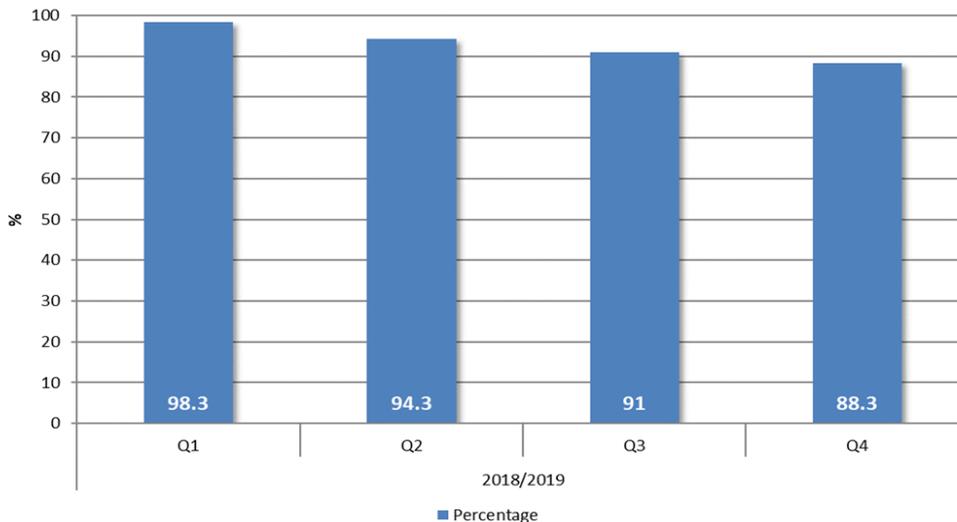
Target for September 2020

Completed episodes of Reablement



Further details

Completed Episodes of Reablement



About the target

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

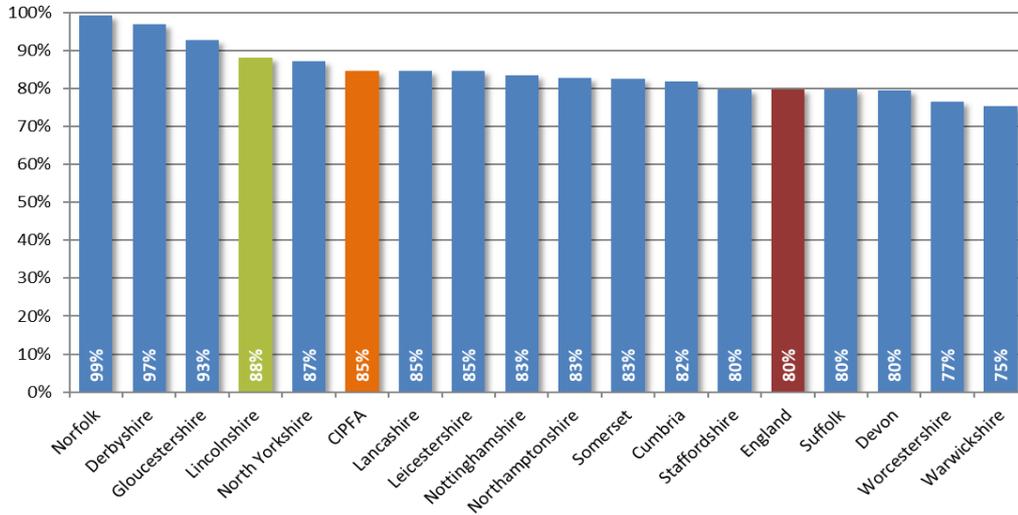
About the target range

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

About benchmarking

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



Safeguarding cases supported by an advocate

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

An advocate can include:-

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

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

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

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of cases supported by an advocate indicates a better performance.

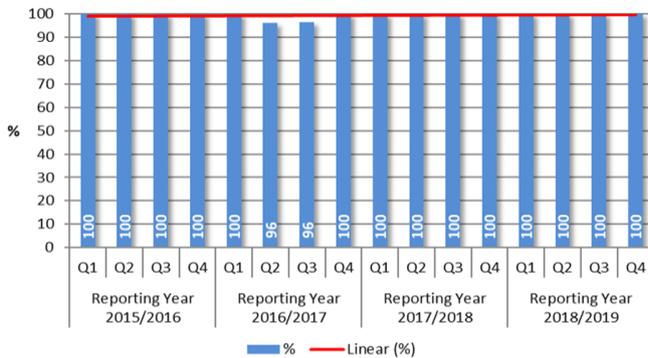


About the latest performance

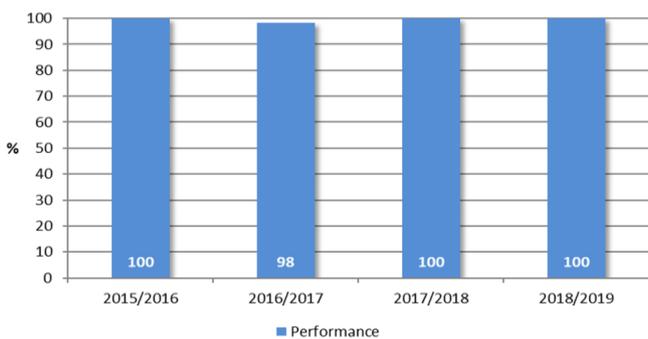
This demonstrates that appropriate support is provided to ensure that the voice of the service user is central to safeguarding activity in accordance with the principles of Making Safeguarding Personal.

Further details

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.

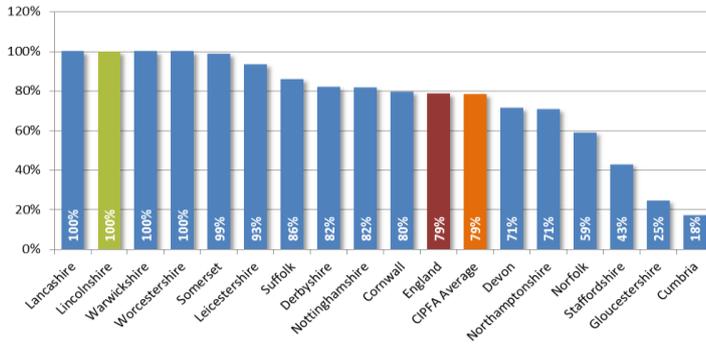
About the target range

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.

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



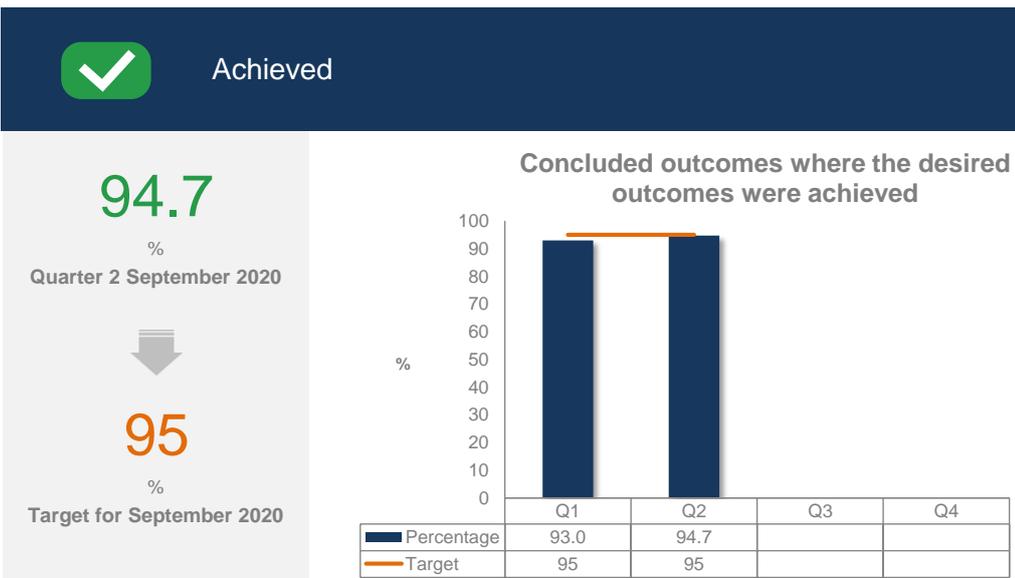
Concluded safeguarding enquiries where the desired outcomes were achieved

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.

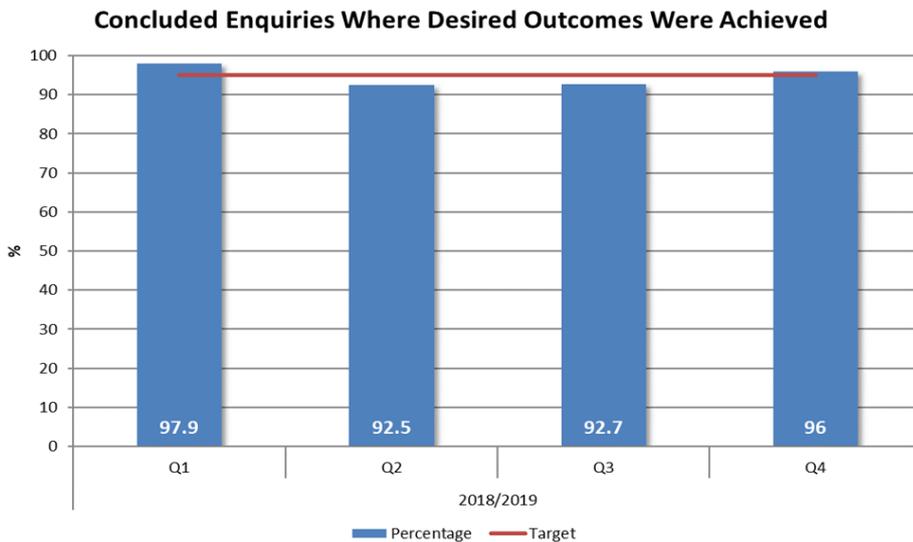
A higher percentage indicates a better performance.



About the latest performance

Performance in this area remains strong and there is on-going monitoring to ensure that the principles of making safeguarding personal are being robustly applied.

Further details



About the target

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

About the target range

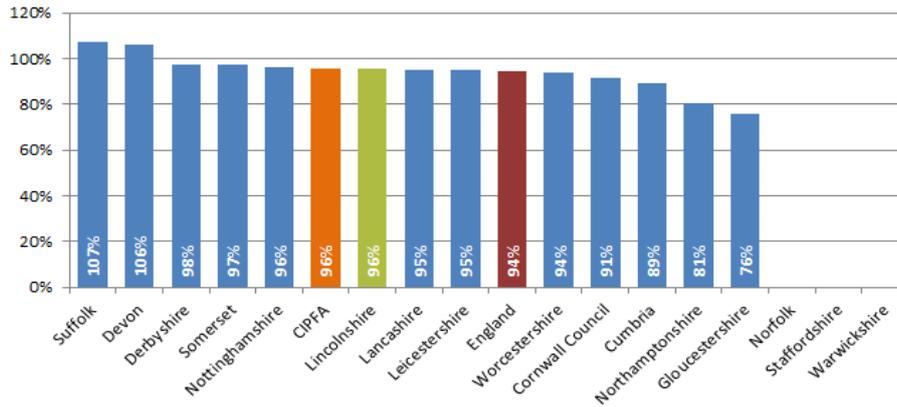
This measure has a target range of +/-5 percentage points.

About benchmarking

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

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

Source: SAC SG4a: Making Safeguarding Personal 2017/2018

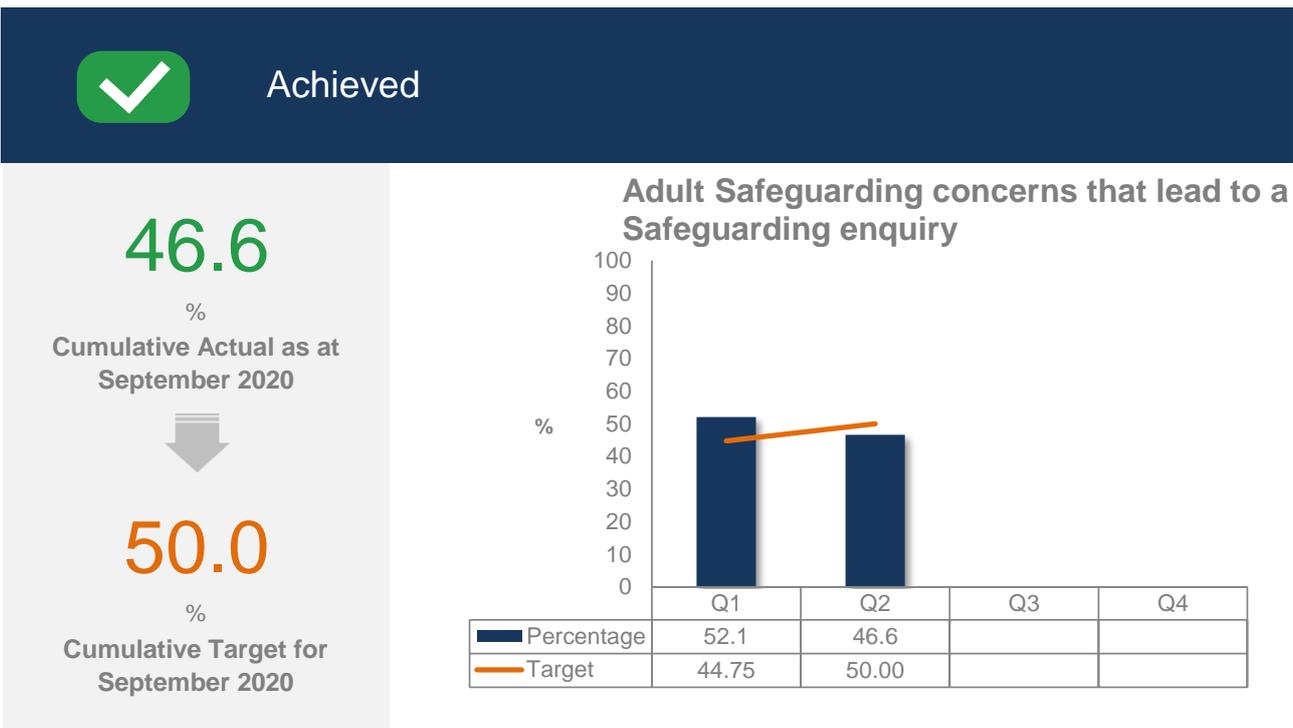


Note:

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

Adult Safeguarding concerns that lead to a Safeguarding enquiry

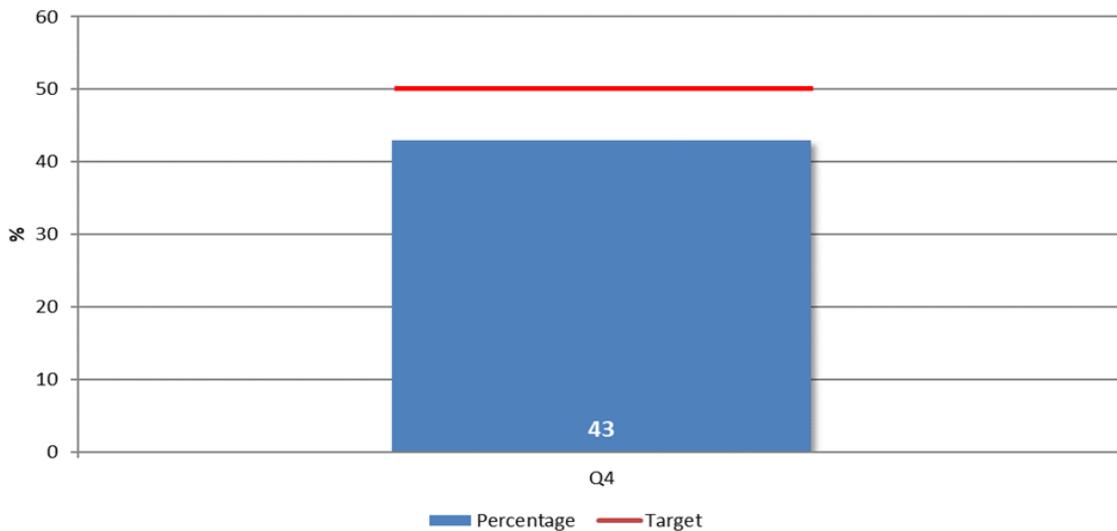
The LCC Safeguarding Service want to encourage providers, partners and professionals to submit concerns to the Local Authority only where appropriate, and to ensure these concerns have already been managed and considered within the remit of their organisations and only escalated to the authority as necessary. 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.



About the latest performance

Work continues with partners to ensure that appropriate Safeguarding referrals are made; the Lincolnshire Safeguarding Adults Board facilitated an audit of submitted Adult Safeguarding Referral forms and is working with partners to ensure that learning from this is implemented.

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

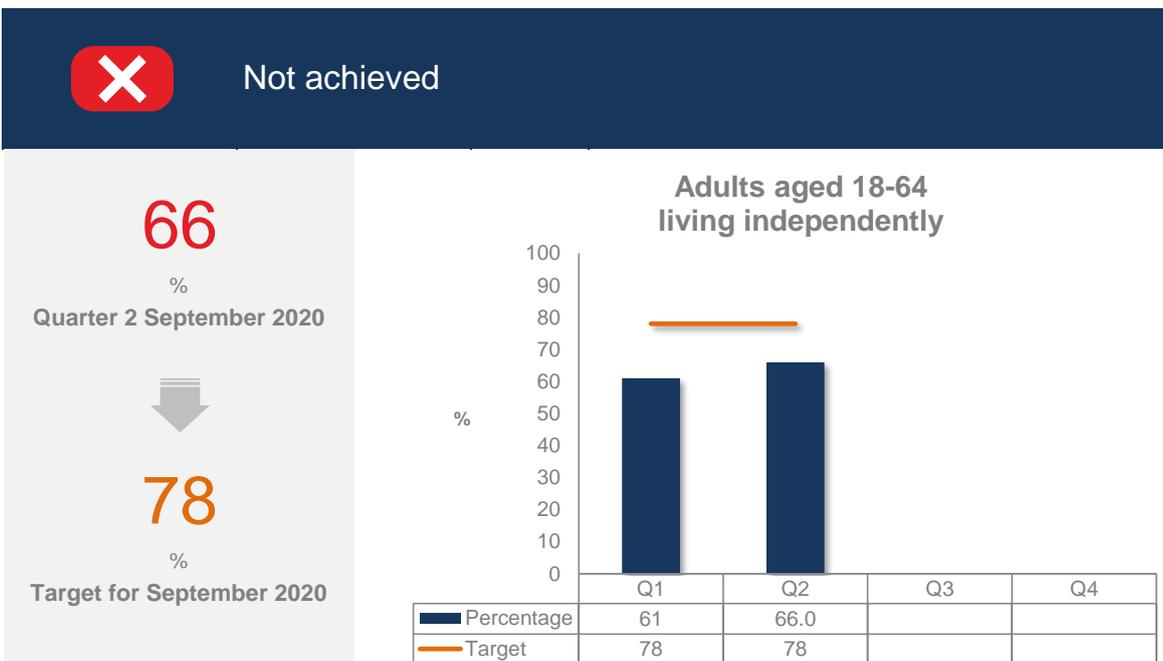
This measure has a target range of +/-5 percentage points.

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.

Adults aged 18-64 living independently

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

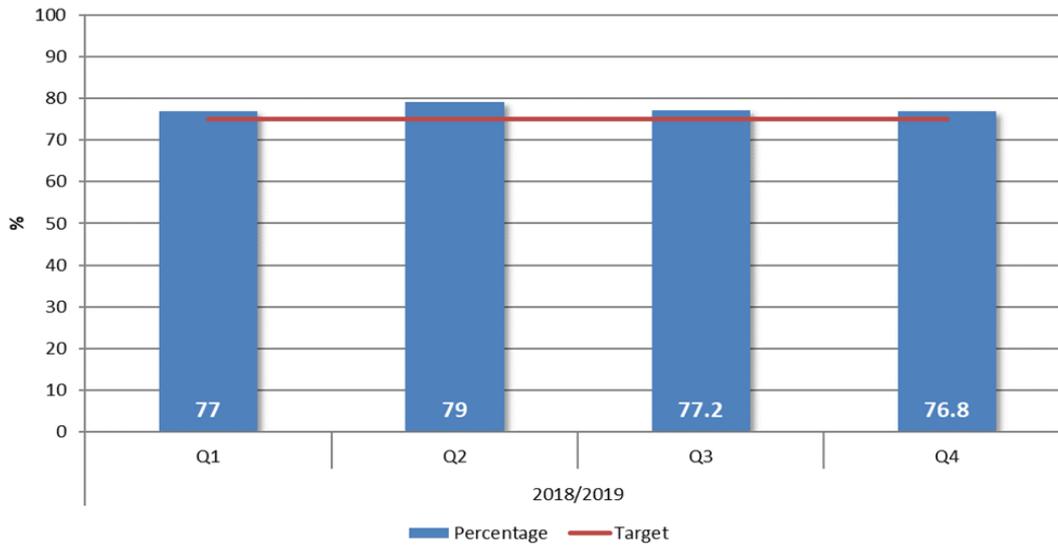


About the latest performance

The Trust continues to ensure that those individuals that are supported both by social care under the S75 agreement and by LPFT under health, in addition to being on CPA (Care Programme Approach), are in accommodation settings to ensure their safety and wellbeing. Whilst the target has not been attained, performance for Q2 is in line with the CIPFA group average for 2018-19 (Mean: 63% Median: 67%). The low denominator results in high volatility with regards to performance for this measure. Performance in the East Midlands for 2018-19 was 59%.

Further details

**Adults Aged 18-64
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

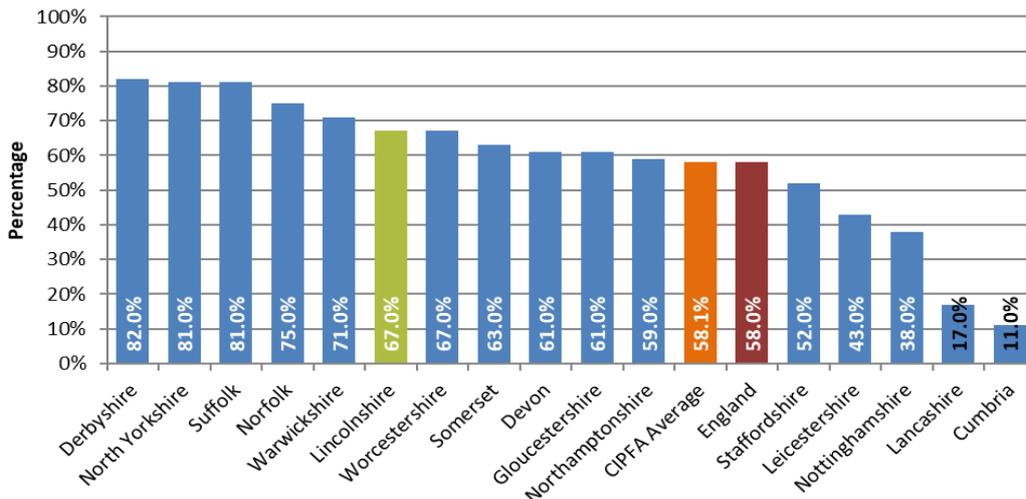
The target range for this measure is set at +/- 5 percentage points.

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)



People who remain at home 91 days after discharge

The hospital teams discharge clients from hospitals and this new measures will look at all confirmed hospital discharges from acute sites for 18+ year old who were discharged in the previous quarter. This measures how many were still at home 91 days after discharge, being at home is defined as people living in their own home in the community.



Achieved

87.7

%

Quarter 2 September 2020

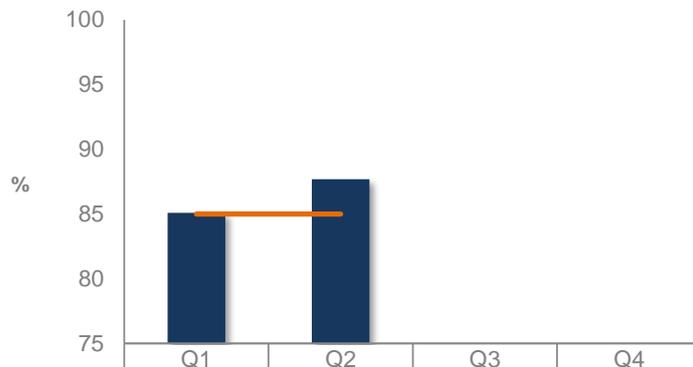


85.0

%

Target for September 2020

People who remain at home 91 days after discharge



	Q1	Q2	Q3	Q4
Percentage	85.1	87.7		
Target	85.00	85.00		

About the target

The target for this measure has been set to 85%, based on the average of the past 6 quarters. Our aim is to give us an indicator of how well our commissioned services are at keeping people in the community after a hospital discharge.

About the target range

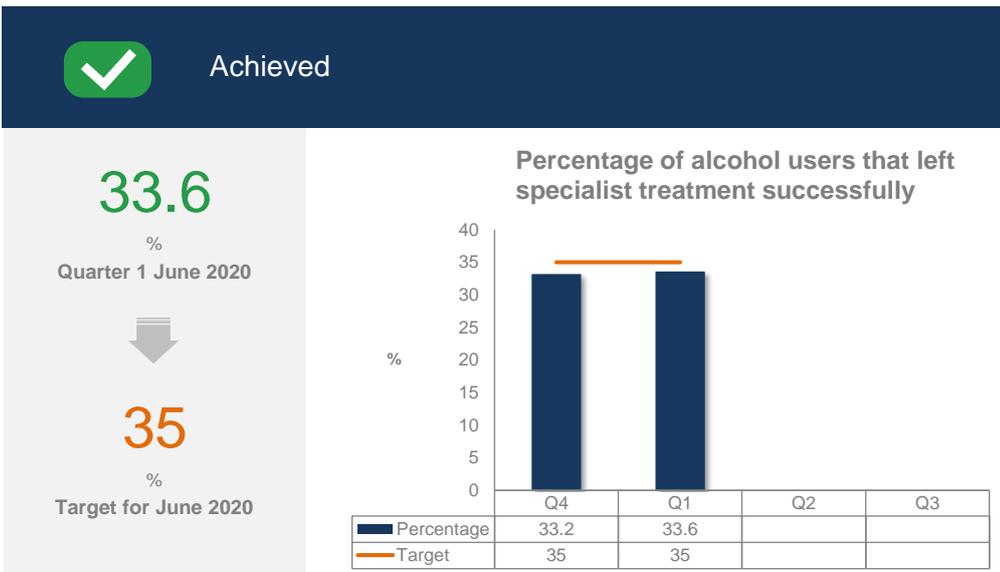
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

This is an internal measure so cannot be bench marked nationally, however can be benchmarked internal for the same period last year.

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.



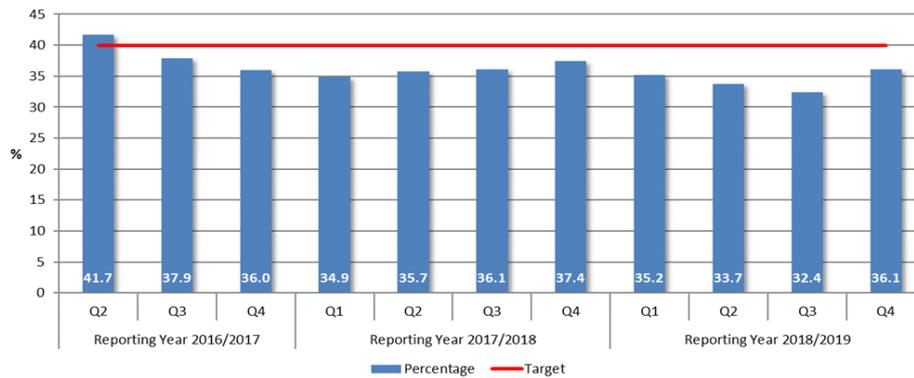
About the latest performance

The number of those who left specialist alcohol treatment successfully has risen slightly from 33.2% in quarter 1 to 33.6% in quarter 2 although this is a positive upward trend it falls short of the 35% target by 9 successful completions.

This is a challenging period for substance misuse treatment services with most clients being seen remotely with face to face appointments being reserved for unstable clients who are high risk. Significant learning can be taken from this style of delivery with many clients taking to virtual group's and one to one appointments well. This learning will form part of the future delivery model for the remainder of the pandemic and beyond.

Further details

Percentage of alcohol users that left specialist treatment successfully



About the target

A target of 35% has been set to reflect the wording and definition of this measure.

About the target range

The target range for this measure is between 33% and 37% (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.

Percentage of people aged 40 to 74 offered and received an NHS health check

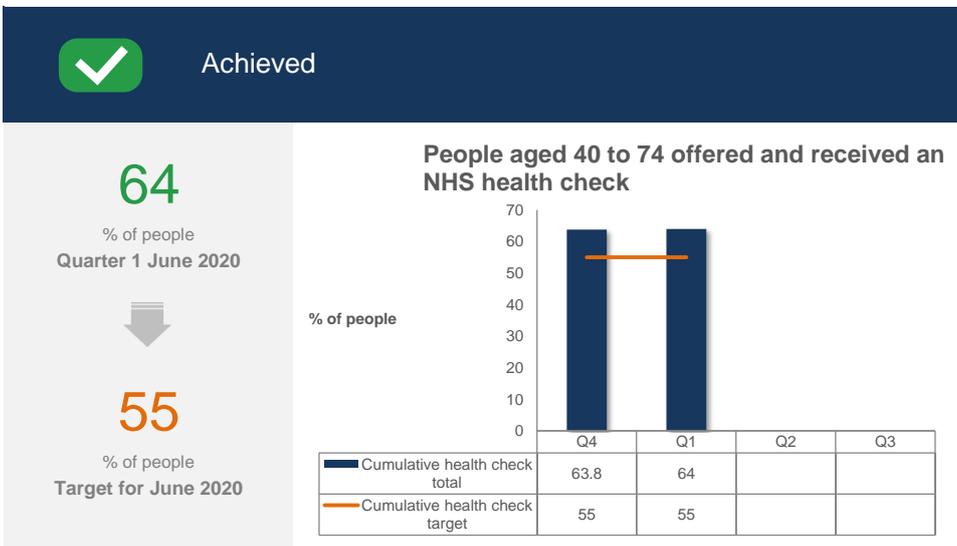
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, 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)

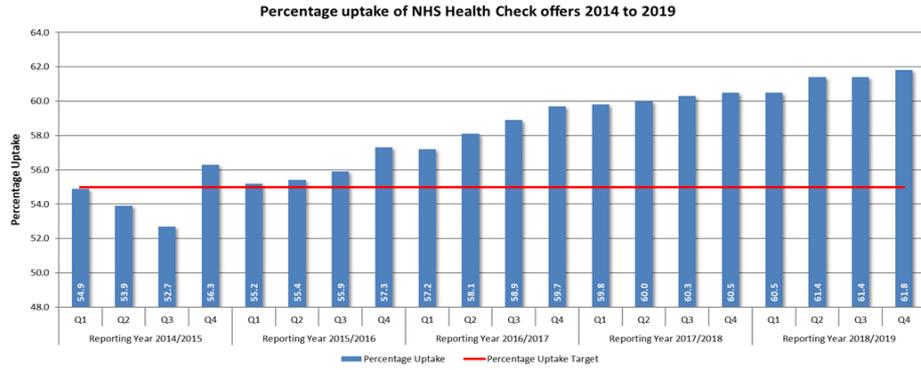
A higher percentage of people who were offered and received an NHS health check indicates a better performance.



About the latest performance

In Lincolnshire during quarter 1 2016/17 – quarter 1 2020/21, the overall percentage of people taking up a NHS Health Check invite was 63.7% (46.8% in England). During the quarter 1 of 20/21, the NHS Health Check programme has been impacted by COVID-19, with significantly reduced activity taking place.

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.

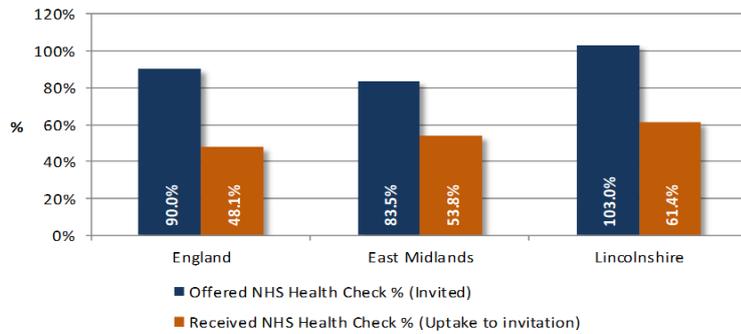
About the target range

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%

Percentage of people supported to improve their outcomes following Wellbeing intervention

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

99

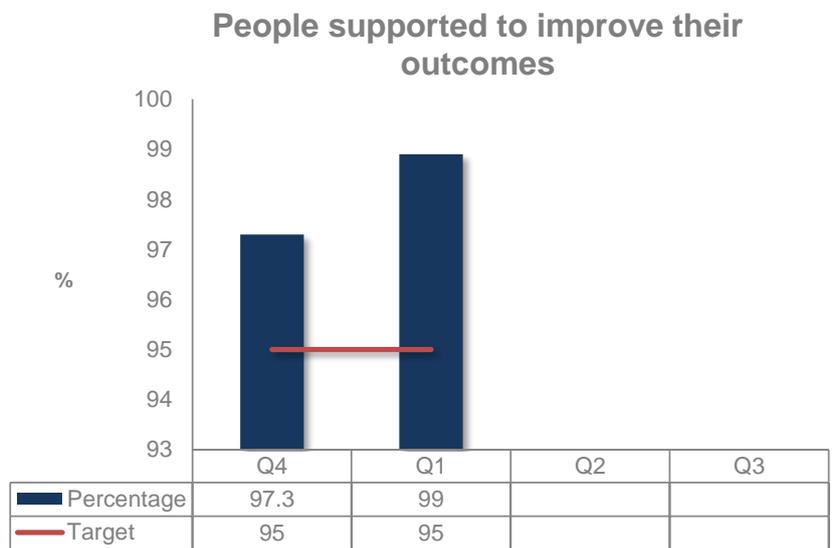
%

Quarter 1 June 2020

95

%

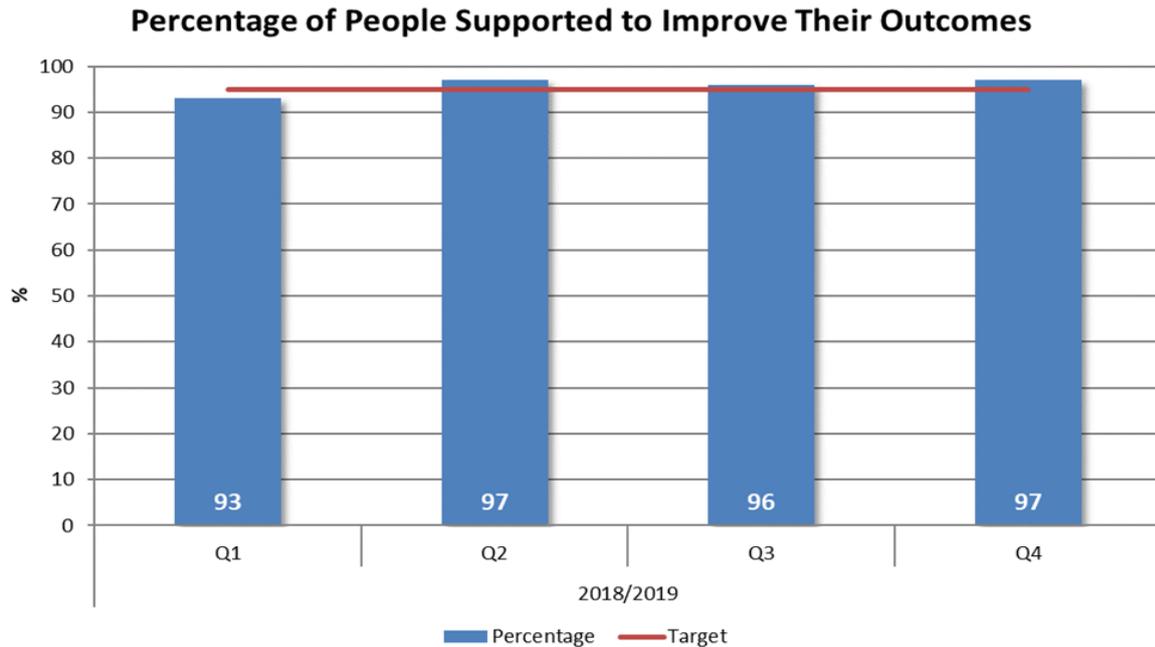
Target for June 2020



About the latest performance

The Wellbeing Service adapted to remote delivery methods in light of the pandemic affecting direct contact with customers. Whilst, volumes of referrals during this period reduced, the service was able to maintain its consistent high performance in supporting individuals to achieve their outcomes. This measure captures the overall improvement in customer's self-determined outcomes through up to 12 weeks of support, advice and signposting to local community resources.

Further details



About the target

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

About the target range

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

About benchmarking

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

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.

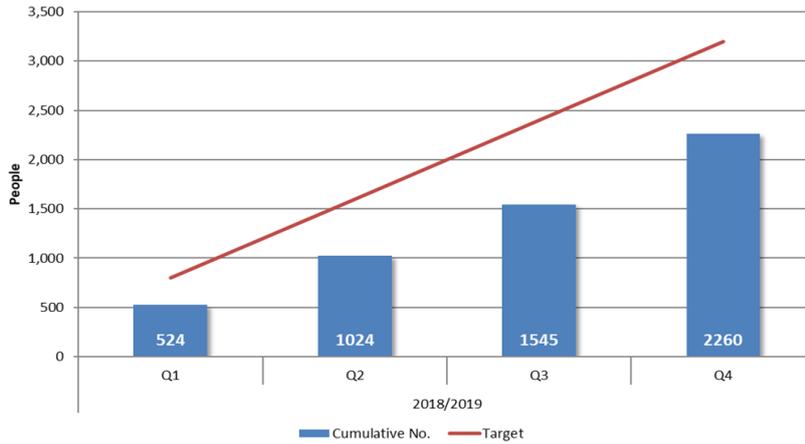


About the latest performance

One You Lincolnshire (OYL) has achieved 56% of the Target during the period of a national Covid-19 lockdown. As a result of the Covid-19 lockdown OYL has ceased face to face working and has lost the additional capacity from sub-contractors for smoking cessation (General Practitioners and Community Pharmacies), due to a vast reduction in customer levels coming through sub-contracting route. Sub-contractors would usually supply 40% of the service. OYL has moved to phone and digital support solely for smoking cessation (with pharmacotherapy by post) in order to maintain a programme. This transition to this new service model during the lockdown has managed to maintain the level of the core component of a stop smoking service from OYL (typically 60%). There is evidence that there is an increase in referrals via local pharmacies but the heavy reduction in referrals caused by the Covid-19 pandemic has made it very challenging for performance to exceed 60% of the target.

Further details

People Supported to Quit Smoking



About the target

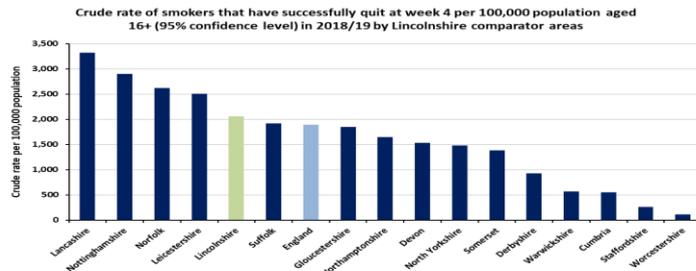
Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF) 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.



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

People supported to maintain their accommodation via Housing Related Support Service (HRSS)

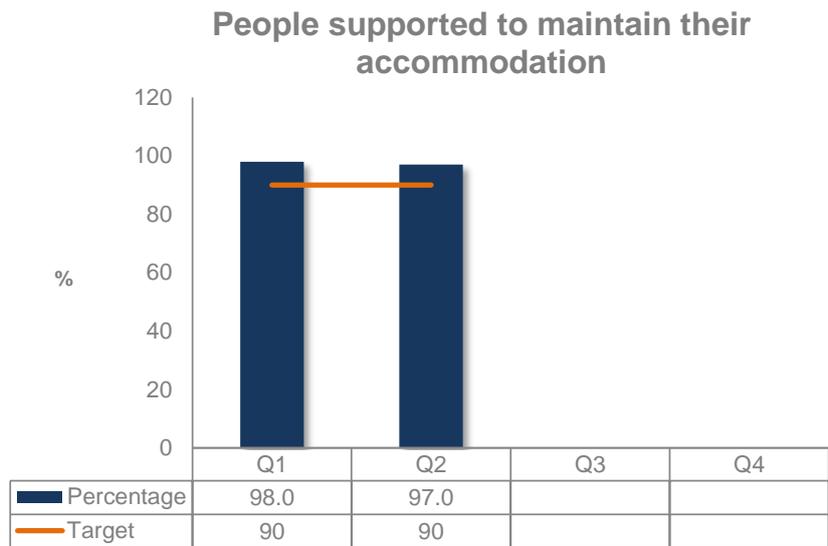
Percentage of service users supported to achieve an overall improvement across their outcomes following a period of three months of housing related support which is the expected average length of support someone will receive.

 **Achieved**

97.0
%
Quarter 2 September 2020



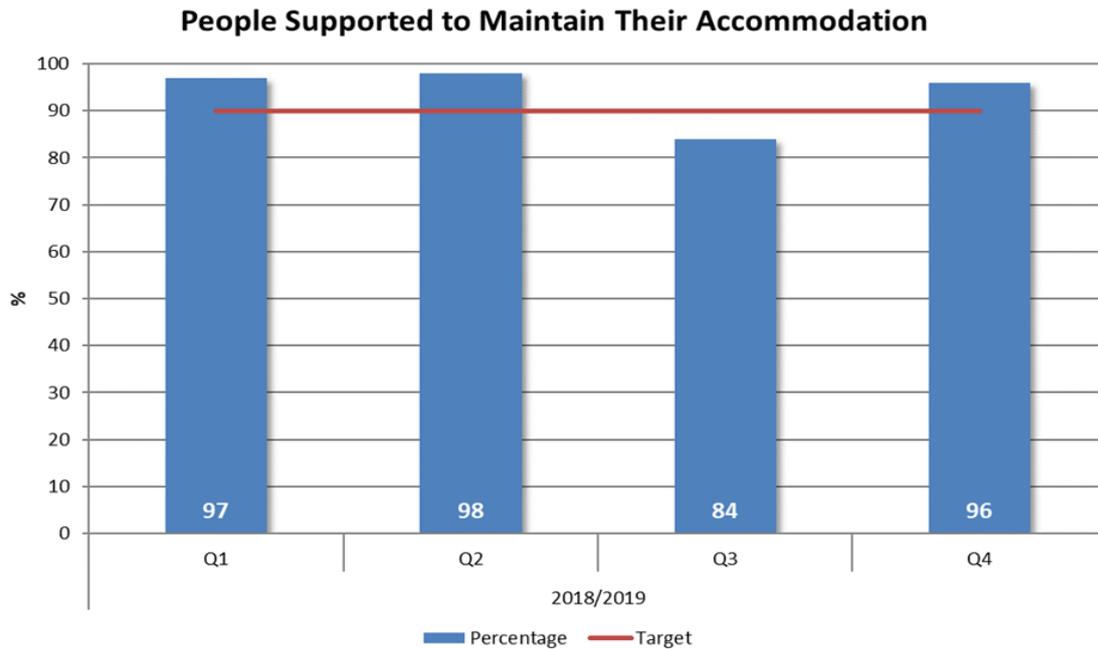
90
%
Target for September 2020



About the latest performance

Quarter 2 is the last KPI report for the CBP related to the HRS contract that expired on the 30th of September 2020. All the providers continued to deliver positive outcomes and accessing and maintaining accommodation is not the exception. 97% achievement to close this contract was a positive result.

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.

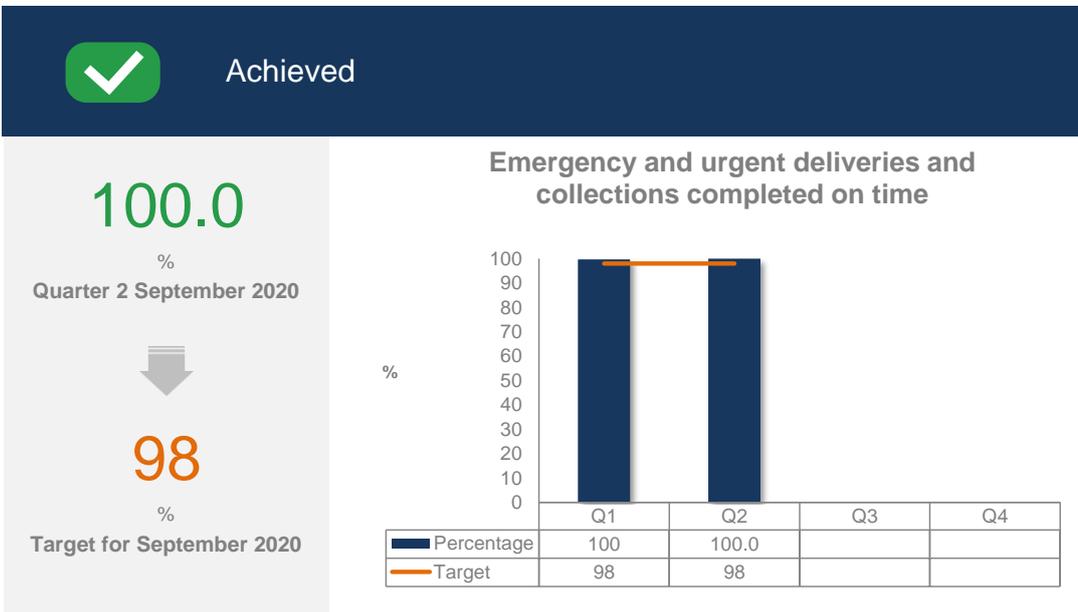
Emergency and urgent deliveries and collections completed on time

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.

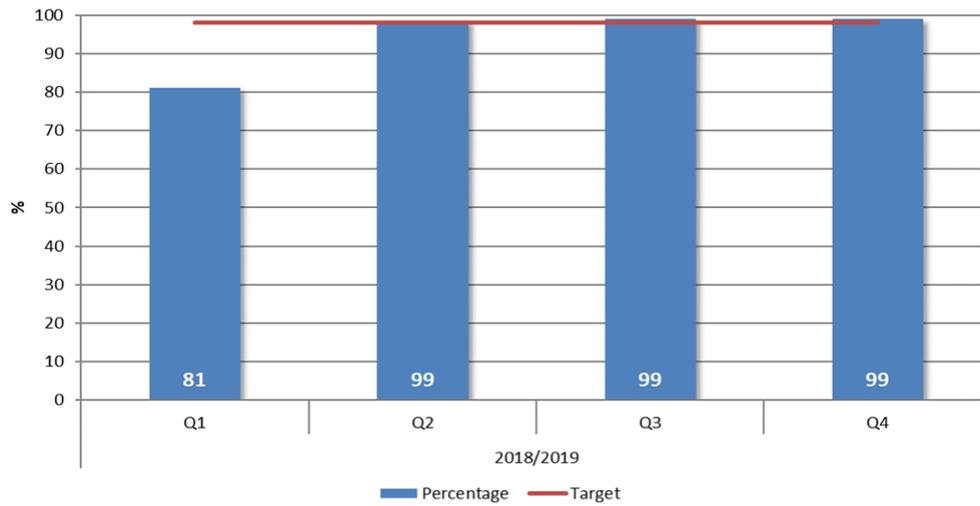


About the latest performance

As the demand levels have returned to normal the provider has maintained its high achievement whilst maintaining the ability to meet another surge in demand if it develops.

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.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	25 November 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 items, which are planned up to and including 14 April 2021. The report also includes a schedule of previous activity by the Committee since June 2017.

Actions Required:

To review the Committee's future work programme, highlighting any activity for possible inclusion in the work programme.

1. Current Items

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

25 November 2020 – 10.00am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
In-House Day Centre Services	Justin Hackney, Assistant Director of Specialist Services	This item provides an update on the Council's in-house day services twelve day centres for people with learning disabilities and complex needs and seeks feedback on a draft action plan.
Transforming Care	Justin Hackney, Assistant Director of Specialist Services	<i>Transforming Care</i> , a national programme aims to support people in the community. This is an update on <i>Transforming Care</i> .

25 November 2020 – 10.00am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
Service Level Performance Against the Corporate Performance Framework – Quarters 1 and 2	Caroline Jackson, Head of Corporate Performance	The first performance report, in line with the Council's new performance framework for Quarters 1 and 2.
Covid-19 Update	Derek Ward, Director of Public Health	This is a verbal update on the latest position with Covid-19.

2. Future Items

Set out below are the meeting dates up to 14 April 2021, with a list of items allocated or provisionally allocated to a particular date. There are currently no items in the published forward plan of executive decisions, which this Committee is due to consider prior to a decision.

13 January 2021 – 10.00am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
Adult Care and Community Wellbeing Budget Proposals 2021/22	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	The Committee's comments on the budget proposals for 2021/22 will be reported to the Executive.
Mental Health Universal Offer and Community Based Model	Justin Hackney, Assistant Director of Specialist Services	This item provides an update on the mental health community based model and the Universal Offer for Lincolnshire
Hoplands Extra Care Housing Scheme, Sleaford	Kevin Kendall, Assistant Director, Property Services Roz Cordy, Interim Assistant Director, Adult Frailty and Long Term Conditions Gareth Everton, Head of Integration and Transformation	To consider a report on the proposed Hoplands Extra Care Housing Scheme, Sleaford, on which a decision will be made by the Executive on 2 February 2021.
Annual Report by the Director of Public Health	Derek Ward, Director of Public Health	Each year the annual report of the Director of Public Health is considered.

24 February 2021 – 10.00am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
Impacts and Lessons Learned from Covid-19 Pandemic	Glen Garrod, Executive Director – Adult Care and Community Wellbeing	To consider the impacts and lessons from the Covid-19 pandemic.
Team Around the Adult	Justin Hackney, Assistant Director of Specialist Services	In October 2019, 'Team Around the Adult', which aims to improve outcomes for vulnerable or 'hard to reach' adults with complex needs, was considered. This is an update on this initiative.
Service Level Performance Against the Corporate Performance Framework – Quarter 3	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
Disabled Facilities Grants / Transformation of Occupational Therapy Service	Lead officer to be confirmed.	This item was requested on 1 September 2020, to explore the way the County Council works with district councils on this topic.
Mental Wellbeing (including Suicide Prevention Strategy)	Kakoli Choudhury, Consultant in Public Health	To consider an update on mental wellbeing and the suicide prevention strategy.

14 April 2021 – 10.00am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
Personal Health Budgets / Direct Payments	Lead officer to be confirmed.	This item was requested on 1 September 2020, to explore the background to personal health budgets and their link to direct payments

3. Previous Items

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

4. 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.

5. **Consultation** – Not applicable

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

Appendix A	Adults and Community Wellbeing Scrutiny Committee – Previously Considered Items
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7. **Background Papers** - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
ITEMS PREVIOUSLY CONSIDERED

	2017			2018					2019					2020				2021													
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	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr		
<i>Meeting Length - Minutes</i>	135	170	146	150	245	120	200	185	135	135	210	185	130	170	190	135	194	150	140	132	185	183	127	84	150						
Corporate Items																															
Advocacy Services																				✓											
Better Care Fund		✓																													
Budget Items			✓		✓				✓		✓		✓	✓			✓			✓	✓	✓	✓	✓	✓		✓				
Care Quality Commission				✓																		✓									
Commercial and Contract Management					✓										✓																
Covid-19 Response																						✓					✓				
Digital and IT Updates					✓							✓													✓						
Integrated Community Care															✓																
Introduction to Services	✓																														
Joint Strategic Needs Assessment	✓																														
Local Account				✓																											
Multi-Purpose Block Beds																				✓											
Personal Health Budgets																															
Social Care Working																						✓									
NHS Long Term Plan															✓																
Quarterly Performance		✓	✓	✓			✓		✓	✓		✓		✓			✓	✓		✓		✓	✓				✓				
Strategic Market Support Partner			✓																												
Winter Planning									✓						✓			✓													

	2017		2018					2019					2020					2021											
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	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr
Adult Frailty, Long Term Conditions and Physical Disability																													
Activity Data 2018/19																		✓											
Ageing Better – Rural Partner																									✓				
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				2021													
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	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr	
Community Wellbeing																														
Carers Commissioning Strategy										✓																				
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																														
Disabled Facilities Grants																														
Extra Care Housing						✓											✓							✓						
Housing Related Support																		✓												
Memorandum of Understanding															✓															
Supported Housing						✓																								

	2017			2018					2019					2020				2021												
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	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr	
Specialist Adult Services																														
Adult Safeguarding Commissioning Strategy										✓																				
Autism Strategy															✓															
Community Supported Living																						✓								
In-House Day Services																														
Learning Disability – Short Breaks																														
Lincolnshire Safeguarding Adults Board – Annual Plan																														
Managed Care Network Mental Health										✓																				
Safeguarding Board Scrutiny Sub Group																														
Section 75 Agreement – Mental Health										✓																				
Section 117 Mental Health Act Policy																														
Shared Lives										✓																				
Specialised Services Commissioning Strategy																														
Team Around the Adult																														
Transforming Care																														
Universal Offer for Mental Health																														