



Communities are safe and protected

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

People report they feel safe

This measure reflects the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors such as crime levels and socio-economic factors.

The relevant question drawn from the Adult Social Care Survey is 'Which of the following statements best describes how safe you feel?' to which the following answers are possible:

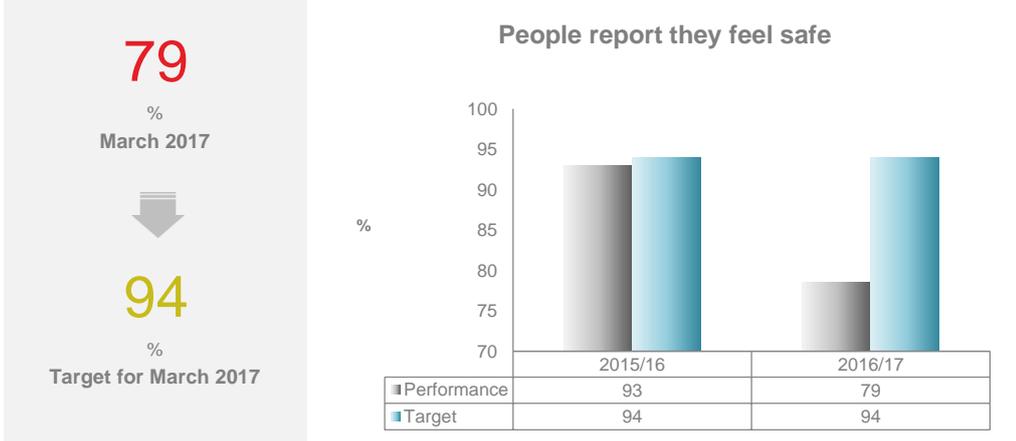
- * I feel as safe as I want
- * Generally I feel adequately safe, but not as safe as I would like
- * I feel less than adequately safe

Numerator: Number who responded 'I feel as safe as I want'.

Denominator: Number of respondents to the question.

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

✘
Not achieved

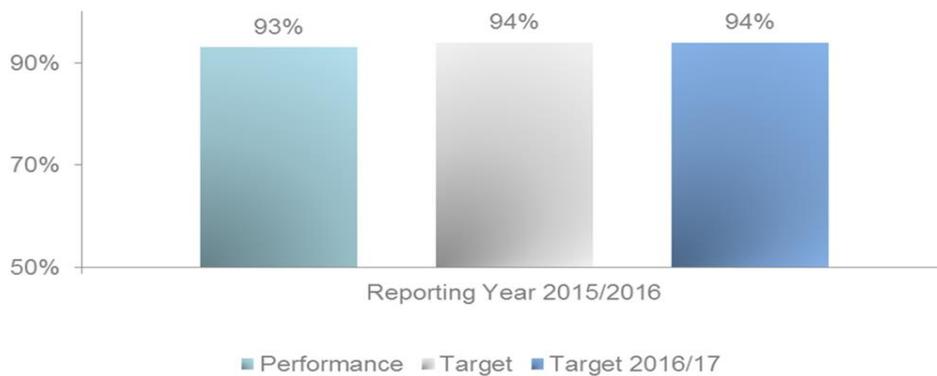


About the latest performance

This is an annual Adult Social Care Outcomes Framework (ASCOF) measure from the statutory Adult Social Care Survey (ASCS) that is reported to the Department of Health on an annual basis. 79% of Adult Care clients report they feel safe, and at a +/-5% error margin in the survey results, if all Adult care users were asked the question, the percentage would be in the range of 74% to 84%. The feeling of safety is therefore lower this year compared to last. There are many factors that affect how safe people feel and it is difficult to pinpoint specific reasons for the reduction. It should be noted that respondents haven't necessarily been subject to an Adult Safeguarding intervention, so this measure is not specific to the Safeguarding service, but more of a general view of social care users. As part of the survey process we also have a duty to investigate where respondents indicate that they don't feel safe. A handful of cases were flagged and each was followed up and once spoken to, the respondents were safe and had been confused by the question. This was similar to our experience from the previous year and gives us a reasonable level of assurance that the vulnerable adults we support are safe.

Further details

People report they feel safe



	Reporting Year 2015/2016	Target 2016/17
Performance	93%	
Target	94%	94%

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

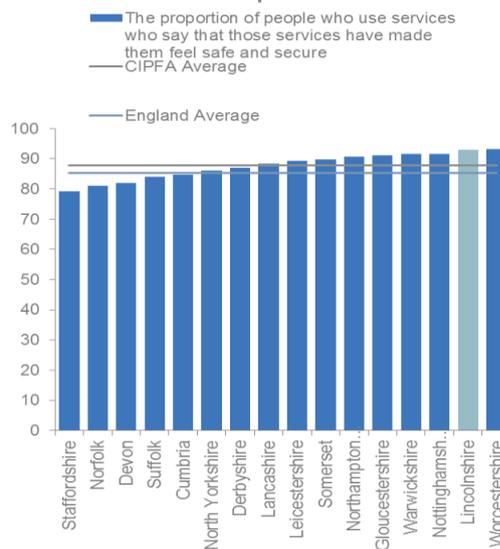
This measure has a target range of +/- 5% based on tolerances used by Department of Health.

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a 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.

	Margin of error	*Base	**Outcome
Staffordshire	4.1	427	79.3
Norfolk	3.4	444	81.0
Devon	2.9	590	82.0
Suffolk	2.9	699	84.1
Cumbria	3.4	368	84.7
North Yorkshire	2.4	692	86.0
Derbyshire	2.7	512	86.9
Lancashire	3.0	386	88.4
Leicestershire	2.8	404	89.2
Somerset	2.6	470	89.7
Northamptonshire	2.2	527	90.6
Gloucestershire	2.6	454	91.1
Warwickshire	2.7	355	91.6
Nottinghamshire	2.7	390	91.7
Lincolnshire	2.7	348	93.0
Worcestershire	2.4	411	93.2
CIPFA Average	2.8	467	87.66
England Average	0.3	69,197	85.4

People report they feel safe - CIPFA Comparators 2015/16



*Number of respondents to Adult Social Care Survey (ASCS) Q7b
 **Proportion of respondents to Adult Social Care Survey (ASCS) Q7b who say that the services they receive have made them feel safe and secure (%) - weighted value



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Safeguarding cases supported by an advocate

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

An advocate can include:-

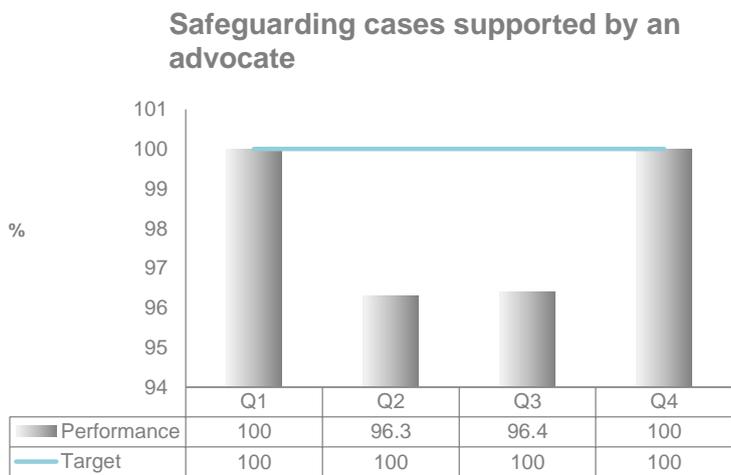
- * An Independent Mental Health Advocate (IMHA);
- * An Independent Mental Capacity Advocate (IMCA); or
- * Non-statutory advocate, family member or friends.

Numerator: Number of concluded Section 42 safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend

Denominator: Number of concluded Section 42 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.

Achieved

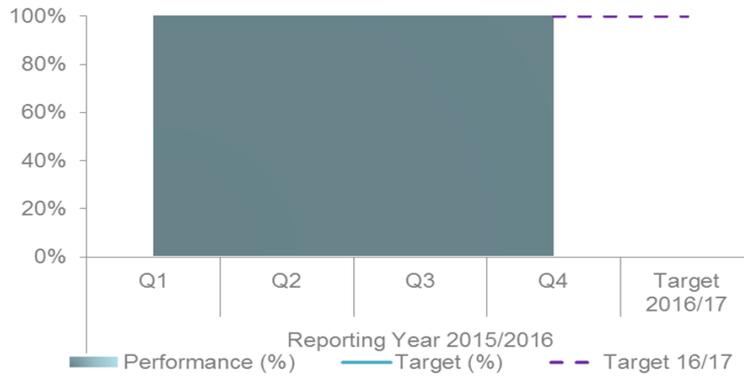


About the latest performance

The target has been achieved. Ensuring that people are able to convey their views and wishes is really important, particularly when someone has been assessed as lacking mental capacity. Making Safeguarding Personal is a key priority for the Lincolnshire Safeguarding Adults Board (LSAB).

Further details

Safeguarding cases supported by an advocate
2015/16



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance (%)	100	100	100	100	
Target (%)	100	100	100	100	100

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

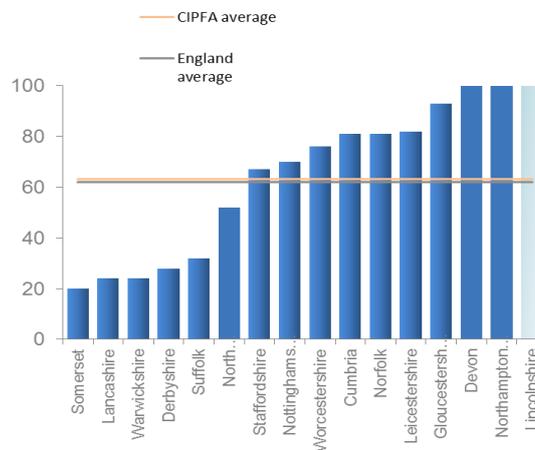
About benchmarking

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Safeguarding cases supported by an advocate 2015/16.

CIPFA	Numerator*	Denominator**	%***
Somerset	130	650	20
Lancashire	190	800	24
Warwickshire	35	145	24
Derbyshire	90	320	28
Suffolk	35	110	32
North Yorkshire	85	165	52
Staffordshire	110	165	67
Nottinghamshire	490	700	70
Worcestershire	95	125	76
Cumbria	175	215	81
Norfolk	250	310	81
Leicestershire	90	110	82
Gloucestershire	65	70	93
Devon	1195	1195	100
Northamptonshire	290	290	100
Lincolnshire	120	120	100

*Supported by advocate
 **Total S42 enquiries where person lacked capacity
 ***% Safeguarding cases supported by an advocate



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Safeguarding referrals where the source of risk is a service provider

This measure records the proportion of safeguarding referrals where 'source of risk' is a 'service provider'.

Numerator: Number of Section 42 safeguarding enquiries where the 'source of risk' is a 'social care provider'.

Denominator: Number of concluded Section 42 safeguarding enquiries in the period.

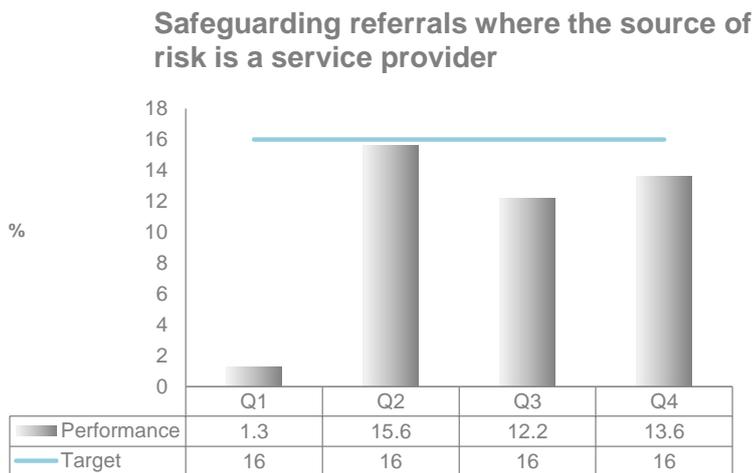
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

 **Achieved**

13.6
%
Quarter 4 March 2017



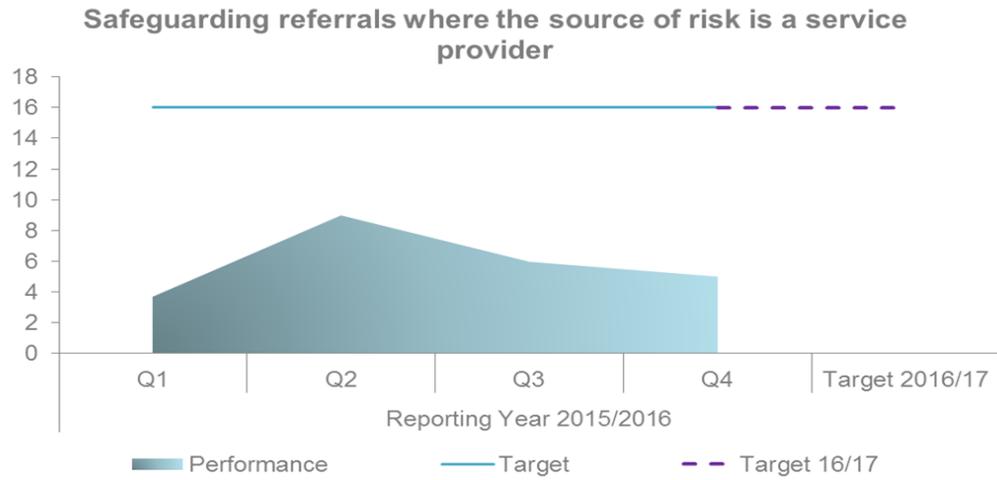
16
%
Target for March 2017



About the latest performance

The target has been exceeded for this year. An increasing number of referrals cite the source of risk as a relative, family carer or someone known to the person but not related. These account for approximately two-thirds of referrals. For the purposes of this measure a service provider is a privately arranged or publicly funded social care provider. Greater accountability for Safeguarding has been devolved to providers who are able to deal with lower level complaints without the need for a formal enquiry.

Further details



	Reporting Year 2015/2016					Target 2016/17
	Q1	Q2	Q3	Q4		
Performance	3.7	9.0	6.0	5.0		
Target	16.0	16.0	16.0	16.0		16.0

About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

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

About benchmarking

Benchmarking data for this measure is not available

 **Communities are safe and protected**

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Adult safeguarding reviews where risk was reduced or removed

This measure records the proportion of completed (and substantiated) safeguarding referrals where the risk was reduced or removed.

Numerator: Number of concluded Section 42 enquiries in the denominator, the number where the result of management action was 'risk reduced' or 'risk removed'

Denominator: Number of concluded Section 42 safeguarding enquiries in the period that were substantiated partially or in full, or where the risk of abuse was found to be true.

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

 **Achieved**

78.9
%
Quarter 4 March 2017



60
%
Target for March 2017

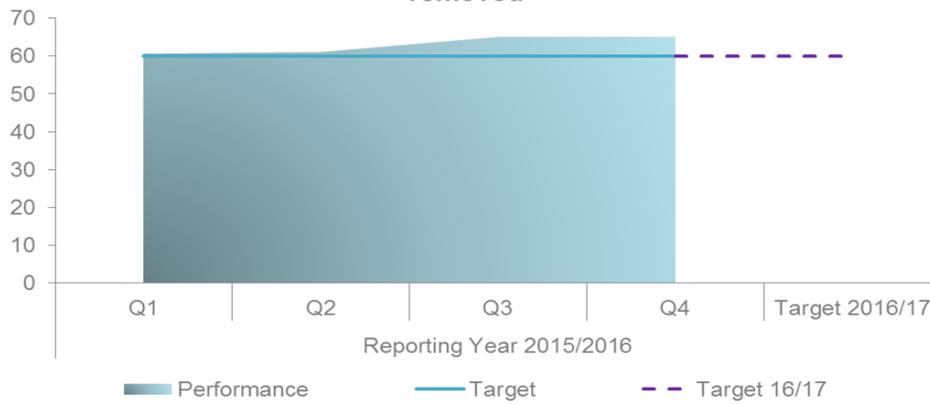


About the latest performance

The target has been exceeded this year. Making Safeguarding Personal reflects the right for Adults to make decisions that agencies are not always comfortable with. Adult Safeguarding will however seek to remove or reduce risk where this is in line with the wishes expressed by the individuals concerned.

Further details

Adult safeguarding reviews where risk was reduced or removed



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	60.6	61.0	65.0	65.0	
Target	60.0	60.0	60.0	60.0	60.0

About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

People are supported to live healthier lifestyles

Successful completion of alcohol treatment

In light of changes to the national Public Health Outcome Framework (PHOF) the wording and definition of this measure changed with effect from Quarter 2 2016/2017, from 'People referred for alcohol treatment completing treatment in a planned way' to 'Percentage of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months'. This aligns to the wording and definition of the PHOF indicator. The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in 'Protecting the public' commissioning strategy.

Numerator: Number of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months.

National Drug Treatment Monitoring System (NDTMS)

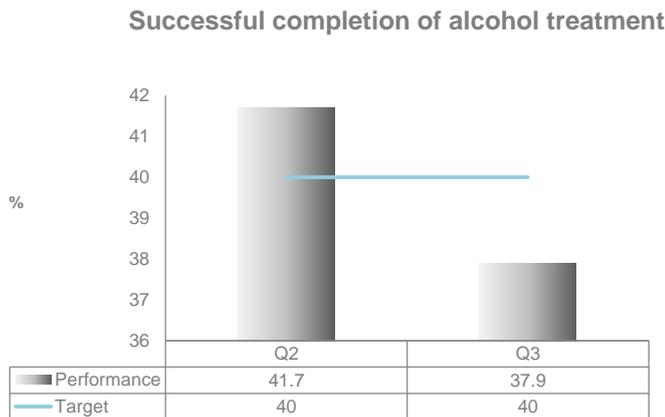
Denominator: Number of completions National Drug Treatment Monitoring System (NDTMS)

✘ Not achieved

37.9
%
Quarter 3 December 2016

↓

40
%
Target for December 2016



About the latest performance

Performance has dropped over quarter 3 of 2016/17 and now falls below target. The new service contracts commenced 1st October 2016. Performance is likely to fluctuate over the remaining quarters of this financial year while the new treatment model and ways of working embed themselves across the county.

Further details

The definition for this measure was revised in Q2 of the 2016/17 reporting year therefore historical data is not available.

About the target

A target of 40% has been set from Q2 2016/2017 to reflect the revised wording and definition of this measure.

About the target range

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

About benchmarking

There is no benchmarking currently available for this measure but will be included from 2016/17



Health and Wellbeing is improved

Older people are able to live life to the full and feel part of their communities

Older People supported by the Wellbeing Service to maintain their independence

Percentage of people who cited needs linked to aids and adaptations who had their needs met by the Wellbeing Service.

Numerator:

All clients citing assistive technology, aids and adaptations support needs as 'met' when they exit the service.

Denominator:

All clients highlighting a support need linked to assistive technology, aids and adaptations at the point of accessing service



Achieved

89.40

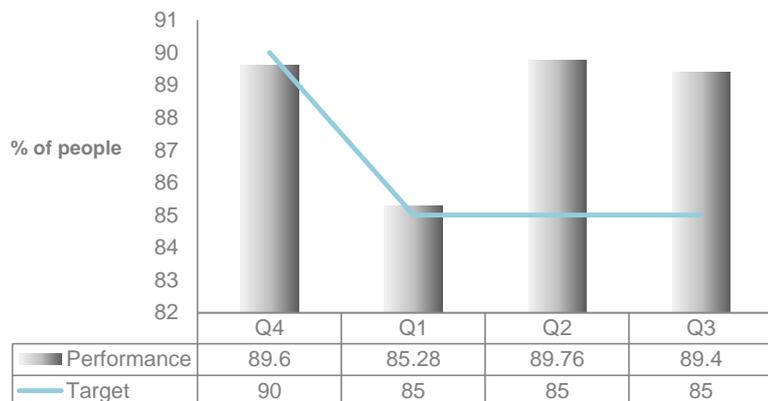
% of people
Quarter 3 December 2016



85

% of people
Target for December 2016

Older People supported by the Wellbeing Service to maintain their independence

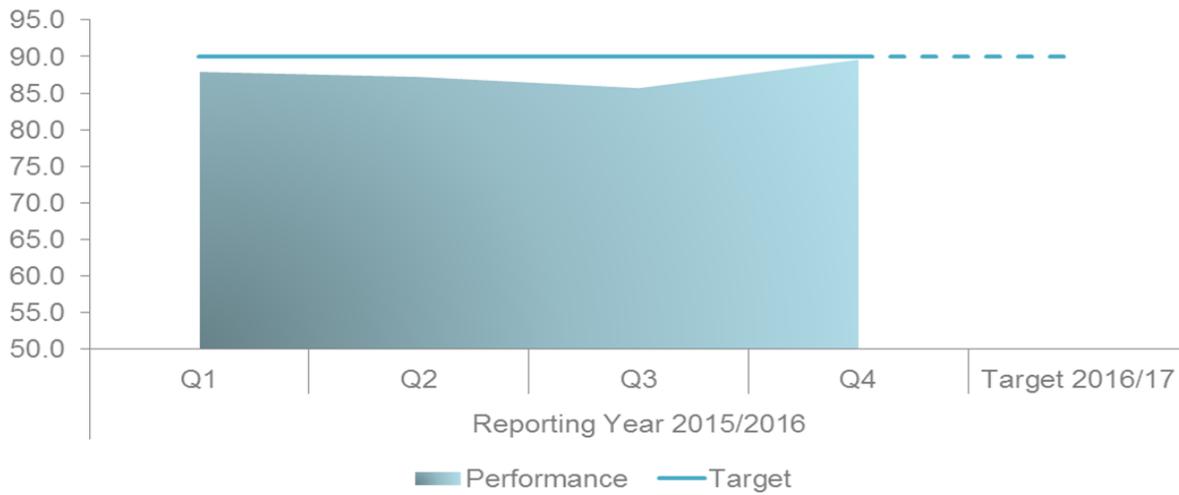


About the latest performance

This measures the percentage of people who required support with telecare, aids and adaptations to the home (in order to support independent living) when they entered the Wellbeing Service and who felt that their needs had been met following their contact with service providers. By the end of Quarter 4, 1698 out of 1899 people who cited needs linked to telecare, aids and adaptations had their need met by the Wellbeing Service.

Further details

Older People supported by the Wellbeing Service to maintain their independence



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	88.0	87.3	85.8	89.6	
Target	90.0	90.0	90.0	90.0	90.0

Please note the definition changed for 2015/2016, so comparison with 2014/2015 performance is not possible.

About the target

The target is locally set given this is a local specific measure reflecting people receiving support from the Wellbeing Service to maintain their independence. It has been set to ensure our Wellbeing service meets high standards of customer satisfaction, ensuring that the service delivered meets their identified needs.

About the target range

The target range for this measure is between 85% and 95%, this is based on an expectation of fluctuation in performance across the year

About benchmarking

Benchmarking data is not available for this measure.



Health and Wellbeing is improved

Peoples' health and wellbeing is improved

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

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

This measures the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check between 2013/14 to 2017/18 (5 year cycle). So for example performance reported at Q2 2016/2017 is cumulative from April 2013 to 30th September 2016.

Numerator:

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

Denominator:

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



Achieved

58.9

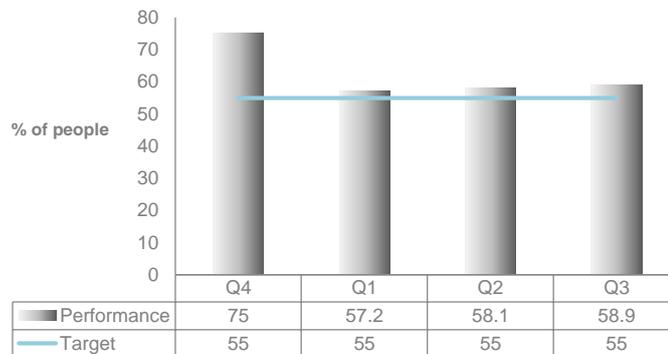
% of people
Quarter 3 December 2016



55

% of people
Target for December 2016

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

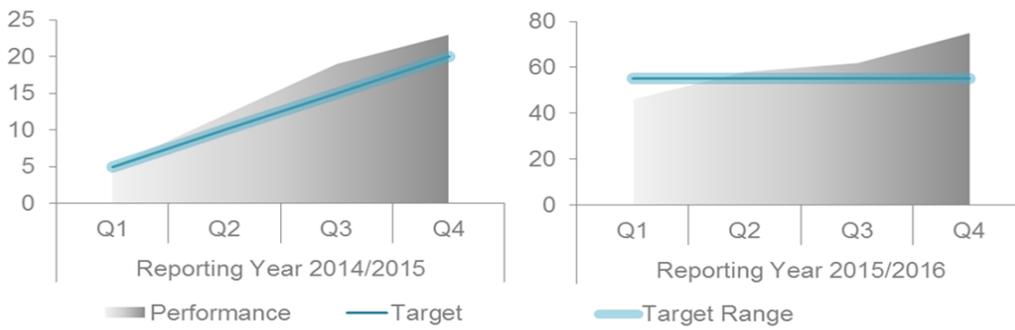


About the latest performance

This measures the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check between 2013/14 to 2017/18 (5 year cycle). Providers remain on track to meet the 5 year cycle target and the 'uptake to offer' percentages continue to improve.

Further details

People aged 40 to 74 offered and received an NHS Health Check



	Reporting Year 2014/2015				Reporting Year 2015/2016			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Performance	5	12	19	23	46	58	62	75
Target	5	10	15	20	55	55	55	55

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 data is not available for this measure.



Health and Wellbeing is improved

Peoples' health and wellbeing is improved

Chlamydia diagnoses

Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence.

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

Numerator:

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

Denominator:

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



Achieved

2,096

Per 100,000 15-24 year olds

Quarter 2 September 2016

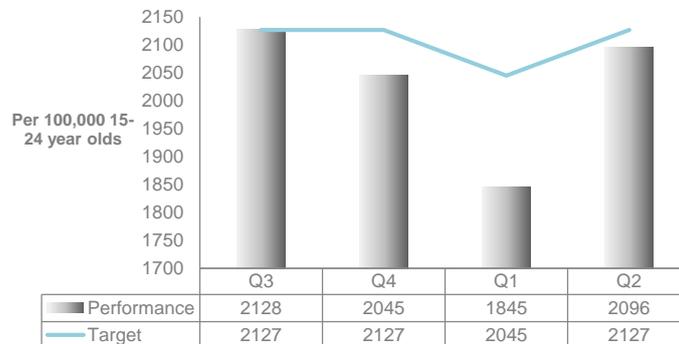


2,127

Per 100,000 15-24 year olds

Target for September 2016

Chlamydia diagnoses

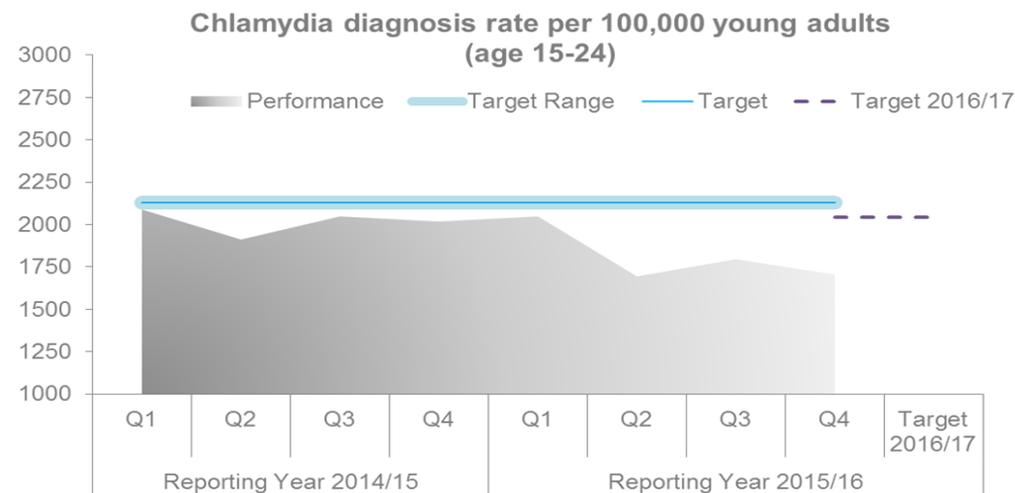


About the latest performance

In Quarter 2 the published data of 2096 represents the highest detection rate in the East Midlands suggesting that the action plan to improve Chlamydia detection and reporting is effective. A new service specification has been implemented with their sub-contractors Terrence Higgins Trust which has a greater focus and defined targets.

Last quarter we were unable to report any figures for Quarter 1 (April-June 2016) as a result of data quality issues between nationally published data and performance data submitted by our providers. The graph has now been amended to display the final reported figure for Quarter 1.

Further details



	Reporting Year 2014/15				Reporting Year 2015/16				Target 2016/17
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Performance	2087	1910	2045	2015	2045	1692	1795	1702	
Numerator	1786	1635	1635	1725	2127	2127	2127	2127	2127
Denominator	85587	85587	85587	85587	85587	85587	85587	85587	
Target	2127	2127	2127	2127	2127	2127	2127	2127	2045
Upper Range +2%	2170	2170	2170	2170	2170	2170	2170	2170	
Lower Range -2%	2084	2084	2084	2084	2084	2084	2084	2084	

About the target

After taking advice from National Chlamydia Screening Programme and the Director of Public Health for Lincolnshire, we have agreed a target lower than the national figure of 2,300 in order for it to be realistic for Lincolnshire. Historical data shows it is unlikely that the national target will be reached locally. The lower target of 2,127 per 100,000 young adults age 15- 24 equates to a 10% increase on the previous year's performance.

About the target range

The target range for this measure is between 2021 and 2233, this is based on an expectation of fluctuation in performance across the year

About benchmarking

There is no benchmarking currently available for this measure but will be included from 2016/17



Health and Wellbeing is improved

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

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

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

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

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

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

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

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



Achieved

77.2

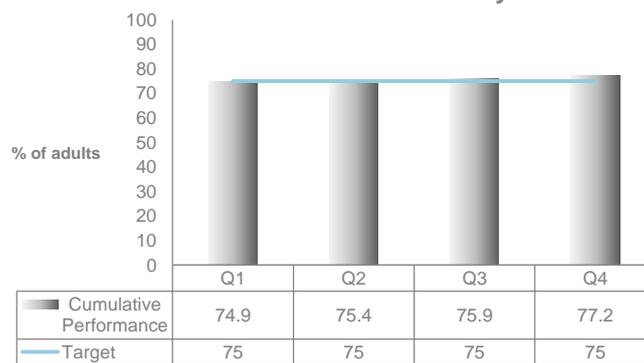
% of adults
Quarter 4 March 2017



75

% of adults
Target for March 2017

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

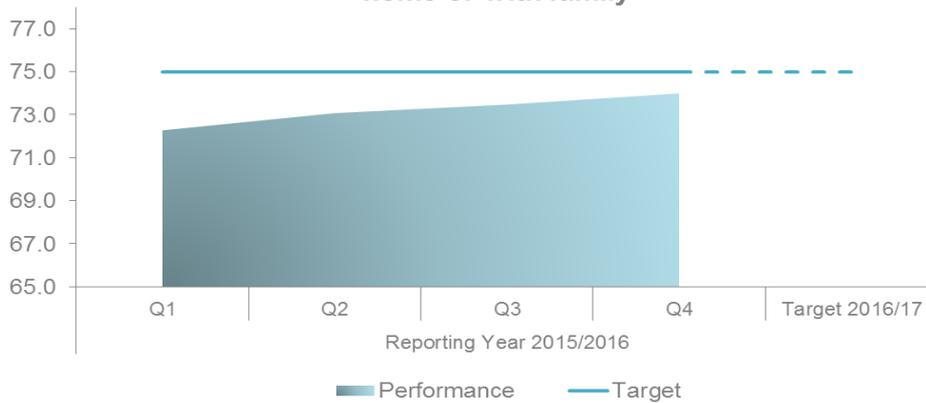


About the latest performance

This measure has shown an improvement compared to last year, and has achieved the target. This indicates that a higher proportion of new learning disability clients are coming into community services in a more settled environment. There is ongoing work to support increased community supported living capacity within the community to meet projected increases in demand, and the service continue to promote independence of service users. For those clients deemed to be in 'unsettled' accommodation, they are primarily in a residential care setting which is appropriate for their needs. Whilst classed as 'unsettled' accommodation because those people don't have security of tenure, the environment is settled where the individuals are safe and experience a better quality of life.

Further details

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



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	72.3	73.1	73.5	74.0	
Target	75.0	75.0	75.0	75.0	75.0

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

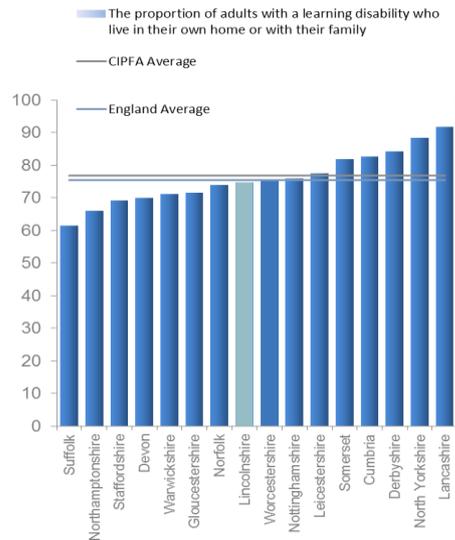
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Adults with learning disabilities who live in their own home or with family- CIPFA Comparators 2015/16

	*Numerator	**Denominator	***Outcome
Suffolk	1074	1747	61.5
Northamptonshire	1117	1692	66.0
Staffordshire	1198	1732	69.2
Devon	1479	2113	70.0
Warwickshire	806	1133	71.1
Gloucestershire	919	1283	71.6
Norfolk	1622	2191	74.0
Lincolnshire	1166	1561	74.7
Worcestershire	962	1281	75.1
Nottinghamshire	1544	2035	75.9
Leicestershire	1108	1430	77.5
Somerset	1286	1571	81.9
Cumbria	994	1202	82.7
Derbyshire	1577	1871	84.3
North Yorkshire	1330	1506	88.3
Lancashire	2937	3198	91.8
CIPFA Average	21119	27546	76.7
England Average	96288	127732	75.4



*Number of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family
 **Number of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support
 ***Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family (%)



Health and Wellbeing is improved

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

Adults in contact with secondary community health teams living independently

The measure shows the percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

Adults 'in contact with secondary mental health services' is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). The CPA coordinates care for the clients, who are known to the Community Mental Health Teams (CMHTs) following a GP referral.

'Living independently, with or without support' refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their usual accommodation in the medium-to-long-term, or is part of a household whose head holds such security of tenure/residence.

Numerator: For adults in the denominator, those who were recorded as living independently at the time of their latest review.

Denominator: Adults aged 18 to 69 on the Care Programme Approach (CPA) in contact with secondary health services during the year.



Achieved

70.7

% of adults

Quarter 3 December 2016

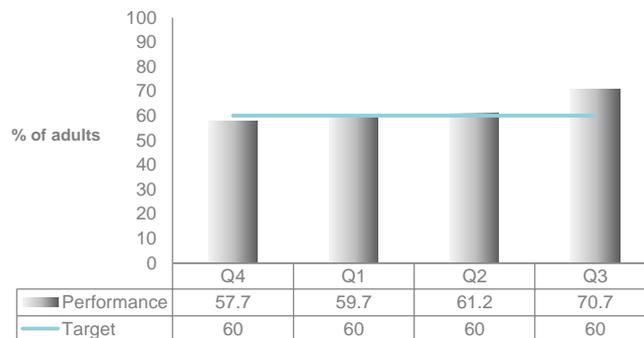


60

% of adults

Target for December 2016

Adults in contact with secondary community health teams living independently

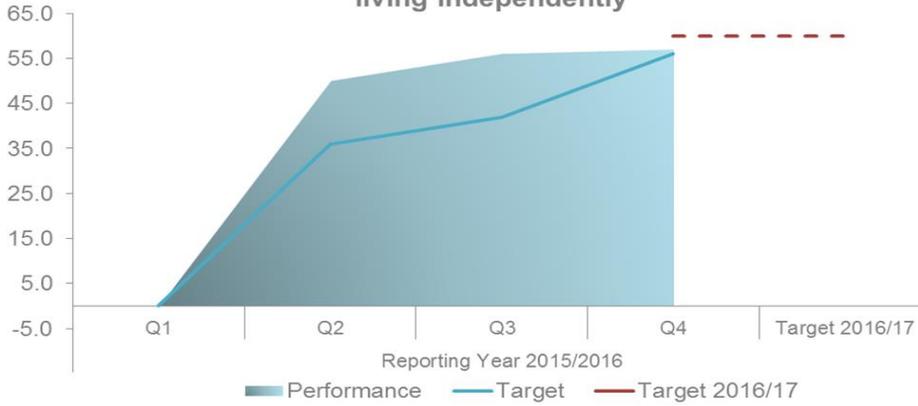


About the latest performance

There has been a steady increase throughout the year, and this measure currently exceeds the target. The recording of accommodation status for mental health clients in contact with secondary mental health services on the Care programme Approach (CPA) has significantly improved in the last two years. Although there is more work to be done with the Mental Health Trust to understand the situation of those people deemed to be less independent. This is a national Adult Social Care measure (ASCOF) and is currently being reviewed by the Department of Health as to the suitability of this measure in the Adult Care Framework.

Further details

Adults in contact with community mental health teams living independently



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	Not reported	50.0	56.0	57.0	
Target	Not reported	36.0	42.0	56.0	60.0

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

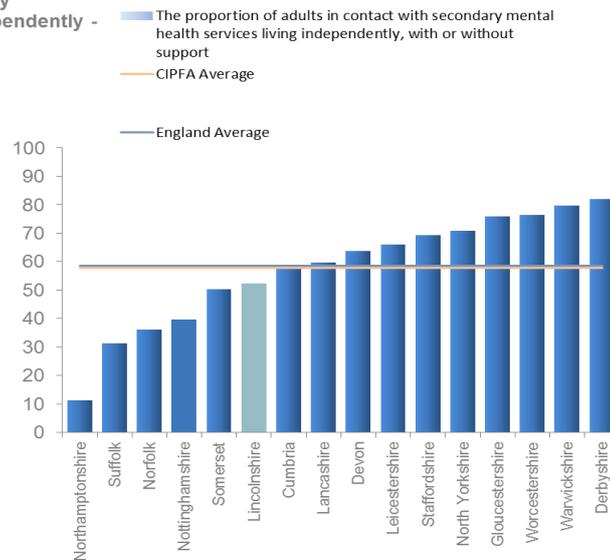
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Adults in contact with community mental health teams living independently - CIPFA Comparators 2015/16

	% Outcome
Northamptonshire	11.4
Suffolk	31.4
Norfolk	36.3
Nottinghamshire	39.7
Somerset	50.3
Lincolnshire	52.4
Cumbria	57.7
Lancashire	59.9
Devon	63.8
Leicestershire	66.2
Staffordshire	69.3
North Yorkshire	70.9
Gloucestershire	75.9
Worcestershire	76.5
Warwickshire	79.8
Derbyshire	82.1
CIPFA Average	57.7
England Average	58.6



*Proportion of working age adults (18-69) who are receiving secondary mental health services and who are on the Care Programme Approach (CPA) at the end of the month, who are recorded as living independently (with or without support) (%)



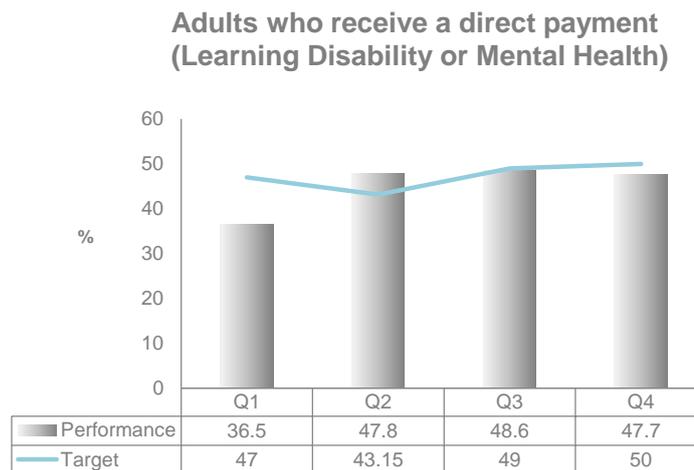
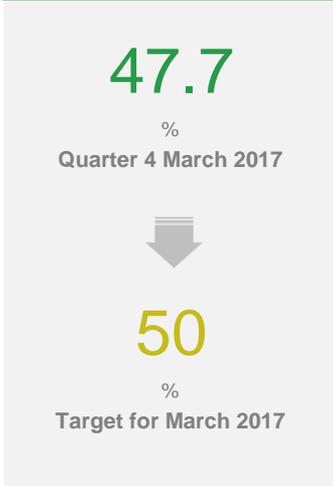
Health and Wellbeing is improved

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

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

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

✓ Achieved



About the latest performance

The figures for Quarter 4 include learning disability clients aged 18 and over, plus Mental Health clients aged 18 to 64 supported by the Lincolnshire Partnership Foundation (NHS) Trust (LPFT). This gives a Specialist Adults strategy view. At the end of the year, 47.7% of clients in the community received their support in the form of a direct payment, with which people have greater flexibility to spend their personal budget to meet their needs. The target has therefore been achieved. Direct payments are promoted within the strategy, however it is not always appropriate. Particularly in mental health, work is underway with LPFT and the Commercial Team to explore a greater range of managed personal budget services (e.g. opening up the LCC home care contracts to LPFT clients) to ensure clients have greater flexibility with their care package choices.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

About the target

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

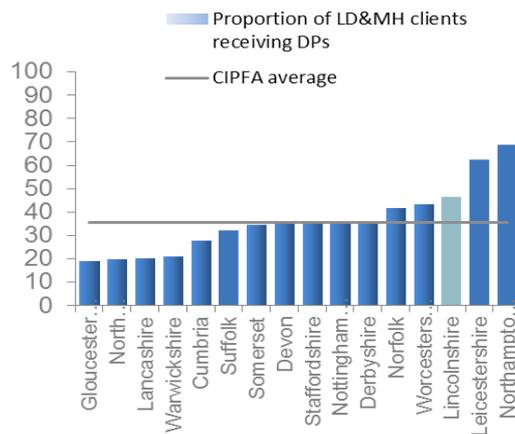
About the target range

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

About benchmarking

**Adults who receive a direct payment (LD & MH Services Only)
- CIPFA comparators 2015/2016**

CIPFA	Number of LD & MH clients receiving DPS LTS001b	Number of LD & MH clients receiving community services LTS001b	Proportion of LD&MH clients receiving DPs
Gloucestershire	185	980	18.9
North Yorkshire	370	1880	19.7
Lancashire	750	3710	20.2
Warwickshire	140	670	20.9
Cumbria	355	1285	27.6
Suffolk	525	1630	32.2
Somerset	500	1460	34.2
Devon	950	2710	35.1
Staffordshire	800	2245	35.6
Nottinghamshire	765	2145	35.7
Derbyshire	630	1745	36.1
Norfolk	970	2340	41.5
Worcestershire	535	1235	43.3
Lincolnshire	715	1540	46.4
Leicestershire	950	1520	62.5
Northamptonshire	1080	1570	68.8
CIPFA Average	10220	28665	35.7





Health and Wellbeing is improved

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

Adults who have received a review of their needs (Learning Disability or Mental Health)

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 Learning Disability and Mental Health service users receiving long term support in the community or in residential care.

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



Improving but
not achieved

88.0

%

Quarter 4 March 2017

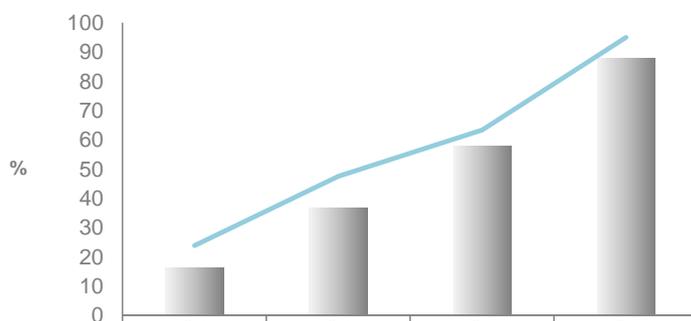


95

%

Target for March 2017

Adults who have received a review of their needs (Learning Disability or Mental Health)



	Q1	Q2	Q3	Q4
Cumulative Performance	16.4	36.7	58	88.0
Target	23.8	47.5	63.3	95

About the latest performance

The performance figures have increased slightly in Q4 but are 2% below the tolerance level for the target. Further work will be carried to understand how the implementation of mosaic may be under-reporting the true level of review activity. A number of teams are confirming higher levels of performance in line with targets set for 2016/17.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

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

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



Health and Wellbeing is improved

People have a positive experience of care

Satisfaction with learning disability and autism care and support services

The relevant question drawn from the Easy Read Adult Social Care questionnaire is : "How happy are you with the way staff help you?" to which the following answers are possible:

- * I am very happy with the way staff help me, it's really good
- * I am quite happy with the way staff help me
- * The way staff help me is OK
- * I do not think the way staff help me is that good
- * I think the way staff help me is really bad

Numerator: All those responding who choose "I am very happy with the way staff help me, it's really good".

Denominator: Total number of respondents to the survey.

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



Achieved

78

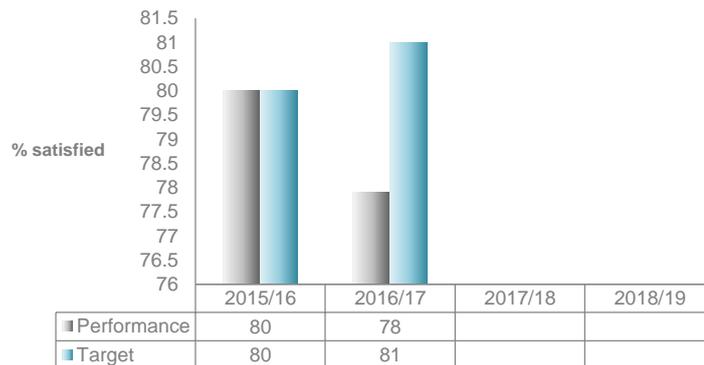
% satisfied
March 2017



81

% satisfied
Target for March 2017

Satisfaction with learning disability and autism care and support services

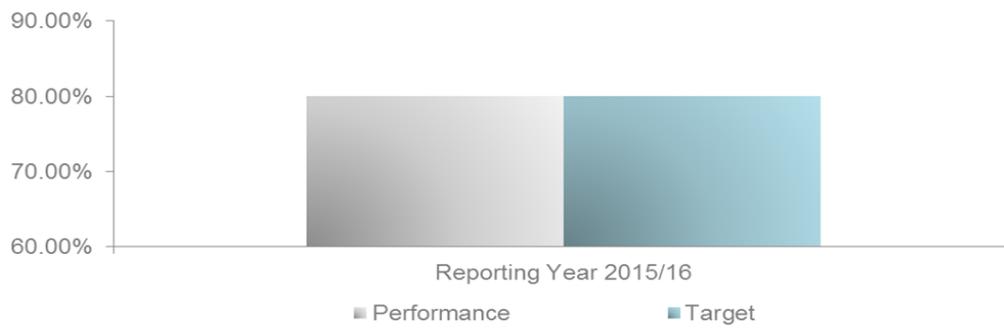


About the latest performance

78% of respondents with a learning disability reported in the annual Adult Social Care Survey (ASCS) that they are 'extremely' or 'very' satisfied with the care and support they receive. This measure is a subset of the Adult Social Care Outcomes Framework (ASCOF) measure about satisfaction of all adult care users. Despite a small reduction this year, the target has been achieved within tolerance, and is 16 percentage points higher than the overall Adult Care figure of 62%. This indicates that learning disability clients appear to be more satisfied with their care and support when compared to Adult Care as a whole, even considering that the low number of learning disabled respondents reduce the significance level of the figures to +/- 11% (i.e. if all learning disability clients were asked, overall satisfaction would be between 67% and 89%).

Further details

Satisfaction with learning disability and autism care and support services



	Reporting Year 2015/16
Performance	80.0%
Target	80.0%
Target 2016/17	81.0%

About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

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

Carers who receive a direct payment

This measure reflects the proportion of carers who receive a direct payment.

Numerator: Number of carers who have received a direct payment or part direct payment in the year (starting 1st April).

Denominator: Number of carers receiving direct carer services in the year (starting 1st April).

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

✓ Achieved

80.7
% of carers
Quarter 4 March 2017

↓

70.0
% of carers
Target for March 2017

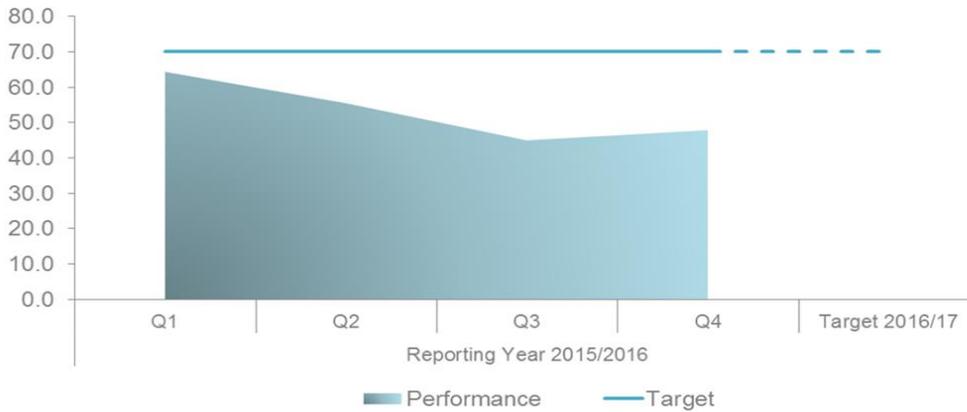


About the latest performance

The Care Act and the national eligibility criteria for carers has enabled a more equitable and targeted approach to carers with the greatest levels of need. In Lincolnshire, this has resulted in those carers receiving more substantial Direct Payments. This supports them to sustain their caring role through regular breaks or other support throughout the year, without needing to draw on the additional resources of Adult Care. Additionally, some carers may have 'eligible' needs, but rather than needing a direct payment the Carers Service is able to meet their needs through the range of support services, or by helping carers to access existing community services and facilities. The average Direct Payment per carer was £787.67 per year. The three main categories of support to meet outcomes are: carers breaks; help with household tasks, and other carers activities (each approximately 20% of all the categories).

Further details

Carers who receive a direct payment



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	64.5	55.6	45.0	48.0	
Target	70.0	70.0	70.0	70.0	70.0

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

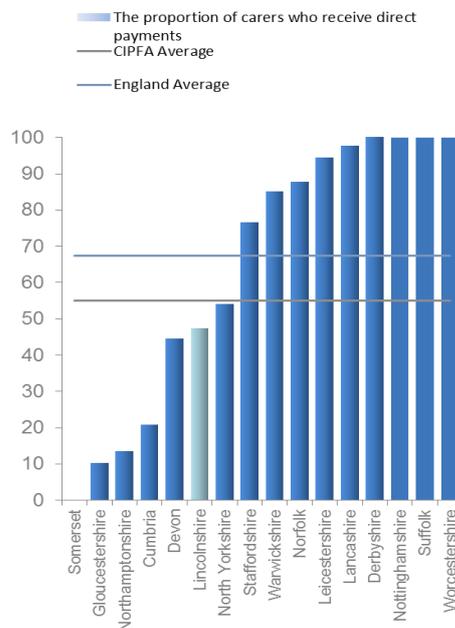
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Carers who receive a direct payment - CIPFA Comparators 2015/16

	*Numerator	**Denominator	***Outcome
Somerset	-	-	0.0
Gloucestershire	621	6,092	10.2
Northamptonshire	191	1,424	13.4
Cumbria	237	1,142	20.8
Devon	1,885	4,242	44.4
Lincolnshire	2,406	5,092	47.3
North Yorkshire	2,752	5,099	54.0
Staffordshire	225	294	76.5
Warwickshire	443	521	85.0
Norfolk	1,405	1,602	87.7
Leicestershire	1,084	1,149	94.3
Lancashire	2,704	2,771	97.6
Derbyshire	12	12	100.0
Nottinghamshire	3,598	3,598	100.0
Suffolk	731	731	100.0
Worcestershire	656	656	100.0
CIPFA Average	18,950	34,425	55.0
England Average	81,948	121,519	67.4



*Number of carers receiving direct payments or part-direct payments in the year (15/16) to 31 March
 **Number of carers receiving carer-specific services in the year (15/16) to 31 March
 ***Proportion of carers receiving carer-specific services in the year (15/16) to 31 March who received direct payments (%)



Health and Wellbeing is improved

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

Carer reported quality of life

This is a composite measure which combines individual responses to 6 questions measuring different outcomes related to overall quality of life. These outcomes are mapped to six domains:- occupation, control, personal care, safety, social participation and encouragement and support.

The 6 questions, drawn from the Carers Survey, are:-

*Occupation - which of the following statements best describes how you spend your time?

*Control - Which of the following statements best describes how much control you have over your daily life?

*Personal Care - Thinking about how much time you have to look after yourself (in terms of getting enough sleep or eating well), which statement best describes your present situation?

*Safety - Thinking about your personal safety, which of the statements best describes your present situation?

*Social Participation - Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?

*Encouragement and support - Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?

Each of the questions has three possible answers, which are equated with having:

- * No unmet needs in a specific life area or domain (the ideal state);
- * Some needs met, and;
- * No needs met

Responses to the questions indicate whether the carer has unmet needs in any of the six areas. The measure gives an overall score based on respondents' self-reported quality of life across the six questions. All six questions are given equal weight.

Numerator: The total score for all respondents, with a maximum of 2 points for no need, and 0 points for critical need to each question.

Denominator: Total number of respondents answering all 6 outcomes-based quality of life questions.

A target of an average 8 points scored in the survey has been set for this measure.



Not achieved

7.4

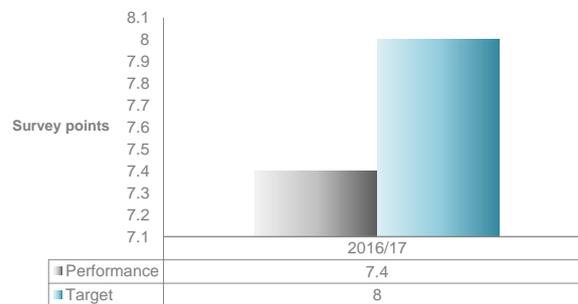
Survey points
March 2017



8

Survey points
Target for March 2017

Carer reported quality of life



About the latest performance

This measure comes from the national Survey of Adult Carers in England (SACE), which is submitted to the Department of Health on a biennial basis. It does not include young carers, young adult carers or parent carers (which are reported through Children's Services). It is a composite measure that combines responses to 6 different questions about quality of life including work, control, personal care, safety, social participation and encouragement. The results have dropped this year slightly from a previous quality of life score of 7.9, and although the measure has not been achieved, this year's outturn represents a 6% reduction in reported quality of life. Since the survey results are statistically significant at +/-5%, if all carers receiving support in the survey population were asked the results would be between 7.0 and 7.8 so on balance this represents a negligible reduction in quality of life over the last 2 years. It is worth noting that this appears to be in line with national trends, as cuts are made to Adult Care, and unpaid carers fill the gap; however local analysis has not yet been carried out.

Further details

This measure comes from the national Survey of Adult Carers in England (SACE) which is submitted to the Department of Health on a biennial basis. Historical information is not available, as measure not reported in 2015/16

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

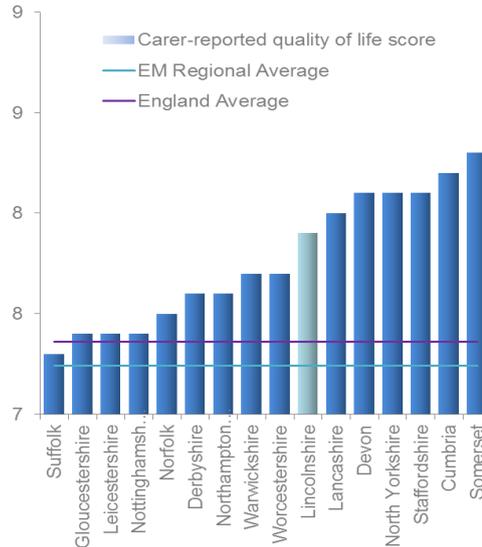
This measure has a target range of +/- 5% of the survey target score based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a 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.

**Carer reported quality of life
CIPFA Comparators 2014/15**

	*Base	**Outcome
Suffolk	710	7.3
Gloucestershire	480	7.4
Leicestershire	395	7.4
Nottinghamshire	505	7.4
Norfolk	375	7.5
Derbyshire	870	7.6
Northamptonshire	425	7.6
Warwickshire	335	7.7
Worcestershire	405	7.7
Lincolnshire	490	7.9
Lancashire	375	8.0
Devon	515	8.1
North Yorkshire	590	8.1
Staffordshire	430	8.1
Cumbria	345	8.2
Somerset	305	8.3
EM Regional Average	3,830	7.6
England Average	52,700	7.9



*Number of respondents who answered all six of the relevant questions in the Carers Survey (CS)

**Sum of the scores for all respondents who answered all six of the relevant questions in the Carers Survey (CS), divided by the number of respondents who answered all six of the relevant questions in the CS (Score out of 12)



Health and Wellbeing is improved

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

Carers included or consulted in discussions about the person they care for

This measures responses to the question in the Carers Survey "In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?", to which the following answers are possible:

- * There have been no discussions that I am aware of in the last 12 months
- * I always felt involved or consulted
- * I usually felt involved or consulted
- * I sometimes felt involved or consulted
- * I never felt involved or consulted

Numerator: All those responding who choose the answer "I always felt involved or consulted" and "I usually felt involved or consulted".

Denominator: Total number who responded to the survey.

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



Not achieved

64.4

%

March 2017

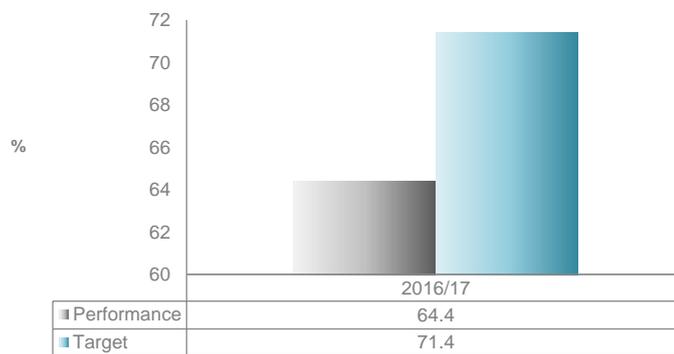


71.4

%

Target for March 2017

Carers included or consulted in discussions about the person they care for



About the latest performance

This measure also comes from the biennial national Survey of Adult Carers in England (SACE), where slightly fewer carers this year reported that they were 'always' or 'usually' included or consulted in either health or social care decisions regarding the person they cared for. These results are statistically significant at +/-5% so a reduction of 6.2% against the previous survey results from 2 years ago are negligible. The Care Act and the Lincolnshire Carers Service champion 'Whole Family Approaches' and it therefore remains an aspiration for the Lincolnshire Health and Care community that these figures should improve with the next survey in 2018/19. Adult Care is increasingly developing 'whole family approaches' as a routine approach to meeting the needs of a vulnerable adult, ensuring that carers of all ages are identified and any needs assessed. Carers FIRST has a long term programme of engagement with the NHS sector, in both primary and acute care to build the cultural change required which will see carers of all ages routinely included or consulted in such discussions.

Further details

This measure comes from the national Survey of Adult Carers in England (SACE) which is submitted to the Department of Health on a biennial basis. Benchmarking data is available for this measure (see About Benchmarking), however this measure was not formally added to the Council Business Plan until 2016/17, therefore historical data is not available.

About the target

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

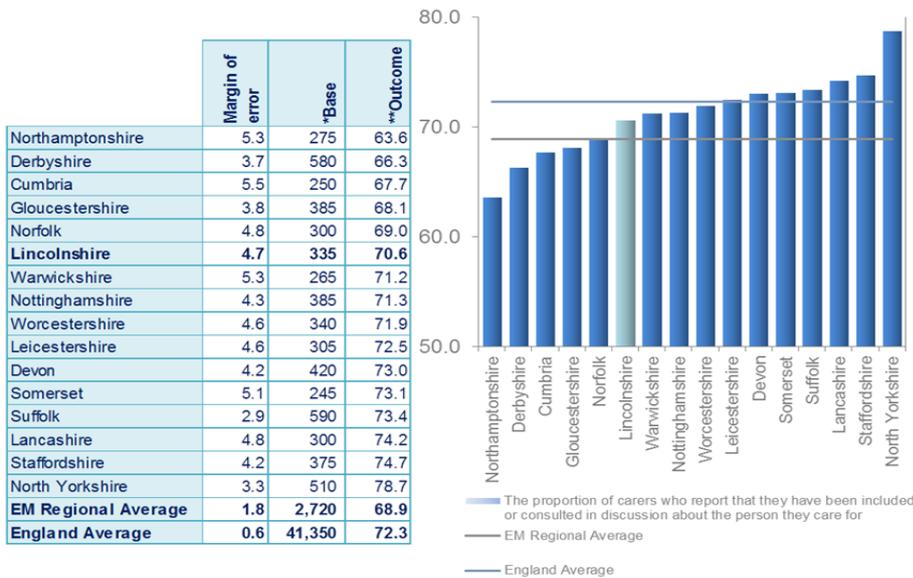
About the target range

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 a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Carers included or consulted in discussions about the person they care for - CIPFA Comparators 2014/15



*Number of respondents who answered Carers Survey (CS)

**Proportion of respondents who answered Carers Survey (CS) Q15 who said that they usually or always felt involved or consulted in discussion about the person they care for (%)



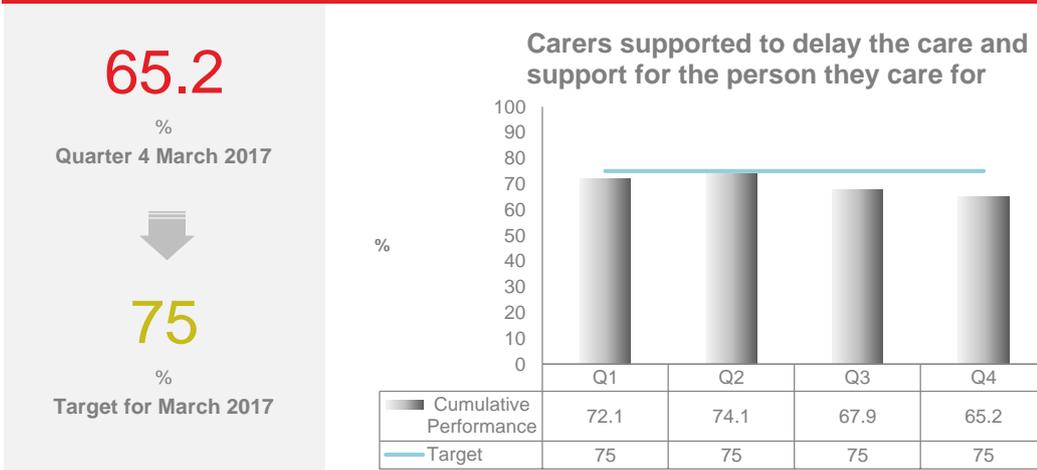
Health and Wellbeing is improved

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

Carers supported to delay the care and support for the person they care for

This measure identifies the proportion of all carers currently supported by the carers service.
 Numerator: Number of people cared for not in receipt of long term support (i.e. a personal budget or residential care).
 Denominator: Number of carers (caring for adults) currently supported by the carers service (an open involvement to the carers team or a trusted assessor).
 The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

X Not achieved



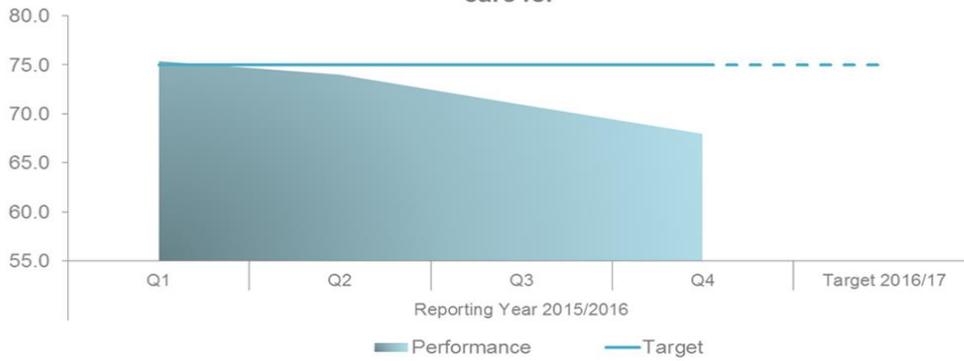
About the latest performance

This measure was designed to capture the preventative element of the Carers Service, where the focus is to identify carers early on, provide information and advice and lower levels of support to enable carers to sustain the caring role, prevent crisis and delay the need for the person they care for needing a funded social care package.

The success of the Care Act has raised awareness of Social Care teams of the rights and needs of carers – resulting in more carers being identified and assessed alongside the person they care for. This means both the carer and the person they care for can be eligible for support, in their own right. This is a positive trend, indicating that the increase of carers being supported is also as a result of the good practice of social care teams being aware of and promoting carers rights. It highlights that if a similar cultural change is achieved with all care professionals an increasing number of carers could be identified early. A continuing intensive publicity programme during 2017-18 is aimed at improving professionals' awareness and to reach out to hidden carers.

Further details

Carers supported to delay the care and support for the person they care for



	Reporting Year 2015/2016				Target 2016/17
	Q1	Q2	Q3	Q4	
Performance	75.4	74.0	71.0	68.0	
Target	75.0	75.0	75.0	75.0	75.0

About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

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

About benchmarking

Benchmarking data for this measure is not available



Health and Wellbeing is improved

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

Carers who find it easy to find information about services

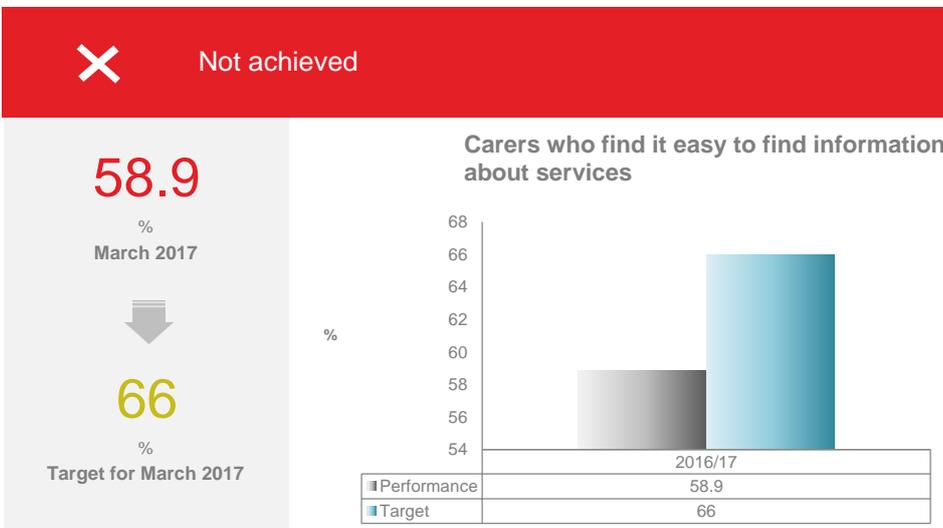
The relevant question is drawn from the Carers Survey "In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services". The following answers are possible:

- * I have not tried to find information or advice in the last 12 months
- * Very easy to find
- * Fairly easy to find
- * Fairly difficult to find
- * Very difficult to find

Numerator: Number of those responding who select the response "very easy to find" and "fairly easy to find".

Denominator: Number of those who responded to the survey.

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



About the latest performance

This result also comes from the biennial National Adult Carers Survey. The results are significant at +/- 5%, so if all carers were asked the question, the true picture would be between 54% and 64%. Whilst the results are lower than two years ago, the reduction may not be as pronounced as the figures suggest. The same national survey also reported that 94% of respondents said the information they did find was useful. It should also be noted that the question in the survey asked respondents to consider information and advice from different sources, such as voluntary organisations and Health as well as the Council. The aspiration remains to improve this figure.

Lincolnshire County Council aims to make it easier for carers to find information about available help by having a single point of access for the Carers Service through the Customer Service Centre. Furthermore, an Adult Care project is underway to refresh and improve the Information and Advice offer from the Council, both online and through the content and reach of the Lincolnshire Care Services Directory. A targeted Touchstone survey is planned to assess the impact once the project is complete. The main online service directory for the Lincolnshire Health and Care community is run by Lincs2Advice.

In addition, Carers FIRST consolidates the local information and advice offer to carers through its own website, with links to national Carers UK information and by the ongoing development of its online self-service offer. Additionally, through the Carers Publicity Programme, Carers FIRST produces and distributes carers literature to GP surgeries, pharmacies and Lincolnshire's hospitals, as well as ongoing outreach to voluntary groups & colleges.

Further details

This measure comes from the national Survey of Adult Carers in England (SACE) which is submitted to the Department of Health on a biennial basis. Benchmarking data is available for this measure (see About Benchmarking), however this measure was not formally added to the Council Business Plan until 2016/17, therefore historical data is not available.

About the target

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

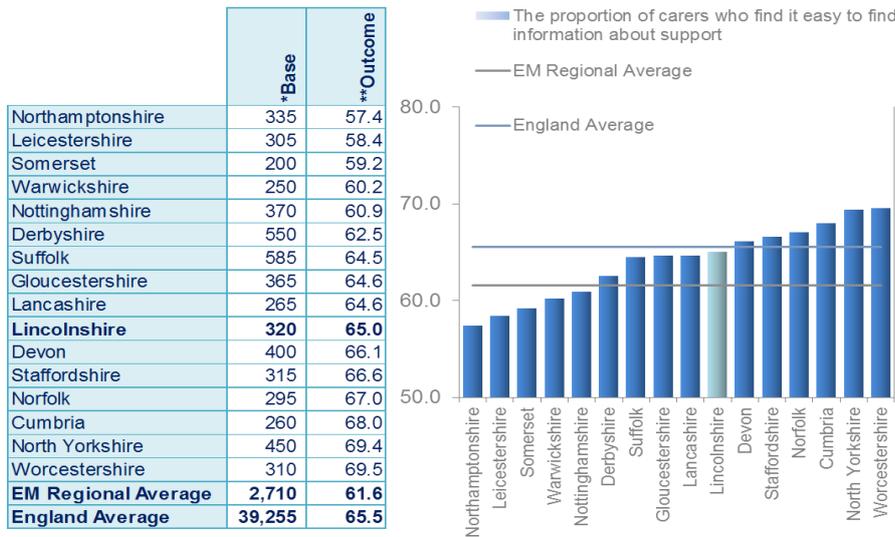
About the target range

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 a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Carers who find it easy to find information about services - CIPFA Comparators 2015/16





Health and Wellbeing is improved

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

Carers supported in the last 12 months

This measure reflects the number of carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population. This measure represents the total number of carers who care for an adult – and who are supported by the County Council and its commissioned services. It does not include the young carers, young adult carers or parent carers whom the Council also supports (which is reported through Children's Services).



Achieved

1,375

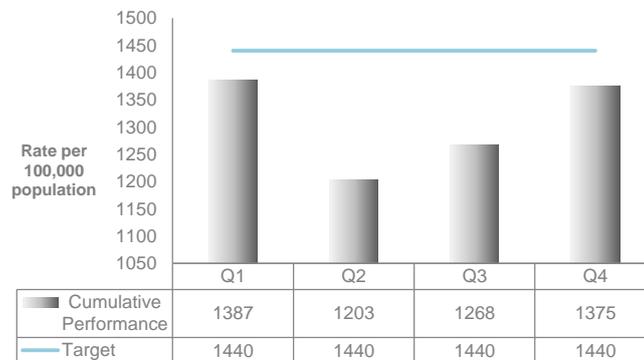
Rate per 100,000 population
Quarter 4 March 2017



1,440

Rate per 100,000 population
Target for March 2017

Carers supported in the last 12 months



About the latest performance

National census data predicts a growth in the number of carers locally (as set out in the Carers Joint Strategic Needs Assessment), hence this stretch target is to meet anticipated demand. The data indicates the number of carers supported has increased by 11% compared to 2015/16 (based on figures sourced from AIS, Lincolnshire County Council's previous case management system). Carers FIRST, together with LCC, continue to develop the publicity programme for the Carers Service: promoting the service through local advertising, leaflets & information booklets to raise awareness directly to those who are looking after someone. They are also developing an extensive engagement programme with Health (primary care and acute care) and allied medical professions (Pharmacy), Employers and other professionals who have a key role in the early identification of unpaid carers, young carers, young adult carers and parent carers. Carers FIRST also work closely with Children's Services to ensure a smooth transition of support for young adult carers, engaging also with the further and higher Education sectors to raise awareness of young adult carers needs.

Further details

No further information available, as measure not reported in 2015/16.

About the target

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

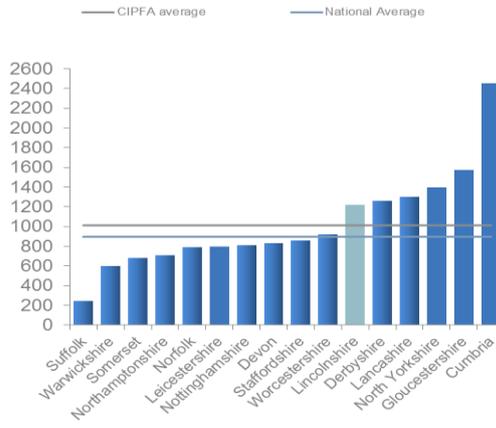
About the target range

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

About benchmarking

Carers supported in the last 12 months per 100,000 - CIPFA Comparators 2015/2016

CIPFA	Numerator*	Denominator**	Outcome***
Suffolk	1450	590605	245.5
Warwickshire	2645	441340	599.3
Somerset	2965	436207	679.7
Northamptonshire	3955	560409	705.7
Norfolk	5630	717037	785.2
Leicestershire	4290	539616	795.0
Nottinghamshire	5190	642564	807.7
Devon	5240	630486	831.1
Staffordshire	5925	693720	854.1
Worcestershire	4255	463334	918.3
Lincolnshire	7265	594466	1222.1
Derbyshire	7935	628988	1261.6
Lancashire	12300	946175	1300.0
North Yorkshire	6770	485158	1395.4
Gloucestershire	7735	492363	1571.0
Cumbria	9935	405166	2452.1
CIPFA Average	93485	9267634	1008.7
England Average	386600	43108471	896.8



*Total of carers receiving support in year (LTS003) Table 1 total of carers.

**18+ population.

***carers supported in the last 12 months per 100,000.



Health and Wellbeing is improved

People are supported to remain independent and at home

Permanent admissions to residential and nursing care homes aged 65+

The number of admissions of older people to residential and nursing care homes relative to the population size (65+).

Numerator - The number of LCC funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.

Denominator - Size of older people population (aged 65+) in Lincolnshire based on the Office of National Statistics mid-year population 2013 estimates.

The desired outcome is fewer permanent admissions to residential and nursing care homes (65+).

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



Not achieved

1,067

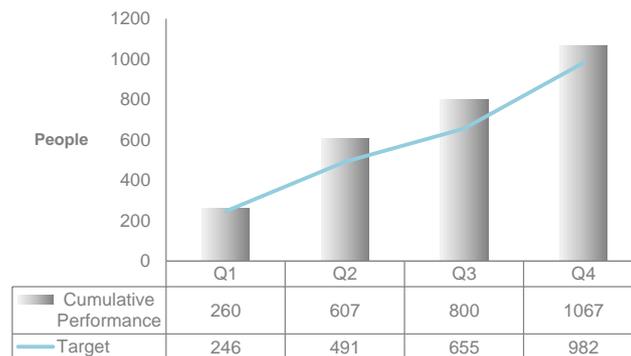
People
Quarter 4 March 2017



982

People
Target for March 2017

Permanent admissions to residential and nursing care homes aged 65+



About the latest performance

The number of admissions has slowed in the last quarter of the year, however, increased demand for residential care has resulted in 85 placements more than planned for the year, which is just less than a 10% deviation from the target. The target was set by the Better Care Fund (BCF) and kept the same for Corporate reporting for consistency. We believe that 100% of the placements were appropriate and required in meeting citizens needs and our statutory requirements. Alternatives are always explored and placements approved on a case-by-case basis, and it appears that we are dealing with a higher level of acuity and therefore the placements are fully justified. We are experiencing a higher level of demand for services generally and a similar proportion of people are being admitted to care homes as in previous years. Over the last 2 years, the ratio of people in residential care to community has been static at 1:2, suggesting we are consistently placing people as appropriate.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

About the target

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

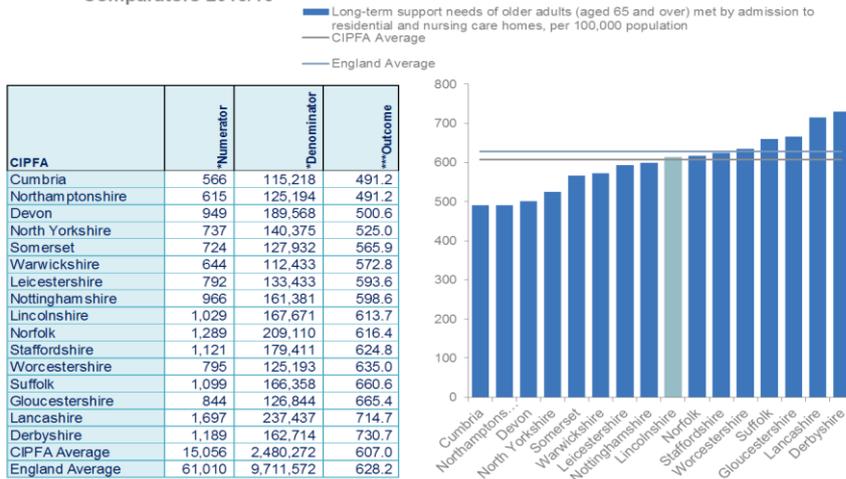
About the target range

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 a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Permanent admissions to residential and nursing care homes aged 65+ CIPFA Comparators 2015/16



*The number of council-supported older adults (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
 **Size of the older adult population (aged 65 and over) in the area
 ***Number of council-supported older adults (aged 65 and over) whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population



Health and Wellbeing is improved

People are supported to remain independent and at home

Requests for support for new clients, where the outcome was universal services/ signposting

This measure demonstrates that the:-

Customer Service Centre (CSC);

Field Work Team; and

Emergency Duty Team (JDT) is able to effectively screen people and signpost to the appropriate agencies without the need for social care intervention.

Numerator: Number of requests for support for new clients, where the outcome was 'Universal services / signposting to other services' or 'No services provided'.

Denominator: The number of requests for support received by Adult Care from new adult clients (i.e. adults who were not in receipt of services at the time of the request).

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

New client defined as not known to Adult Care at the time of the contact.

This is a count of contacts, not the number of people.



Not achieved

57.9

%

Quarter 4 March 2017

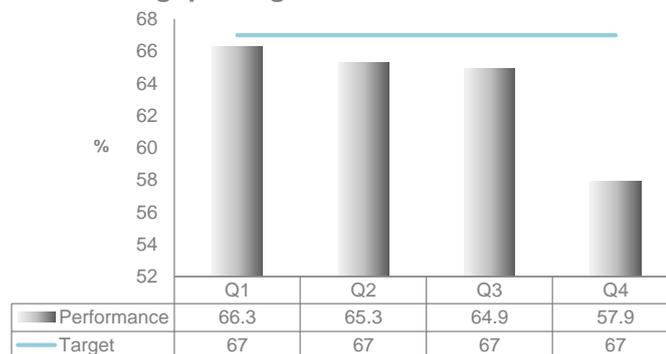


67

%

Target for March 2017

Requests for support for new clients, where the outcome was universal services/ signposting

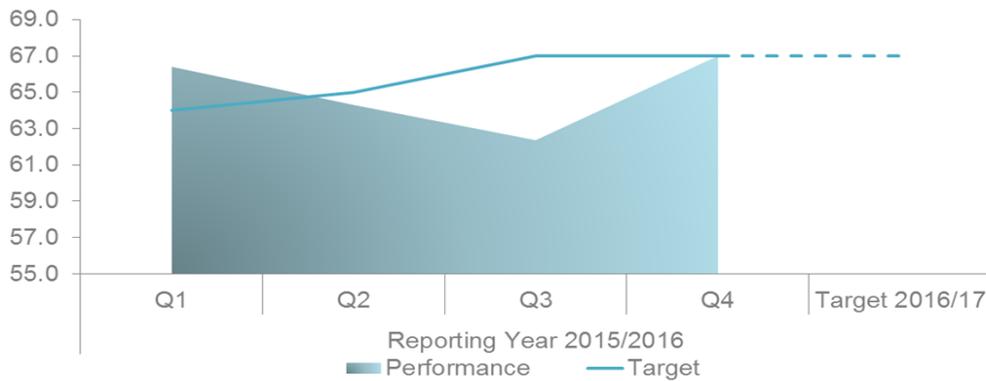


About the latest performance

The figures for the full year show that 58% of requests from new clients received in the year have resulted in information and advice or signposting to other services, however the stretch target has not been achieved. Before the official figures were published on 24th May in the Short & Long Term (SALT) government return, an additional 3,000 new clients were added from our Reablement provider Allied Healthcare, all of which would have a reablement outcome. This has depressed the percentage but serves to illustrate an important point; that this measure should not be taken in isolation. A significant amount of equipment has also been provided this year, with increased levels of Reablement, which are both viable lower level support options to delay and reduce the long term needs of adults. Ultimately, the aim of prevention is to provide low level support to reduce the longer-term need for funded care in the community or in residential care.

Further details

Requests for support for new clients, where the outcome was universal services/ signposting



	Reporting Year 2015/2016					Target 2016/17
	Q1	Q2	Q3	Q4		
Performance	66.4	64.3	62.4	67.0		
Target	64.0	65.0	67.0	67.0		67.0

About the target

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

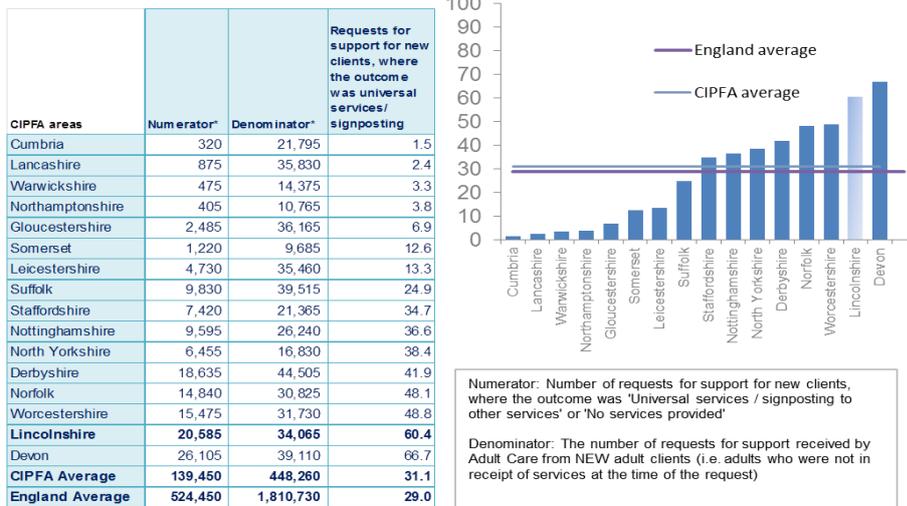
About the target range

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 a 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. Benchmarking data is not yet available for this measure.

Requests for support for new clients, where the outcome was universal services/signposting 2015/16





Health and Wellbeing is improved

The quality of life for the most vulnerable people is improved

People using the service with control over their daily life

This measure is drawn from the Adult Social Care Survey question 'Which of the following statements best describes how much control you have over your daily life?', to which the following answers are possible:

- * I have as much control over my daily life as I want;
- * I have adequate control over my daily life;
- * I have some control over my daily life but not enough
- * I have no control over my daily life

Numerator: Number of those responding either 'I have as much control over my daily life as I want' or 'I have adequate control over my daily life'.

Denominator: Total number of people who responded to the survey.

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



Achieved

80

%

March 2017

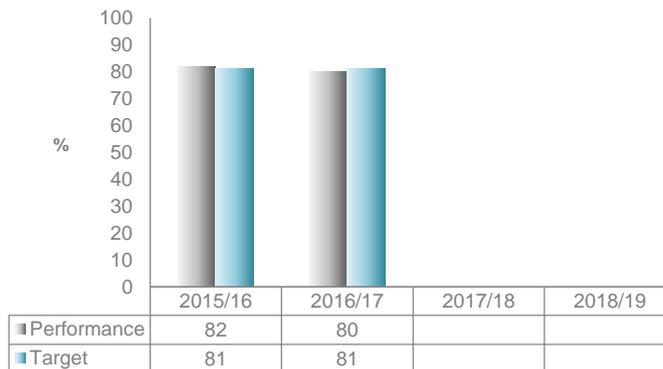


81

%

Target for March 2017

People using the service with control over their daily life

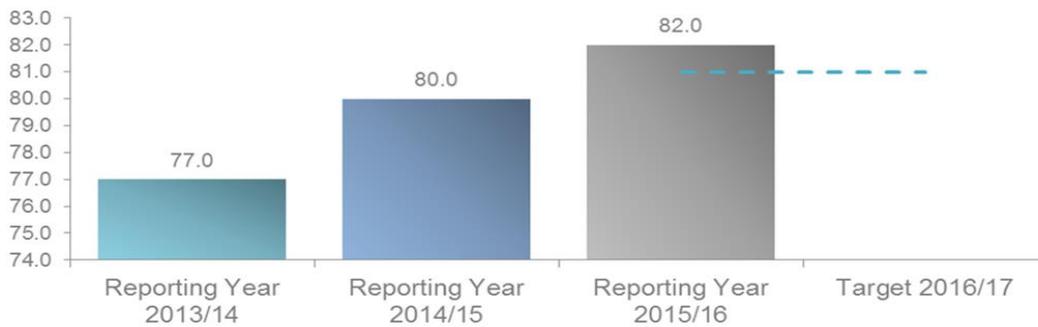


About the latest performance

Carers FIRST, together with LCC, continue to develop the publicity programme for the Carers Service: promoting the service through local advertising, leaflets & information booklets to raise awareness directly to those who are looking after someone. They are also developing an extensive engagement programme with Health (primary care and acute care) and allied medical professions (Pharmacy), Employers and other professionals who have a key role in the early identification of unpaid carers, young carers, young adult carers and parent carers. Carers FIRST also work closely with Children's Services to ensure a smooth transition of support for young adult carers, engaging also with the further and higher Education sectors to raise awareness of young adult carers needs.

Further details

Proportion of people using the service who have control over their daily life (Annual survey)



	Reporting Year 2013/14	Reporting Year 2014/15	Reporting Year 2015/16	Target 2016/17
Performance	77.0	80.0	82.0	
Target			81.0	81.0

About the target

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

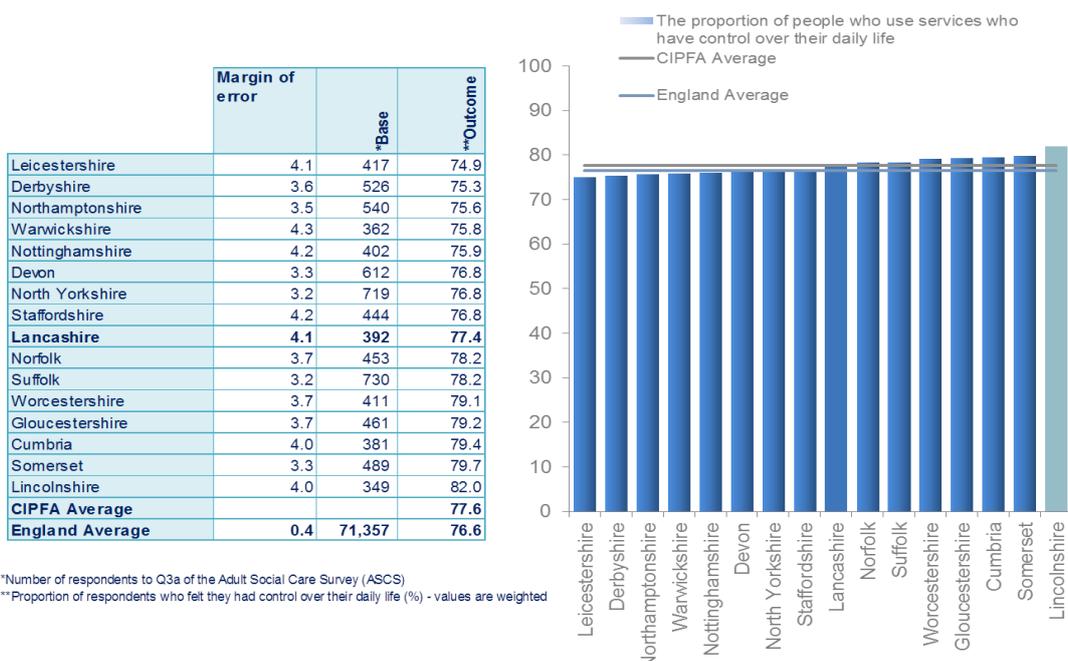
About the target range

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 a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

The proportion of people who use services who have control over their daily life 2015/16



*Number of respondents to Q3a of the Adult Social Care Survey (ASCS)

**Proportion of respondents who felt they had control over their daily life (%) - values are weighted



Health and Wellbeing is improved

The quality of life for the most vulnerable people is improved

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.



Achieved

38.1

%

Quarter 4 March 2017

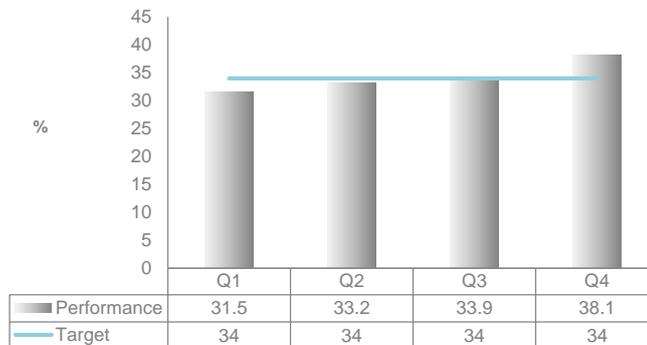


34

%

Target for March 2017

Adults who receive a direct payment

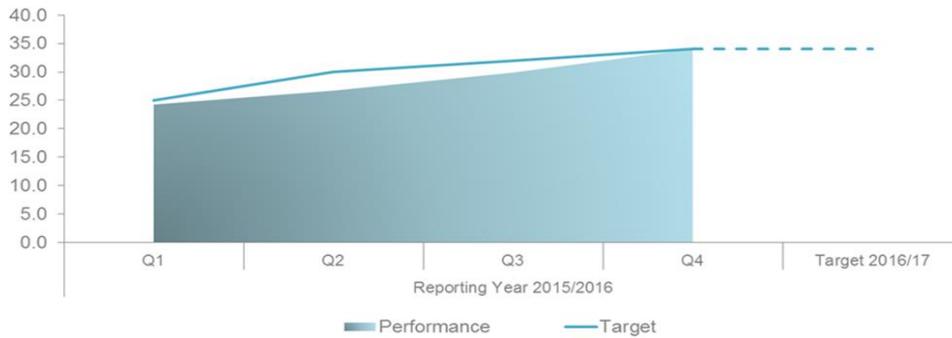


About the latest performance

The target for the year has been exceeded quite comfortably for the whole of Adult Care. Whilst there has been a good increase in direct payment uptake across the service, a managed personal budget is also a popular and easy option, particularly for older adults who want the security of having the local authority arrange support for them. Over 3,000 home support packages are arranged annually, with the remainder of community users receiving specialist community supported living services.

Further details

Adults who receive a direct Payment



Reporting Year 2015/2016		Q1	Q2	Q3	Q4	Target 2016/17
Performance		24.2	26.7	29.8	34.0	
Target		25.0	30.0	32.0	34.0	34.0

About the target

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

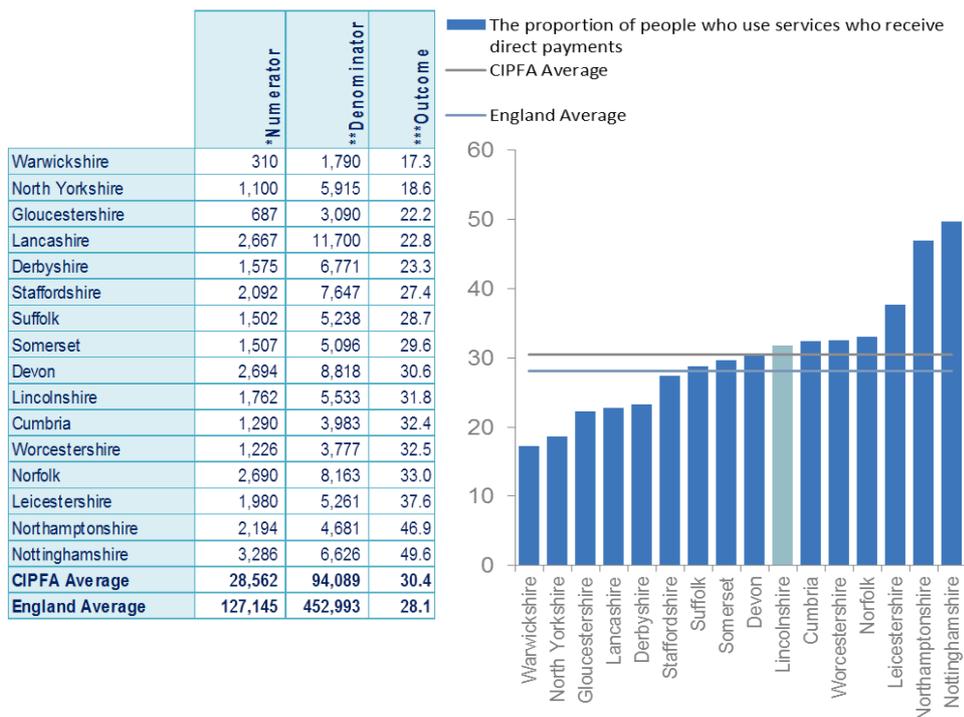
About the target range

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 a 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.

Service users who receive a direct payment - CIPFA Comparators 2015/16



*Number of service users receiving direct payments or part-direct payments at the year end 31 March (15/16)

**Number of service users accessing long-term support at the year end 31 March (15/16)

***Proportion of service users accessing long-term support at the year-end 31 March (15/16) who were receiving direct payments (%)



Health and Wellbeing is improved

People have a positive experience of care and support

People in receipt of long term support who have been reviewed

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

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

Denominator: Number of adults aged 18 or over receiving long term support in the community or in residential care, on the last day of the period.

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



Not achieved

77.0

%

Quarter 4 March 2017

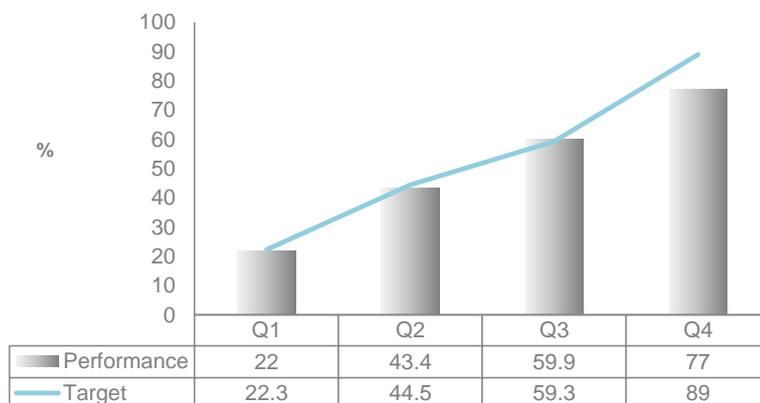


89

%

Target for March 2017

People in receipt of long term support who have been reviewed

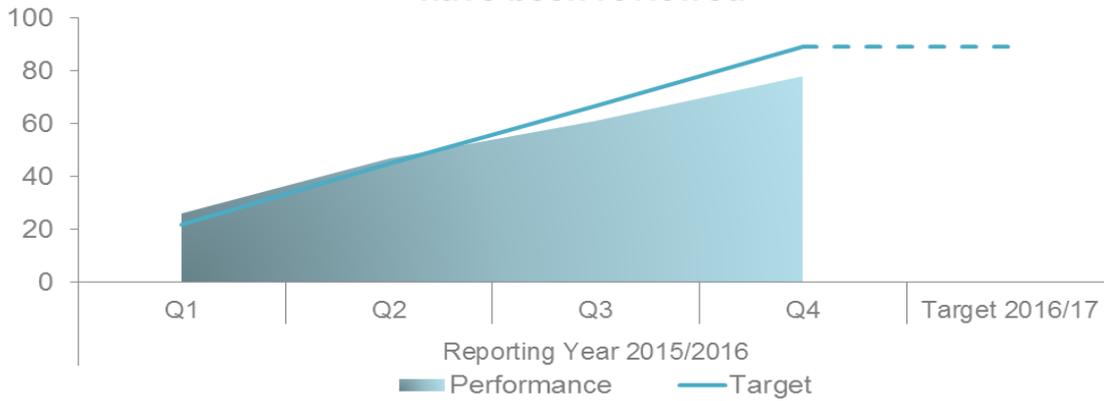


About the latest performance

The performance figures have increased slightly in Q4 but are 7% below the tolerance level for the target. Further work will be carried to understand how the implementation of mosaic may be under-reporting the true level of review activity. A number of teams are confirming higher levels of performance in line with targets set for 2016/17.

Further details

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



Reporting Year 2015/2016					
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	26.0	46.9	60.9	78.0	
Target	22.0	45.0	67.0	89.0	89.0

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

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