



County Offices  
Newland  
Lincoln  
LN1 1YL

28 June 2022

**Adults and Community Wellbeing Scrutiny Committee**

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 6 July 2022 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

A handwritten signature in cursive script that reads '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), A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE, M A Whittington, T V Young and 1 Conservative Vacancy



**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA  
WEDNESDAY, 6 JULY 2022**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
<b>1</b>	<b>Apologies for Absence/Replacement Members</b>	
<b>2</b>	<b>Declarations of Members' Interests</b>	
<b>3</b>	<b>Minutes of the meeting held on 25 May 2022</b>	5 - 10
<b>4</b>	<b>Announcements by the Chairman, Executive Councillor and Lead Officers</b>	
<b>5</b>	<b>Lincolnshire Safeguarding Adults Board Update</b> <i>(To receive a report by Justin Hackney, Assistant Director – Specialist Services and Safeguarding, which provides an update on the work of the Lincolnshire Safeguarding Adults Board)</i>	11 - 16
<b>6</b>	<b>Adult Care and Community Wellbeing Financial Position 2021-22</b> <i>(To receive a report by Pam Clipson, Head of Finance, Adult Care and Community Wellbeing, which invites the Committee to consider Adult Care and Community Wellbeing's financial performance in 2021-22)</i>	17 - 22
<b>7</b>	<b>2021/22 Quarter 4 Performance</b> <i>(To receive a report by Caroline Jackson, Head of Corporate Performance, which provides the Committee with an update on service level performance for Adult Care and Community Wellbeing for 2021-22 Quarter)</i>	23 - 68
<b>8</b>	<b>Adults and Community Wellbeing Scrutiny Committee Work Programme</b> <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to review its proposed work programme and note the forward plan)</i>	69 - 74

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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.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Adults and Community Wellbeing Scrutiny Committee on Wednesday, 6th July, 2022, 10.00 am \(moderngov.co.uk\)](https://www.lincolnshire.gov.uk/council-business/search-committee-records)

All papers for council meetings are available on:  
<https://www.lincolnshire.gov.uk/council-business/search-committee-records>



**ADULTS AND COMMUNITY WELLBEING  
SCRUTINY COMMITTEE  
25 MAY 2022**

**PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)**

Councillors A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, K E Lee, Mrs M J Overton MBE, M A Whittington, T V Young and Mrs J Brockway

Councillors: Mrs W Bowkett and C Matthews attended the meeting as observers

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Sean Johnson (Senior Programme Officer, Planning and Environmental Public Health), Samantha Neal (Assistant Director, Prevention and Early Intervention) and Emily Wilcox (Democratic Services Officer)

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received for Councillor R J Kendrick. It was reported that, under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, Councillor J Brockway had been appointed as a replacement Member for Councillor R J Kendrick, for this meeting only.

2 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

3 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

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

4 MINUTES OF THE MEETING HELD ON 6 APRIL 2022

RESOLVED:

That the minutes of the meeting held on 6 April 2022 be approved as a correct record and signed by the Chairman.

5 SOCIAL CONNECTIONS

Consideration was given to a report by the Assistant Director – Prevention and Early Intervention and the Public Health Programme Manager, which invited the Committee to consider a report on Social Connections.

Members were referred to appendix A to the report, the Social Connection discussion paper, which defined social isolation and loneliness, considers the impacts on different cohorts of people, and listed some of the services currently provided by Lincolnshire County Council (LCC) and others which sought to create the conditions for social connection.

It had previously been suggested that LCC might create a social isolation or social connections strategy. However, following the completion of the social care discussion paper, it had been concluded that social connections should continue to be within the remit of the Health and Wellbeing Board and the developing Integrated Partnership, rather than have its own standalone strategy. It was proposed that the creation of a strategy would add no material value nor should the issues be considered in isolation.

The report suggested that improving social connections should continue to sit within the remit of the Health and Wellbeing Board, the developing Integrated Care Partnership and was already reflected within the priorities of the health and wellbeing strategy.

It was also proposed that improved visibility of needs was developed through the Joint Strategic Needs Assessment (JSNA) which would support commissioning decisions by the Board/Partnership and its constituent members.

Consideration was given to the report and during the discussion the following points were noted:

- The increase in people experiencing loneliness and social isolation was recognised.
- The cost implications of deteriorating health as a result of social isolation and loneliness were emphasised and therefore a preventative approach was recommended.
- The importance of physical touch in responding to loneliness was highlighted as a consideration.
- Volunteer and community groups were credited as a key part of combating social isolation. The Committee highlighted the importance of encouraging people to join community groups.
- It was suggested that some commercial and commissioning activities be refocused to ensure a focus on reducing loneliness. Officers confirmed that this was considered, for example in the current recommissioning of the carers and equipment services and a review of the wellbeing service, all of which had requirements to report on social isolation. The council engaged regularly with services to ensure a focus on new of emerging needs and in the locations with greatest needs.
- It was agreed that report on day services be scheduled for a future meeting of the Committee.

- It was suggested the Council used the County Magazine, Dial-a-Ride or other media outlets to highlight available services and community group offers.
- Connect to Support Lincolnshire was a web-based service directory which allowed people to identify physical assets, buildings and venues which could be used for community group session as well as highlighting services in place already. The need for non-online services to target some of the more vulnerable groups was recognised.
- The customer service centre had been trained to operate with a guided approach to conversations and create a condition where conversations could be reframed to identify the true needs of the individual.
- It was suggested that the absence of street lighting at certain times could be a barrier to social connection for some people.
- It was acknowledged that Covid-19 had contributed to social isolation, particularly as many individuals still felt unsafe in social environments.
- It was suggested that Members familiarised themselves with the Lets Talk Lincolnshire website to identify whether there was a need for a future report.
- The collection of data and analysis of trends continued to take place to better assess need within services. Members were encouraged to keep submitting data and use referral pathways. The Joint Strategic Asset Assessment (JSAA) worked to build data and identify gaps within services and assets, creating an opportunity for members of the public to identify places for volunteer or community groups. A report on the JSAA would be scheduled in due course.
- The difficulties with engaging directly with all the volunteer groups in Lincolnshire were acknowledged. The Council had allocated some funding to the local voluntary sector which would provide an opportunity for them to express themselves at a strategic level and strengthen their voice.
- The Committee expressed a preference for a focus on loneliness to be included in the JSNA as a priority in tackling social isolation.

#### RESOLVED:

1. That the report be noted and the comments be taken into consideration.
2. That a system-wide approach through the review and development of the Joint Strategic Needs Assessment (JSNA) to improve visibility of local needs, shaping all agencies approaches to reducing social isolation and loneliness be supported as a priority.

#### 6 CHARGING FOR SOCIAL CARE

Consideration was given to a presentation by the Executive Director – Adult Care and Community Wellbeing and the Head of Finance – Adults on charging for social care from October 2023.

The changes would see an introduction of an £86,000 care cap for anybody requiring social care. Local authorities would be responsible for maintaining care accounts of anybody

requiring social care. For Lincolnshire, this would increase from around 8,000 to around 20,000. It was proposed that a move to digital software with the introduction of a banking style app for tracking social care would mitigate the need to recruit more staff in areas which were already dealing with recruitment challenges.

Members were reassured that Lincolnshire County Council (LCC) were in a strong position to respond to the changes due to having representation from Linca and a strengthened corporate structure to support the work of the adult social care team.

The presentation also detailed a timeline of the programme of work in preparation for the changes, and the key risks and mitigating actions.

Consideration was given to the report and during the discussion the following points were noted:

- The Committee were satisfied that the timeline and risks were well mapped out.
- The importance of clear communication with the public throughout the transition process was emphasised.
- Concerns were raised over the financial impact the changes were likely to have on the Council.
- The County Council network had estimated that there would be a substantial shortfall in finances nationally to support Councils in implementing the proposed changes.
- There were still choices to make in terms of the fair cost of care and what was deemed the responsibly of the local authority for funding. Officers were working hard to identify self-funding individuals and were working with the communications team to encourage individuals to self-identify with the Council.
- Officers required further information on the criteria for charging for hotel costs before the impact on service users could be properly identified. It was noted that third party payments would be excluded from the care cap calculations.
- Assurance was provided that a programme of work had been created to support the changes.
- Members were pleased to see that the forms and application process was being simplified.
- Local Authorities would have a responsibility within the new guidance to notify individuals 12 months before they were due to reach the care cap threshold.
- The recent report from the County Council Network was agreed to be circulated.
- The Council were working with suppliers to identify what a 'good care account' would look like. Assurance was provided that every known individual would be communicated to about their care account and each statement would include contact details of who to contact with any queries.
- Officers were keen to trial the changes during the current financial year.
- It was estimated that it would take on average around three years for individuals to reach the care cap.



- If it was suspected that individuals had transferred their assets shortly before transferring to care, investigations would be carried out to identify whether the transfers were aligned with the care act policy. Cases were taken on an individual basis.
- Individuals would be able to pay supplements to receive any extra care.
- It was requested that an update be provided, when appropriate, to assess how the pilot was progressing.

RESOLVED:

1. That the update be noted.
2. That a report be scheduled on the progress of the pilot, when appropriate.

7 THE GOVERNMENT'S PROPOSALS FOR HEALTH AND CARE INTEGRATION (WHITE PAPER - JOINING UP CARE FOR PEOPLE, PLACES AND POPULATIONS)

Consideration was given to a presentation by the Executive Director – Adult Care and Community Wellbeing, which provided an overview of the White Paper on Joining Up Care for People Places and Populations

The presentation explained that the white paper was part of the whole picture incorporating the Health and Social Care Bill and Social Care Reform White Paper and should be seen as mutually reinforcing reforms.

The paper highlighted a need for faster integration across health and social care and would introduce a more holistic approach which sought to introduce shared outcomes for person centres reforms; focused at 'place level' with a single point of responsibility accountable for shared outcomes and effective leadership and had ambition for better integration across health and social care services.

There was an expectation that a common performance framework be developed and a national set of priorities and a broader framework for local outcome would be prioritised by April 2023.

There was also an ambition to pool or align budgets, where possible. The introduction of pooled budgets was likely to become simpler.

The changes also came with an expectation that all individuals would hold their own individual health and care record.

Assurance was provided that experience of joined up care in Lincolnshire was already significant compared to other local authorities.

Consideration was given to the presentation and during the discussion the following points were noted:

- Members were encouraged by the simpler process for pooled budget as current legislation was often seen to stifle innovation on partnership working.
- The Committee supported the integration of health and social care services as a way forward.
- Assurance was provided that the level of scrutiny within local authorities would not be diminished as a result of the changes. Opportunities would still be provided to scrutinise budgets.
- The changes would provide health and social care providers with the opportunity to offer a wider range of housing choices based on their health or social care need. The Council were already engaging with district authorities on the changes.
- The Committee were reassured that all pooled arrangements implemented with the Council had to date been successful. The Council's familiarity with pooled arrangements provided assurance that pooled budgets were beneficial.
- The importance of operating collectively as a council would be essential to ensure the future success of the work.
- The Government were interested in Lincolnshire's approach to digital investments, housing and charging reform. It was hoped that the Council would be able to obtain grant funding in these areas.

RESOLVED:

That the presentation be noted and comments made be taken into consideration.

8 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to the Health Scrutiny Officer, which invited the Committee to consider its work programme, as set out on pages 80-82 of the agenda pack.

The Committee also welcomed the following additions to the work programme:

- Tackling all age obesity
- Update on the progress of day services
- Joint Strategic Asset Assessment
- Update on charging for social care

RESOLVED:

That the work programme, as amended, be agreed.

The meeting closed at 1.00 pm



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

Report to:

**Adults and Community Wellbeing Scrutiny Committee**

Date:

**06 July 2022**

Subject:

**Lincolnshire Safeguarding Adults Board Update**

**Summary:**

This report provides the Adult Care and Community Wellbeing Scrutiny Committee with an update on the current position of key areas of work being undertaken within the Lincolnshire Safeguarding Adults Board (LSAB). The report also shared a copy of the Making Safeguarding Personal (MSP) action plan which has been agreed by the LSAB as a priority area for further improvement for 2022-23.

**Actions Required:**

The Adult Care and Community Wellbeing Scrutiny Committee is asked to consider this information provided within this update report.

## **1. Background**

During the latter part of 2021 and into 2022, a joint needs assessment was undertaken on behalf of the four main Partnerships and Boards in Lincolnshire, namely the Lincolnshire Safeguarding Adults Board, Lincolnshire Safeguarding Children’s Partnership, the Domestic Abuse Partnership and the Safer Lincolnshire Partnership.

The joint needs assessment was designed to supply evidence-based evaluation of the key areas of safeguarding for each of the four Boards/Partnerships based on information collected and evaluated over a six-month period. The key areas identified included type of abuse, primary locations where the abuse is undertaken, profiles of the victims and alleged perpetrators and the outcomes of actions undertaken after the abuse was reported.

The joint needs assessment identified one overarching strategic aim for each of the four statutory safeguarding boards this being “Prevention and Early Intervention.” The four statutory boards are now under-taking further work in order to identify opportunities to work together on common areas of safeguarding risk.

### **1. LSAB Strategic Plan**

In addition to the joint needs assessment the LSAB has also completed a detailed analysis of the Annual Safeguarding Adult Return which supplemented by the knowledge of the LSAB partners has informed priorities to be incorporated in the updated LSAB strategic plan.

The new three-year strategic plan is currently in draft form, awaiting final endorsement and some personalisation by the soon to be newly appointed Independent Chair for the LSAB. The LSAB Strategic Plan has an expected publication of July 2022 and will be shared with the Adult Care and Community Wellbeing Scrutiny Committee when it is finalised. The four strategic priorities incorporated within the draft strategic plan are as follows:

### **Priority 1: Prevention and Early Intervention**

A focus on keeping people safe by mitigating safeguarding risks before they escalate. Priority areas of focus will include:

- Further improvement in the quality and safety of Residential and Nursing Care;
- Preventing and or limiting the impact of Pressure Sores (Across NHS and Independent sector providers);
- Tackling the Domestic Abuse of older adults (includes opportunity for joint working the other three statutory boards);
- Preventing Financial Abuse (includes opportunity for joint working with the other three strategic board);
- Safeguarding Adults with Complex Needs by piloting phase two of the Team Around the Adult approach.

### **Priority 2: Learning and shaping future practice**

To ensure that the learning from all our reviews and assurance activities is shared and embedded within partner agencies to reduce the risk of repeat incidents or causes of harm. Key areas of focus will include:

- Trailing innovative approaches to Serious Adult Reviews (SARs);
- Completing Assurance Activities to inform the continuous improvement of safeguarding practice across all partners;
- Identification of themes and trends to drive training and awareness input both locally and nationally e.g. Professional curiosity, Mental Capacity;
- Build on our ability to evaluate that system wide change that has taken place as a result of the learning;
- Supporting all stakeholders to improve the quality and impact of their safeguarding activity to improve the outcomes for adults who are abused;
- Establish a constant cycle of learning and improvement at a local and national level.

### **Priority 3: Safeguarding Effectiveness**

Ensuring the effective operation and continuous improvement of the governance, scrutiny and business processes in place to support the board to work effectively. Key areas of focus will include:

- To develop a flexible and effective communications and engagement strategy, including a review of the LSAB Information and advice offer;

- Ensuring our Quality Assurance process is robust, identifying any challenges, sharing best practice and hearing the voice of service users. This will incorporate the completion of the Local Assurance Framework by LSAB partners;
- Ensuring an effective risk/issues management process and the Boards policy and procedures including a review of the LSAB's risk register;
- Data collection and analysis to ensure our work is always based on evidence. This will include the development of an enhanced Assurance Dashboard for the LSAB Executive;
- Develop a service user and community engagement plan that will help us to further embed our co-production ambitions.

#### **Priority Four: Making Safeguarding Personal**

Ensuring that all LSAB Partners can consistently evidence a Making Safeguarding Personal (MSP) approach to safeguarding practice. In particular:

- Partners can evidence that they have spoken to the person at risk prior to raising a safeguarding adult concern;
- That all partners will encourage the person at risk (or their advocate) to confirm what outcomes they wish to be achieved;
- That we will seek to achieve the outcomes expressed in a personalised way;
- That partners will work together to keep people safe and prevent safeguarding risks from escalating;
- Implementation of the LSAB MSP action plan.

#### **Making Safeguarding Personal (MSP)**

Making Safeguarding Personal (MSP) is an approach to Safeguarding that aims to ensure that the Person (adult at risk) and/or their advocate in relation to the safeguarding enquiry, are fully engaged and consulted throughout and that their wishes and views are central to the final outcomes as far as is possible.

Members of the Adult Care and Community Wellbeing Committee will be aware that a recent review of relevant performance measures has identified the need for LSAB partners to demonstrate a more consistent application of a MSP approach to safeguarding practice.

Attached to this report at Appendix One is a copy of the MSP Action Plan agreed by the LSAB Executive and now in process of implementation.

#### **Anticipated CQC Single Agency Assurance Process**

In light of the anticipated CQC Local Authority single agency assurance process which will examine areas of the operations of the LSAB, gap analysis against the expected inspection criteria has been conducted by the LSAB. This has identified areas of improvement which have led in the development of an improvement plan in line with the set criteria. Progress against the plan will be tracked by the LSAB executive group as it progresses and will be reflected in several areas of activity within the forthcoming LSAB strategic plan.

## **2. Conclusion**

The LSAB continues its strategic work to ensure its partners are focused on the safety of adults living in Lincolnshire to the best of their abilities.

This report identifies key areas of safeguarding adult work undertaken by the LSAB and seeks to assure the scrutiny members that the work is evidence based and achievable.

**3. Consultation**

**a) Risks and Impact Analysis**

Non identified

**4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	LSAB Making Safeguarding Personal Action Plan

**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, Assistant Director, Specialist Adult Services, who can be contacted on or [justin.hackney@lincolnshire.gov.uk](mailto:justin.hackney@lincolnshire.gov.uk).



15	<b>Agree Continuous Improvement Targets for each partner MSP performance:</b> Chair to agree ambitions for continuous improvement with each SRO	LSAB Chair with SRO's	30-Nov-22	Not yet started
16	<b>LSAB Exec to develop and implement an MSP engagement exercise:</b> This should seek to establish what is important to people who are subject to Adult Safeguarding Processes and procedures as well as some engagement on our strategic plan and priorities. The engagement exercise should also seek to raise profile of the LSAB's information and advice offer in relation to how people can help to keep themselves and their families and friends safe from harm. To also engage with LCC teams on MSP but also wider strategy and priorities so these are well understood.	Agency SRO and LSAB	31-Mar-23	Not yet started






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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>06 July 2022</b>
Subject:	<b>Adult Care and Community Wellbeing Financial Position 2021-22</b>

**Summary:**

This report:

- describes Adult Care and Community Wellbeing's financial performance in 2021-22 and reports on the underspend of £2.382m
- identifies and explains variances from the revenue and capital budgets
- notes the carry forwards of under spends into 2022-23

**Actions Required:**

That Adult Care and Community Wellbeing Scrutiny Committee:

1. note the financial performance in 2021-22
2. note the carry forwards, which are made in line with the Council's Financial Regulations

## **1. Background**

We set our spending plans for 2021-22 in the context of continuing uncertainty about longer term government funding, growing cost pressures from demand led services especially in working age adult services, and the Council's responsibility to pay the National Living Wage. In developing our financial plan for the year, we considered all areas of current spending, levels of income and council tax to set a balanced budget.

For the tenth consecutive year Adult Care and Community Wellbeing (ACCW) has delivered services within its financial envelope.

For a second year, we continued to see the Coronavirus pandemic impact across ACCW services and consequently the financial position. ACCW received significant grant funding to enable continued support to adult social care providers and to continue to prioritise and redeploy its workforce as Lincolnshire emerged from the pandemic and started to recover.

## Financial Outturn

The table below shows the financial position, per service, for the period 1 April 2021-31 March 2022.

Service Budget	Budget	Actual	Variance
Adult Frailty & Long-term Conditions	119.458	120.315	0.858
Adult Specialties	87.335	87.109	-0.226
Public Health & Community Wellbeing	30.533	27.482	-3.051
Public Health Grant	-33.895	-33.895	0.000
Better Care Fund	-52.660	-52.622	0.037
<b>Adult Care &amp; Community Wellbeing</b>	<b>150.770</b>	<b>148.388</b>	<b>-2.382</b>

### Adult Frailty, Long Term Conditions, and Infrastructure

The Adult Frailty and Long-term Conditions strategy brings together older people and physical disability services as well as hosting the Directorate budgets for back-office functions in infrastructure budgets.

The financial overspend position is driven by capacity challenges within the homecare market. Without sufficient capacity to support people in their own home and the continued demand, we saw an increase in usage of higher cost interim beds. We are forecasting for this pressure to continue into 2022-23 but to a much smaller scale. Actions are in train to reduce our reliance on interim beds and early indications are forecasting delivery within the 2022-23 financial allocation.

### Specialist Adult Services & Safeguarding

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

These services saw the largest investment as part of the 2021-22 budget setting process, and they delivered within the 2021-22 budget set.

### Public Health and Wellbeing

This financial allocation supports delivery of Adults Public Health services funded by the Public Health Grant and Adult Wellbeing Services. Wellbeing includes community equipment, the wellbeing service and housing related support. Children's public health expenditure is reported within the Children's Directorate.

Public Health and Wellbeing continued to tailor its financial resources to meet the needs of the population as Lincolnshire emerged from the pandemic. Public Health and Wellbeing prioritised and redeployed members of its workforce and commissioned services, maximising the usage of covid-19 grants.

In addition, the community equipment year end reconciliation also resulted in an 89% delivery against a 90% contractual KPI and therefore a lower than forecast payment.

## **Better Care Fund**

The Lincolnshire Better Care Fund (BCF) is a pooled budget across partners including the Council, Lincolnshire CCG and District Councils. It is overseen by the Health and Wellbeing Board. The BCF for 2021-22 totalled £269.759m. The BCF pools funds from the organisations to aid the objective of integrated service provision. 2020-21 saw, in the main, a roll-over of the 2020-21 programme. Adult Social Care, in line with national guidance, received an increase in funding of £0.960m. The £0.960m funded extended working in the hospitals team to support the discharge pathway and increased capacity in mental health services.

## **Public Health Grant**

Lincolnshire's Public Health Grant increased by £0.349m in 2021-22 totalling £33.895m. This increase included a ring-fenced allocation to fund the unit cost increase in PrEP with the balance supporting unit cost increases across other public health services.

£1.143m of the grant has been carried forward in the ring-fenced Public Health Grant reserve enabling public health services to continue to forecast delivery within the financial allocation across the life of the current medium term financial plan.

## **Covid-19 Grant Funding**

In addition to covid-19 grant funding received into the wider council, ACCW received more than 11 grants specific to adult social care delivery totalling £90.6m over the two financial years. ACCW spent £47.607m in 2020-21 and £37.423m in 2021-22. Each grant had specific conditions attached and mandated national reporting submissions confirming delivery against the conditions. For 2021-22

- ACCW passported the majority of £15.997m Infection Control Prevention, Testing and Vaccine grants and the £6.727m Workforce Recruitment and Retention and Omicron grants to those adult social care providers experiencing the greatest pressure and highest risk within the county.
- £14.698 was spend across Adults, Children's and District Council services delivering practical support and additional packages of cares to individuals and their families, the community wide testing programme, targeted groups impacted by the pandemic and other costs incurred in the recovery from the pandemic.

ACCW carried forward £4.558m of grant funding into 2022-23 relating specifically to the contain outbreak management funding and the clinically extremely vulnerable funding. Whilst the government published its plan to live with Covid-19 in April 2022, we continue to see, albeit to a lesser severity and scale, the financial consequences of the pandemic. It is these consequences that the funding we have carried forward into 2022-23 will continue to support.

### **Carry Forwards into 2022-23**

Ring-fenced carry forwards are included in the relevant section above. In accordance with the Council's Financial Regulations, Directorates can carry forward 1% of their underspend.

ACCW is proposing to use £0.5m investment in 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 avoiding the need for more intensive levels of Health and Social Care.

With the successful completion of the DeWint Extra Care Housing Scheme in April 2022 and the evidence of demand for additional housing, ACCW propose a revenue to capital transfer of £0.5m to further progress its agenda working with partners to increase the types of housing available across Lincolnshire.

ACCW is proposing to utilise £0.2m to continue working with health colleagues to further integrate across the discharge to assess pathway.

### **Capital Investment**

As at 1 April 2021, ACCW had £12.141m capital grants unapplied. Aligned to Adult Care's vision £11.151m is planned for investment in expanding housing options available with the aim of reducing higher cost residential care. In addition, £0.960m is allocated to improving day care facilities.

During 2021-22 ACCW spent £1.493m on the completion of DeWint and the commencement of refurbishing the Grantham Day Care Centre. ACCW has £10.648m capital balance as we start 2022-23. The completion of DeWint is forecast to deliver the cost shift included in the MTFP which will reduce demand for the more expensive residential care towards the more appropriate, less costly, extra care service for the individual.

## **2. Legal Issues:**

### **Equality Act 2010**

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

Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act.

Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

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

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

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

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

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

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

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

These matters have been considered and there is not considered to be any direct impact of the decisions called for by this report on the Equality Act duty. The Council set its budget for 2021/22 in February 2021 having had regard to these matters. The treatment of underspends and overspends in this report do not impact on that budget or any individual decisions in relation to services.

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

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

The JSNA and JHWS have been considered and there is not considered to be any direct impact of the decisions called for by this report on either the JSNA or JHWS. The Council

set its budget for 2021/22 in February 2021 having had regard to these matters. The treatment of underspends and overspends in this report do not impact on that budget or any individual decisions in relation to services.

### Crime and Disorder

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

Section 17 of the Crime and Disorder Act 1998 has been considered and there is not considered to be any direct impact of the decisions called for by this report on the obligations arising from this Act. The Council set its budget for 2021/22 in February 2021 having had regard to these matters. The treatment of underspends and overspends in this report do not impact on that budget or any individual decisions in relation to services.

## **2. Conclusion**

For the tenth consecutive year, Adult Care and Community Wellbeing has delivered within the financial allocation. ACCW medium term financial plan (MTFP) continues to be a critical financial forecasting tool, which underpins the wider council MTFP, providing the earliest indication of potential financial pressures enabling actions to be taken where possible to minimise / mitigate the pressure. The 2021-22 outturn position feeds into the MTFP which is indicating the potential to deliver within the financial allocation for 2022-23. The MTFP beyond 1 April 2023 will need to be revised during the summer as the social care reforms consultation is published.

## **3. Consultation**

### **a) Risks and Impact Analysis**

Non identified

## **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 Pam Clipson, who can be contacted on 07775 003614 or [pam.clipson@lincolnshire.gov.uk](mailto:pam.clipson@lincolnshire.gov.uk)



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

Report to:	<b>Adult Care and Community Wellbeing Scrutiny Committee</b>
Date:	<b>06 July 2022</b>
Subject:	<b>2021/22 Quarter 4 Performance</b>

**Summary:**

The report provides an update on service level performance for Adult Care and Community Wellbeing. This report provides an overview of the year focussing on the successes and areas for development with measures above and below the target range for Quarter 4, 2021/22.

**Actions Required:**

The Adults Scrutiny Committee is requested to consider and comment on the report, and the Adult Care and Community Wellbeing service level performance summary for 2021/22 Q4 in Appendix A.

## **1. Background**

Adult Care and Community Wellbeing is organised into five functional areas, with key outcome measures included in the service level performance plan for each area;

- Adult Frailty and Long-term Conditions
- Informal Carers
- Safeguarding Adults
- Specialist Adult Services
- Public Health and wider preventative services (Community Wellbeing)

Public Protection has also just become part of Adult Care and Community Wellbeing. Performance is currently monitored in the Public Protection Scrutiny Committee and is therefore currently out of scope of this Scrutiny report.

There are a total of 20 measures reported in quarter 4, including two outcome measures only reported in quarter 4, which are sourced from the recently completed annual social care surveys.

Performance in Adult Care and Community Wellbeing is summarised below;

- 6 measures have exceeded the target (above the target tolerance)
- 9 measures have achieved the target (within the target tolerance)
- 6 measures did not achieve their target (below the target tolerance)

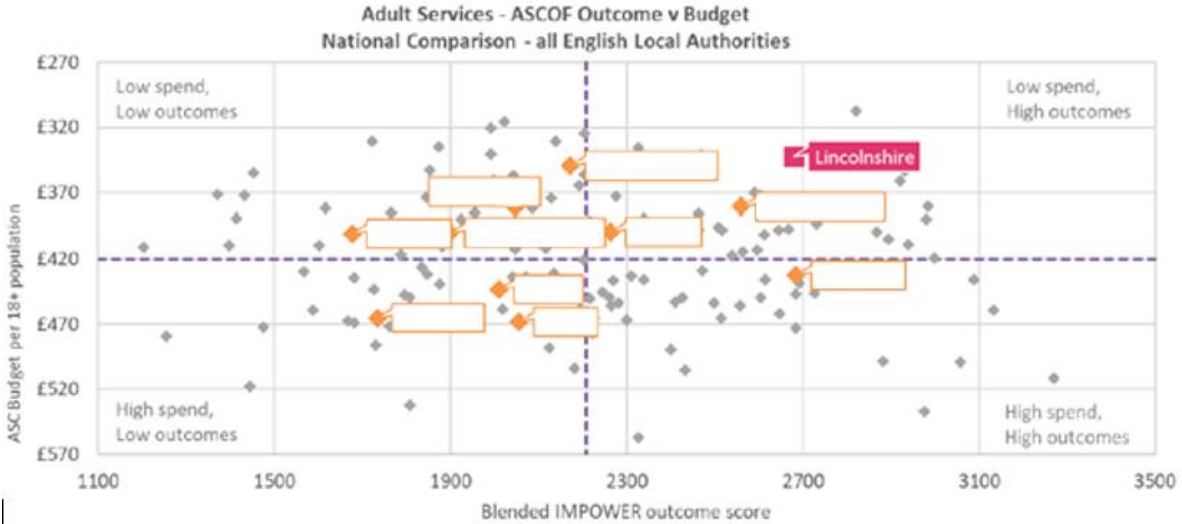
Overall, this means that 75% of measures (15 out of 20 measures) have been achieved or exceeded, which is encouraging given the continued impact of COVID-19 and the enduring challenges the health and care sector have faced.

The table below shows the details of each measure. Since this report is by exception, the narrative in the next section will include where we have done particularly well and where we need to improve with some added context.

Measure	Description	Numerator	Denominator	Value	Target	Performance
63	Adults who receive a direct payment	2,118	5,046	42%	36%	✓ Exceeds
122	Requests for support for new clients, where the outcome was no support or support of a lower level	24,003	25,096	96%	93%	✓ Exceeds
130	Adult Safeguarding concerns that lead to a safeguarding enquiry	4,038	4,046	100%	50%	✓ Exceeds
33	Percentage of people aged 40 to 74 offered and received an NHS health check	73,273	121,000	61%	55%	✓ Exceeds
112	People supported to maintain their accommodation via Housing Related Support Service (HRSS)	183	184	99%	90%	✓ Exceeds
113	Emergency and urgent deliveries and collections of equipment completed on time	9,917	9,989	99%	98%	✓ Exceeds
60	Permanent admissions to residential and nursing care homes aged 65+	947	-	947	950	✓ Achieved
123	People who report that services help them have control over their daily life	418	509	82%	80%	✓ Achieved
124	Completed episodes of reablement	2363	2555	92%	95%	✓ Achieved
120	Carers who said they had as much social contact as they would like	86	279	31%	35%	✓ Achieved
28	Safeguarding cases supported by an advocate	363	363	100%	100%	✓ Achieved
116	Concluded safeguarding enquiries where the desired outcomes were achieved	100	107	93%	95%	✓ Achieved
117	Adults aged 18-64 living independently	78	104	75%	75%	✓ Achieved
158	People who remain at home 91 days after discharge	1388	1550	90%	85%	✓ Achieved
110	Percentage of people supported to improve their outcomes following a Wellbeing intervention	1748	1762	99%	95%	✓ Achieved
65	People in receipt of long term support who have been reviewed	4,331	5,438	80%	90%	✗ Not achieved
59	Carers supported in the last 12 months (per 100,000)	12,255	8	1,613	1,730	✗ Not achieved
121	Carers who have received a review of their needs	676	891	76%	85%	✗ Not achieved
31	Percentage of alcohol users that left specialist treatment successfully	255	864	30%	35%	✗ Not achieved
111	People supported to successfully quit smoking	1,742	-	1,742	2,400	✗ Not achieved



Despite the challenges over the past few years, there is evidence to suggest that Lincolnshire continue to perform well in comparison to similar large rural shire counties. Impower consultancy have been working with the Corporate Performance Team and Adult Care over the last two years and demonstrated Lincolnshire’s achievements in 2020/21 with their ‘Adults Performance INDEX’. By using a range of national outcome and finance measures, the INDEX shows that Lincolnshire Adult Care was a **low spend, high outcome** authority, outperforming many similar local authorities with which we benchmark. The comparator local authorities are identified in the chart below in orange, but the names have been suppressed since this analysis is not in the public domain.



Furthermore, it was encouraging to see that CQC ratings for our social care providers in Lincolnshire had not been adversely affected by covid pressures. Four out of five social care providers in Lincolnshire are rated as ‘Good’ or ‘Outstanding’, which has been very stable over the last two years. Overall, this demonstrates that Lincolnshire has a strong commissioning position, where services provide good value for money, achieve good outcomes for people and provide a good standard of care.

The national benchmarking for the service level measures has been updated in Appendix A with the latest published data. This analysis echoes the findings from IMPOWER as Lincolnshire continues to compare favourably to other similar authorities in the CIPFA comparator group.

## Adult Care and Community Wellbeing Overview

2021/22, the second year of the COVID-19 pandemic, has certainly seen a continuation of many of the challenges from the previous year, not least with the unprecedented levels of hospital admissions for patients and resulting demand for social care support, compounded by pressures faced by social care practitioners and providers, with workforce and capacity being squeezed.

As national restrictions eased during the year, demand for social care from adults increased. A total of 35,600 separate requests for support were received this year, compared to 30,400 in the previous year, which is approaching a 20% increase in demand at the front door. Demand in other areas of adult care also increased compared to the previous year, with both Deprivation of Liberty Safeguards and Adults Safeguarding concerns showing sustained increases. With the latter, this translated into 97% of those concerns being investigated by the Adult Safeguarding Service (**Measure 130**). Also, over 12,000 adult carers and young carers were supported during the year, which was a slight increase from 2020/21 but below our ambitious target for the year (**Measure 59**). Support to carers will be taken forward as a priority area for the health and care sector, continuing to reach out to unpaid carers in Lincolnshire identified from the Census who are not already known to health and care.

To a large extent, Adult Care's strengths-based approach to assessing adults using an 'initial conversation' has been highly effective in managing the increased demand and protecting the Social Work and Occupational Therapy teams. Combined with recovering capacity in reablement, a strong wellbeing service and responsive equipment service (**Measure 113**), over 95% of requests were met effectively with lower-level interventions or no support (**Measure 122**).

The number of adults with a funded long-term residential placement or community packages reduced during the year. Sadly, deaths from COVID-19 contributed to this, as did the availability of care. Whilst home care capacity was diminished with fewer packages arranged, this did have a positive impact on **Measure 63** in relation to the uptake of direct payments as a viable alternative to managed services. This measure exceeded the target.

Whilst the department was relatively effective in managing the front door as mentioned above, this prioritisation did come at the cost of available resources to review existing clients with packages of care. The overall target for **measure 65** on reviews was not achieved overall. However, in Specialist Adults, the council's Learning Disability teams and Lincolnshire Partnership NHS Foundation Trust (LPFT) Mental Health teams achieved 95% and 100% respectively. In particular, LPFT have been effective in allocating and completing reviews, and have been proactive in re-scheduling future reviews so they are more evenly spread throughout the year and therefore easier to manage. Adult Frailty Teams were slightly behind the target with their review performance, but they do have more adults to review and had to prioritise their resource to completing unplanned reviews triggered by hospital spells. Overall, almost 80% of existing clients received at least one review in the year. Some work still needs to be done to ensure outstanding annual reviews are completed as a priority.

Equally, the proportion of carers reviewed needs to improve (**measure 121**), where activity is planned in and captured correctly on the case management system. The Carers Service is subject to re-commissioning at the time of writing, with a new service due to mobilise from 1 October 2022.

Activities in Public Health continue to improve the lives of our population, exceeding the target for **measure 33** showing an increase in NHS health checks for people aged 40 to 74 and **measure 122** with people supported to maintain their accommodation via the Housing Related Support Service (HRSS).

Alcohol treatment (**measure 31**) and smoking cessation support services (**measure 111**), continue to target the hardest groups of vulnerable adults in our society, which the providers are commended for however have not achieved their targets. Face-to-face engagement has been difficult with these groups during the pandemic as engagement is often through related services e.g. pharmacies, where access during covid was much more limited. Complex presentations of alcohol dependency are becoming more common, and successful treatment can take time. A significant increase in government funding for substance misuse services is expected shortly, recognising the trend in volume and service user complexity across the country.

Overall, the year has been successful despite the legacy of COVID-19. There is always room for improvement, but there is some good evidence of effective service delivery, resilience, and adaptability of all involved in care provision. This is an excellent foundation to build on as we move into a new era of Local Authority Assurance by the Care Quality Commission which is just over the horizon.

**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**

Non identified

**4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	ACCW Performance Q4 2021-22 v2

## **5. Background Papers**

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

This report was written by David Boath, who can be contacted via [David.Boath@lincolnshire.gov.uk](mailto:David.Boath@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

947

People

Cumulative Actual as at March 2022

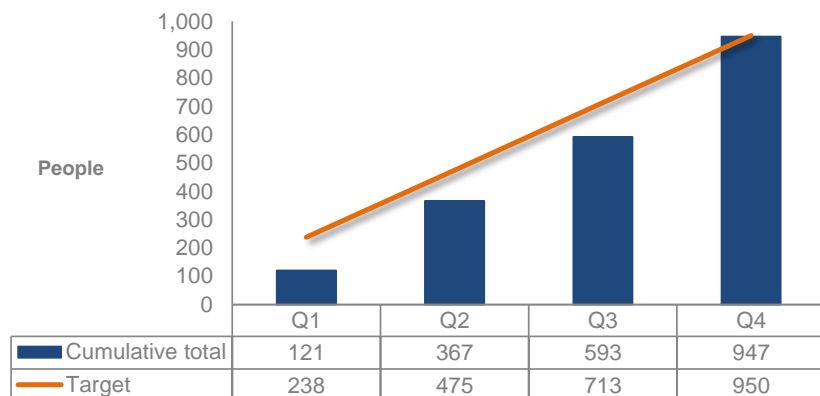


950

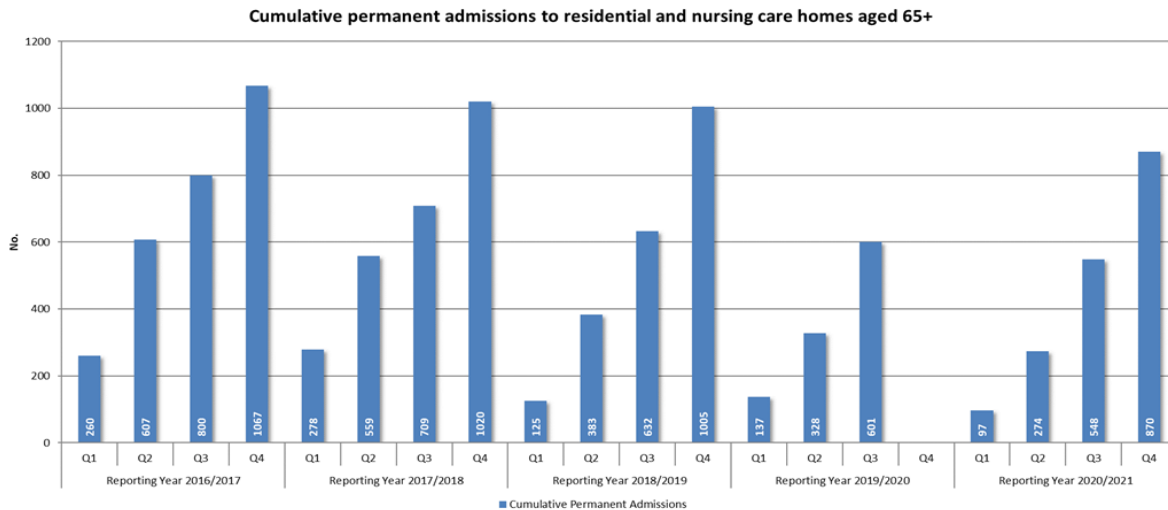
People

Cumulative Target for March 2022

Permanent admissions to residential and nursing care homes aged 65+



## Further details



## 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

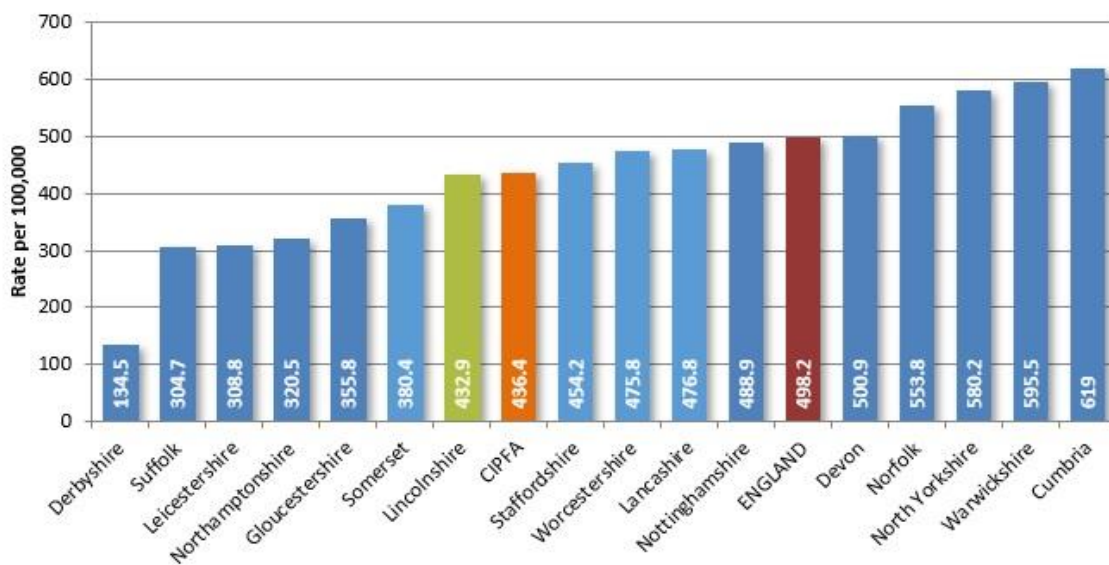
## About benchmarking

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 2020-21 year-end figures.

## Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - LA Level Benchmarking 2020/21



## 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.



### About the latest performance

People should be given the opportunity to consider the option of direct payments, 42% of the people who are receiving services have chosen this option which is very positive and exceeds the target.

### 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 we have revised the target to 36% for the reporting year 21/22 which now covers all service users.

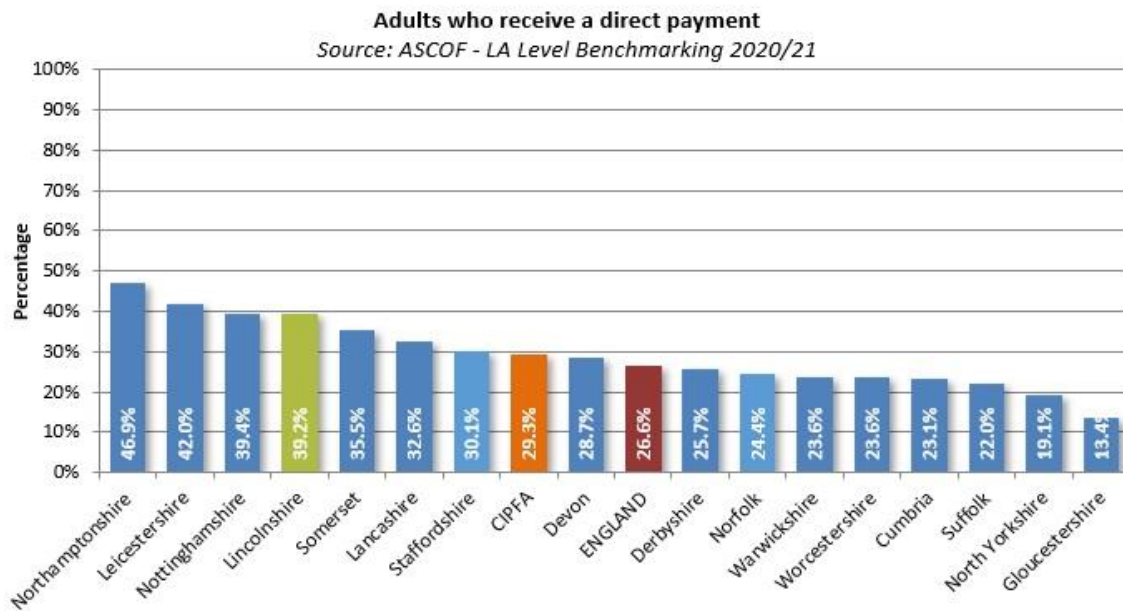
### About the target range

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

### 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 year-end figures.





## 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.



Not achieved

79.6

%

Cumulative Actual as at March 2022

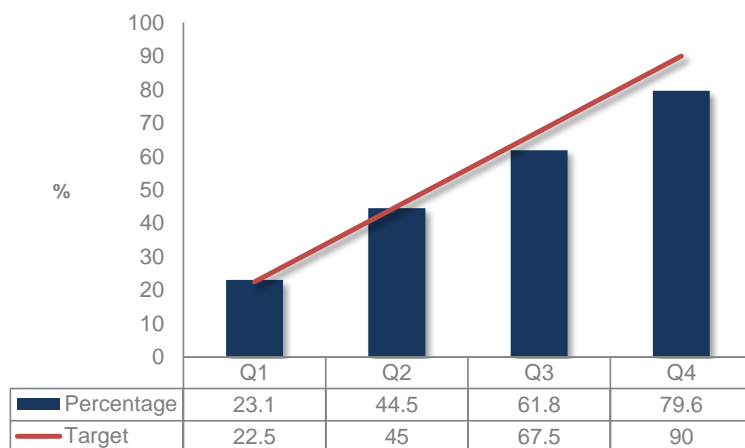
Numerator: 4331  
Denominator: 5438

90

%

Cumulative Target for March 2022

People in receipt of long term support who have been reviewed

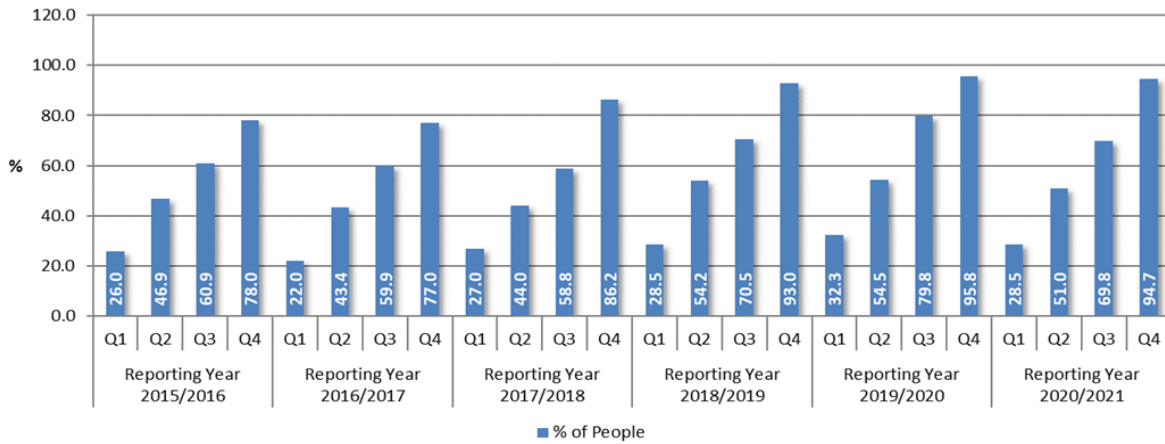


### About the latest performance

This measure includes all of adult social care reviews, the challenges to review all people receiving long-term support has been in adult frailty due to competing priorities particularly due to the pressures of hospital discharge. This has resulted in the need to prioritise unplanned reviews and assessments. Plans are in pace to improve the performance over the next year.

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

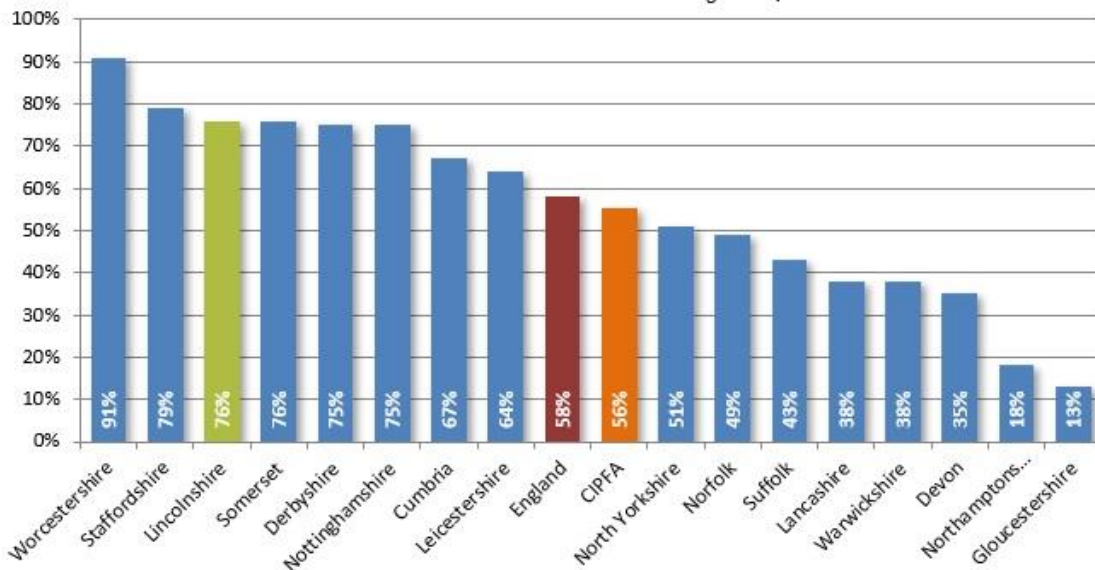
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

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.

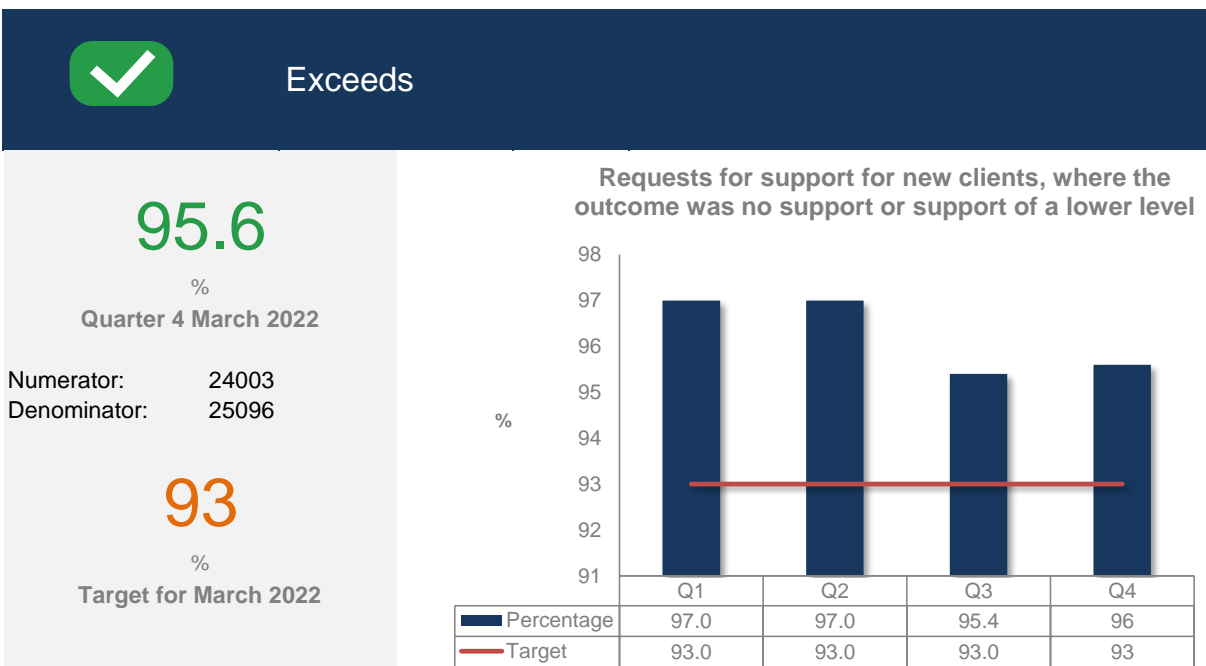
People in receipt of long term support who have been reviewed

Source: SALT LA Level Benchmarking 2020/21



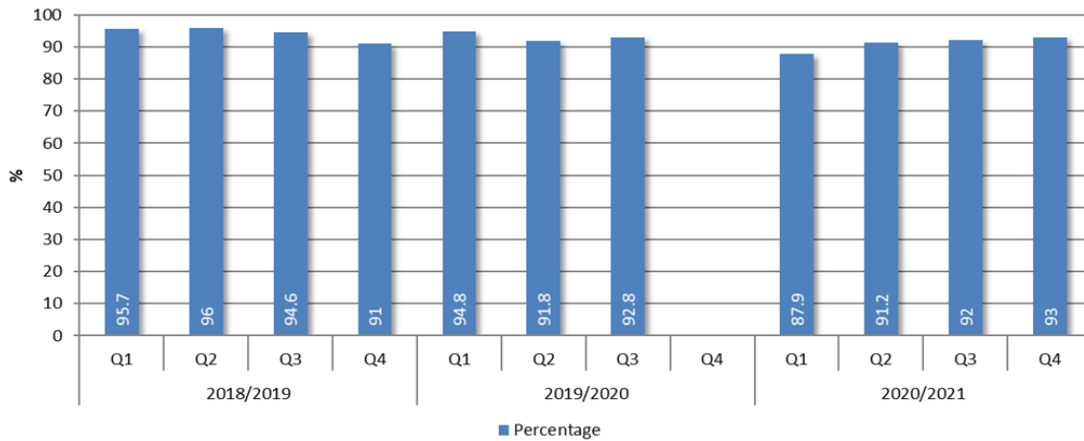
## Requests for support for new clients, where the outcome was no support or support of a lower level

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

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



About the target

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

About the target range

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

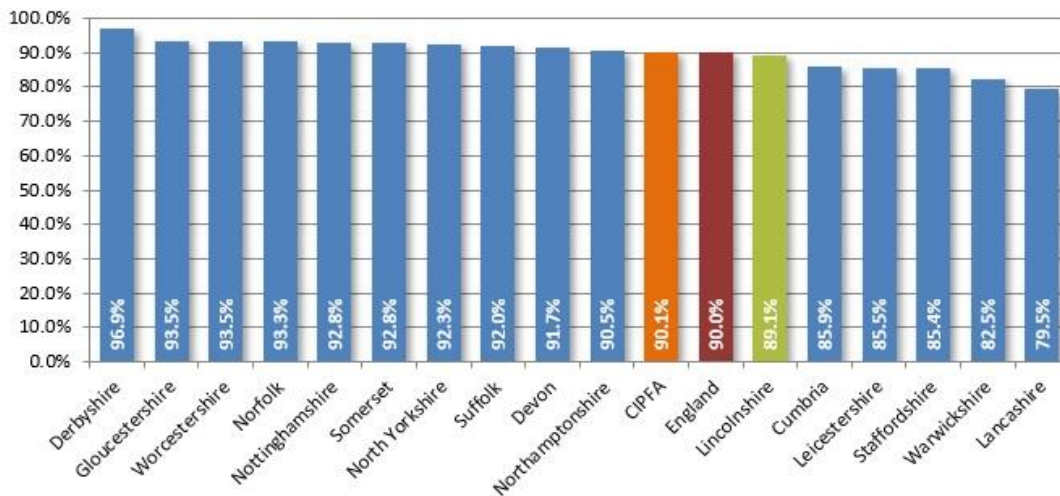
About benchmarking

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

Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2020-21 year-end figures.

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

Source: SALT LA Level Benchmarking 2020/21



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

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

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

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

A higher percentage indicates a better performance.



Achieved

81.5

%

April 2021 - March 2022

Numerator: 418

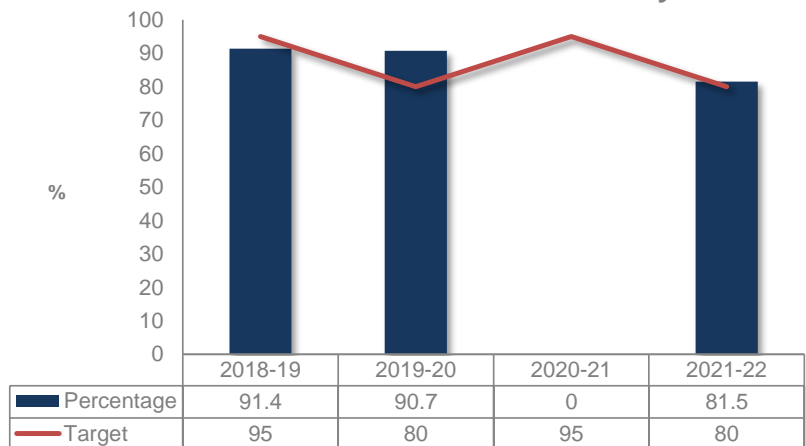
Denominator: 509

80

%

Target for April 2021 - March 2022

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



### Further details

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

### About the target

The target for this measure has been set to 80% which will maintain our current level of performance.

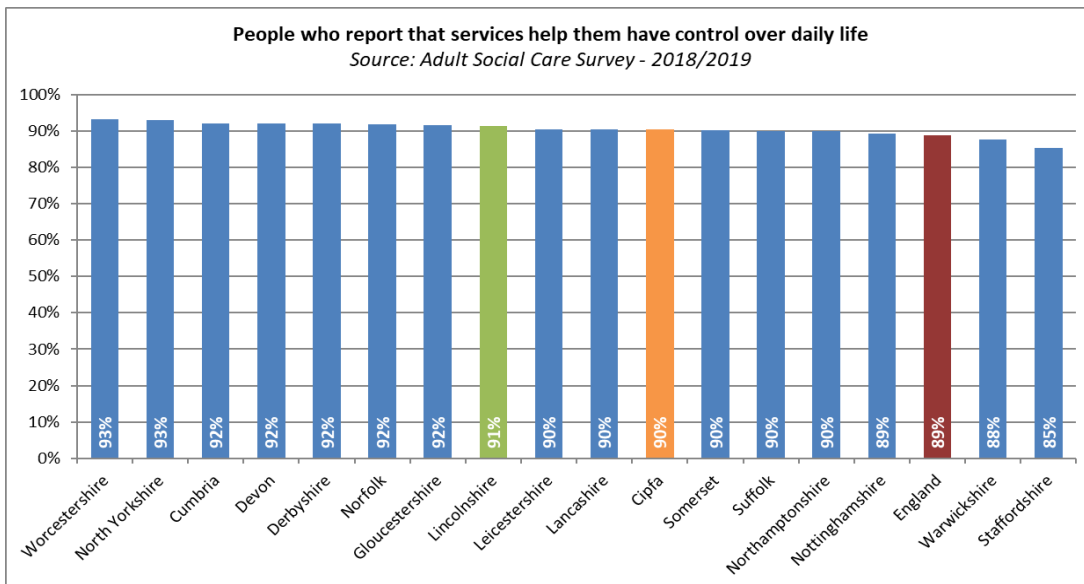
### About the target range

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

### About benchmarking

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

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



## 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

92.5

%

Quarter 4 March 2022

Numerator: 2363

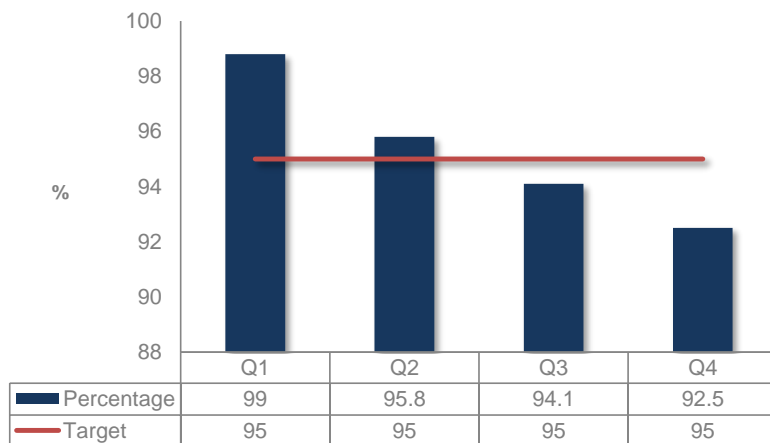
Denominator: 2555

95

%

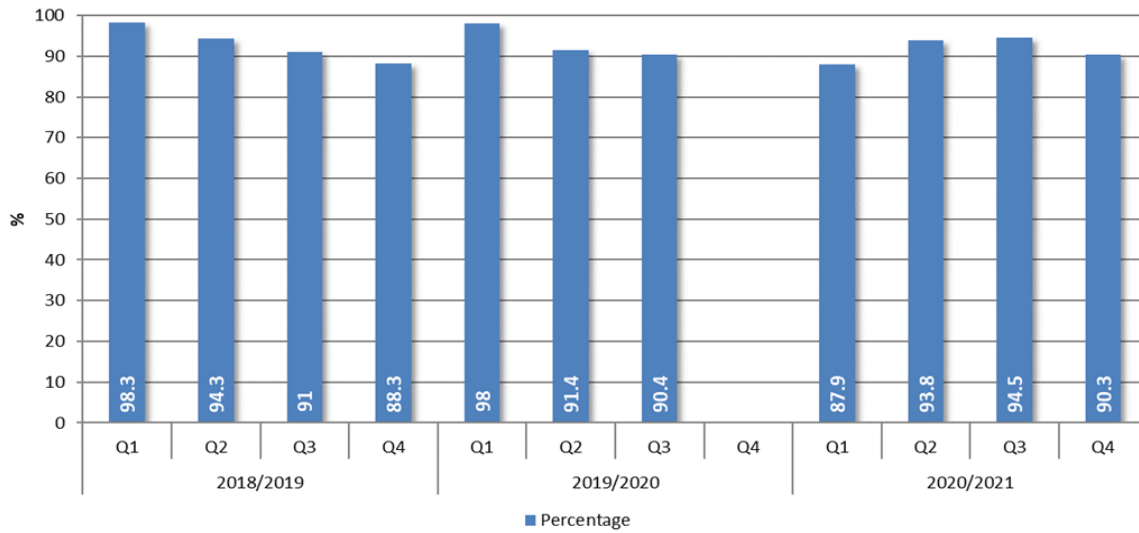
Target for March 2022

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.

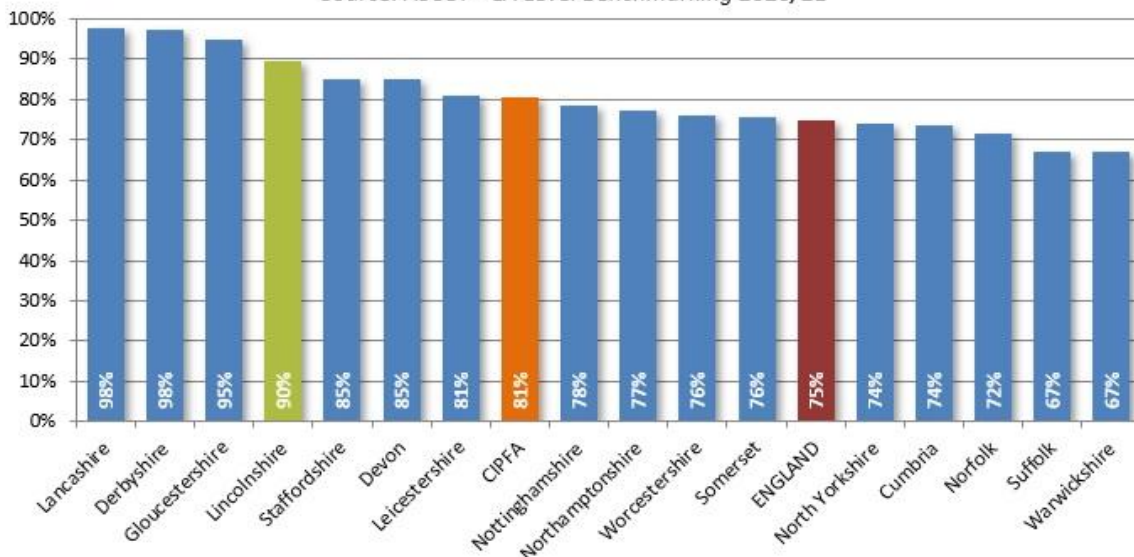
About the target range

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 2020-21 year-end figures.

Completed episodes of reablement  
Source: ASCOF - LA Level Benchmarking 2020/21





## Carers supported in the last 12 months

This measure reflects the number of carers including young carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population. A higher rate of carers supported indicates a better performance.

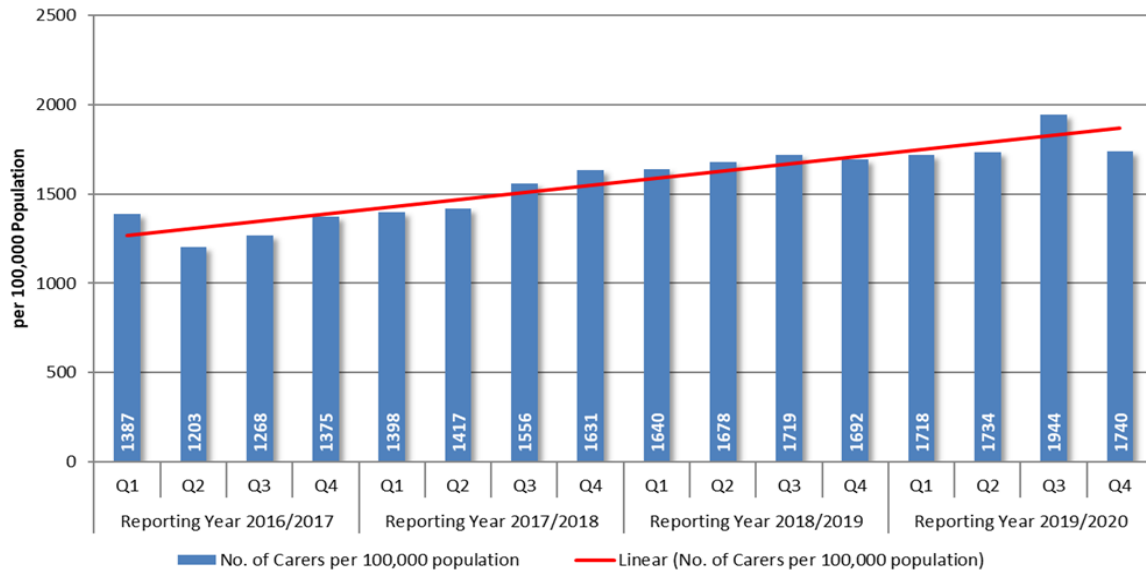


### About the latest performance

9266 Adult Carers and 2989 Young Carers were supported during 2021/2022. This is an increase of 537 (4.6%) compared to the Quarter 3 outcome. The target of 1730 carers supported per 100,000 population has not been met this quarter, though we do see an upward trend.

Further details

Carers supported in the last 12 months



About the target

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

About the target range

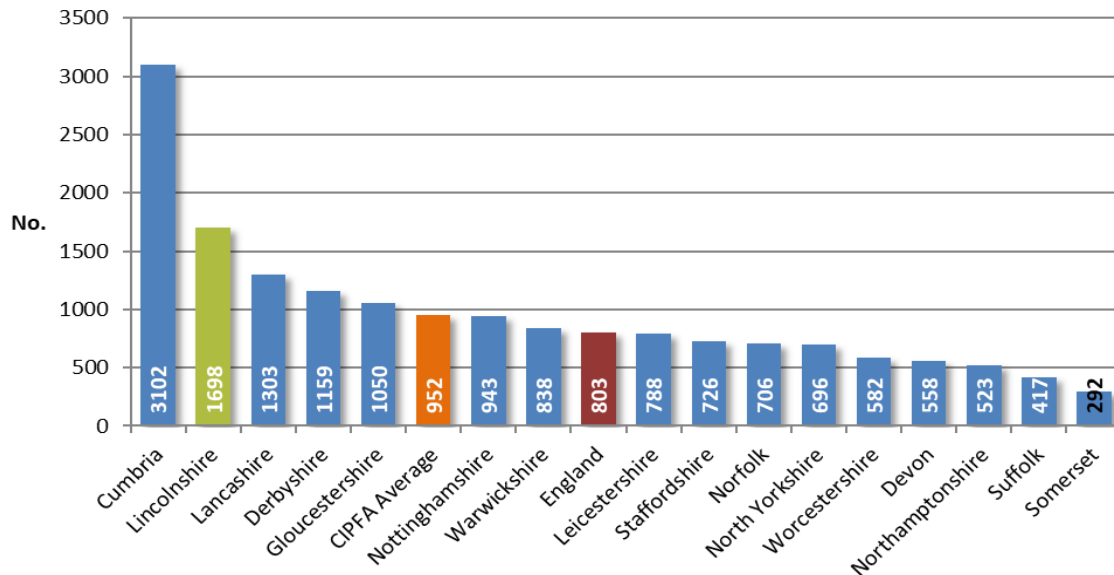
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

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

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



## Carers who said they had as much social contact as they would like

There is a clear link between loneliness and poor mental and physical health. The vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure draws on self-reported levels of social contact in the statutory Survey of Adult Carers in England (SACE), as an indicator of social isolation. Numerator: Of those carers that responded to the question, the number responding: 'I have as much social contact as I want'

Denominator: In the Survey of Adult Carers in England (SACE), the number of carers that responded to the question:

"By thinking about social contact you've had with people you like, which statement best describes your present social situation?"

- I have as much social contact as I want
- I have some social contact but not enough
- I have little social contact and I feel isolated

A higher percentage indicates a better performance.



### About the latest performance

Of the 279 carers who answered the question on the latest Survey of Carers in England (2021/2022), 86 (30.8%) said that they had as much social contact as they wished with people they like. While this result is within 5% of the target, it has reduced from the figure of 33.3% (-2.5%) reported on the previous survey in 2018/2019.

Note that the response rate for the 2021/2022 carers survey was not high enough to meet the usual confidence level of +/-5%. As such, the survey results should be taken as indicative rather than fully representative of the full cohort of carers in Lincolnshire."

#### Further details

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

#### About the target

The target for this measure is set at 35%. This is based on the national average for 2016/17.

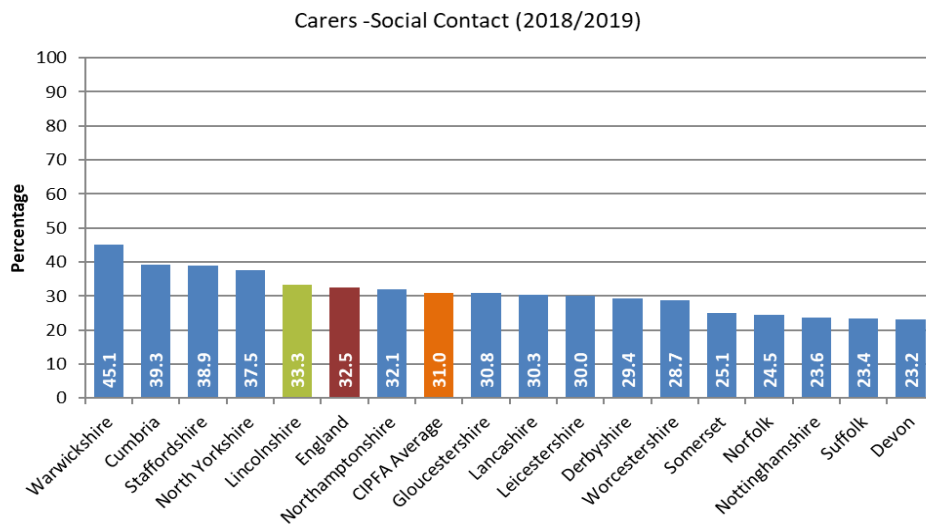
#### About the target range

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

#### About benchmarking

Benchmarking is available on a biennial basis from the ASCOF outturns (end of the summer for March year end figures). Based on 16/17 figures, 32% of carers in Lincolnshire reported having as much social contact as they wanted. This was the same as the regional average, but below the average for our comparator (and similarly rural) authorities, which was 34%. The national average was 35%.

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

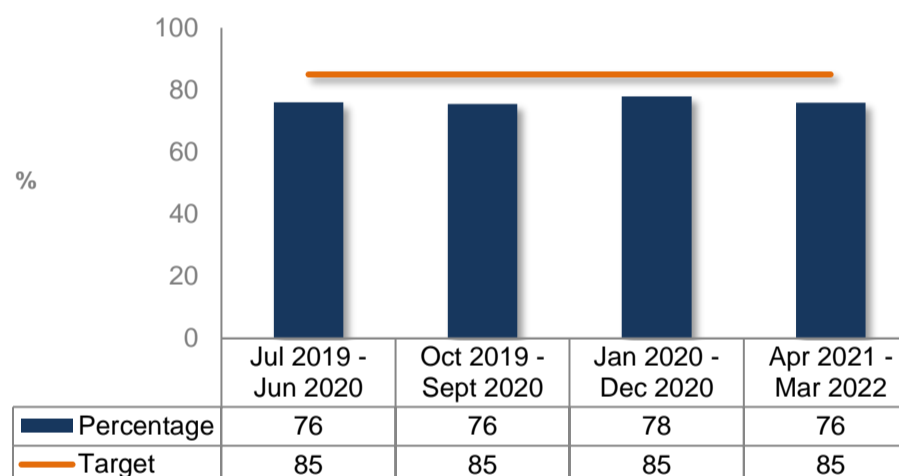


## Carers who have received a review of their needs

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



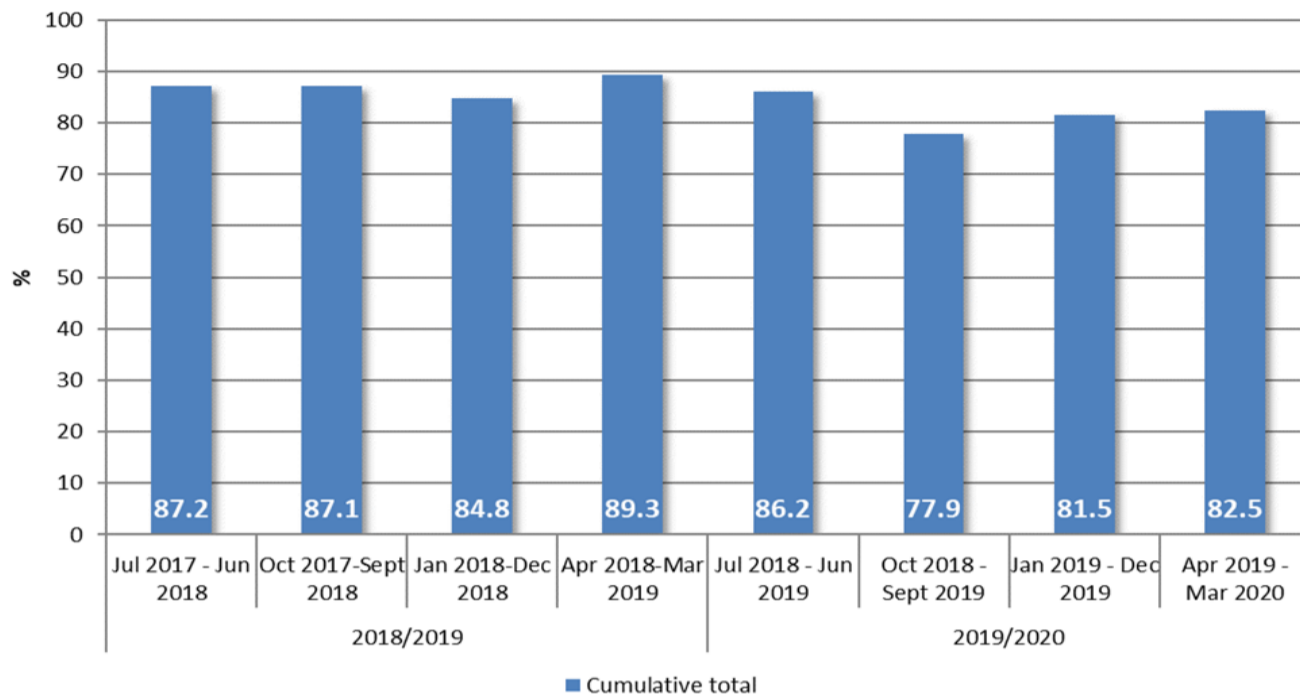
Carers who have received a review of their needs



### About the latest performance

Of the 891 Carers provided with a direct payment, 676 (77.9%) received a review of their needs. 624 (92.3%) of these reviews were undertaken by the Carers Service with the remaining 52 (7.7%) coming through Adult Care Area Teams. Changes to the informal care section of the Adult Care Review forms have been requested which will improve this outcome, though we will not see the effect of these changes until 2022-23 Quarter 1.

### Carers who have received a review of their needs



#### About the target

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

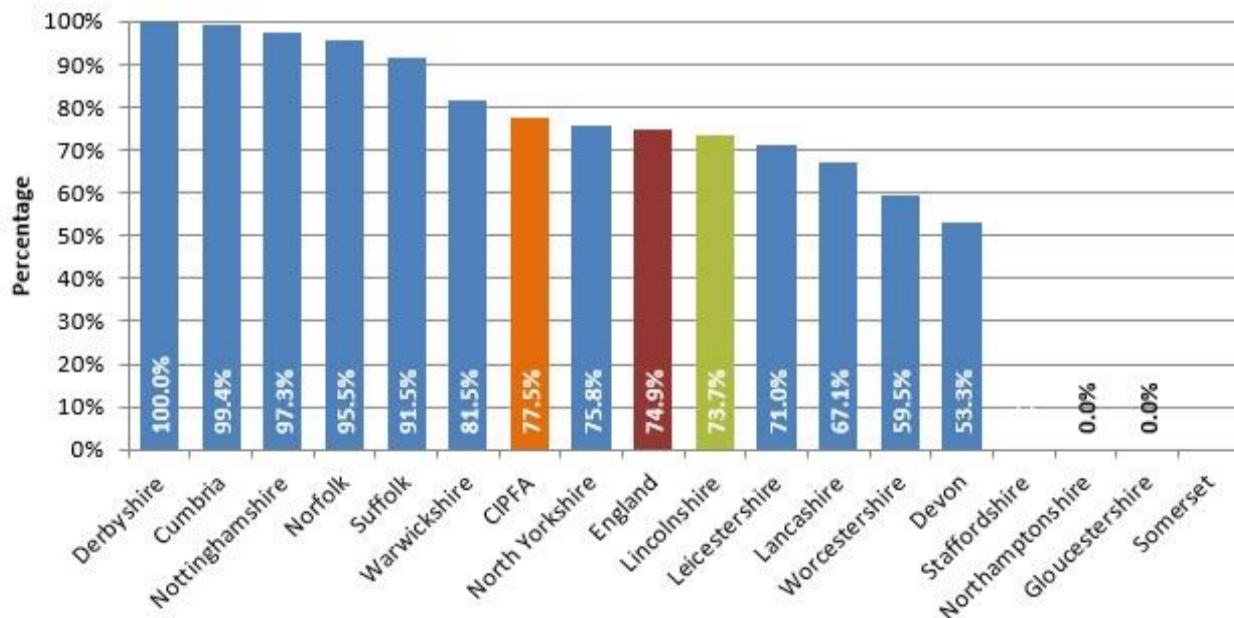
#### About the target range

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

#### About benchmarking

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

Carer Reviews and Assessments (2020/21)



No data for Staffordshire, Northamptonshire, Gloucestershire & Somerset reviews

## 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

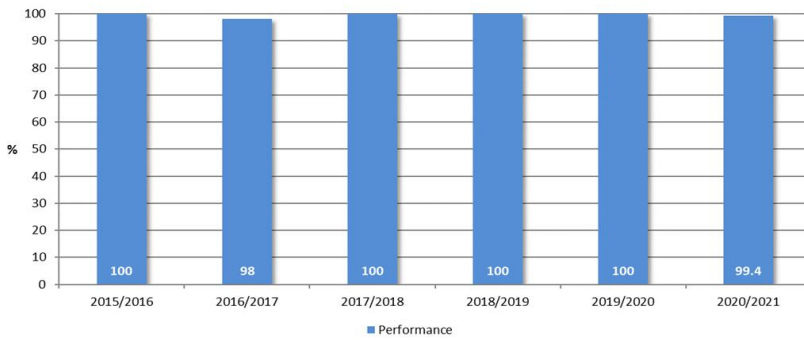
Performance against this measure has remained strong throughout the 2021/22 financial year and demonstrates that all adults requiring support to make their views and wishes heard are receiving this support, in line the making safeguarding personal and statutory guidance .

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.

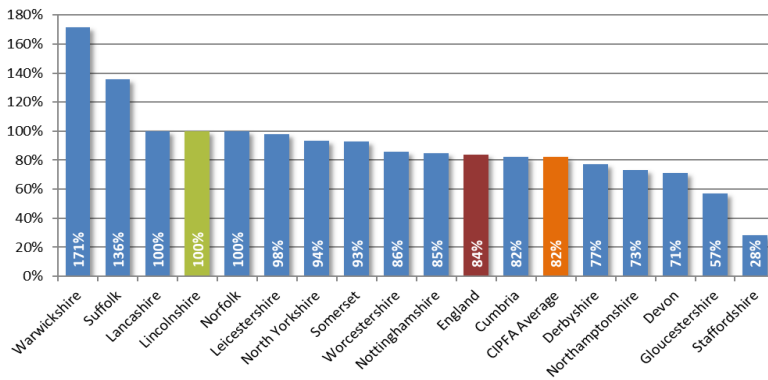
About the target range

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 2018-2019





## 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.



Achieved

93.5

%

Quarter 4 March 2022

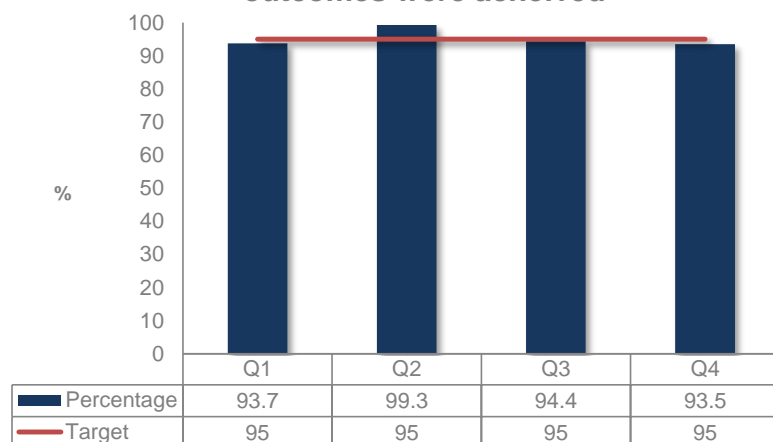
Numerator: 100  
Denominator: 107

95

%

Target for March 2022

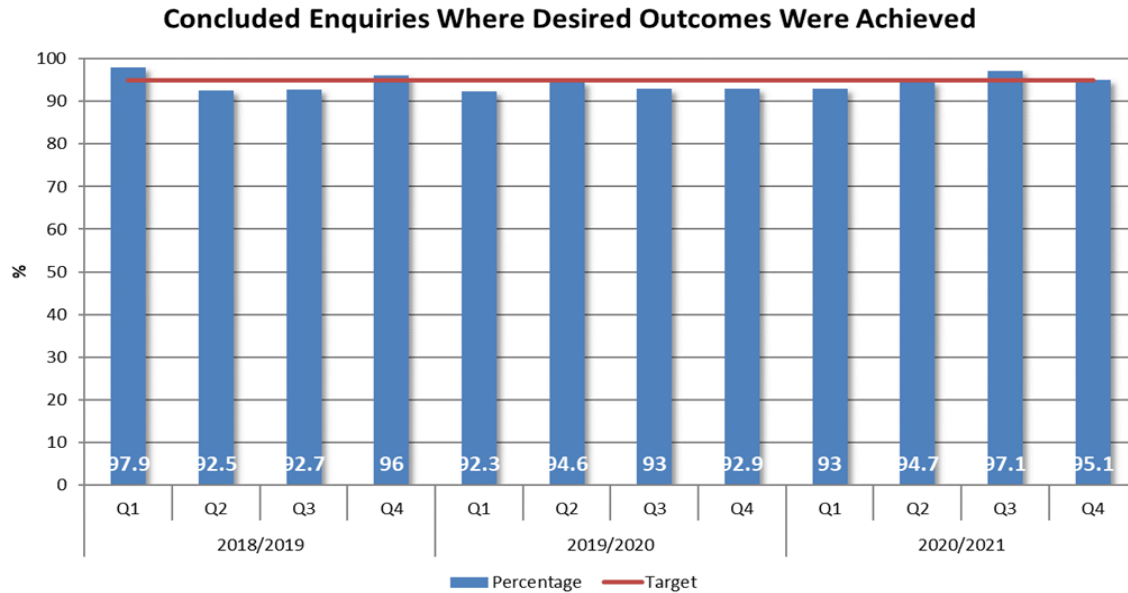
Concluded enquiries where the desired outcomes were achieved



### About the latest performance

This measure has remained high, although it has declined slightly since Q3, and remains within the tolerance boundaries and has therefore been achieved. Work continues to ensure that the wishes of people involved in the safeguarding processes are recorded and acted upon effectively.

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

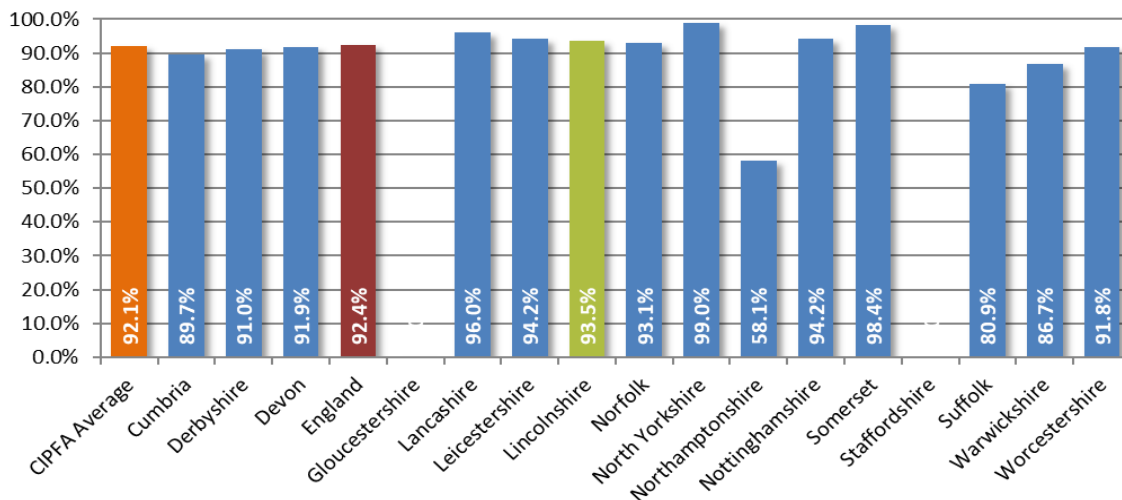
This measure has a target range of +/-5 percentage points.

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.

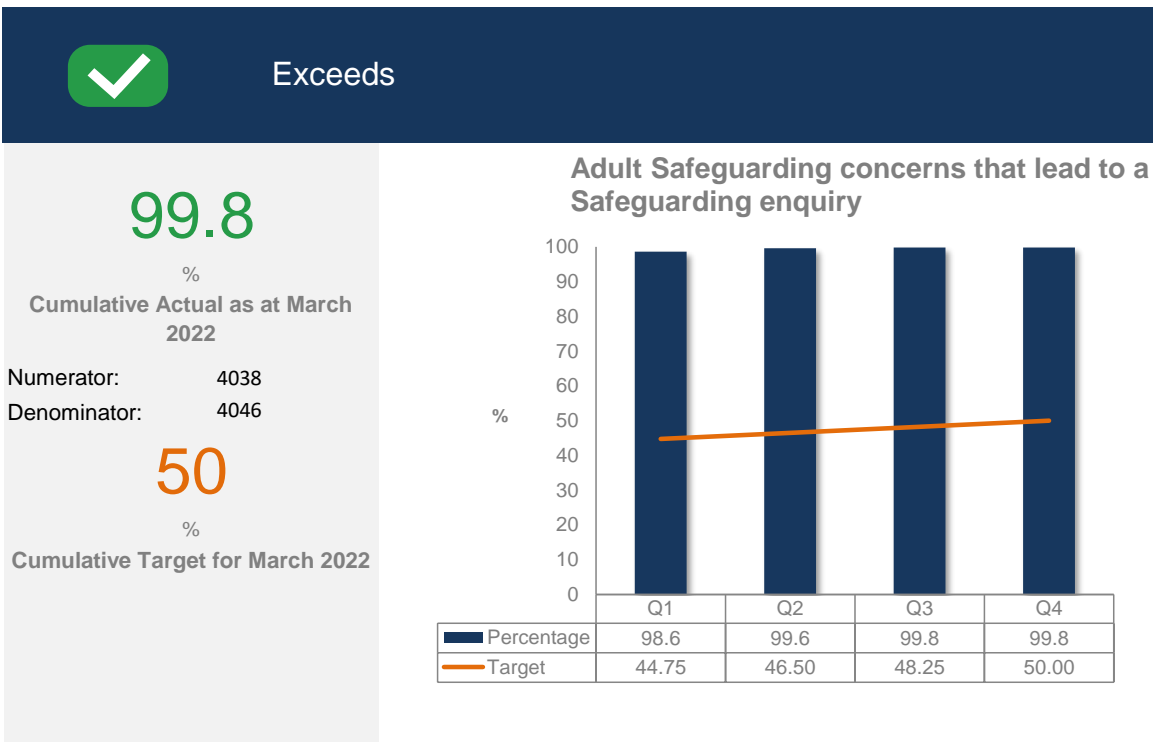
### Safeguarding enquiries where the desired outcomes were achieved

*Source: SAC SG4a: Making Safeguarding Personal 2018-2019*



## 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.

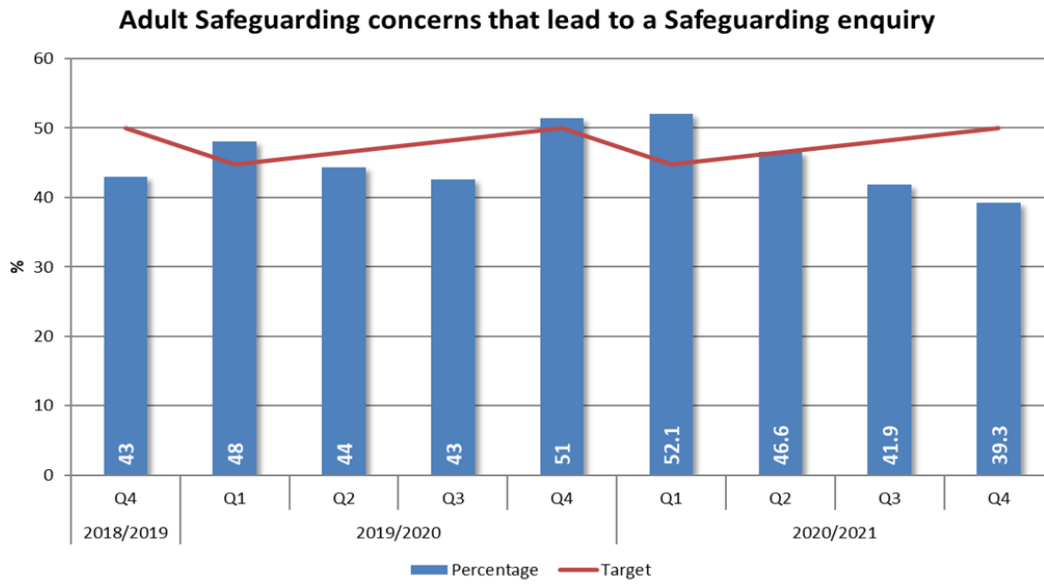


### About the latest performance

Following a review of this measure commissioned by Adult Care and Wellbeing Scrutiny Committee the definition has been updated to ensure that initial enquiries completed by the Adult Safeguarding Team are also counted in addition to full section 42 Adult Safeguarding enquiries. The updated definition better represents the true level of performance and includes activity that was previously discounted. This measure will be discontinued in 2022-23 and an alternative Making Safeguarding Personal measure will be developed which will place greater emphasis on evidencing a Making Safeguarding Personal approach by all Lincolnshire Safeguarding Adult Board (LSAB) partners.

All previous quarters have been updated using the amended definition for consistency of reporting throughout the year. The associated benchmarking for this measure from the annual Safeguarding Adults Collection has been removed due to the unreliability of the national collection data. This is mostly to do with different interpretation of how local authorities count the different types of enquiries in the collection.

## Further details



## 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.

## 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's performance framework is a subset of the national measure - mental health clients aged 18 to 64 who are also receiving long term funded support from the authority. These clients are supported by the Lincolnshire Partnership Foundation Trust (LPFT) under a S75 agreement whereby the authority delegates responsibility of service provision to the mental health trust. This is a contract measure with the Trust and only these clients in the national measure can be influenced under the contract, making it more meaningful. Since this is a local measure, there will no longer be a 3 month time lag waiting for the official publication of the MHMDS (Mental Health Monthly Data Set) submission.



Achieved

75

%

Quarter 4 March 2022

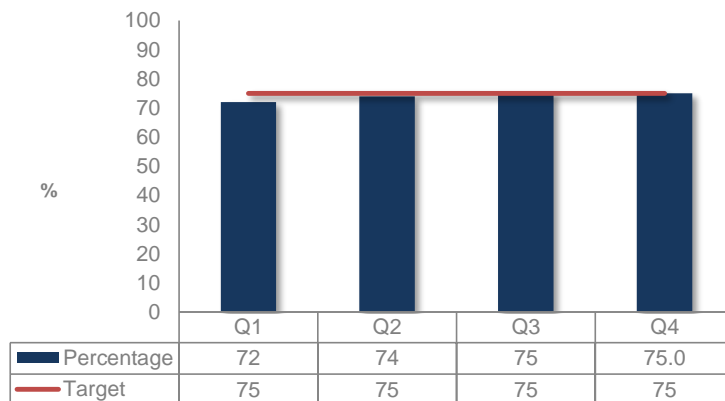
Numerator: 78  
Denominator: 104

75

%

Target for March 2022

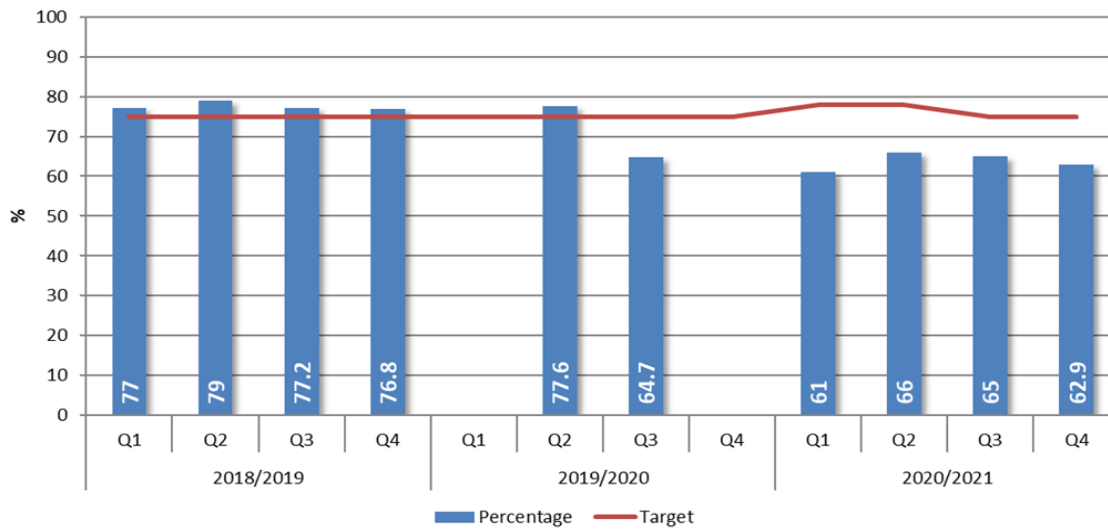
Adults aged 18-64 living independently



### About the latest performance

The previously reported quarterly figures have been updated for consistency, and relate to a specific cohort of mental health clients supported by LPFT in receipt of social care services, but who also have their care clinically coordinated under the Care Programme Approach (CPA). This is a hybrid measure based on a national Adult Social Care Outcomes Framework (ASCOF) measure, but the Care Programme Approach has now been abolished. As such, the national indicator will be changed to be purely health-focussed and no longer in scope of the S75 agreement with LPFT to provide social care support to mental health clients. This measure is therefore proposed for deletion in 2022/23, with similar intelligence gleaned from other measures in the Corporate Plan.

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



#### About the target

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

#### About the target range

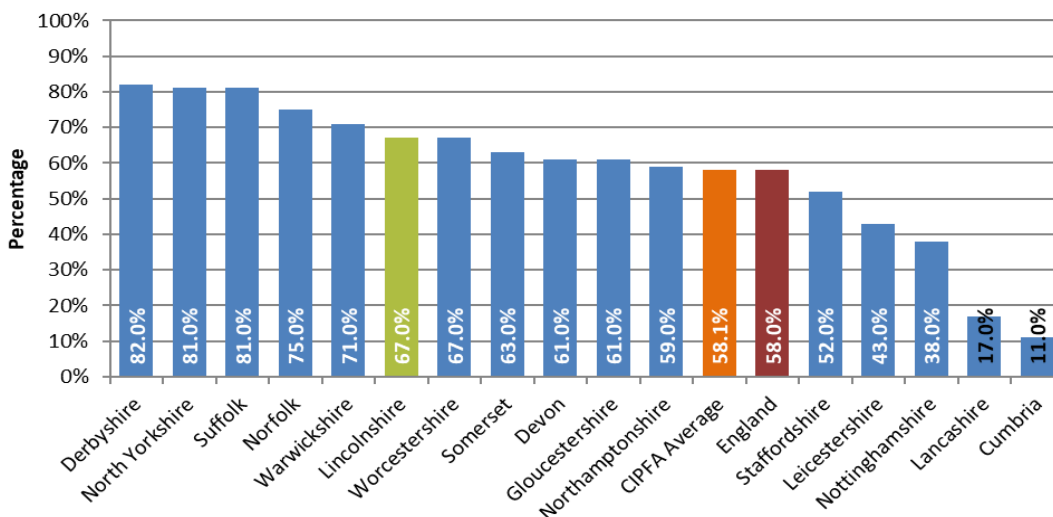
The target range for this measure is set at +/- 5 percentage points.

#### About benchmarking

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

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

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



## 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

89.5

%

Quarter 4 March 2022

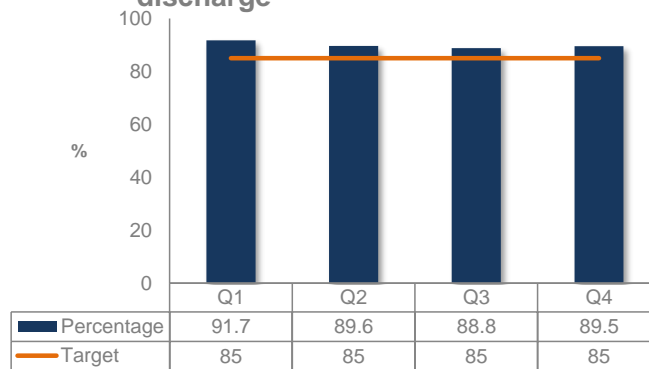
Numerator 1388  
Denominator 1550

85

%

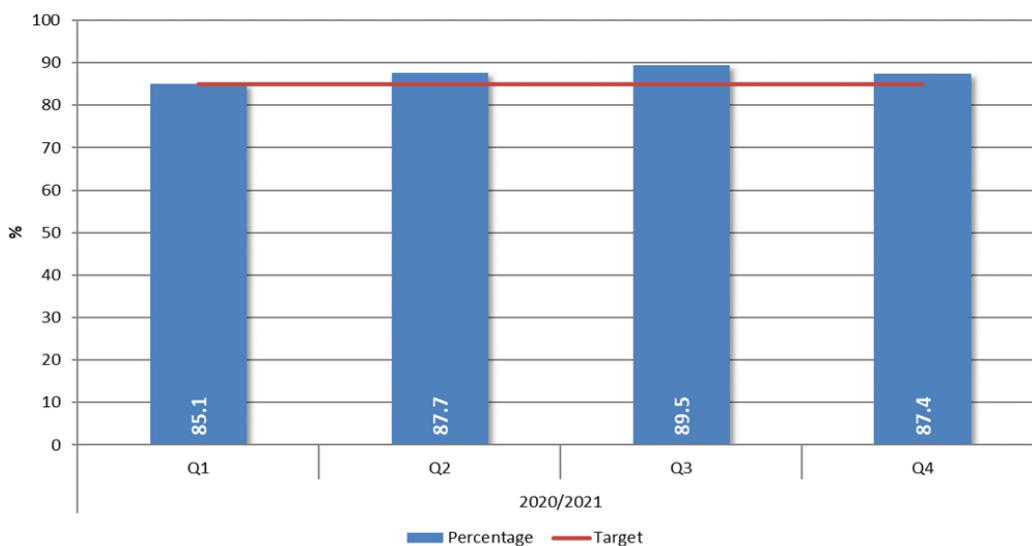
Target for March 2022

People who remain at home 91 days after discharge



Further details

People who remain at home 91 days after discharge



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

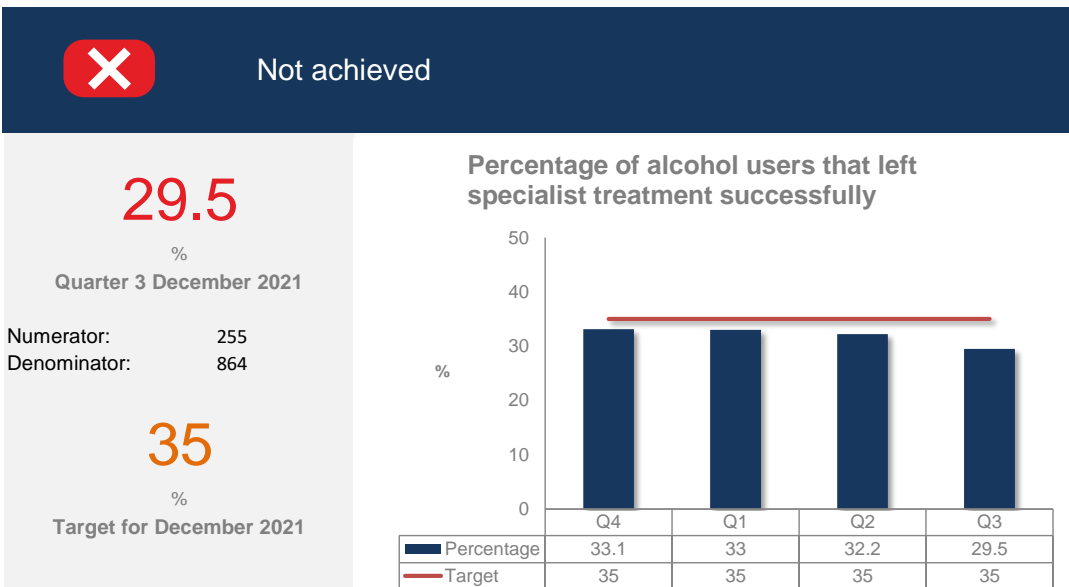
This is an internal measure so cannot be bench marked nationally, however can be benchmarked internal for the same period last year.



## Percentage of alcohol users that left specialist treatment successfully

This measure tracks the proportion of clients in treatment in the latest 12 months who successfully completed treatment. Data is reported with a 3 month (1 quarter) lag.  
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in the 'Protecting the public' commissioning strategy.  
The definition for this indicator has been revised in Quarter 2 of the 2018/19 reporting year to align more closely with the National Drug Treatment Monitoring System (NDTMS); this has no effect on previous figures reported for this measure.

Numerator: Number of successful completions (NDTMS)  
Denominator: Number of completions (NDTMS)  
A higher percentage of alcohol users that leave specialist treatment successfully indicates a better performance.



### About the latest performance

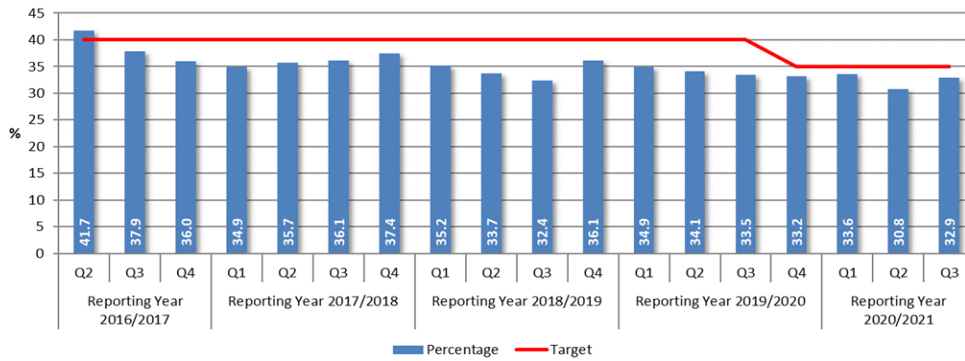
During this report period We Are With You have fully moved into recovery from Covid 19. Many precautions remain and PPE is still used where appropriate. Many more face to face appointments are being offered with some clients still receiving virtual appointments where they are preferred.

The trend in more complex alcohol presentations continues. These clients are more likely to have multiple issues and drop out or require more intense residential services than generic clients. This impacts on discharge rates as treatment takes longer and is less likely to be successful straight away.

There is a lag in data reporting which means these figures are solely within the period of Covid restrictions and lockdowns (Jan 21-Dec 21). Services were still active during this time but alcohol clients presenting were becoming ever more complex and difficult to treat. Representation rates remain very good with only 7.2% of clients returning to treatment within 6 months of discharge

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.

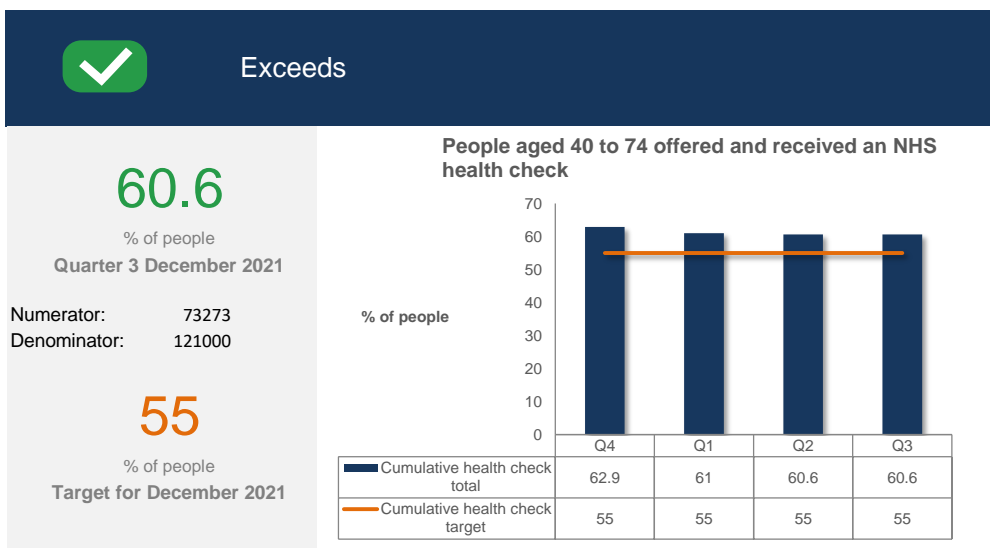
## Percentage of people aged 40 to 74 offered and received an NHS health check

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

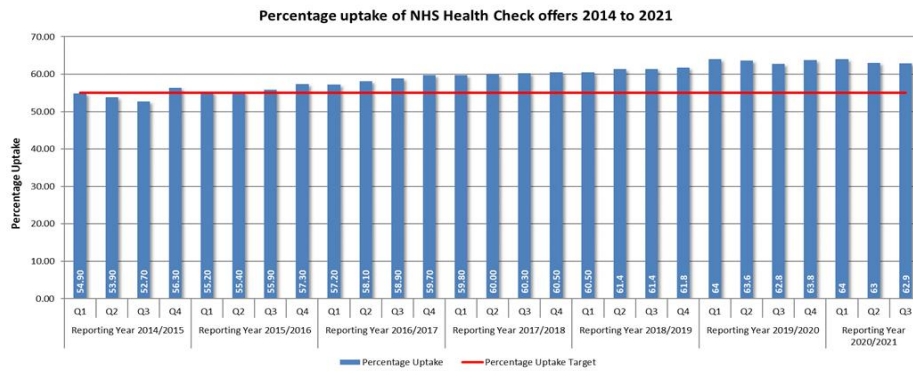
The data for this submission is, is the same as the last quarter. This is because, Local Authorities were given an extended deadline for submitting the Q3 national return (due to the impact of omicron and the acceleration of the Covid-19 booster vaccination programme on NHS Health Check providers) and therefore Q3 will be published nationally at the same time as Q4 (July 2022). In quarter 3 (Dec 2021), general practices were informed by NHSE/I that they should pause some services to support the vaccination programme. The NHS Health Check Programme was impacted by this. Despite this pausing, the data that was submitted nationally for Q3 shows that in Lincolnshire, 4274 people were invited for an NHS Health Check and 2203 Health Checks were completed.

In Lincolnshire during the period Quarter 1 2017/18 - Quarter 2 2021/22, the overall percentage of people taking up an NHS Health Check invite was 61% (compared to 45% in England). Due to the measure being over a 5 year period, the impact of Covid-19 on the NHS Health Check programme has yet to be seen in this performance indicator.

The new provider of the NHS Health Check Support Service (TCR Nottingham Ltd), which provides software and related technical support to Lincolnshire General Practices, is working well.

The NHS Health Check Programme supports the delivery of the Lincolnshire Health Inequalities and Prevention programme, specifically the priorities in relation to cardiovascular disease prevention.

## 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.

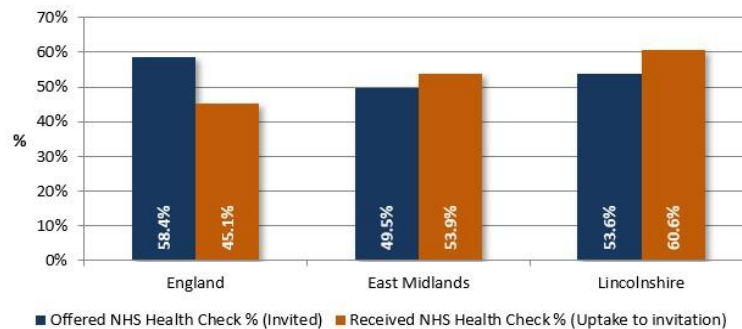
### About the target range

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. Current 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 2017/18 Q1 - 2021/22 Q2



	England	East Midlands	Lincolnshire
<b>Offered NHS Health Check % (Invited)</b>	58.4%	49.5%	53.6%
<b>Received NHS Health Check % (Uptake to invitation)</b>	45.1%	53.9%	60.6%

## 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

%

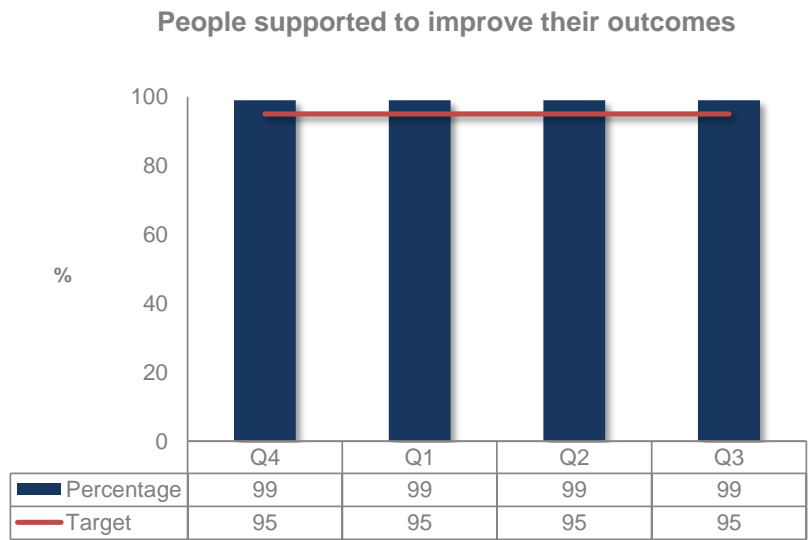
Quarter 3 December 2021

Numerator: 1748
Denominator: 1762

95

%

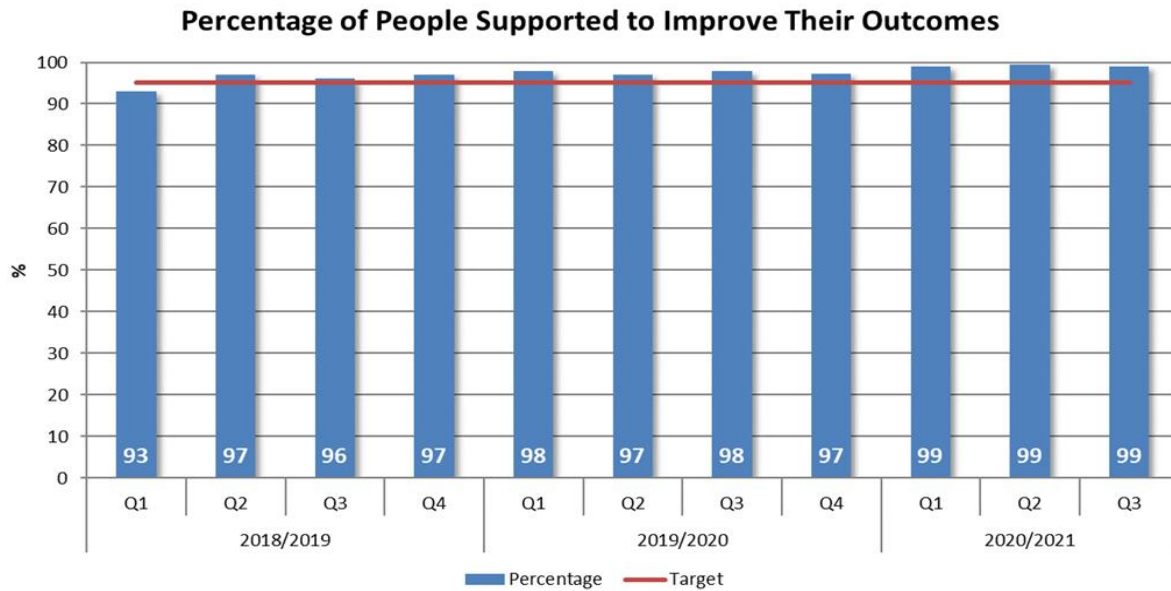
Target for December 2021



### About the latest performance

The Wellbeing Service continues to maintain consistently high performance in this self-determined outcomes measure for services delivered during Q3 2021-22. The service has increased in person delivery although is employing a mixed approach to support and trusted assessments. Referral volumes were slightly lower than Q2 2021-22 owing to the seasonal drop in demand during December although the service continues to maintain a strong recovery since the Covid-19 pandemic. Please note there is a quarter delay in reporting this indicator to account for the up to 12 weeks of support provided by the Wellbeing Service.

## Further details



### About the target

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

### About the target range

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

### About benchmarking

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

## People supported to successfully quit smoking

This measure identifies people who are supported to quit smoking by the commissioned stop smoking service (SSS) to a 4-week quit. These services raise awareness about the harms of tobacco and support smokers to quit smoking. A higher number indicates a better result.

The SSS employs a core team of specialists, delivering direct to clients; and supporting the GP and Pharmacy network of sub-contracted service providers. There is an expectation that the core team will deliver 50% of the target 4-week quits and the sub-contractors will deliver the remaining 50%.

People accessing the service are measured at 4 weeks; the time deemed to have successfully quit smoking, which aligns to national reporting standards. The service offers up to 12 weeks of treatment to clients beyond the 4-weeks. Due to the outcome of some service users being unknown at the time of reporting and being captured and recorded later, this can lead to slight discrepancies in recorded numbers. However, this is reconciled at year end.

It is important to recognise quality indicators, e.g., an increase in quit rate (QR), indicating better/worse performance. This is determined by dividing the number of 4 week quits by the number of set quits as a percentage. (45% -50% is seen as average expected).

This measure is reported with a 1 quarter lag. For example, data from Quarter 1 will be published in Quarter 2.



### About the latest performance

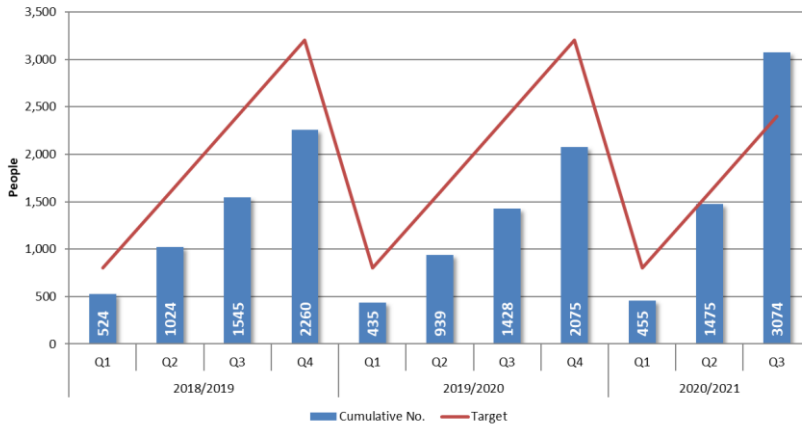
One you Lincolnshire report that whilst they have again failed to reach their quarterly target for smoking, they are seeing a slight increase in referral numbers. It is also important to note that their focus over the past 3 quarters has included our most vulnerable smokers, particularly pregnant women, which accounts for around 5% of the cumulative figure.

The quality of the Qrt 3 (Oct-Dec) performance has surpassed the previous qrt with the quit rate of the core team now at a 60% average, well exceeding the national average despite them delivering 89% of the figures, target 50%. Sub-contractors remain slow to actively deliver smoking cessation with 11% of the figures attributed, target is 50%, There are some signs that as Covid eases more are starting to deliver.

We are encouraged by the positivity of the provider and their willingness to engage with some of the most challenging groups of smokers in our community, which historically are more difficult to get to quit but the benefit of their stopping on both their health and wellbeing is huge.

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.

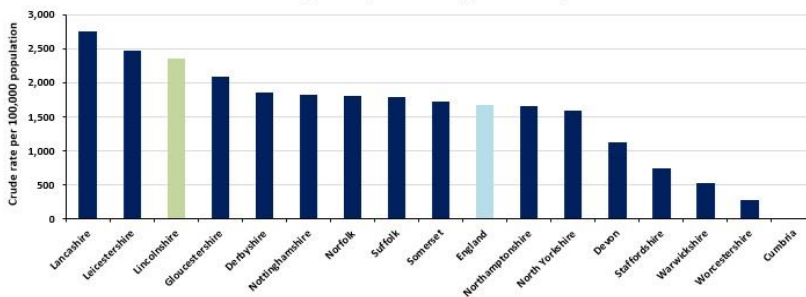
About the target range

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

About benchmarking

The latest published data by PHE for 2020/21 showed that the crude rate per 100,000 population aged 16+ for smokers that successfully quit at 4 weeks in Lincolnshire was 2,352; this is higher than the East Midlands regional rate (1,813 per 100,000 population aged 16+). Of Lincolnshire's comparator areas Lancashire (2,757 per 100,000 population aged 16+) performed better than its counterparts, with Worcestershire (280 per 100,000 population aged 16+) and Warwickshire performed significantly worse (527 per 100,000 population 16+). Since 2015/16 the rate of successful quits has been reducing in Lincolnshire which is comparable to the national trend.

Crude rate of smokers that have successfully quit at week 4 per 100,000 population aged 16+ (95% confidence level) by Lincolnshire comparator areas (Source: NHS Digital for Statistics on NHS stop smoking services in England, 2020-21)



Area Name	Value
Lancashire	2,757
Leicestershire	2,472
Lincolnshire	2,352
Gloucestershire	2,091
Derbyshire	1,854
Nottinghamshire	1,813
Norfolk	1,803
Suffolk	1,780
Somerset	1,725
England	1,670
Northamptonshire	1,661
North Yorkshire	1,585
Devon	1,130
Staffordshire	735
Warwickshire	527
Worcestershire	280
Cumbria	0



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

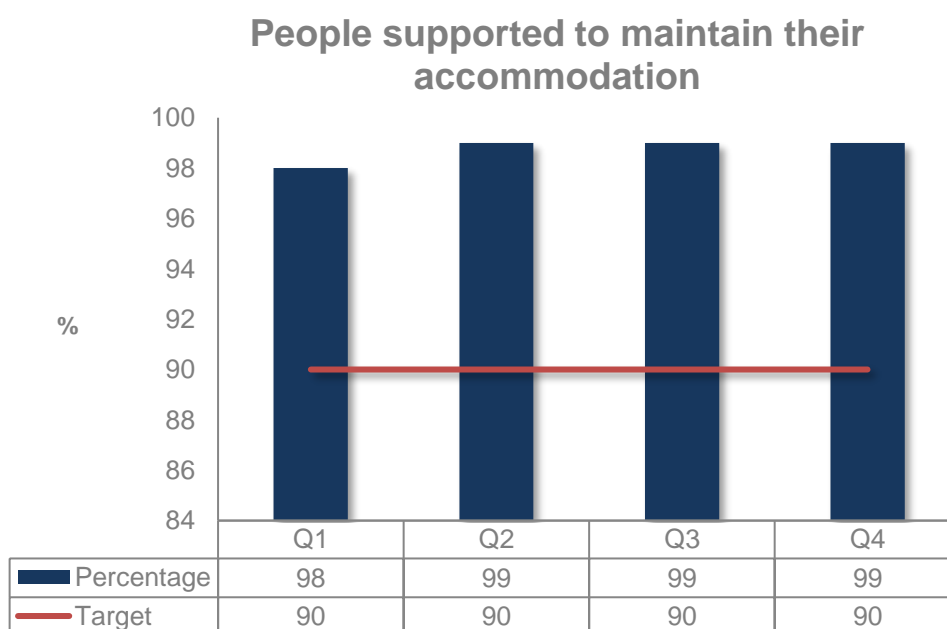
Percentage of service users supported to achieve an overall improvement across their outcomes following a period of three months of housing related support which is the expected average length of support someone will receive.

Exceeds

99  
%  
Quarter 4 March 2022

Numerator: 183
Denominator: 184

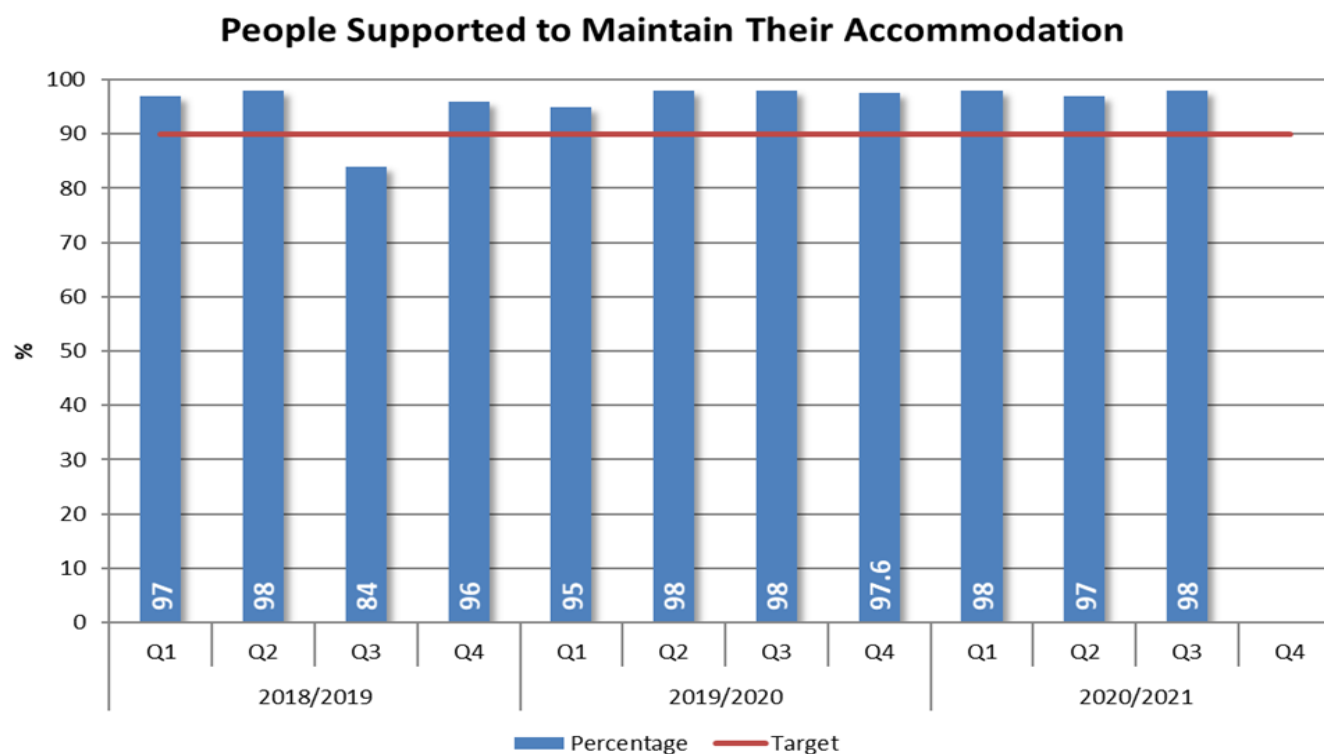
90  
%  
Target for March 2022



### About the latest performance

Framework continue to support their service users to improve their outcomes. They supported 100% of floating support service users and 99% of accommodation-based service users to develop new and improved skills to manage a tenancy/mortgage independently from services. It is important to note, that this service has now changed to support service users with a high level of need.

## 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.

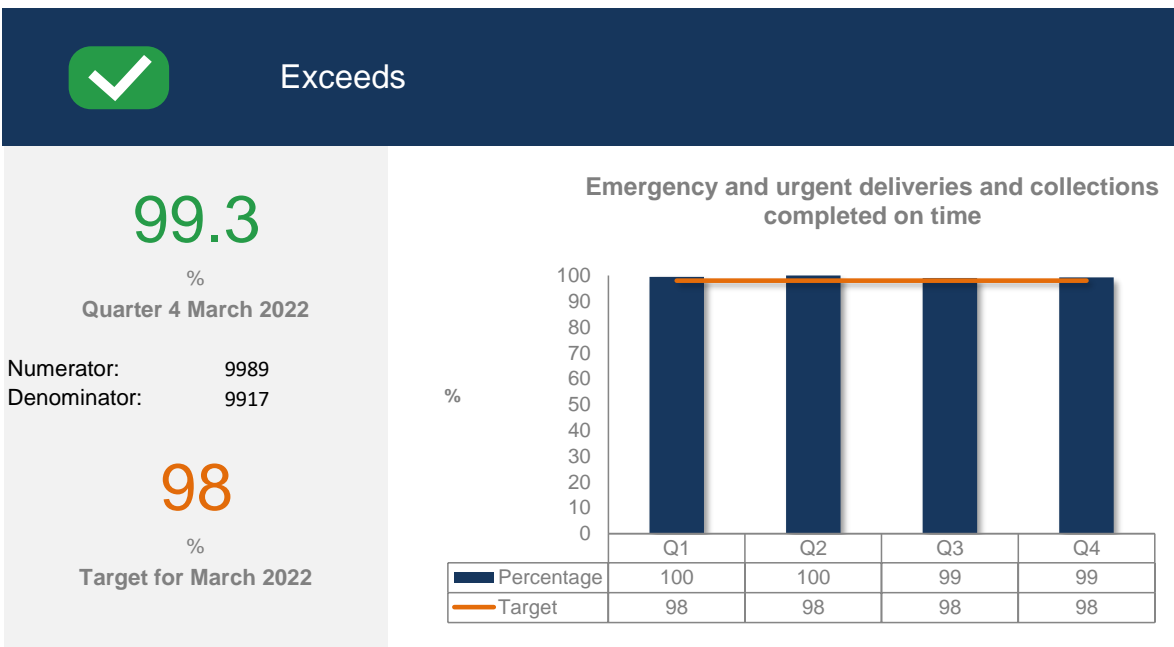
## Emergency and urgent deliveries and collections completed on time

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

The service continues to meet targets in the backdrop of high demand from health and social care prescribers and supply chain difficulties.

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:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>6 July 2022</b>
Subject:	<b>Adults and Community Wellbeing Scrutiny Committee - Work Programme</b>

**Summary:**

The Committee’s forward work programme is set out in this report. The report also includes the relevant extracts from latest version of the forward plan of key decisions due to be taken from 1 July 2022. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

**Actions Requested:**

To review the Committee's forward work programme, as set out in the report.

**1. Current Items**

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

<b>6 July 2022 – 10.00 am</b>			
	<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>	Lincolnshire Safeguarding Adults Board – Update	Richard Proctor, Independent Chair, Lincolnshire safeguarding Adults Board  Justin Hackney, Assistant Director, Specialist Services and Safeguarding	This is the six-monthly update.

<b>6 July 2022 – 10.00 am</b>			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
<b>2</b>	Adult Care and Community Wellbeing Budget Outturn 2021-22	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is the standard report, following the end of each financial year.
<b>3</b>	Performance Against Corporate Performance Framework – 2021-22 Quarter 4	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

## **2. Planned Items**

<b>7 September 2022 – 10.00 am</b>			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>	Performance Against Corporate Performance Framework – 2022-23 Quarter 1	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
<b>2</b>	Lincolnshire Integrated Care System	Glen Garrod, Executive Director of Adult	This item will advise the Committee on the impacts of the Lincolnshire Integrated Care System, which will be implemented from 1 July 2022.
<b>3</b>	All Age Obesity	Derek Ward, Director of Public Health Andy Fox, Consultant in Public Health	To advise the Committee of initiatives to support weight reduction across all age.

<b>19 October 2022 – 10.00 am</b>			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>	Adult Care and Community Wellbeing Budget Monitoring 2022-23	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is the standard report, enabling the Committee to monitor the in-year budget.

<b>19 October 2022 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>2</b>	Care Quality Commission – Annual Update	To be confirmed.	Each year the Committee considers the Care Quality Commission’s activities in relation to adult care in Lincolnshire.
<b>3</b>	Langrick Road, Boston – Extra Care Housing and Working Aged Adults Accommodation	Emma Rowitt, Project Manager – Corporate Property	To consider proposals for extra care housing and working aged adult accommodation at Langrick Road, Boston, on which a decision is due to be made by the Executive on 1 November 2022

<b>30 November 2022 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Performance Against Corporate Performance Framework – 2022-23 Quarter 2	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
<b>2</b>	Specialist Adults Accommodation at Grange Farm, Market Rasen	Emma Rowitt, Project Manager – Corporate Property	To consider proposals for specialist adult accommodation in Market Rasen, on which a decision is due to be made by the Executive on 6 December 2022
<b>3</b>	Day Services Update	Justin Hackney, Assistant Director of Specialist Services	To consider progress with the Council’s day services
<b>4</b>	De Wint Court, Lincoln, Extra Care Accommodation	Emma Rowitt, Project Manager – Corporate Property	To consider an update report on the extra care accommodation at De Wint Court, Lincoln, which was opened on 22 March 2022.

<b>11 January 2023 – 10.00 am</b>		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b> Adult Care and Community Wellbeing Budget Proposals 2023-24	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	To consider and comment on the proposed budget for Adult Care and Community Wellbeing.

<b>22 February 2023 – 10.00 am</b>		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b> Performance Against Corporate Performance Framework – 2022-23 Quarter 3	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

<b>5 April 2023 – 10.00 am</b>		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b> Carers Support Service – Introduction to the New Provider	To be confirmed.	To receive a presentation on the carers support service, including the new provider.

The forward plan of planned key decisions on items within the remit of the Committee is attached as Appendix A.

### **3. Conclusion**

The Committee is invited to consider its work programme.

### **4. Appendices**

These are listed below and attached at the end of the report.

Appendix A	Forward Plan of Key Decisions within the Remit of the Adults and Community Wellbeing Scrutiny Committee from 1 July 2022
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### **5. Background Papers** - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)



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

**From 1 July 2022**

MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE	DIVISIONS AFFECTED
Substance Misuse Treatment Grant Funding Exception	5 Jul 2022	Executive	Adult Care and Community Wellbeing Directorate Leadership Team Portfolio Holder for Adult Care and Public Health	Consultant in Public Health: <a href="mailto:Lucy.Gavens@lincolnshire.gov.uk">Lucy.Gavens@lincolnshire.gov.uk</a>	All
Langrick Road, Boston – Extra Care Housing and Working Aged Adults Accommodation	1 Nov 2022	Executive	Adults and Community Wellbeing Scrutiny Committee	Project Manager, Corporate Property: <a href="mailto:Emma.Rowitt@lincolnshire.gov.uk">Emma.Rowitt@lincolnshire.gov.uk</a>	All
Specialist Adults Accommodation at Grange Farm, Market Rasen	6 Dec 2022	Executive	Adults and Community Wellbeing Scrutiny Committee	Project Manager, Corporate Property: <a href="mailto:Emma.Rowitt@lincolnshire.gov.uk">Emma.Rowitt@lincolnshire.gov.uk</a>	Market Rasen Wolds

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