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6 April 2021

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, 14 April 2021 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=5708> where a live feed will be made available on the day of the meeting.

Yours sincerely

A handwritten signature in black ink that reads 'Debbie Barnes'.

Debbie Barnes OBE
Chief Executive

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

Councillors C E H Marfleet (Chairman), E J Sneath (Vice-Chairman), B Adams, P Ashleigh-Morris, 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, 14 APRIL 2021**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting held on 24 February 2021	5 - 14
4	Announcements by the Chairman, Executive Councillor and Lead Officers	
5	Adult Care Occupational Therapy <i>(To receive a report by Gareth Everton, Head of Integration and Transformation, which provides an update to the Committee of the progress to date including the impact of Covid-19 and the next steps to continue the service improvement)</i>	15 - 44
6	Adults and Community Wellbeing Scrutiny Committee Forward Planning - Work Programme <i>(To receive a report by Kiara Chatziioannou, Scrutiny Officer, which provides the Committee with an opportunity to consider an outline forward plan from June 2021 until April 2022)</i>	45 - 54

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

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

Contact details set out above.

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**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
24 FEBRUARY 2021**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors E J Sneath (Vice-Chairman), R L Foulkes, R J Kendrick, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid, M A Whittington and S P Roe.

Councillor: Mrs W Bowkett (Chair of the Housing, Health and Care Delivery Group) Andy Emerson (Head of Service Delivery, Thrive Tribe) and Dan Rogers (Head of Service, Thrive Tribe) attended the meeting as invited guests.

Officers in attendance:-

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Caroline Jackson (Head of Corporate Performance), Samantha Neal (Assistant Director, Prevention and Early Intervention), Professor Derek Ward (Director of Public Health), Shabana Edinboro (Acting Programme Manager, Public Health Division), Gareth Maddison (Service Development Manager), Clair McNally (Project Manager, Service Development) and Rachel West (Contract Manager).

43 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors B Adams and Mrs J E Killey.

The Chief Executive reported that having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, Councillor S P Roe had been appointed as a replacement member of the Committee in place of Councillor B Adams for this meeting only.

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

44 DECLARATIONS OF MEMBERS' INTERESTS

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

45 MINUTES OF THE MEETING HELD ON 13 JANUARY 2021

RESOLVED

That the minutes of the Adults and Community Wellbeing Scrutiny Committee meeting held on 13 January 2021 be agreed and signed by the Chairman as a correct record.

46 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman extended his thanks to everyone involved in the successful vaccination programme in Lincolnshire.

47 ADULT CARE AND COMMUNITY WELLBEING MARKET POSITION STATEMENT 2020 - 2023

The Chairman welcomed to the meeting Gareth Maddison, Service Development Manager and Clair McNally, Project Manager, Service Development, to present their report which invited the Committee to consider and comment on the draft Adult Care and Community Wellbeing Market Position Statement (MPS) 2020-2023, prior to its final publication.

The Committee noted that market development was a statutory requirement for all local authorities following the implementation of the Care Act 2014. Key to this was the development of an MPS, which should include the local authority's direction of travel, policy intent, key information and statistics on needs and demands and trends. Detailed at Appendix A to the report was a copy of the final draft Adult Care and Community Wellbeing Market Position Statement 2020- 2023 for the Committee to consider.

In conclusion, the Committee was advised that an MPS was seen as good practice within the sector and that the document would aid in developing a care and support market in Lincolnshire which delivered a wide-range of sustainable high quality services.

During discussion, the Committee raised the following comments:

- Overall, the Committee agreed that the MPS was a good document, easy to read and well presented. A suggestion was made for statistical information to be presented earlier in the document, to highlight pressure and needs better;
- That further consideration needed to be given to encourage innovative thinking, as had been done throughout the Covid-19 pandemic;
- The need to encourage more young people into caring roles. The Committee was advised that a key element of the Government White Paper related to workforce for social care and the need for a workforce strategy to help with recruitment and retention of staff within the care sector. There was a recognition that to attract young people into such roles, a career structure was needed to be put in place;
- Skills for Care estimates for staff turnover rates in Lincolnshire – The Committee noted that the Lincolnshire rate of 32.2% was similar to the regional estimate of

34.2%, and to the England rate of 31.9%. Further details of how Lincolnshire was planning to develop and build workforce capacity were provided on page 26 of the report;

- One member highlighted the very important role carers provided and the work carried out by LinCA (the Lincolnshire Care Association). The Committee noted that Lincoln College had started a course in care work, in conjunction with LinCA for young people interested in choosing care as a career. It was noted further that this was one of a few courses in the country;
- The impact of Brexit on the caring profession. The Committee noted that Lincolnshire had not seen much impact of Brexit, which might be as a result of the Covid-19 pandemic, as 2020 had not been a normal year within the sector;
- Whether expectations of the Direct Support Service had been met. Page 30 of the report provided details of the current contracting arrangements and service provision;
- Demographics - The Committee noted that the trend for an ageing population (over 65) was set to continue and further information was provided in Figure 3 on page 23 of the report pack;
- Figure 7 on page 37 of the report provided information comparing residential home occupancy verses self-funded. It was reported that there had been a reduction in the number of private places, as people were choosing to stay in their own home, cared for by relatives. It was noted that Covid-19 had accelerated a decline in occupancy levels, which had previously been projected to take place over a number of years, as a result providers were having to adapt their business and continuity plans;
- Disability Provision – The Committee noted that Adult Care and Community Wellbeing was committed to promoting the independence of adults with learning difficulties; and that the introduction of the integrated health and social care budgets had enabled this vision to materialise;
- Page 26 greater use of the right technology. It was highlighted that access to digital technology sometimes caused issues for users, in a rural county such as Lincolnshire. Reassurance was given that more initiatives would be coming forward, that had been captured from recent learning from Covid-19, which would help shape future support; and
- Quality of Service – The Committee noted that the customer experience surveys referred to on page 34 of the report pack related to Lincolnshire County Council funded customers.

RESOLVED

That the comments raised above be taken into account in the finalisation of the Adult Care and Community Wellbeing Market Position Statement 2020-2023.

48 SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE FRAMEWORK - QUARTER 3

The Chairman invited Caroline Jackson, Head of Corporate Performance to present to the Committee the Tier 2 Service Level performance measures for Adult Care and Community Wellbeing.

The Committee noted that 10 measures had achieved their target; 2 measures had exceeded their target; and 4 measures had not been successful in meeting their target.

Those not achieving target were:

- Percentage of alcohol users that left specialist treatment;
- People supported to successfully quit smoking;
- Adults aged 18-64 living independently; and
- Adult Safeguarding concerns that lead to a Safeguarding enquiry.

During discussion, the Committee raised that in relation to percentage of alcohol users that left specialist treatment, that it might be useful to identify age ranges, so that a more targeted approach could be taken. It was agreed that as evidence suggested that alcohol consumption had increased during the pandemic, this was an area that needed further investigation. Reassurance was given that as services started to recover following the pandemic, such matters would be addressed in the Joint Strategic Needs Assessment.

RESOLVED

That the performance of the measures above or below target for Adult Care and Community Wellbeing for Quarter 3 be noted.

49 MENTAL WELLBEING AND SUICIDE PREVENTION ACTION PLAN

The Chairman invited Shabana Edinboro, Acting Programme Manager, Public Health Division, to present the report to the Committee, which highlighted some of the mental wellbeing activities being undertaken during 2020/21; and the progress being made towards the implementation of the Suicide Prevention Action Plan.

The Committee noted some of the activities that had being undertaken with regard to Mental Wellbeing, which included the Lincolnshire County Council Employee Health and Wellbeing Strategy, which had been launched in May 2019; the provision of dedicated Health and Wellbeing information on George; the provision of lunchtime wellbeing sessions; One You Lincolnshire; resilience training modules; Mental Health First Aid and confidential counselling support.

It was reported that evidence had shown the negative impact of social isolation and loneliness had on people's health and wellbeing, both physical and mentally. The Committee noted that the Public Health Division were currently providing services and

resources which supported the social connection network, which included: the Joint Strategic Asset Assessment; rural and coastal communities' health inequalities; social prescribing; and the Communities of the Future Project.

The Committee was advised that with the help of the council's Communication Team, the Public Health Division had developed a '12 Positive Steps to Better Mental Wellbeing' social media campaign, which had been shown during December 2020 and January 2021. It was highlighted that a virtual mental health webinar had also been arranged in October 2020, to highlight the importance of mental wellbeing.

It was highlighted to the Committee the impact Covid-19 had been having; details of the three main groups affected; and the impact of long Covid-19 were shown on pages 103 and 104 of the report.

The Committee was advised that the Suicide Prevention Strategy 2020-2023 and the Action Plan for 2020-2021 had been published in October 2020. It was noted that the strategy and the action plan had been produced in collaboration with the Suicide Prevention Steering Group (SPSG), which was a system-wide, multi-agency partnership consisting of statutory and non-statutory organisations who were interested in or involved in reducing suicides in Lincolnshire. A copy of the action plan was provided at Appendix A to the report for the Committee to consider.

Overall, it was noted that progress on the action plan had been good, despite the pandemic. The Committee noted further that the majority of actions were on target. Two actions shown in 'Red' on the action plan 1.2 – *Identify/develop clear pathways of support for both individuals and professionals* and 4.2 – *Develop Real Time Surveillance* were behind target, mainly as a result of the re-deployment of staff into the Covid-19 response; and that their delivery dates would need to be adjusted. It was also highlighted that it was planned to contract 4.2 out for a short period of time. The Committee was advised that the one action 4.1 – *Explore alternative data sources to gather intelligence to aid prevention of suicidal behaviours* shown as being 'Yellow' was behind target as a result of the current time commitment of Intelligence Teams across the system on the Covid-19 response; and as a result of this, the delivery date might have to change.

In conclusion, it was noted that during 2021-2022, it was planned to: develop the Suicide Prevention Action Plan for 2021-2022; continue to provide support to the workforce through the Employee Health and Wellbeing Strategy; continue to deliver the Social Connections work programme; and to change the '12 Positive Steps to Better Mental Health' social media campaign into an electronic document.

The Committee also noted that as soon as recovery from Covid-19 allowed further wellbeing work was planned to look at children and young people; working age adults; and older age adults.

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ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE

24 FEBRUARY 2021

During discussion, the Committee raised the following comments:

- Health and wellbeing information to be made available on the business portal to help small businesses;
- Some concern was expressed relating to effect of Covid-19 on children and young people;
- Suicide prevention training – The Committee was advised that this was being looked into. It was however noted that the Mental Health First Aid had an element of suicide prevention. There was a need for some Suicide Prevention training to be made available to all Councillors; and
- The need to use various media methods in training courses.

The Director of Public Health extended thanks to the Acting Programme Manager, Public Health Division and the rest of the Public Health Team for all the hard work they had done. This was supported by the Committee.

RESOLVED

That the report presented be noted and that continued support be given to the Public Health Division for leading on Mental Health and Suicide Prevention.

50 INTEGRATED LIFESTYLE SERVICE (ONE YOU LINCOLNSHIRE) SERVICE REVIEW

The Chairman invited the following presenters to the meeting for this item:

- Derek Ward, Director of Public Health;
- Rachel West, Contract Manager;
- Dan Rogers, Head of Service, Thrive Tribe; and
- Andy Emerson, Head of Service Delivery, Thrive Tribe

The report shown on pages 127 to 144 of the agenda pack provided the Committee with an update on the Integrated Lifestyle Service (One You Lincolnshire).

In a presentation from the Thrive Tribe representatives, the Committee were reminded of the timeline from when One You Lincolnshire had launched in Lincolnshire.

It was reported that despite the impact of Covid-19 restrictions on the mobilisation of the contract, in year one the levels of referrals had been encouraging, with over 8,000 Lincolnshire residents having accessed integrated lifestyle services. It was highlighted that half of the referrals had been from primary care (49%); and that the majority of secondary care referrals (29%) had come from midwives into the smoking in pregnancy service; and that there had been 22% of self-referrals for smoking. Information was provided regarding the referral pathways, it was noted that the majority of clients using the service were using it to stop smoking.

The Committee noted that during Covid-19, essential services had continued to be delivered. It was highlighted that as a result of the closure of leisure centres and gyms, the 'Other Room' had been created as an in-house platform to deliver structured sessions for all abilities; these included chair-based activity, yoga and "The Sweat Room" for more advanced users. It was highlighted further that this had proven to be a valuable tool with over 800 people accessing the service to date.

It was highlighted that the pandemic had disrupted the use of sub-contractors with most of the work moving to the One You Lincolnshire Core Team, who had quickly adapted to a digital and virtual approach to delivering services. It was highlighted further that the anticipated number of referrals from the NHS had not materialised, as many of the initially eligible clients groups had been shielding. However, extending the self-referral pathway during Quarter 2 2020-2021 had been successful in opening up lifestyle support, when professional referral routes had been restricted. Details of the referral distribution for Quarter 2 were shown in Figure 9 on page 143 of the report.

It was reported that there had been challenges, but One You Lincolnshire had shown great adaptability to continue service delivery during the pandemic and that the same approach would enable them to react and innovate further in response to challenges ahead, which were likely to arise during the remainder of the contract year and beyond. Future developments to maximise service impact were highlighted as evaluating existing targets; introducing physical activity during pregnancy; developing of the community support fund to maximise opportunities for those in areas of deprivation; and exploring opportunities to increase support for the healthy ageing 60 plus population.

During discussion, the Committee raised the following comments:

- That there needed to be more focus on the over 60 age group to ensure better health for retirement;
- Some focus needed to be made regarding nutritional advice. It was highlighted that sometimes conflicting advice was given as to what foods needed to be eaten to remain healthy. The Committee was advised that the advice was to have a balanced diet, and that was a challenge. The Committee noted that One You Lincolnshire continued to provide educational material concerning a balance diet and the risk associated of not following one. The Committee noted further that at the moment One You Lincolnshire was delivering what it was commissioned to deliver, and that some funding might be available to expand provision to include more in relation to keeping fit and healthy;
- Thanks were expressed to the presentation and to the quality of the info graphics contained within the slides presented. The Committee also welcomed the feedback from the virtual case studies included in the presentation; and
- One member enquired whether all pregnant women were given information regarding the scheme. The Committee was advised that the service was offered by mid-wives currently to women who smoked; and that health in pregnancy support would be starting in April /May 2021.

The Committee extended their thanks to Thrive Tribe for their presentation and for ensuring that the service had continued throughout a very challenging year.

RESOLVED

1. That the performance of the provider in its first year of service delivery be noted.
2. That the proposed actions on service delivery and contracts; partnerships; and future development, as a result of the performance report be noted.

51 LINCOLNSHIRE HOMES FOR INDEPENDENCE BLUEPRINT

The Chairman welcomed to the meeting Councillor Wendy Bowkett, Chair of the Housing, Health and Care Delivery Group and Samantha Neal, Assistant Director of Prevention and Early Intervention, and invited them to present the report, which invited the Committee to consider a proposed decision that Lincolnshire County Council should adopt the Lincolnshire Homes for Independence blueprint. The decision was due to be made by the Executive Councillor for Adult Care, Health and Children's Services between 26 February and 5 March 2021, and that the views of the Committee would be reported to the Executive Councillor as part of their consideration of this item.

The Chair of the Housing, Health and Care Delivery Group introduced the report and extended her thanks to everyone involved in the process in moving the Lincolnshire Homes for Independence blueprint forward.

Attached at Appendix 1 to the report was a copy of the Executive Councillor report for the Committee's consideration.

The Committee was advised it was considered appropriate that Lincolnshire County Council should formally adopt the blueprint to demonstrate its commitment to collaborative working and joint ownership of the vision for the provision of a greater range of housing options for those who need additional support, and better integrated services to promote and sustain independent living in Lincolnshire.

It was highlighted that implementation of the Delivery Plan would be overseen by the Housing, Health and Care Delivery Group, and that progress would be reported annually to the Lincolnshire Health and Wellbeing Board. A copy of the delivery plan was detailed at Appendix C to the Executive Councillor report presented. Page 154 of the report highlighted that the Lincolnshire Health and Wellbeing Board had 'signed-off' the blueprint at its meeting on 1 December 2020.

The Committee welcomed the development of the blueprint, which as a living document would form the basis of collaboration between the County Council and district councils further developing homes for independence in Lincolnshire. The blueprint represented a significant example of partnership working and the Committee looked forward to its

adoption by the district councils and strongly recommended endorsement by the Executive of the County Council.

Reference was made to developing strong relationships between local planning authorities and the developers of housing, although viability of a particular development was often cited as a reason for less affordable housing. The Committee also referred to the post-pandemic opportunities, for example through programmes such as *One Public Estate*, to retro-fit existing housing, as well as new-build.

RESOLVED

1. That support be given to the recommendation to the Executive Councillor for Adult Care, Health and Children's Services as detailed on page 148.
2. That the comments raised by the Committee as detailed above be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item.

52 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK
PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer, to present the item to the Committee.

The Committee gave consideration to their work programme as detailed on page 195 of the report pack. The Committee was advised that the Item on *Personal Health Budget/Direct Payments* for the 14 April 2021 meeting was to be deferred to a future meeting.

The Committee agreed that the 14 April 2021 meeting would remain in the meeting diary, to consider the remaining item of business scheduled and that an informal meeting was suggested at the rising of the formal Committee meeting, to allow the Committee to discuss its achievements, and to identify any items that needed to be taken forward for further consideration.

RESOLVED

1. That the work programme as presented be received.
2. That the decision made by the Executive on 2 February 2021 on *Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at The Hoplands Sleaford with North Kesteven District Council* be noted.
3. That an informal meeting of the Committee be arranged at the rising of the formal meeting scheduled for 14 April 2021.

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ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
24 FEBRUARY 2021

The meeting closed at 1.19 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:	14 April 2021
Subject:	Adult Care Occupational Therapy

Summary:

The Adult Care Occupational Therapy Service is approaching the end of a two year transformation programme with the broad intention to improve the experience of Lincolnshire residents who need to access the Service. The priorities of the transformation being to:

- Increase the proportion of people who receive a service without delay, at the first point of contact;
- Reduce the length of time people have to wait for an assessment;
- Increase the quality of service provided;
- Maximise independence at home through holistic support to overcome barriers to everyday living;
- Increase appropriate referrals for re-housing, equipment and/or adaptations utilising the Disabled Facilities Grant (DFG) and discretionary housing assistance.

The purpose of this report is to provide an update to the Committee of the progress to date including the impact of Covid-19 and the next steps to continue the service improvement.

Action(s) Required:

It is recommended that the Committee note the content of the report and discuss the plans for future service development.

Background

Introduction

Lincolnshire County Council directly provided two Occupational Therapy (OT) services: within the Children with Disabilities Team; and Adult Frailty and Long Term Conditions Team (AFLTC). This report is concerned with the provision of the Adult Care OT service; however there is overlap in responsibilities with Childrens in regards to transition aged young people and the interface with District Councils regarding housing and the Disabled Facilities Grant (DFG).

In January 2019 a review of the Adult Care OT Service (The OT Service) commenced which produced a case for change. This was accepted by the Adult Care Directorate Leadership Team (DLT) and a two year transformation programme started 1 November 2019, which ends in six months.

The review found that the Service was fragmented across three area teams with a lack of consistency across the county. The geographical boundaries of the service mirrored the twelve adult care localities, however this did not make sense for the OT service and was a barrier to enhanced partnership working with the district councils. It was decided to change the team boundaries to match the district councils and the Service now has four teams which are coterminous with the district boundaries:

- Lincoln and West Lindsey
- East Lindsey and Boston
- North and South Kesteven
- South Holland

The occupational therapists were previously part of AFLTC teams undertaking Care Act needs assessments in the same way as social work. This meant it was very difficult to disaggregate the OT service performance from the wider AFLTC performance data. Manual interrogation of Mosaic confirmed that some people could need to wait a year from contacting the service to being assessed. On average people were waiting 220 days to be allocated to a worker and there could be in the region of 800 people awaiting allocation. A redesign of the workflow within Mosaic would be required to enable regular reporting and monitoring of performance/risk for the OT Service.

The OT Service transferred to a new Head of Service on 1 November 2019 and a post of Principal Occupational Therapist was created. A new Lead Practitioner started in January 2020 and the restructure was complete. A project plan was presented to DLT to drive service improvement, however progress has understandably been affected by the Covid-19 pandemic. There is not a wealth of historical data to fully understand the impact, however operationally the service has been able to provide mutual aid to NHS OT services in addition to core adult care duties. This has included mobilising additional support to non-clinical staff regarding OT interventions at Boston Pilgrim Hospital and supporting Lincolnshire Community Health Service (LCHS) OT services, which had to shift focus to admission avoidance at the expense of supporting people with long term conditions. Despite these challenges there has been significant progress within the Adult Care OT service transformation and performance is a match for some of the highest performing services in the country.

Progress and Performance

The initial focus of the transformation needed to be on ensuring that performance could be captured and the Mosaic workflow was as effective and efficient as possible to support practice. This project was brought forward before the start of the full programme due to the risks and being unable to confirm the starting position. Working closely with the Mosaic Development and Support Service a new OT specialist assessment was introduced and a completely new workflow designed.

This was further iterated over the following 15 months and a performance dashboard has been developed. This is attached as Appendix A and introduces a range of key performance indicators developed through engagement with Service practitioners. This includes the standard that no one should wait longer than 100 days for OT assessment in Lincolnshire and aspirational stretch targets that 50% of people should be seen within 28 days and 80% of people seen within 56 days. It should be recognised that delivering a quality service needs to be measured by more than waiting time numbers and therefore a quality framework was developed with is attached as Appendix B.

Meaningful performance data is only available from January 2020 and the period in Appendix A covers the 13 months from February 2020 to the end of February 2021. From this data the activity for the first 11 months of 2020/21 can be confirmed:

- On average people waited 48.1 days for assessment.
- 5,732 contacts came into the Service.
- 3,580 full specialist OT assessments were completed.
- 2,186 assessments were completed on duty with no further action.
- 3,326 received either a duty assessment or OT specialist assessment within four weeks
- 4,133 people had a duty or full assessment within eight weeks.
- 5,374 people had a duty or full assessments completed within 100 days.
- In total 5,747 people were assessed in the last eleven months at either duty (with no further action) or a specialist OT assessment.

In terms of the 100 day assessment standard, 88% of people were assessed within 100 days over the last 13 months. This was as high as 98% in August 2020 from a low of 62% from the start of recording in March 2020. Unfortunately there is a particular issue in the North and South Kesteven Team which has brought down the average. This area has had higher than average long term sickness against a picture of higher vacancy levels. This has been resolved with four new members of staff starting in March 2021 and workers returning from long term sickness. It is also only recently that we have had sufficient data to understand referral rates per team and identified that some had higher referrals rates than the pro rata staff allocated to the team.

This step change in performance is the result of several changes made to the service which are too numerous to describe in detail, but in summary:

- The introduction of a consistent Occupational Therapy Conversation record, which is also known as duty. This process enables all referrals to be considered for risk, complexity and urgency. Over the past 13 months 37% of referrals were concluded at duty with no further action. This included 613 people who received community equipment without delay. Without this step a further 2,451 people would have required a specialist OT assessment.
- The Covid-19 pandemic accelerated plans for a 'virtual first' approach to assessment. Supporting practitioners to embrace a risk based approach to assessment has been a significant undertaking; however this has enabled more people to have their needs addresses quickly, without a face to face visit.
- Embedding performance management into supervision and team meetings. Managers are able to use the performance dashboard and provide a narrative to workers around what actions are needed.
- A review of skill mix has been undertaken based on greater understanding of waiting lists and the complexity of cases being referred. 65% of the cases awaiting allocation has been identified as suitable for a Community Care Officer (CCO) to undertake, however until recently only 38% of the workforce were CCOs and we have moved to nearer a 50:50 ratio of registered : unregistered workforce.

Disabled Facilities Grant (DFG)

The DFG is a statutory grant and process administered by the District Councils; however the OT Service is working in close partnership to maximise operational delivery. A successful pilot around Multi-Disciplinary Teams (MDT) meetings in East Lindsey is now being rolled out across the county. Initially MDT meetings with Platform Housing and East Lindsey District Council (ELDC) were established to improve communications between agencies. As the pilot progressed the MDT was expanded to include the Children with Disabilities OT service and the Wellbeing Service. The OT service has now identified two dedicated occupational therapists to attend to provide consistency and the meetings are held every six weeks.

The MDT meetings are now known as Housing Partnership Meetings which have been an excellent way to build relationship between the different agencies that have a role in supporting people with their housing needs. This provides a forum to communicate and resolve cases effectively and in a timelier manner than before. The meetings have enabled networking so that lines of communication between the different agencies have been opened up so outside the meeting work with people needing our support has improved.

It is approaching three years since the District Councils agreed to the use of Mosaic to record the DFG process for the Lincolnshire system. The DFG element records the number of people assessed by the OT Service, who require an adaptation and who are referred to the District Council for consideration. There is a degree of dual input for the District, who

receives the referral through Mosaic and then moves this onto their own systems to process the DFG. The outcome is then recorded onto Mosaic to close the feedback loop.

So far in 2020/21, 809 DFG requests have been sent to the District Councils, who have completed 653. It is important to note that some of these requests will have been made in previous years. On average there is a 52% completion rate i.e. 311 requests were closed in 2020/21 without an adaptation being provided. This will usually either be because the person has changed their mind, they have a high contribution to make, or their situation has changed (e.g. RIP or admission to care home).

On average a DFG application, which results in an adaptation scheme, takes 37 weeks/259 days to be completed. The maximum wait per application varies considerably per district from 56 weeks to 103 weeks. 237 adaptations are recorded as being completed in 2020/21 at an average cost of £6,564.

Historically the Lincolnshire system has considered cases in a reductionist way as either DFG, equipment or other adaptations. The work of the Centre for Ageing Better and the Lincolnshire Homes for Independence blueprint presents an alternative paradigm whereby the County Council and the district councils consider people in more holistic ways as having a need for additional housing or independence support and considering performance along the entire pathway, rather than the constituent parts. It has been agreed to appoint a strategic lead to take this forward and a draft job description has been prepared. The post holder will develop and enable implementation of a clear work programme and strategy which will lead to the identification, development and delivery of options to progress a commitment in Lincolnshire to better embed adaptations as part of a system-wide approach to keeping people independent in a home of their own. This work is progressing in parallel with the Centre for Ageing Better work and will come to the Committee in due course.

The current DFG Process (Customer Journey - Appendix C) has been streamlined, improving timescales and outcomes but still has too many hand-offs between the County Council and the district councils. Using Mosaic has improved communications but it is not yet being fully used as the case management system. More focus is needed at the 'initial enquiry' stage to ensure that adaptation of the existing home is the right and preferred option. The current approach could be more innovative. Some areas (e.g. Thurrock) are enabling the applicant where they want and are able to, to lead and arrange the work themselves, whilst still supporting those who need the council to act as an agent on their behalf. Closer alignment with the Wellbeing Service, commissioned by the County Council, and hospital in-reach services could provide a broader range of support (e.g. social connections, energy costs (tariffs)) with potential for this to incorporate new home improvement and energy efficiency agencies; one of the activities under the Corporate Plan priorities being to create a one-stop shop for aids, adaptations (or (re)housing) and equipment.

Next Steps

The OT performance dashboard confirms that the OT service is now completing more assessments than referrals coming into the service. Although this remains modest at a net gain of 80 cases since February 2020, this reduces a proportion of the 800 case backlog from November 2019. The backlog is currently 564 cases and reducing each month.

A recent round of recruitment will see the Service fully staffed from mid April 2021. Work is planned in 2021/22 to introduce a caseload weighting tool to assist with ensuring the most appropriate level of allocation of work to practitioners. There are several working groups in existence, each exploring ways to increase operational efficiency in particular specialist areas such as moving and handling, housing adaptations, supervision of CCOs etc. The OT Service is very much outward facing and once the Key Performance Indicators (KPIs) are being met on a more consistent basis, there are plans to explore other areas where value can be added such as reablement, single person hoisting or supporting hospital discharge services.

Conclusion

The Adult Care Occupational Therapy Service is approaching the end of a two year transformation programme. A framework to support best practice has been put in place which provides a focus on quality and timeliness of assessment. A series of KPIs have been introduced to inform service development activity. Prior to the transformation people could expect to wait a year for an assessment, the average time is now 48 days and 88% of people are assessed within 100 days. The Service continues to deliver projects/service improvements with aim of ensuring no one waits longer than 100 days for assessment and 50% of people are seen within 28 days. Currently when including assessments dealt with on duty, 56% of all contacts received by the Service are concluded within 28 days.

There is no nationally produced benchmarked data for comparison, however local intelligence confirms that the County Council's Adult Care OT service compares very well in that waiting times are measured in days and weeks, rather than months and years. Work continues with the District Councils to improve the DFG pathway, building on the relationships between OT and Housing Officers now that we work in coterminous teams. DFG improvement work is being reported into the Housing, Health and Care Delivery Group and links into the work of the Centre for Aging Better and the Lincolnshire Homes for Independence blueprint. Principles and opportunities to be considered include:

- The role of LCC's Customer Contact Centre being the single point of access for some housing issues. Referrals to the OT service come through this route, as do those for the Wellbeing Service;
- Simplifying and stream lining means testing of DFG, with potential for there being no means test at all in certain circumstances;
- Provision of comprehensive 'housing needs' advice to consider remaining in the home or whether a move (e.g. into Extra Care Housing) would be better;
- Ensure a whole-house approach, with evidence-based interventions to tackle poor housing to prevent or minimise health-related issues;

- Make best use of the existing adapted and accessible housing stock through an adapted homes register(s) and closer working with registered providers;
- Closer alignment with the Wellbeing Service and hospital in-reach services;
- Make best use of equipment and digital technology solutions; incorporating a wider offer in re-commissioned Integrated Community Equipment Service (ICES) and Tele-Care contracts; and
- Ensure residents are empowered to do as much for themselves as they can and are signposted for self-help, wherever possible.

There are a considerable number of options that could be considered to embed OT services and DFG as part of the wider health and care system. Further change is needed to make best use of available resources and have the greatest impact on residents. The District Councils' role would be strengthened with outcomes captured to evidence impact on reducing health and care needs.

Consultation

a) Risks and Impact Analysis

Not applicable.

Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Care Occupational Therapy Performance Dashboard
Appendix B	Developing a Framework to Support Best Practice
Appendix C	Current DFG Process (Customer Journey)

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 Gareth Everton, who can be contacted on 07990 7851269 or gareth.everton@lincolnshire.gov.uk

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Contents

Tab 1: Contents and summary

Tab 2: High level service flow by team

Tab 3: Service level KPIs Dashboard

Tab 4: Team level KPI dashboard

Summary

- The Occupational Therapy KPI dashboard will provide data for a rolling 13 months to show a full year and will be updated at month end.
- There will be a quarterly reconciliation to match the referrals in to the completion dates .
- The starting point for all KPIs is the date actioned by CSC
- All KPIs are drawn from the same single data source in Mosaic
- All tables include 'OtherTeam' data. This is where a team other than one of the 4 OT teams has recorded information on the OT specific documentation and Mosaic workflows.
- In June and July there was a realignment of teams and Boston joined together with East Lindsey. For consistency data has been retrospectively organised into the 4 teams as they now stand (based on post code)
- The dashboard provides service and team level achievement against the KPIs:

KPI 1: 50% of assessment completed within 28 days

KPI 2: 80% of assessments completed within 8 weeks

KPI 3: 100% of assessments completed within 100 days

KPI 4: 85% of cases dealt with at duty closed within 28 days

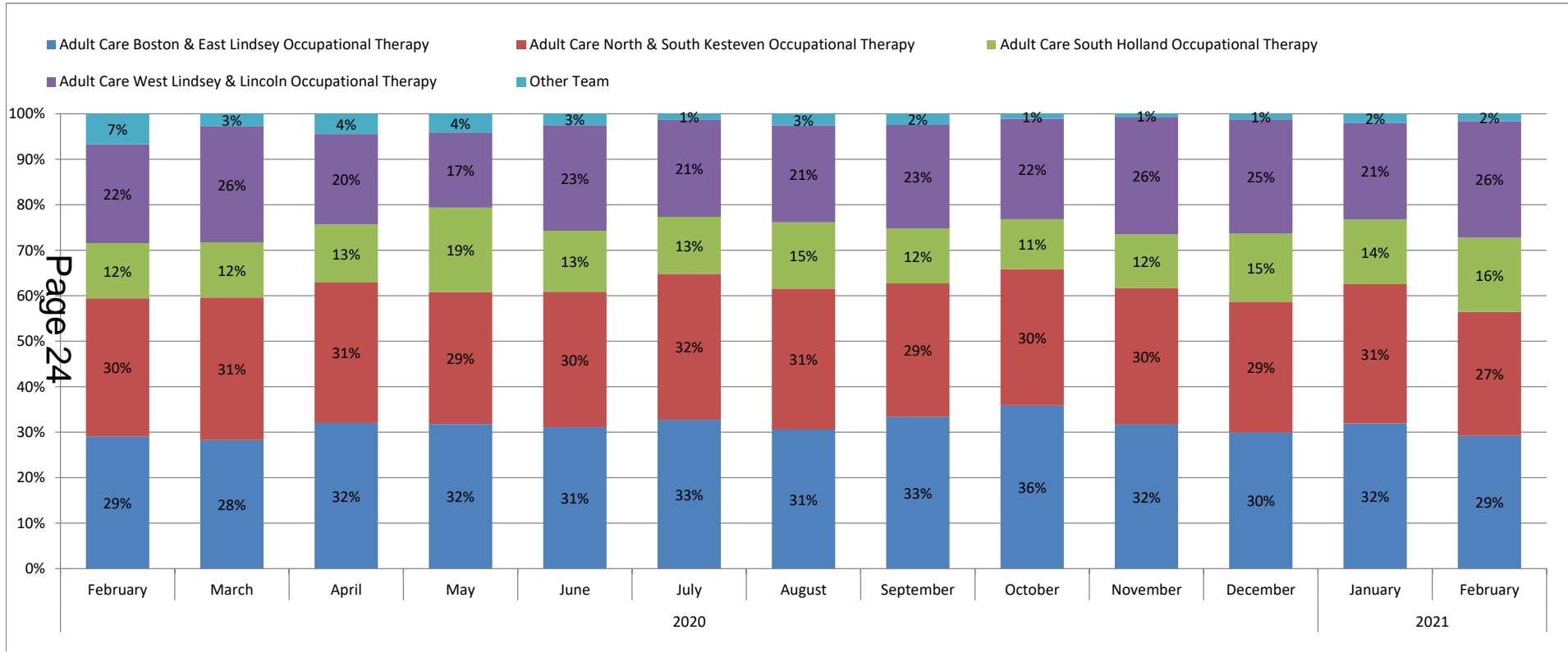
Tab 2: This data illustrates the key stages in the work flow from referral to duty and provides an overall number of referrals coming into the service. The data provides the context to the KPIs data points. The data provides a deep dive into the decision making at duty following the implementation of direct provision and telephone triage. It illustrates the numbers of service users whose needs are resolved at duty and whether equipment has been provided as part of that early resolution. It enables us to explore variance across the teams and provides evidence for demand and capacity planning.

Tab 3: This data shows service level achievement against the KPIs and tracks variance over a 13 month rolling period. The data from February 2020 to February 2021 will be used as the baseline from which the service will measure performance against the KPIs.

Tab 4: This data is as in Tab3 but shows achievement against the KPIs at a team level – across all 4 teams. This data allows further exploration of variance across the 4 teams.

Table 1: Total referrals received by the OT teams

	2020												2021		Grand Total
Teams	February	March	April	May	June	July	August	September	October	November	December	January	February		
Adult Care Boston & East Lindsey Occupational Therapy	139	112	108	125	174	225	168	221	193	153	126	173	163	2080	
Adult Care North & South Kesteven Occupational Therapy	145	124	104	114	167	221	170	194	162	145	121	166	152	1985	
Adult Care South Holland Occupational Therapy	58	48	43	73	75	86	80	80	59	57	63	77	91	890	
Adult Care West Lindsey & Lincoln Occupational Therapy	104	101	67	65	130	147	117	151	119	124	106	115	143	1489	
Other Team	32	11	15	16	14	9	14	16	6	4	5	11	9	162	
Grand Total	478	396	337	393	560	688	549	662	539	483	421	542	558	6606	
OT Teams Only	446	385	322	377	546	679	535	646	533	479	416	531	549	6444	



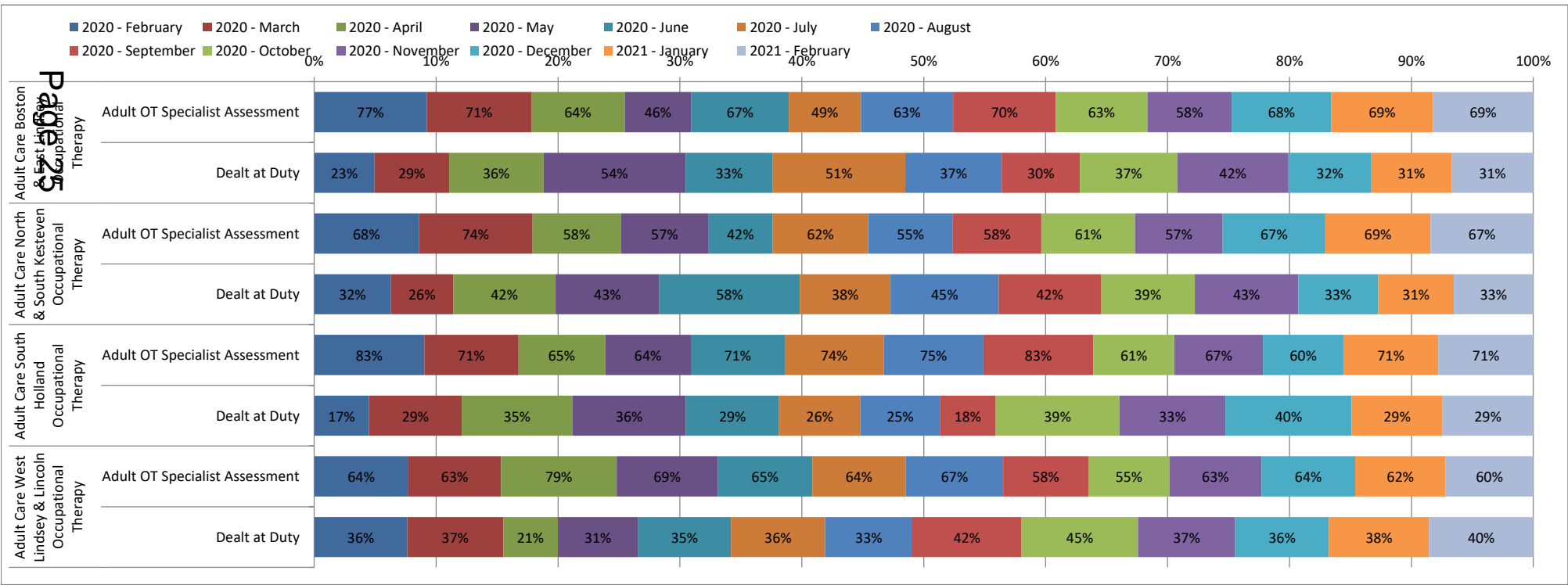
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Table 2 All OT Conversations (duty assessment)- managed at duty or progressed to OT specialist assessment

Teams	2020												2021	
	February	March	April	May	June	July	August	September	October	November	December	January	February	
Adult Care Boston & East Lindsey Occupational														
Adult OT Specialist Assessment	107	80	69	57	116	111	106	155	121	88	86	120	112	
Dealt at Duty	32	32	39	68	58	114	62	66	72	65	40	53	51	
Adult Care North & South Kesteven Occupational														
Adult OT Specialist Assessment	99	92	60	65	70	138	94	112	99	83	81	114	102	
Dealt at Duty	46	32	44	49	97	83	76	82	63	62	40	52	50	
Adult Care South Holland Occupational Therapy														
Adult OT Specialist Assessment	48	34	28	47	53	64	60	66	36	38	38	55	65	
Dealt at Duty	10	14	15	26	22	22	20	14	23	19	25	22	26	
Adult Care West Lindsey & Lincoln Occupational														
Adult OT Specialist Assessment	67	64	53	45	84	94	78	88	66	78	68	71	86	
Dealt at Duty	37	37	14	20	46	53	39	63	53	46	38	44	57	
Other Team														
Adult OT Specialist Assessment	15	3	8	4	2	2	2	2		1		3	2	
Dealt at Duty	17	8	7	12	12	7	12	14	6	3		8	7	
Grand Total	478	396	337	393	560	688	549	662	539	483	421	542	558	

Grand Total
2080
1328
752
1985
1209
776
890
632
258
1489
942
547
162
44
118
6606

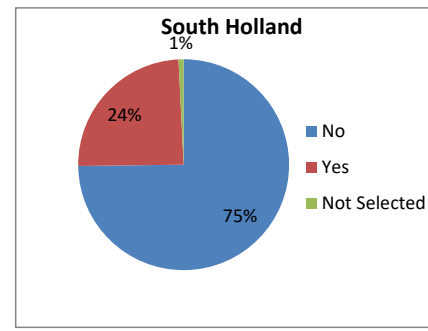
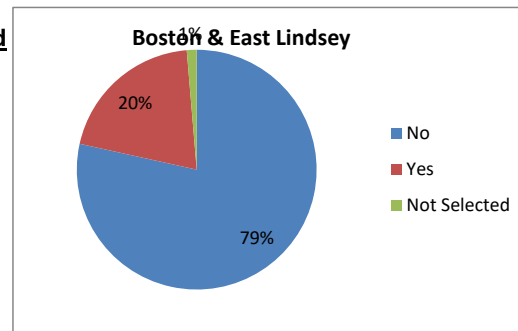
Referrals	Progress to assessment
32%	32%
31%	29%
14%	15%
23%	23%
-	-
6444	4155



All cases dealt at duty and if equipment was provided

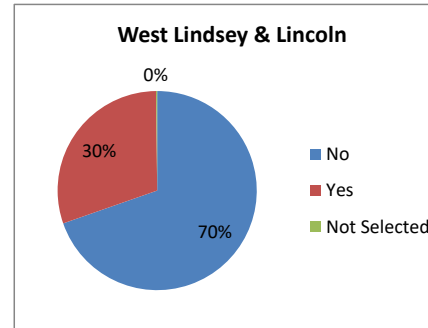
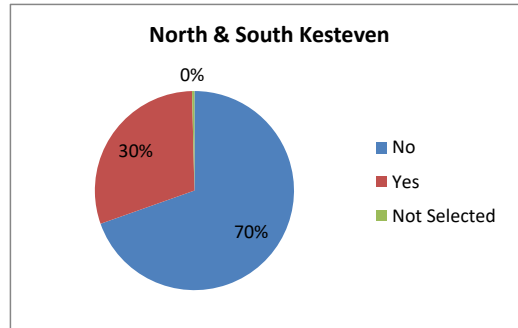
Boston & East Lindsey

Equipment Provided	Count
No	590
Yes	152
Not Selected	10
Grand Total	752



South Holland

Equipment Provided	Count
No	193
Yes	63
Not Selected	2
Grand Total	258



North & South Kesteven

Equipment Provided	Count
No	540
Yes	233
Not Selected	3
Grand Total	776

West Lindsey & Lincoln

Equipment Provided	Count
No	381
Yes	165
Not Selected	1
Grand Total	547

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Key Performance Indicators

Table 1: Completed Assessments in period

	2020											2021		Grand Total
	February	March	April	May	June	July	August	September	October	November	December	January	February	
Count of Step ID	287	322	520	326	269	257	305	350	378	290	307	302	276	4189

Table 2: KPI 1: 50% assessments completed within 28 days (4 weeks)

Row Labels	2020											2021		Grand Total
	February	March	April	May	June	July	August	September	October	November	December	January	February	
Total	62	68	127	104	137	123	87	117	126	82	85	91	94	1303
Percentage	22%	21%	24%	32%	51%	48%	29%	33%	33%	28%	28%	30%	34%	31%

Table 3: KPI 2: 80% assessments completed within 8 Weeks

Row Labels	2020											2021		Grand Total
	February	March	April	May	June	July	August	September	October	November	December	January	February	
Total	126	130	267	153	181	195	217	254	206	134	124	120	115	2222
Percentage	44%	40%	51%	47%	67%	76%	71%	73%	54%	46%	40%	40%	42%	53%

Table 4: KPI 3: 100% assessments completed within 14 Weeks

Row Labels	2020											2021		Grand Total
	February	March	April	May	June	July	August	September	October	November	December	January	February	
Total	285	201	444	241	216	238	298	339	349	276	294	259	253	3693
Percentage	99%	62%	85%	74%	80%	93%	98%	97%	92%	95%	96%	86%	92%	88%

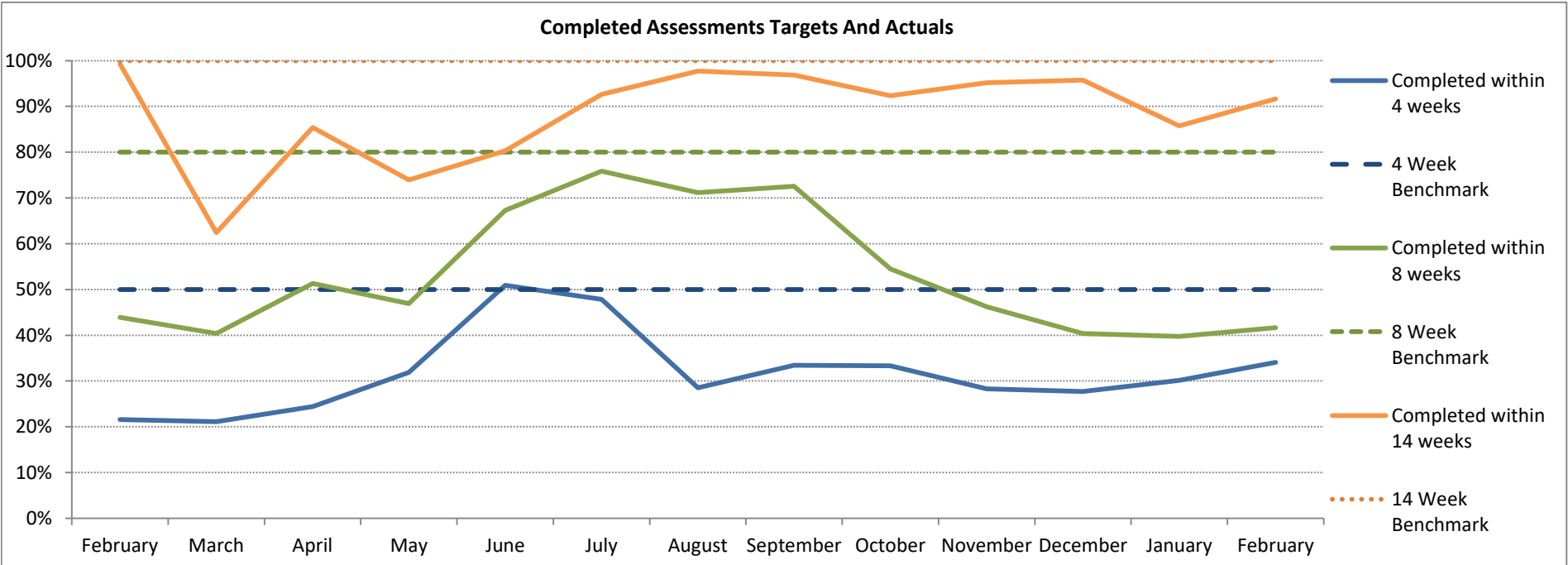


Table 5: KPI 4: 85% Cases Completed by Duty

Row Labels	2020												2021		Grand Total
	February	March	April	May	June	July	August	September	October	November	December	January	February		
Within 4 Weeks	127	116	119	175	234	275	207	236	216	195	147	175	174	2396	
Over 4 Weeks	15	7			1	3	1	3	1		1	4		36	
Grand Total	142	123	119	175	235	278	208	239	217	195	148	179	174	2432	

Row Labels	2020												2021		Grand Total
	February	March	April	May	June	July	August	September	October	November	December	January	February		
Within 4 Weeks	89%	94%	100%	100%	100%	99%	100%	99%	100%	100%	99%	98%	100%	99%	
Over 4 Weeks	11%	6%	0%	0%	0%	1%	0%	1%	0%	0%	1%	2%	0%	1%	
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Key Performance Indicators

Table 1: Completed Assessments in period

Teams	2020												2021		Total
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		
Boston & East Lindsey	126	86	173	97	81	80	90	123	143	88	108	93	104	1392	
North & South Kesteven	62	71	129	119	71	75	86	95	105	70	60	86	53	1082	
South Holland	26	36	46	43	37	28	43	33	42	46	55	42	54	531	
West Lindsey & Lincoln	73	128	172	67	80	73	86	99	88	86	83	80	65	1180	
Other Team		1				1					1	1		4	
Total	287	322	520	326	269	257	305	350	378	290	307	302	276	4189	
Boston & East Lindsey	44%	27%	33%	30%	30%	31%	30%	35%	38%	30%	35%	31%	38%	33%	
North & South Kesteven	22%	22%	25%	37%	26%	29%	28%	27%	28%	24%	20%	28%	19%	26%	
South Holland	9%	11%	9%	13%	14%	11%	14%	9%	11%	16%	18%	14%	20%	13%	
West Lindsey & Lincoln	25%	40%	33%	21%	30%	28%	28%	28%	23%	30%	27%	26%	24%	28%	
Other Team	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	

Table 2: KPI 1: 50% assessments completed within 28 days

Teams	2020												2021		Total
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		
Completed within 4 weeks															
Boston & East Lindsey	27	20	63	32	50	43	31	52	49	25	27	28	37	484	
North & South Kesteven	15	20	19	12	11	18	14	21	21	14	16	25	15	221	
South Holland	6	9	10	18	20	18	13	18	23	20	14	18	26	213	
West Lindsey & Lincoln	14	19	35	42	56	44	29	26	33	23	27	19	16	383	
Other Team											1	1		2	
Total	287	322	520	326	269	257	305	350	378	290	307	302	276	4189	
Boston & East Lindsey	21%	23%	36%	33%	62%	54%	34%	42%	34%	28%	25%	30%	36%	35%	
North & South Kesteven	24%	28%	15%	10%	15%	24%	16%	22%	20%	20%	27%	29%	28%	20%	
South Holland	23%	25%	22%	42%	54%	64%	30%	55%	55%	43%	25%	43%	48%	40%	
West Lindsey & Lincoln	19%	15%	20%	63%	70%	60%	34%	26%	38%	27%	33%	24%	25%	32%	
Other Team		0%				0%					100%	100%		50%	
Grand Total	22%	21%	24%	32%	51%	48%	29%	33%	33%	28%	28%	30%	34%	31%	

Table 3: KPI 2: 80% assessments completed within 8 Weeks

Teams	2020											2021		Total
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Completed within 8 weeks														
Boston & East Lindsey	66	47	107	45	63	75	83	92	90	58	50	50	46	872
North & South Kesteven	29	34	45	31	25	31	50	63	35	19	22	26	18	428
South Holland	11	19	27	26	25	23	20	20	27	22	17	21	31	289
West Lindsey & Lincoln	20	29	88	51	68	66	64	79	54	35	34	22	20	630
Other Team		1									1	1		3
Total	287	322	520	326	269	257	305	350	378	290	307	302	276	4189
Boston & East Lindsey	52%	55%	62%	46%	78%	94%	92%	75%	63%	66%	46%	54%	44%	63%
North & South Kesteven	47%	48%	35%	26%	35%	41%	58%	66%	33%	27%	37%	30%	34%	40%
South Holland	42%	53%	59%	60%	68%	82%	47%	61%	64%	48%	31%	50%	57%	54%
West Lindsey & Lincoln	27%	23%	51%	76%	85%	90%	74%	80%	61%	41%	41%	28%	31%	53%
Other Team		100%				0%					100%	100%		75%
Grand Total	44%	40%	51%	47%	67%	76%	71%	73%	54%	46%	40%	40%	42%	53%

Table 4: KPI 3: 100% assessments completed within 14 Weeks

Teams	2020											2021		Total
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
Completed within 14 weeks														
Boston & East Lindsey	126	69	159	73	70	77	90	119	128	87	106	85	101	1290
North & South Kesteven	61	50	96	72	45	63	79	91	99	61	52	64	42	875
South Holland	26	29	44	39	28	27	43	30	36	43	55	40	54	494
West Lindsey & Lincoln	72	52	145	57	73	71	86	99	86	85	80	69	56	1031
Other Team		1									1	1		3
Total	287	322	520	326	269	257	305	350	378	290	307	302	276	4189
Boston & East Lindsey OT	100%	80%	92%	75%	86%	96%	100%	97%	90%	99%	98%	91%	97%	93%
North & South Kesteven OT	98%	70%	74%	61%	63%	84%	92%	96%	94%	87%	87%	74%	79%	81%
South Holland OT	100%	81%	96%	91%	76%	96%	100%	91%	86%	93%	100%	95%	100%	93%
West Lindsey & Lincoln OT	99%	41%	84%	85%	91%	97%	100%	100%	98%	99%	96%	86%	86%	87%
Other Team		100%				0%					100%	100%		75%
Grand Total	99%	62%	85%	74%	80%	93%	98%	97%	92%	95%	96%	86%	92%	88%

Table 5: KPI 4: 85% Cases Completed by Duty within 28 days

Teams	2020												2021		Total
	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		
Within 4 Weeks															
Boston & East Lindsey	26	31	39	68	57	113	61	66	72	65	40	52	48	738	
North & South Kesteven	37	27	44	49	97	83	76	82	62	62	39	51	44	753	
South Holland	10	13	15	26	22	22	20	14	23	19	25	22	25	256	
West Lindsey & Lincoln	37	37	14	20	46	50	38	60	53	46	38	42	51	532	
Other Team	17	8	7	12	12	7	12	14	6	3	5	8	6	117	
Over 4 Weeks															
Boston & East Lindsey	6	1			1							1		9	
North & South Kesteven	9	5							1		1	1		17	
South Holland		1												1	
West Lindsey & Lincoln						3	1	3				2		9	
Total	142	123	119	175	235	278	208	239	217	195	148	179	174	2432	
Boston & East Lindsey	81.3%	96.9%	100.0%	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.1%	100.0%	98.8%	
North & South Kesteven	80.4%	84.4%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	100.0%	97.5%	98.1%	100.0%	97.8%	
South Holland	100.0%	92.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.6%	
West Lindsey & Lincoln	100.0%	100.0%	100.0%	100.0%	100.0%	94.3%	97.4%	95.2%	100.0%	100.0%	100.0%	95.5%	100.0%	98.3%	
Grand Total % Completed	89%	94%	100%	100%	100%	99%	100%	99%	100%	100%	99%	98%	100%	99%	

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Developing a Framework to Support Best Practice: Quality Performance Indicators

Version	Version 1.0 (pending inclusion in the service Standard Operating Procedures)
Name of originator/authors	Catherine Williams Principal Occupational Therapist Gareth Everton Head of Integration and Transformation
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Date Issued	03/11/2020
Review Date	30/07/2021

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3. Framework for supporting best practice: key performance indicators	5
4. Training and support.....	9
5. Summary.....	10
6. Appendices	10

Key reference documents:

- Keeping records: Guidance for occupational therapists (Fourth edition)
<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/keeping-record>
[s](#)
- RCOT Standards and Ethics
<https://www.rcot.co.uk/practice-resources/rcot-publications/downloads/rcot-standards-and-ethics>
- HCPC Standards <https://www.hcpc-uk.org/>
- LCC Recording Guidance <https://www.lascapp.co.uk/recording-guidance/>
- LCC Quality Audits guidance <https://www.lascapp.co.uk/wp->

1. Introduction

"The quality of adult social care matters. People who use services should be able to expect person-centred care that is safe, effective, caring and responsive." ¹

This paper sets out a framework that supports all practitioners to provide high quality Occupational Therapy (OT) that matches the aspirations, core values and vision of Lincolnshire County Council².



The paper introduces a suite of key indicators that are informed and underpinned by professional and organisational standards that enable the service to evidence best practice and achieve the transformation objectives as set out: improve the operational efficiency and effectiveness of the OT service.

The approach signals a significant change in how the service provides assurance and oversight – corporately and professionally. The paper outlines how practitioners will be supported through a range of measures – peer support, supervision, self-assessment, audit and details opportunities for discussion on implementation, evaluation and the on-going development of the framework. Most critically the paper places quality and best practice at the centre of the approach.

¹ <https://www.nice.org.uk/about/what-we-do/into-practice/measuring-the-use-of-nice-guidance/impact-of-guidance/niceimpact-adult-social-care/using-our-quality-standards-to-improve-adult-social-care>

² <http://george/section.asp?catId=33824>

2. Background

In July 2019 the Adult Care and Community Wellbeing Executive Directorate Leadership Team agreed to a two year transformation programme to improve the operational efficiency and effectiveness of the OT service.

In November 2019 the OT service was formally separated from the wider ASC area team management structure and aligned under the Head of Integration and Transformation as a standalone service function. To support and embed these structural changes independent workflow and processes were established in Mosaic. The service has seen a number of high impact changes between November 2019 and September 2020:

- Established 4 OT teams across the county aligned to the district council boundaries
- Increased staffing across all teams – CCO's OT's Lead Practitioners (LPs) and Principal OT
- Introduced standalone OT Mosaic processes and OT specialist documentation
- Developed a service plan for 20/21 outlining core service priorities and actions to measure impact
- Full redesign of duty intake processes
- Established a structure of working groups and projects to inform and drive change from 'the ground up'
- Encouraging and supporting practitioners to develop areas of special interest
- Developing closer working with strategic partners
- Supporting Community Care Officers (CCOs) through the OT apprenticeship programme
- Increased the number of student educators
- Weekly performance data tracking key time stamps in the OT process
- Developing bespoke performance dashboard
- Mobilised Covid -19 response to include telephone and self-assessment
- Reflection and learning from Covid response to inform BAU

As the service is now coming to the end of the first year in this two year programme a moment of reflection and recalibration is required in order to inform the plans, outputs and expected impact for the next 12 months.

3. Framework for supporting best practice: key performance indicators

One key reflection on the transformation programme to date is the sense that the service needs a more formalised framework to manage performance that evidences and demonstrates impact – both qualitative and quantitative.

NHS Improvement describes performance management as a "formal, regular and rigorous system of data collection and usage to indicate trends and measure the performance of services."³

For the purposes of the OT service transformation, 'data' is seen as being both quantitative and qualitative in nature.

³ <https://improvement.nhs.uk/documents/2141/performance-management.pdf>

The service has already developed a number of key performance reports that explore outputs against a discrete data set and amongst others the service is now reporting on three key indicators to demonstrate and measure impact:

- How many urgent cases are seen quickly (within 28 days);
- How many routine cases are completed within 8 weeks
- Our ability to deal with the exceptional cases that take longer (within 100 days).

Measuring performance against these indicators not only demonstrates progression (time taken) of cases through the OT process but also seeks to align qualitative measures that ensure timely intervention and early resolution of identified needs.

Ensuring we balance measuring quantitative output alongside qualitative impact is critical.

"Improving quality is about making (care) safe, effective, (client)-centred, timely, efficient and equitable."⁴

It is difficult to argue against this statement but surprisingly challenging to embed these principles without structured support and the ability to measure achievement against them.

3.1 The development and refinement of quality focused key performance indicators

We are seeking to compliment rather than replace any professional or organisational structures that already exist to support the delivery of a high quality service. Table 1 below provides further narrative on these:

3.1.1 Table 1: Current Professional and organisational structures

<p>Health and Care Professions Council</p>	<p>The OT service includes a registered (OTs) and non-registered (community care officers (CCOs)) workforce. OT is a regulated profession with a designated title that is protected by law and registered under the Health Care Professions Council (HCPC). In order to practice under the title all OTs sign the register (renewed every 2 years) to confirm that they meet the standards as set by the HCPC for how the profession is regulated.</p> <p>These standards broadly cover:</p> <ul style="list-style-type: none"> o Conduct, performance and ethics o Proficiency o Continuing professional development o Training and education
<p>British Association and Royal College of Occupational Therapists</p>	<p>The British Association and Royal College of Occupational Therapists (RCOT) is the professional body that set the professional and educational standards for the occupational therapy profession. RCOT has a Code of Ethics and Professional Conduct that describes a set of behaviours and values to</p>

⁴ <https://www.health.org.uk/sites/default/files/QualityImprovementMadeSimple.pdf>

	promote and maintain good and safe professional practice in occupational therapy. It applies to all members, associate members and students and is available for reference by service users, employers, and commissioners. It also includes the College's Code of Continuing Professional Development.
Lincolnshire County Council (LCC)	LCC places quality at the heart of the services it delivers and seeks to measure and drive this through: <ul style="list-style-type: none"> ○ Quality Practice Audits – to check the quality standards of our front line practitioners; ○ Service Reviews – to learn what is working well and what could be improved; ○ Customer experience surveys – to learn and develop services from customers.

The framework formally recognises that RCOT and HCPC standards, alongside LCC requirements, form the benchmark against which we scrutinise practitioner and service performance. Where there is alignment with LCC quality standards we will not seek to duplicate but where we judge that further clarity or nuance is required we will outline the requirement to achieve.

3.2 Proposed key performance indicators

A number of meetings and workshops were held with the OT leadership team to explore how best to inform the development of the indicators and some of the reflections are summarised below:

- Performance is integrally linked to quality
- We will not just count 'green ticks' without considering the quality of our recording
- 'More' does not always mean 'better'
- We have identified areas of practice where practitioners are not adhering to agreed processes – impacting on performance
- We have identified variation in compliance with RCOT and HCPC standards
- We need to address this variation through training, peer support and supervision
- The LCC case work audits do not measure specifically against RCOT standards
- We are committed to improving and refining documentation to enable practitioners to deliver high quality intervention
- We want to encourage professional and personal pride in the work we do

In summary as the service continues to mature we must ensure that we do not prioritise performance (output) over quality. The two are intrinsically linked and as such we need to formalise adherence to our professional and organisational quality standards as well as our commitment to improving the operational efficiency of the service.

Table 2 outlines a suite of indicators that have been developed that aim to supplement professional and organisational standards and provide clarity in terms of timelines, compliance and evidence.

It is important to recognise that these indicators are ambitious and set a high but attainable standard. Where a measure is proposed it is important to appreciate that achievement will not be instantaneous. With all things there will be a journey to achieve the desired outcome. The compliance has been set to accommodate variation where that is needed and appropriate. There is no doubt that in order to achieve the indicators that practitioners may have to adopt new ways of working and manage and structure their time differently. The support for practitioners to do this is outlined in section 4.

Table 2: OT service key performance indicators

Indicator	Measure	Compliance	Evidenced through
Timely record-keeping (RCOT Standard)	All documentation (inc. OT specialist) completed within 24 hours of event	95% Audit	Supervision
Referral to completion of specialist assessments	Assessment completed within 4 weeks of referral (28 days)	50% Performance report	
Referral to completion of cases dealt with at duty	Case closed within 4 weeks of referral (28 days)	85% Performance report	
Referral to completion of specialist assessment	Assessment completed no longer than 8 weeks from referral	80% Performance report	
Referral to completion of specialist assessment – all referrals	Assessment completed within 100 days of referral (14 weeks)	100% Performance report	
Adherence to Professional Standards for Occupational Therapy Practice	All records	100% Self-audit Peer review Supervision Clinical audit	
Adherence to RCOT standards of record keeping	All records	100% Self-audit Peer review Supervision LCC quality audit	
Indicators requiring more development			
Case allocation Average number of new cases per month (pro rata)		TBC TBC	
ASC Occupational Therapy appropriate Outcome measures	TBC TBC TBC		
Customer satisfaction surveys	TBC TBC TBC		
Referral to completion of specialist assessment for priority cases	Assessment completed within 7 days	TBC TBC	

4. Training and support

It is proposed to use a combination of self-assessment and guided support to introduce and embed the indicators.

- **Self-assessment**

RCOT and HCPC require practitioners to embed a series of core principles and standards into their practice. In order to guide practitioners a number of key documents and supportive materials have been made available that enable practitioners to self-assess against the standards and identify areas for further training and development. We have purposefully aligned LCC local requirements to these to produce a comprehensive self-audit tool.

It is proposed that all practitioners build in a continuous cycle of self-audit into their practice by using two key supporting documents:

1. LCC Occupational Therapy guidance checklist for recording. This has been based on 'Keeping records: guidance for occupational therapists' (RCOT 2018) and the checklist written in line with Standard 7 of the Professional standards for occupational therapy practice (COT 2017) : Appendix 1
2. Professional Standards for Occupational Therapy Practice Audit Form: Appendix 2

- **Case record audits**

LCC already has a continuous programme of practice audit and therefore we will look to amend these to include evidencing the OT quality indicators wherever possible.

- **Peer support**

Regular formal and informal peer support is essential to enable practitioners to learn and reflect and critically challenge practice. The establishment of such networks is seen as a priority and can be easily supported remotely through MS Teams.

- **Supervision**

Supervision is seen as a critical vehicle whereby practitioners can challenge their own practice, receive constructive feedback from their supervisor and together identify training and support needs. Supervision is not an isolated event that only happens once a month – it is continuous and must provide the opportunity for both supervisor and supervisee to explore practice and critically reflect. Supervision will provide a formal opportunity to assess individual performance against the indicators.

- **Staff meetings and Q&A sessions**

LPs will introduce the approach through scheduled team meetings. These will be followed by Q&A sessions hosted by Gareth Everton and Catherine Williams. These sessions will be mixed small groups (made up from OTs and CCOs from all teams) and will enable staff to discuss the indicators, explore individual practitioners' responsibility under the terms of their HCPC registration and align

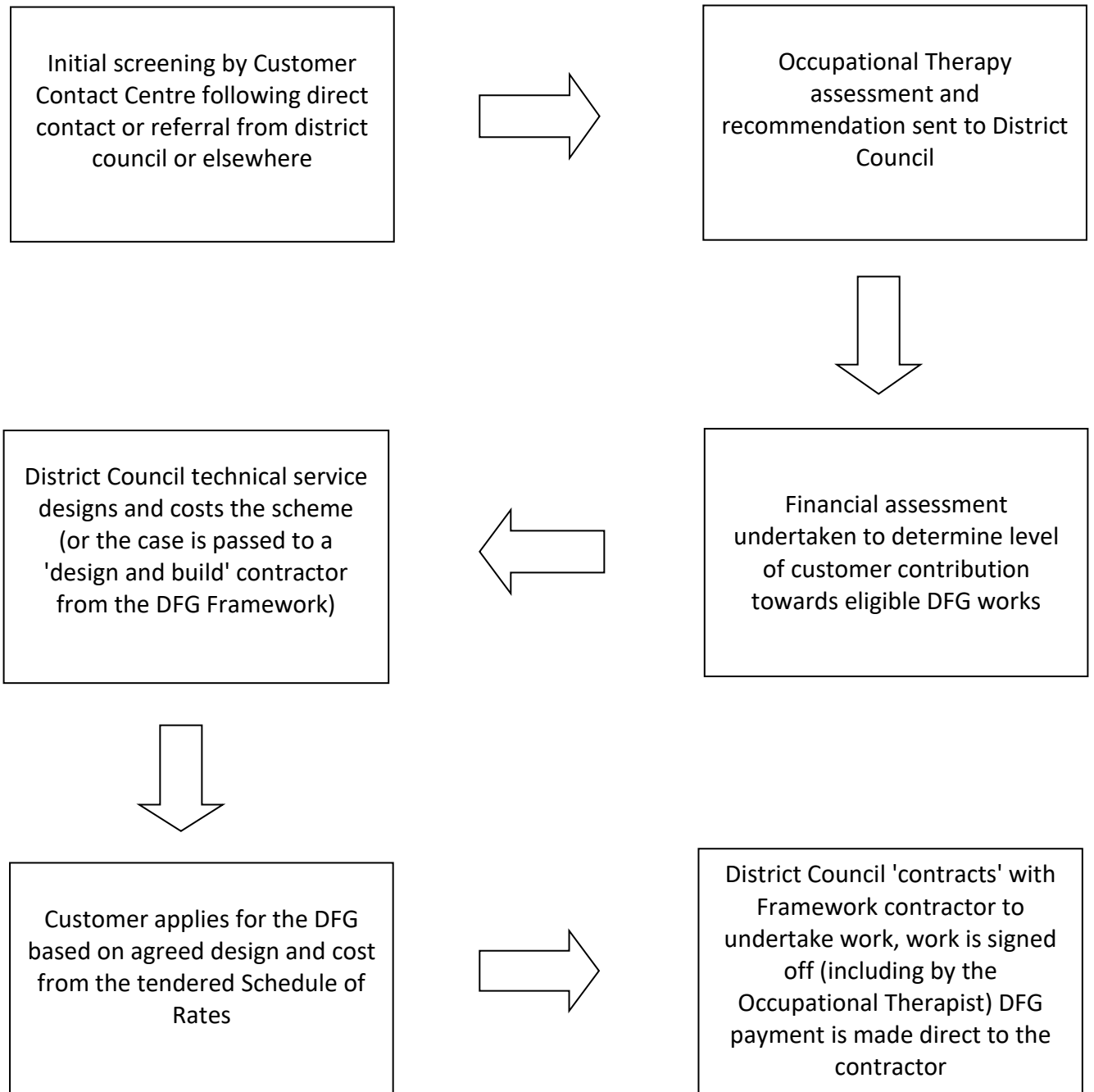
the RCOT Professional Standards to Mosaic documentation and workflows. These sessions will be facilitated but will be heavily dependent on active practitioner participation and as such will be interactive in nature, enabling staff to debate and explore how they can develop new ways of working and identify learning needs. A series of follow on sessions will be tabled at 4 and 6 months to gather feedback that will inform a formal evaluation in July 2021

5. Summary

This paper sets out the OT services' approach to performance management in its widest sense – incorporating quantitative and qualitative indicators. It provides a framework that enables practitioners to evidence adherence to their professional (RCOT), registrant (HCPC) and organisational standards of practice. It also provides practitioners with opportunities to evidence their continued professional development and competency through reflective peer support, self-assessment and formal supervision. Most importantly it articulates a framework through which the service can evidence that it is providing the best possible care to the citizens of Lincolnshire. The development of these performance indicators and supporting framework is an iterative process and provides a baseline from where further refinement and evaluation can take place.

A monthly report against the suite of indicators will be shared with the service.

Current DFG Process (Customer Journey)



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	14 April 2021
Subject:	Adults and Community Wellbeing Scrutiny Committee Forward Planning - Work Programme

Summary:

The Committee is requested to consider an outline forward plan for the Committee from June 2021 until April 2022. A list of potential future items, which are not allocated to a particular date, as they depend on a timetable, which cannot be predicted at this stage are also included in this report, along with a schedule of previous activity by the Committee since June 2017. The Committee is requested to bear in mind that the newly constituted Committee in the new Council term will also have a view on the content of its work programme.

The Committee is also requested to note the decision made by the Executive Councillor for Adult Care, Health and Children's Services on 26 February 2021 on the *Lincolnshire Homes for Independence Blueprint*.

Actions Required:

- (1) To note the following the decision made by the Executive Councillor for Adult Care, Health and Children's Services on 26 February 2021 on the *Lincolnshire Homes for Independence Blueprint*.
- (2) To comment on the Committee's prospective work programme for 2021-22.

1. Executive Councillor Decision

The Committee is requested to note that on 26 February 2021 the Executive Councillor for Adult Care, Health and Children's Services approved the adoption of the *Lincolnshire Homes for Independence Blueprint*. This item had been considered by the Committee on 24 February 2021, whose comments were passed to the Executive Councillor.

2. Forward Planning

Based on existing available information, the items listed in the tables in this report are planned for the Committee's meetings during 2021-22. It should be noted that the dates for the Committee's meetings in 2021 will be confirmed at the Annual Meeting of the County Council on 21 May 2021. At the same meeting, the dates for the Committee's meetings from January 2022 will also be set. Also included in this report is a list of potential future items, which are not allocated to a particular date, as they depend on a timetable, which cannot be predicted at this stage.

9 June 2021 – 10.00 am			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
1	Introduction to Adult Care and Community Wellbeing	Glen Garrod, Executive Director – Adult Care and Community Wellbeing	To consider an introduction to the functions under the remit of the Committee.

14 July 2021 – 10.00 am			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
1	Performance Against Corporate Performance Framework – 2020-21 Quarter 4	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2	Adult Care and Community Wellbeing Budget Outturn 2020-21	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This item invites the Committee to consider the outturn position for 2020-21.
3	Lincolnshire Safeguarding Adults Board – Update Report	Heather Roach, Chair of Lincolnshire Safeguarding Adults Board David Culy, Lincolnshire Safeguarding Adults Board Business Manager	This is the regular update report from the Board.

8 September 2021 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1	Performance Against Corporate Performance Framework – 2021-22 Quarter 1 Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2		

20 October 2021 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1	Adult Care and Community Wellbeing Budget Monitoring 2021-22 Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is a regular report to the Committee on the budget.
2	Care Quality Commission Update Local Inspection Manager, Care Quality Commission	This item enables the Committee to consider the approach of the Care Quality Commission to its inspection approach in Lincolnshire.
3		

1 December 2021 – 10.00 am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1	Performance Against Corporate Performance Framework – 2021-22 Quarter 2 Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2		

January 2022 – 10.00 am			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
1	Adult Care and Community Wellbeing Budget Proposals for 2022-23	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This item seeks the views of the Committee on the budget proposals for Adult Care and Community Wellbeing
2	Lincolnshire Safeguarding Adults Board – Update Report	Heather Roach, Chair of Lincolnshire Safeguarding Adults Board David Culy, Lincolnshire Safeguarding Adults Board Business Manager	This is a regular update report from the Board.
3	Annual Report of the Director of Public Health 2021	Derek Ward, Director of Public Health	This is a requirement each for Directors of Public Health.
4			

February 2022 – 10.00 am			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
1	Performance Against Corporate Performance Framework – 2021-22 Quarter 3	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2			

<i>April 2022 – 10.00 am</i>		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
1		
2		

Other Potential Items

- Government White Papers on Adult Social Care and Future Funding
- Digital Roadmap Update
- Team Around the Adult
- Pooled Budget and Lead Commissioning Arrangements for Learning Disabilities, Mental Health and Autism
- One You Lincolnshire Update

3. Previous Items Considered by the Committee

The items previously considered by the Committee since June 2017 are listed in Appendix A for reference.

Between June 2017 and February 2021, the Committee has met formally on 28 occasions, with six of these meetings taking place virtually in the last year. At these 28 meetings, the Committee has considered a total of 111 substantive items, thus averaging between three and four items per meeting. Of the 111 substantive items considered, 28 were pre-decision scrutiny items, where the Committee considered a report in advance of a proposed decision by the Executive or the Executive Councillor. The average length of the 28 meetings has been 2 hours and 41 minutes.

The Committee has benefited from input from the following external organisations at its meetings during the last four years:

- Care Quality Commission
- East Lindsey District Council (*lead provider of the Wellbeing Service*)
- Libertas (*provider of Re-ablement Service*)
- Lincolnshire Care Association
- Lincolnshire Partnership NHS Foundation Trust
- Lincolnshire Clinical Commissioning Group
- Thrive Tribe (*provider of One-You Lincolnshire service*)

4. Conclusion

The Committee is invited to consider its forward work programme for 2021/22, and bear in mind that the newly constituted Committee in the new Council term will also have a view on the content of its work programme.



5. **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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6. **Background Papers** - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
ITEMS PREVIOUSLY CONSIDERED

	2017			2018					2019					2020				2021													
	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		
KEY	 = Item Considered  = Planned Item																														
<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	152	154	205			
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																				✓											
Social Care Working																						✓									
NHS Long Term Plan														✓																	
Quarterly Performance	✓	✓	✓			✓		✓	✓		✓			✓			✓	✓		✓			✓	✓		✓		✓		✓	
Strategic Market Support			✓																											✓	
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									✓																				
Occupational Therapy																													
Residential Care / Residential Care with Nursing - Fees						✓			✓															✓					
Review Performance									✓																				

 = Item Considered
 = Planned Item

	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										✓									✓										✓		
Mental Wellbeing																													✓		
NHS Health Check Programme							✓																								
Sexual Health Services												✓																			
Stop Smoking Service					✓																										
Wellbeing Commissioning Strategy										✓																					
Wellbeing Service											✓							✓													
Housing Related Activities																															
Disabled Facilities Grants																															
Extra Care Housing					✓											✓					✓						✓				
Homes for Independence Blueprint																													✓		
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																											✓		