

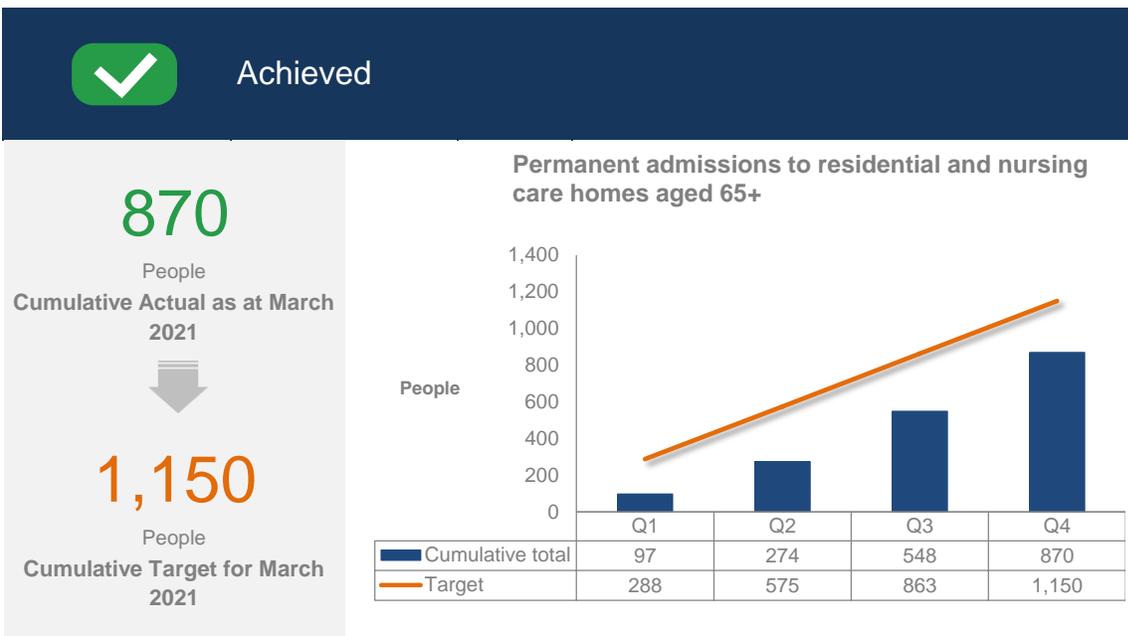
## Permanent admissions to residential and nursing care homes aged 65+

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.

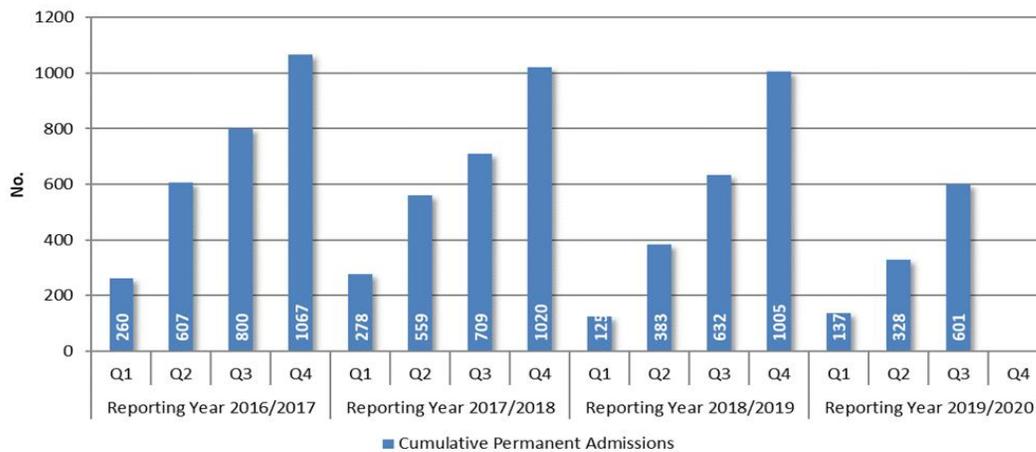


### About the latest performance

Admissions for 65+ into an residential and nursing section has continued to reduce resulting in performance being exceeded for 20/21. In part this is due to the continued work of the teams to help clients stay in their own homes longer if that is the best option. However another cause is due to the current pandemic which at the start of the year saw less contacts in for new clients being received into LCC and thus the number of people receiving a long term service dropping.

Further details

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



About the target

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

About the target range

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

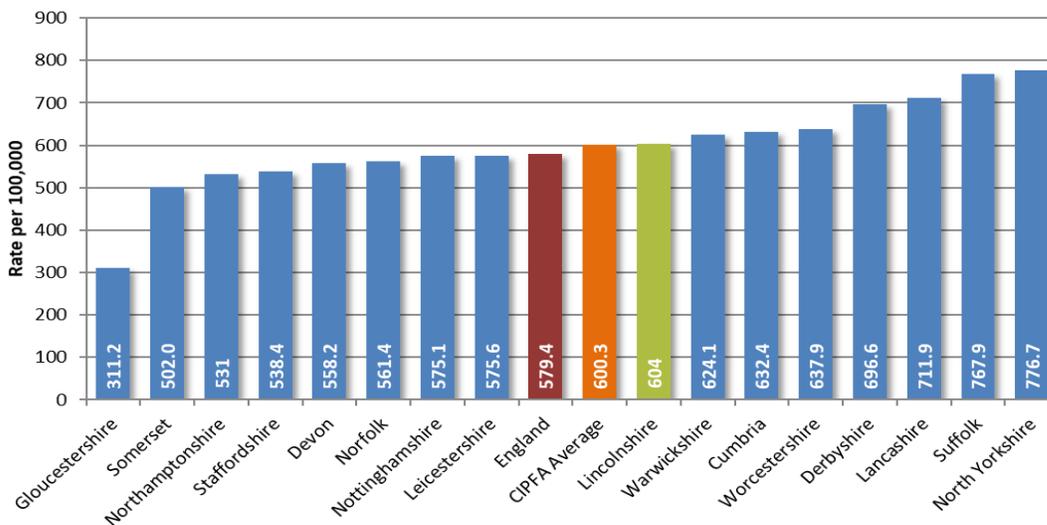
About benchmarking

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

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

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

Source: ASCOF - CIPFA Benchmarking 2018/2019



## Adults who receive a direct payment

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

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

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

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

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

September.

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



Achieved

39.2

%

Quarter 4 March 2021

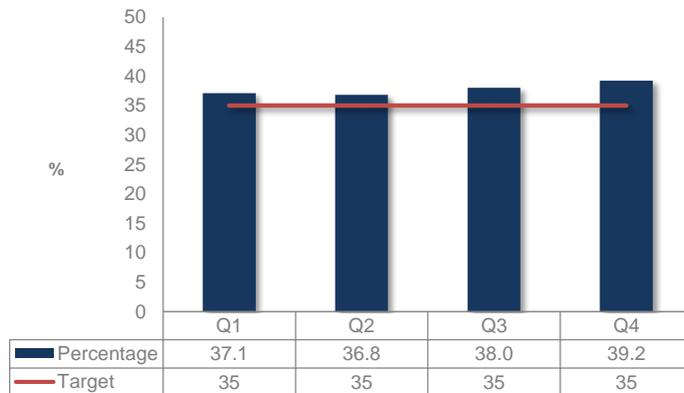


35.0

%

Target for March 2021

Adults who receive a direct payment



### About the target

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

### About the target range

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

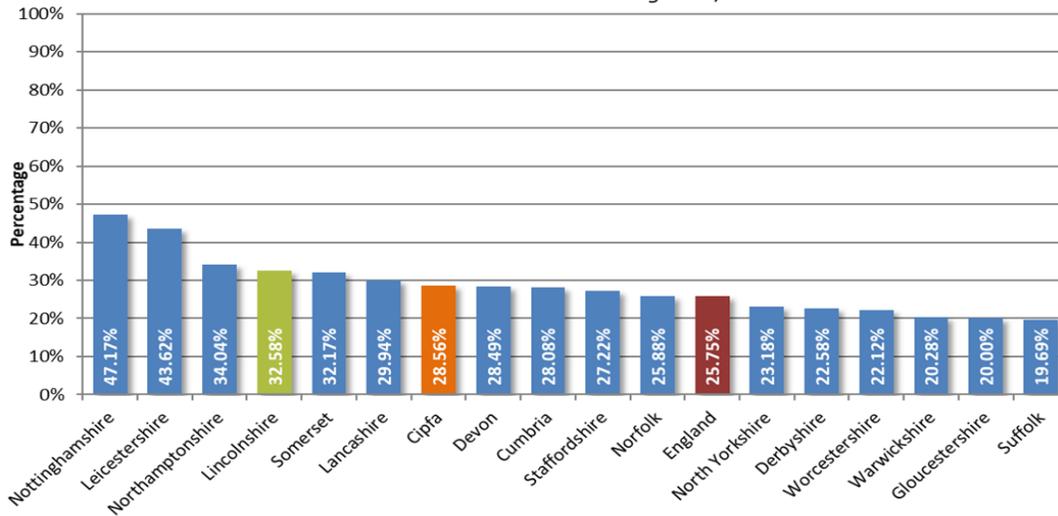
### About benchmarking

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

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

#### Adults who receive a direct payment

Source: ASCOF - CIPFA Benchmarking 2018/2019



## 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.

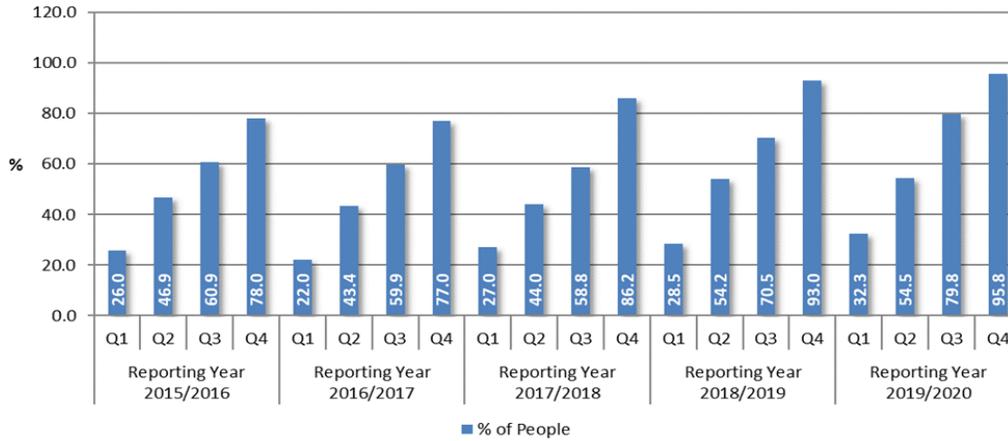
Denominator: Number of current service users receiving long term support in the community or in residential care for 12 months or more.

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.



Further details

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



About the target

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

About the target range

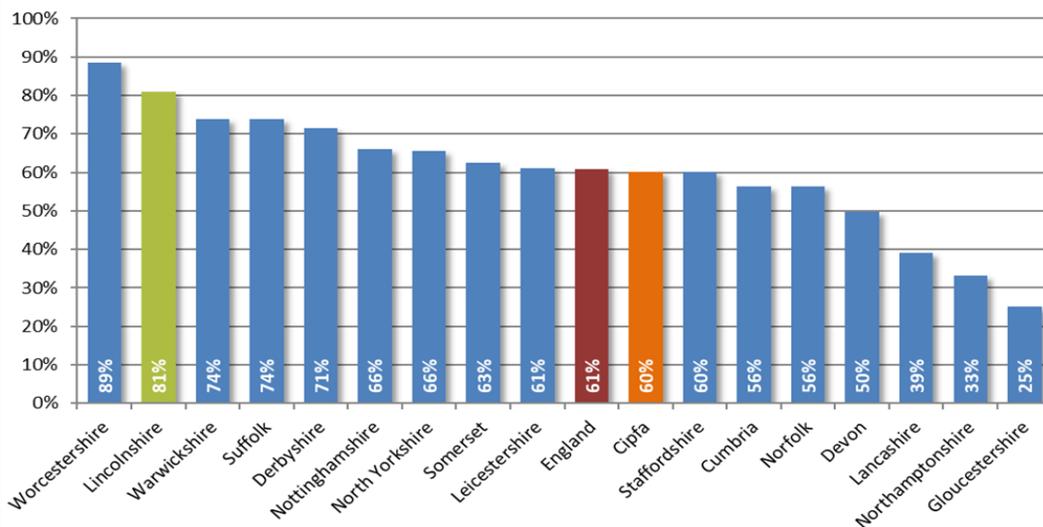
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

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

**People in receipt of long term support who have been reviewed**

Source: SALT Data file 2018/2019



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

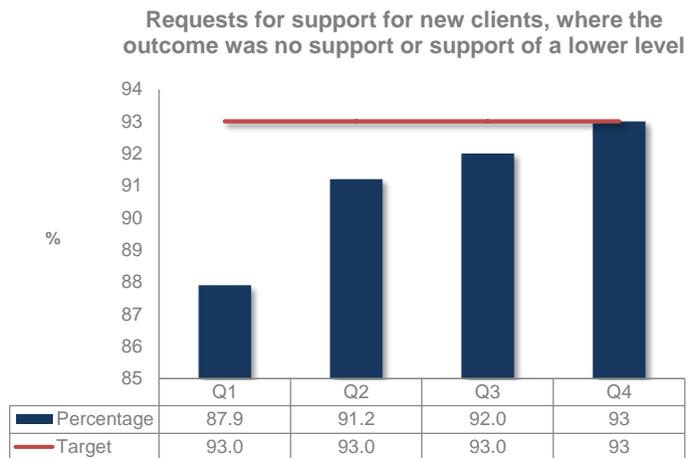
For all distinct requests for support from new clients aged 65 or over, the proportion where the outcome to the request was no support or support of a lower level. New clients are defined as people who were not receiving long term funded support at the time of the request. This is another demand management measure which monitors the number / proportion of people who approach the council and are signposted away from more intensive support. This measure will come directly from the Short and Long Term (SALT) requests table for people aged 65+ (STS001 table 2), and as such is underpinned by statutory guidance for recording and reporting. A higher percentage indicates a better performance.

 **Achieved**

**93**  
%  
Quarter 4 March 2021

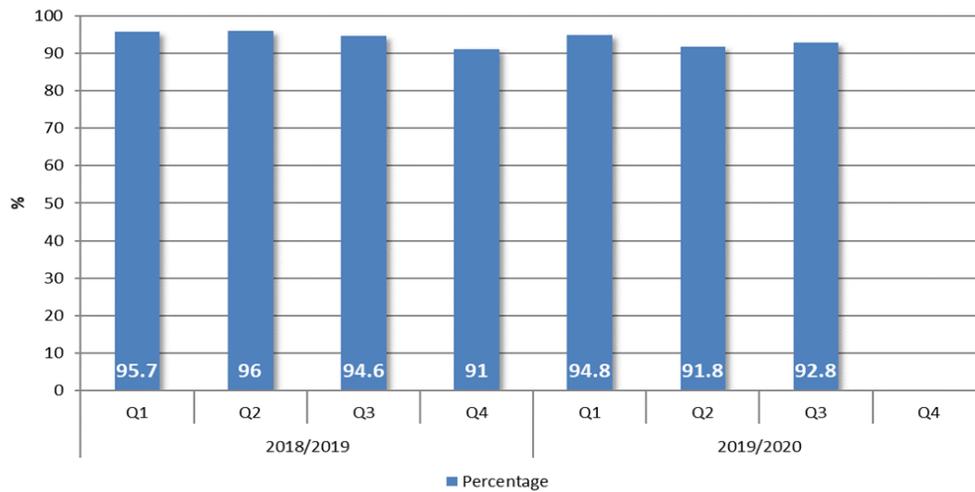


**93**  
%  
Target for March 2021



Further details

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



About the target

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

About the target range

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

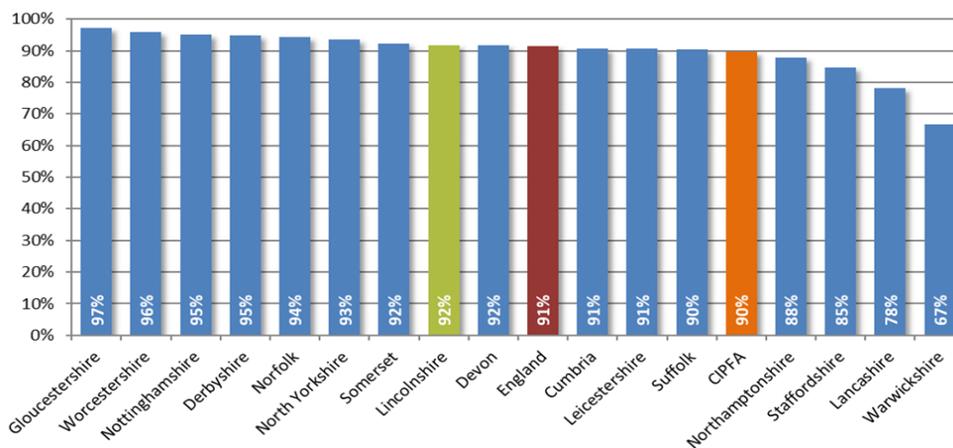
About benchmarking

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

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

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

Source: SALT Data file 2018/2019



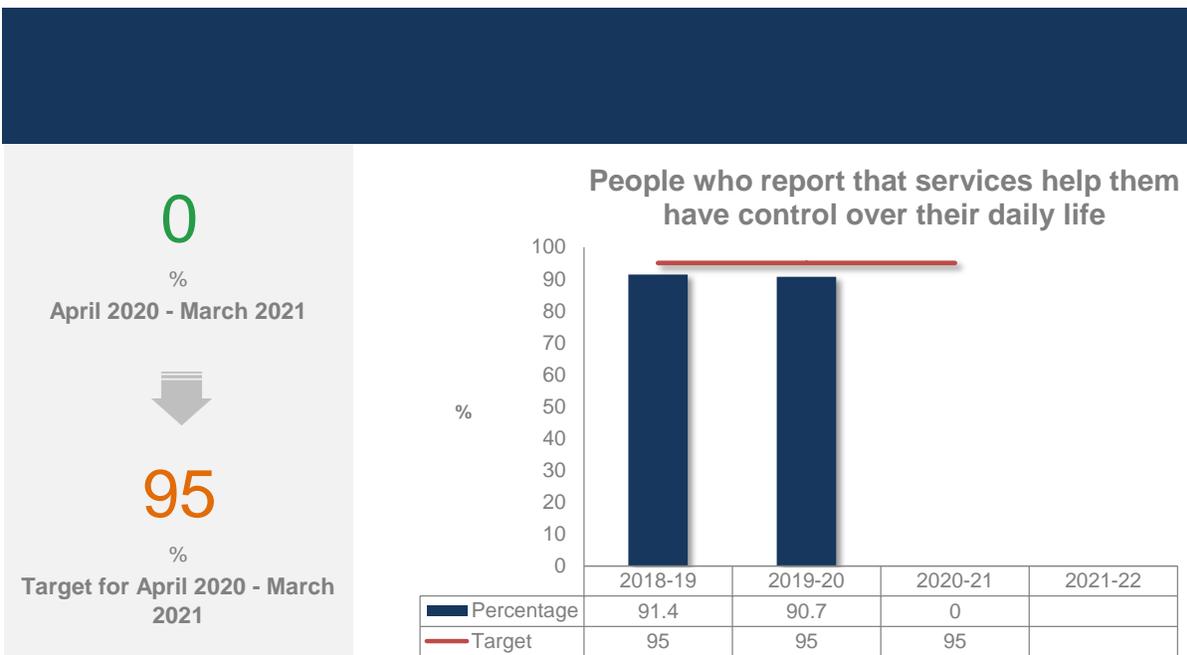
## People who report that services help them have control over their daily life

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.



### About the latest performance

Due to the covid-19 pandemic there was delay in producing the 19/20 figure which is now available and has now been included. For 20/21 NHS digital decided to make ASC survey voluntary due to the current pandemic and Lincolnshire decided to opt out of doing it this year, so will be submitting a null return for 20/21.

### Further details

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

### About the target

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

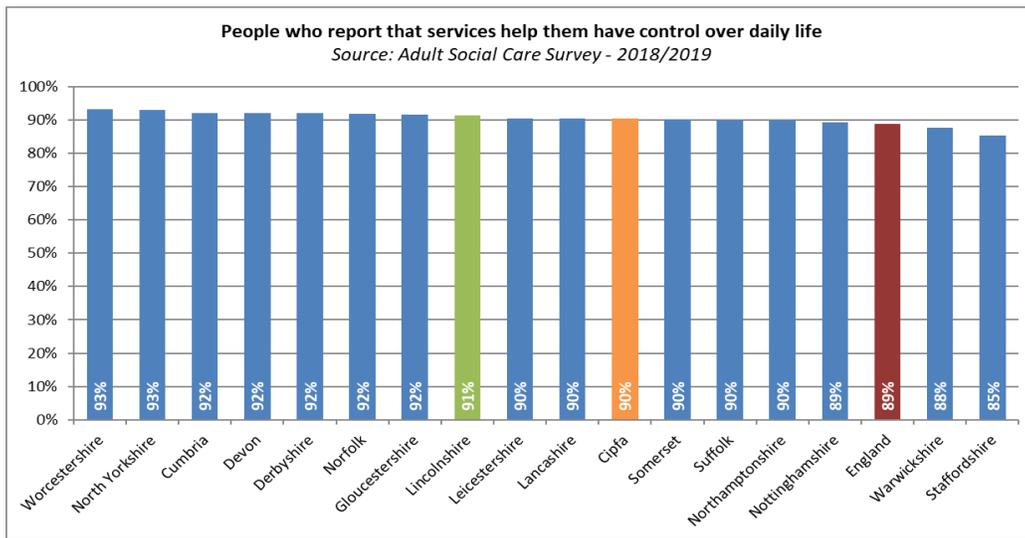
### About the target range

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

### About benchmarking

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

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

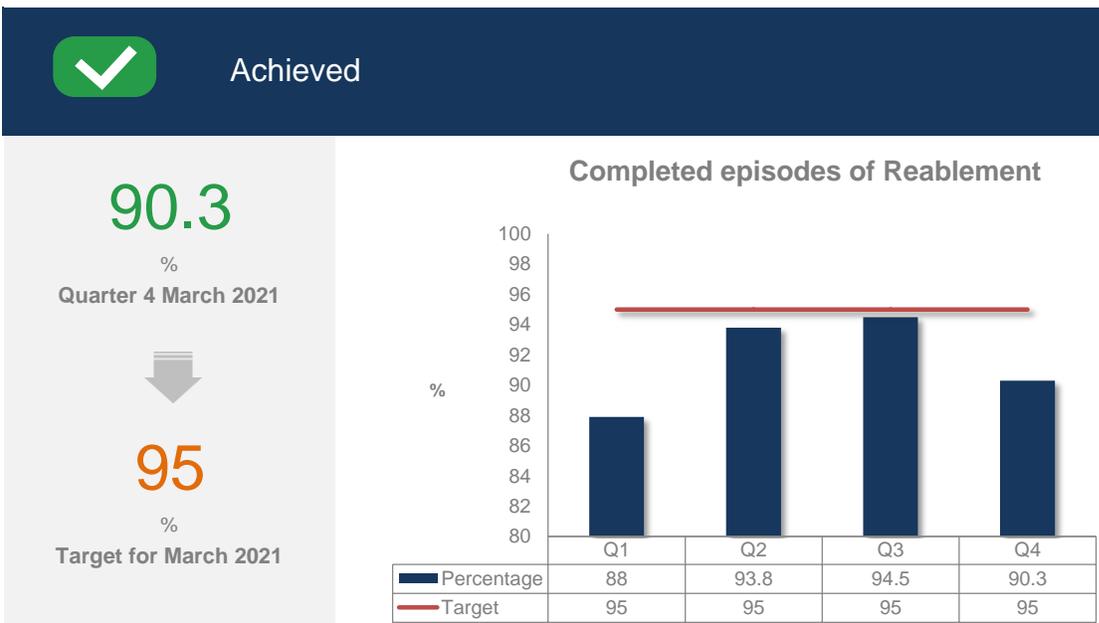


## Completed episodes of Reablement

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.

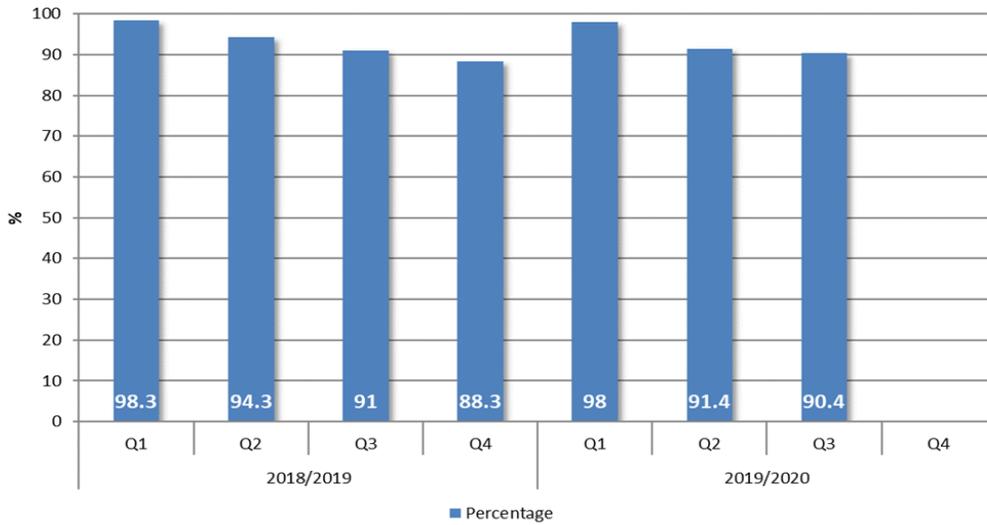
Numerator: Of the episodes in the denominator, the number where the outcome to Reablement was: "Ongoing Low Level Support" or "Short Term Support (Other)" or "No Services Provided - Universal Services/Signposted to Other Services" or "No Services Provided - No identified needs".

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



Further details

**Completed Episodes of Reablement**



About the target

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

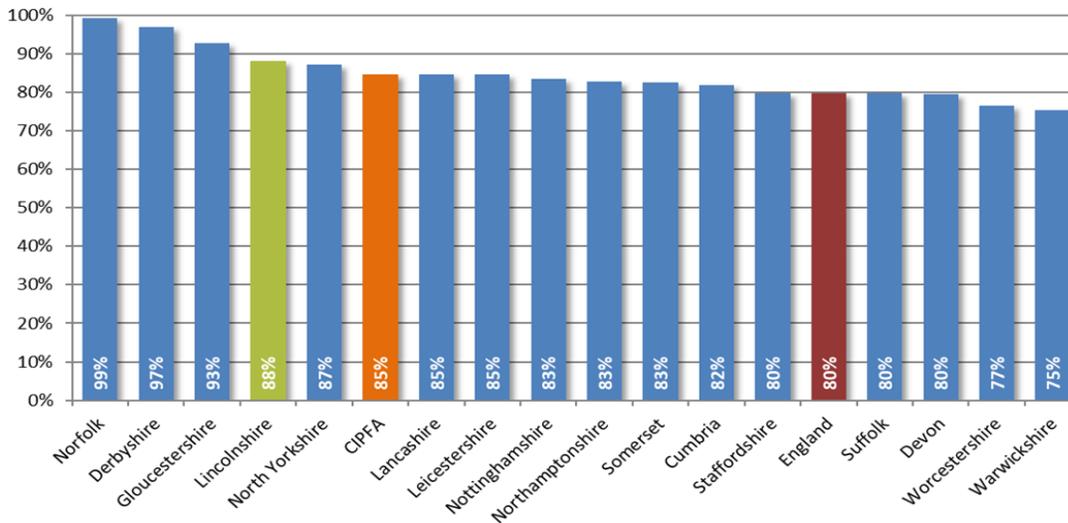
About the target range

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

About benchmarking

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

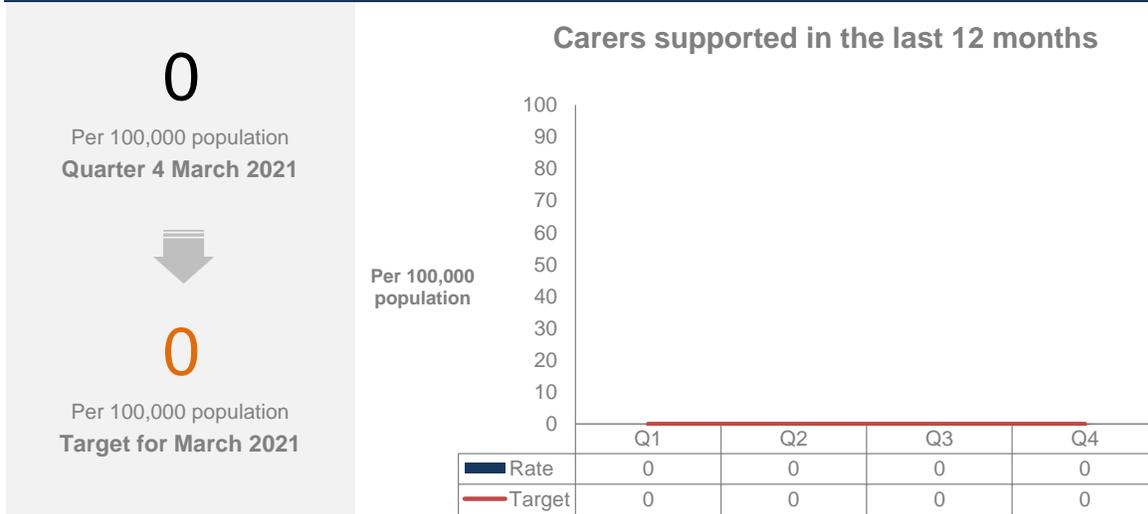
**Completed episodes of reablement**  
 Source: ASCOF - CIPFA Benchmarking 2018/2019



## Carers supported in the last 12 months

This measure reflects the number of carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population.

A higher rate of carers supported indicates a better performance.

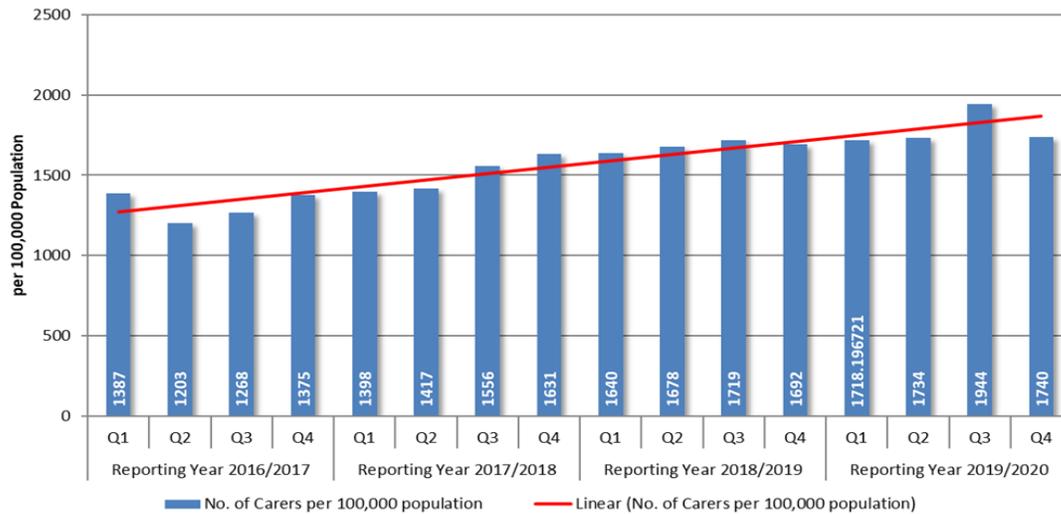


### About the latest performance

This PI is being developed and isn't currently reported

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

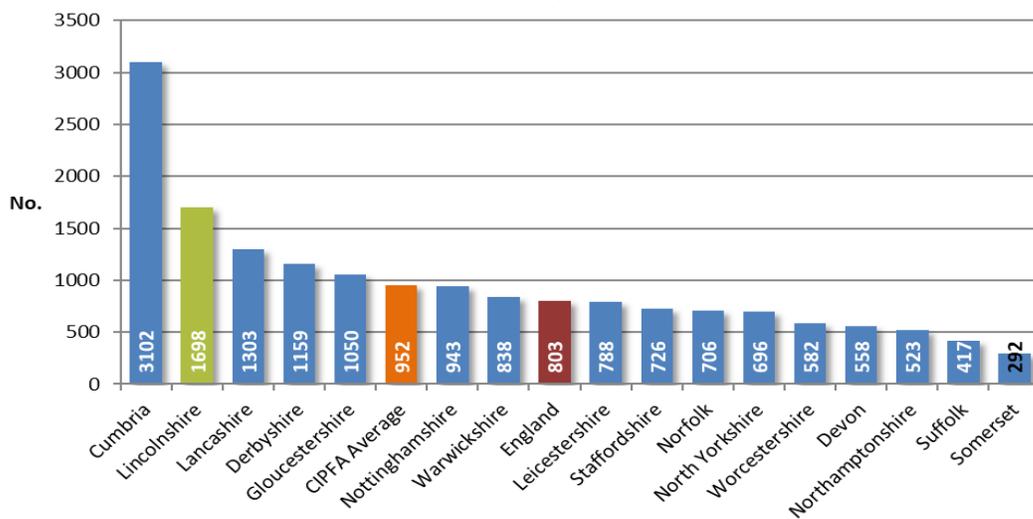
This measure has a target range of +/- 5% based on tolerances used by Department of Health

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.

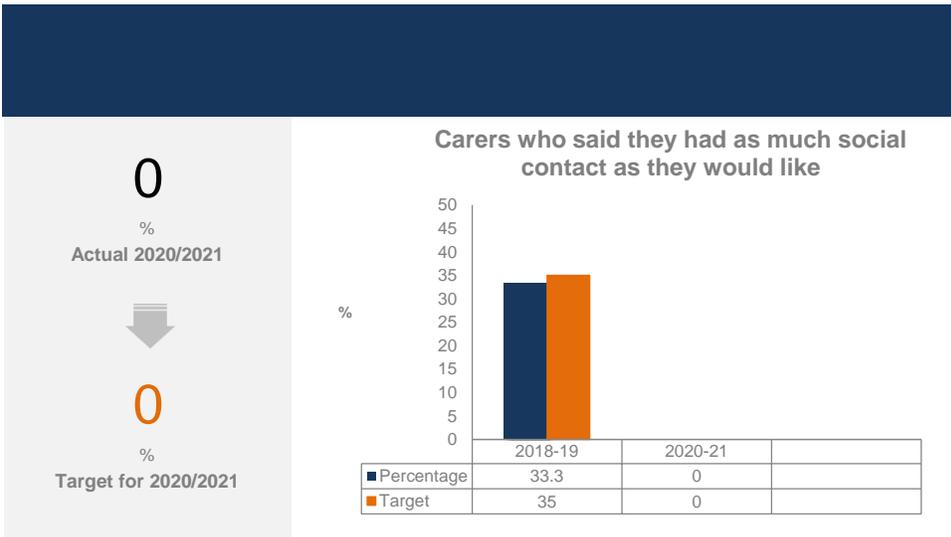
Numerator: Of those carers that responded to the question, the number responding: 'I have as much social contact as I want'

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

This PI cannot be reported in 2020/21 due Covid -19

#### Further details

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

#### About the target

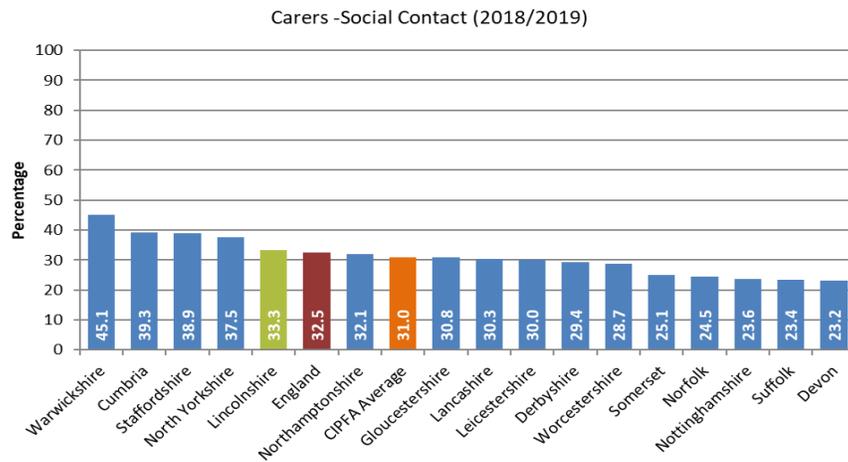
The target for this measure is set at 35%. This is based on the national average for 2016/17.

#### About the target range

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

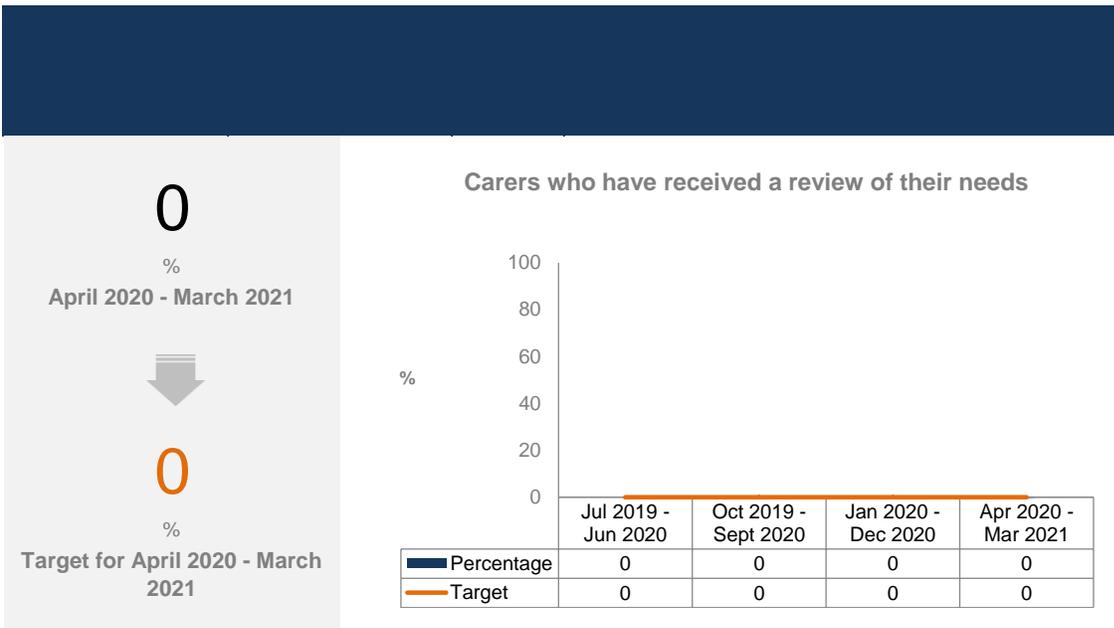
#### About benchmarking

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.

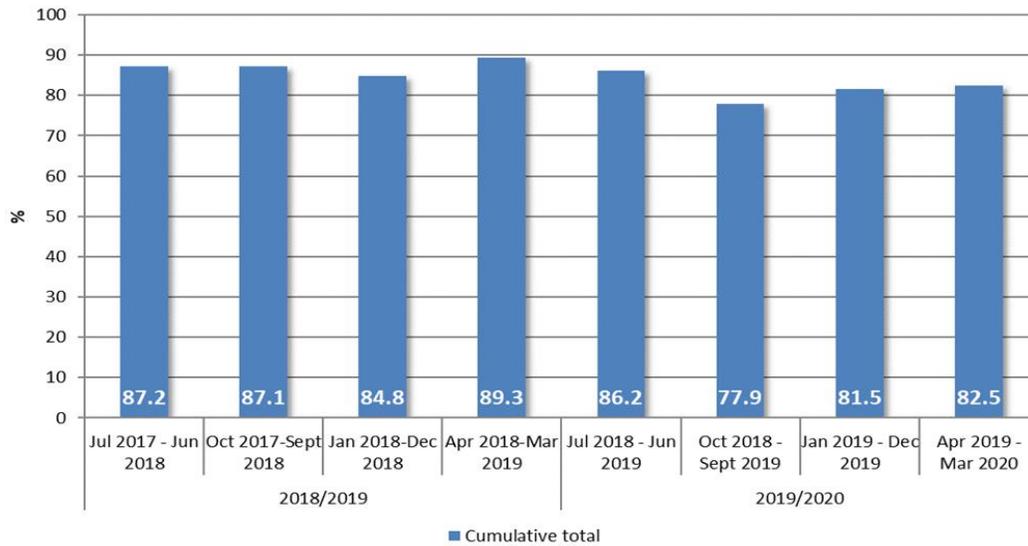


### About the latest performance

This PI cannot be reported in 2020/21 due Covid -19

Further details

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



About the target

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

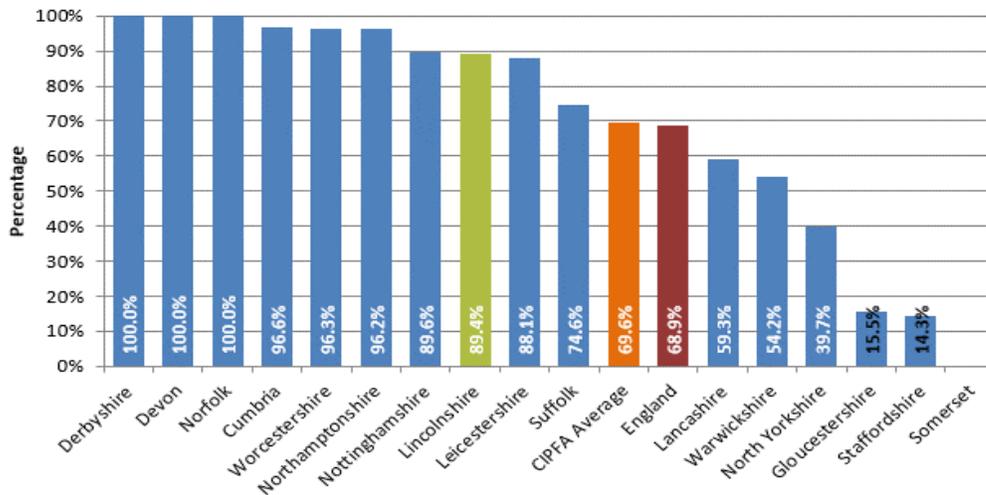
About the target range

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

About benchmarking

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

### Carer Reviews and Assessments (2018/2019)



No data for Somerset reviews

## Safeguarding cases supported by an advocate

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

An advocate can include:-

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

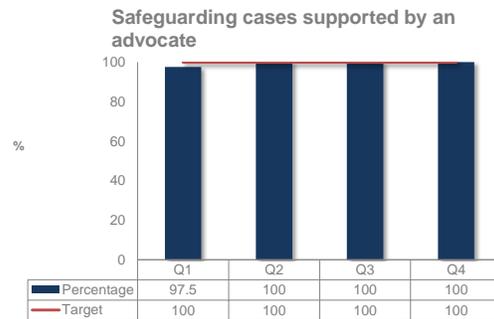
Numerator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend

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

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

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

Achieved

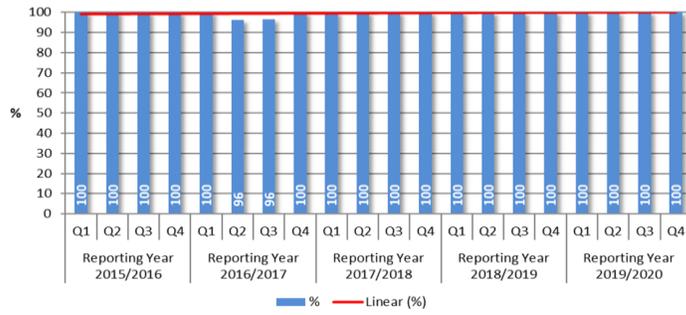


### About the latest performance

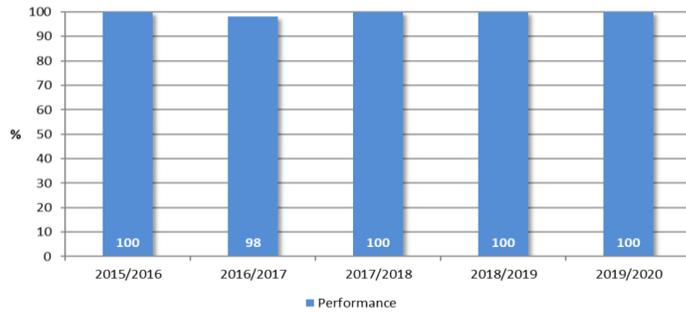
This target has been achieved consistently and provides assurance that adults who would have substantial difficulty being involved in their safeguarding enquiry, have the necessary support in accordance with the principles of making safeguarding personal

Further details

### Percentage of Safeguarding Cases Supported by an Advocate



### Annual Percentage of Safeguarding Cases Supported by an Advocate



About the target

Targets are based on trends and CIPFA group averages.

About the target range

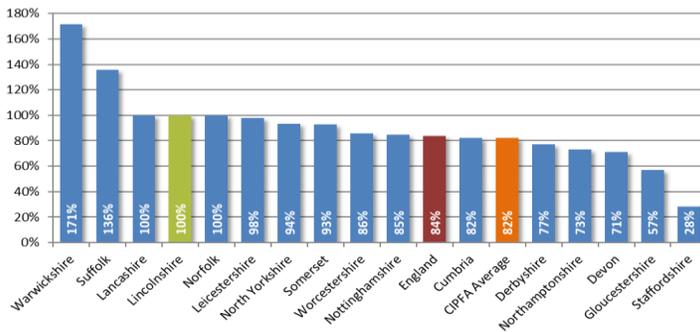
This measure has a target range of +/-5 percentage points based on tolerances used by Department of Health.

About benchmarking

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

#### Safeguarding cases supported by an advocate

Source: SAC SG3a: Mental Capacity 2018-2019



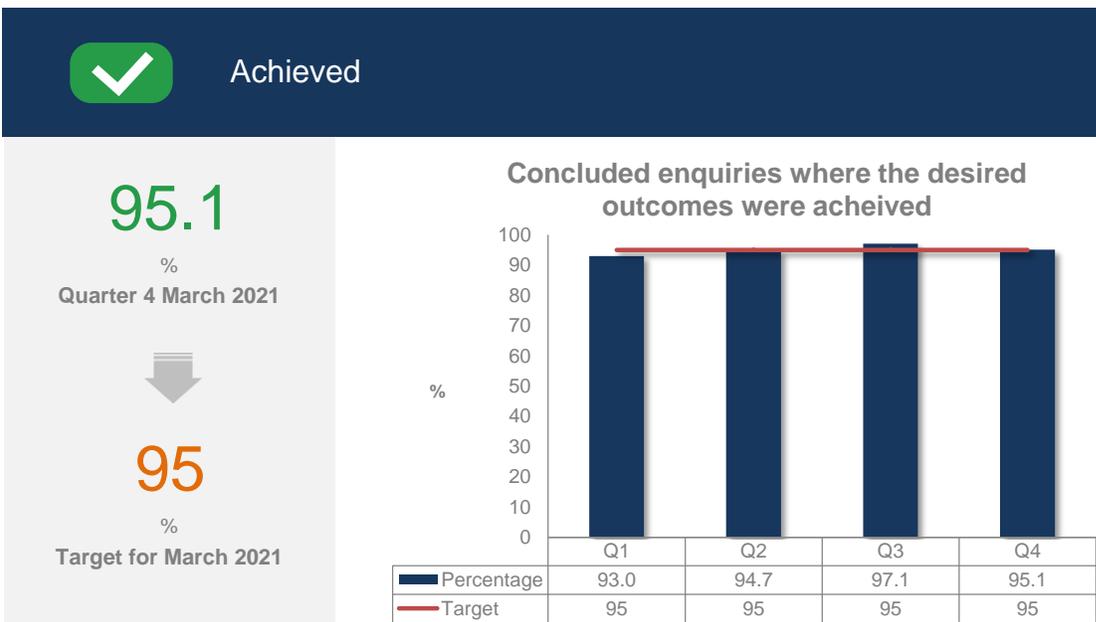
## Concluded safeguarding enquiries where the desired outcomes were achieved

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.

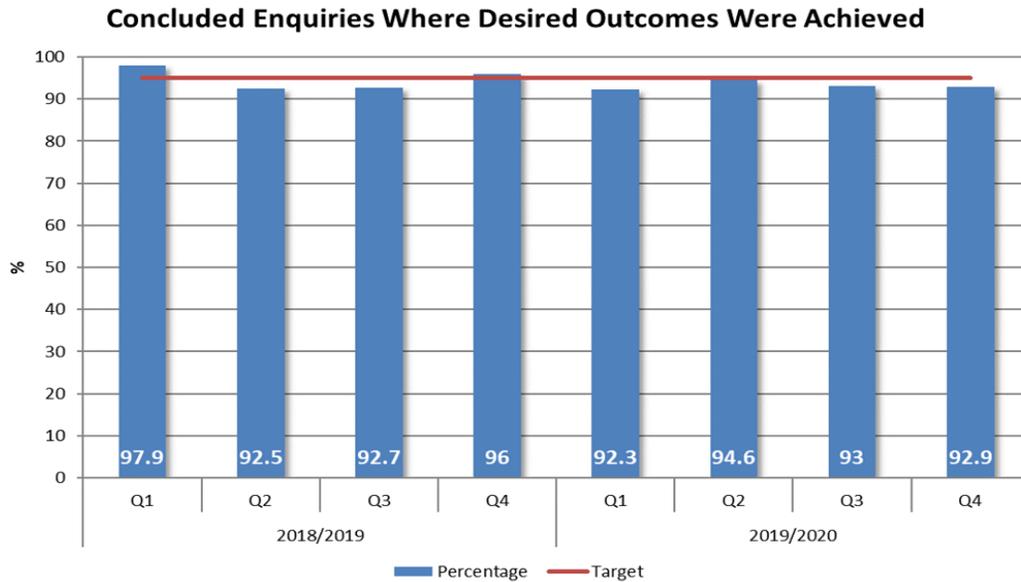
A higher percentage indicates a better performance.



### About the latest performance

The target is achieved and demonstrates that making safeguarding personal is embedded into practice and we have continued to ensure the person remains at the centre of the process despite the challenges of the last twelve months.

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

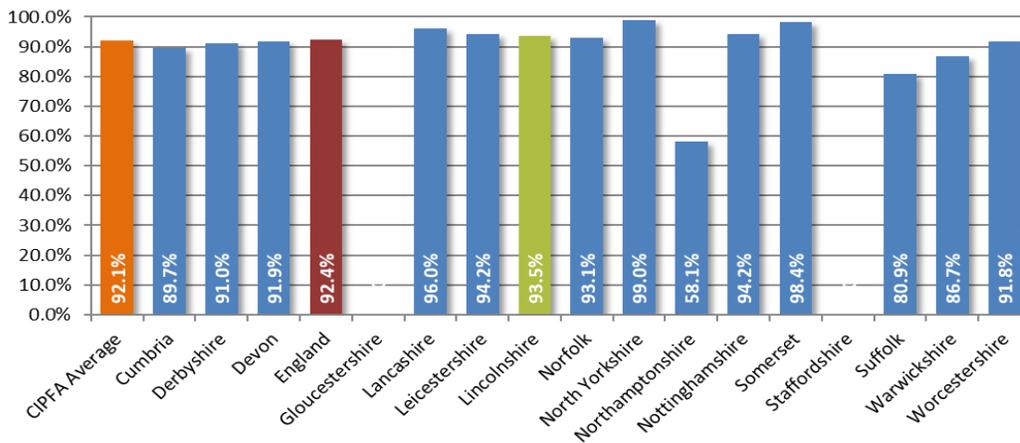
This measure has a target range of +/-5 percentage points.

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.

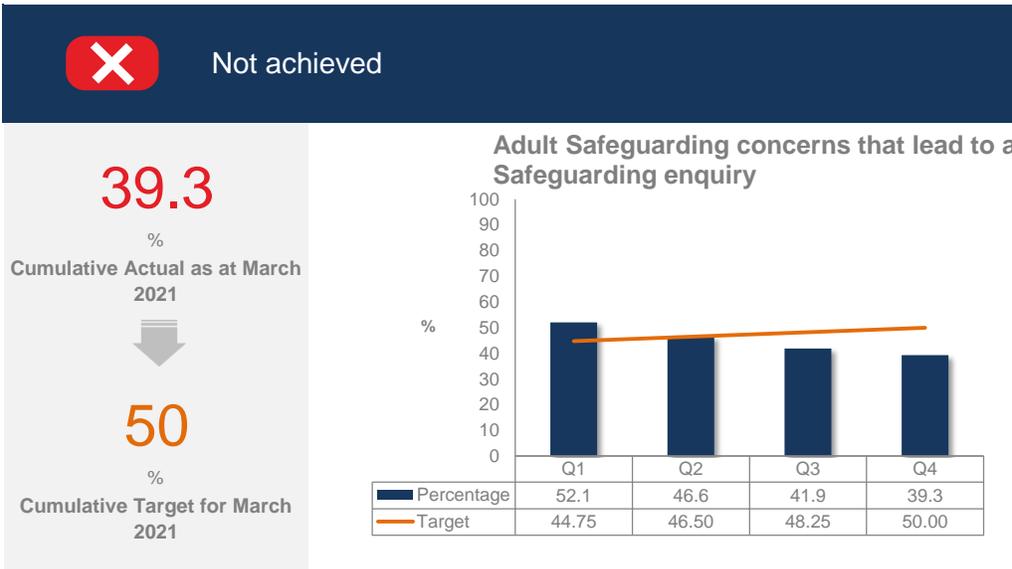
### Safeguarding enquiries where the desired outcomes were achieved

*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.

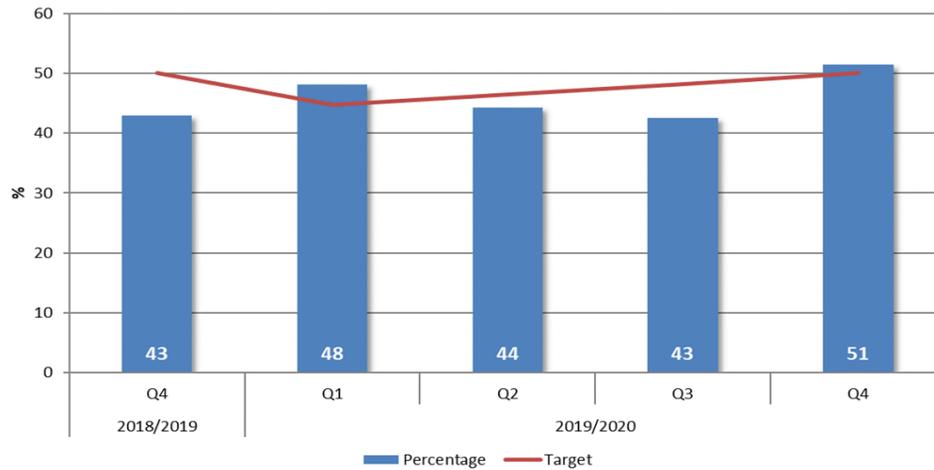


### About the latest performance

The target has not been achieved. Despite a strong start to the year, the number of concerns which do not progress to enquiry has increased. It is recognised that the pandemic impacted on work with partners around the reporting of concerns. It is also possible that a decrease in opportunities for face to face contact resulted in a more cautious approach to risk. We will continue to monitor this and to work with partner agencies through the LSAB to improve the quality of reporting of safeguarding concerns.

Further details

**Adult Safeguarding concerns that lead to a Safeguarding enquiry**



About the target

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date. The target is profiled to monitor an increase to 50% by the end of 2019/20, which means an increment of 1.75 percentage points is applied quarterly. An increment of 5 percentage points for each subsequent year has been proposed, however this may need to be reviewed after a period of monitoring to determine whether this is realistic.

About the target range

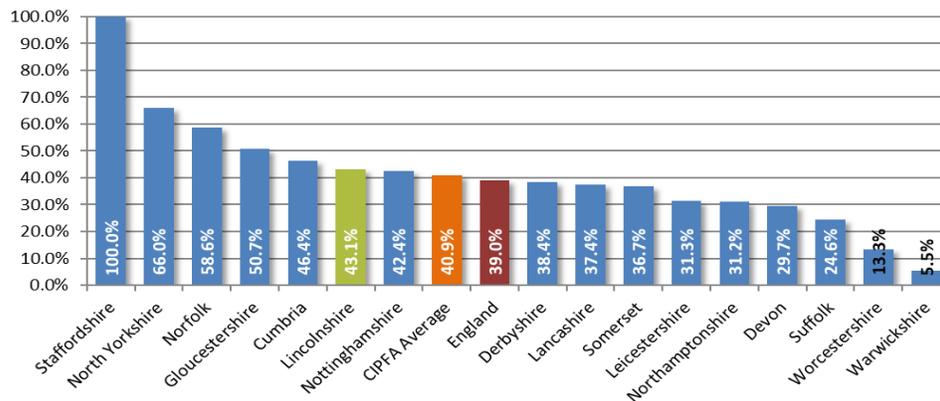
This measure has a target range of +/-5 percentage points.

About benchmarking

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

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

Source: SAC SG2b: Safeguarding Enquiries 2018-2019



## Adults aged 18-64 living independently

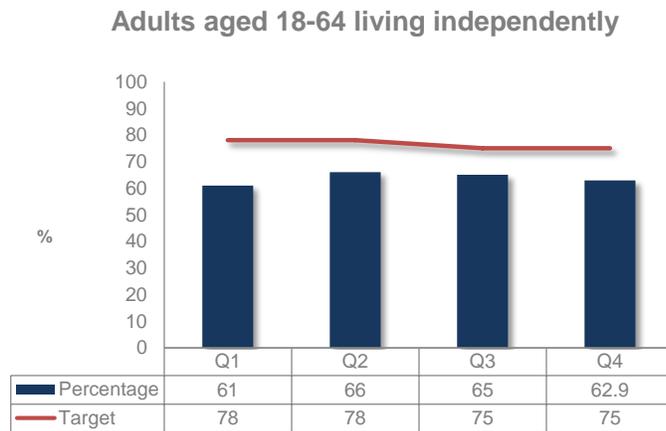
This measure has been adapted from an Adult Social Care Outcomes Framework national measure, ASCOF 1H, which identifies all mental health clients aged 18 to 69 in contact with secondary mental health services on the Care programme Approach (CPA) who are living independently. The measure to be reported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

 Not achieved

**62.9**  
%  
Quarter 4 March 2021



**75**  
%  
Target for March 2021

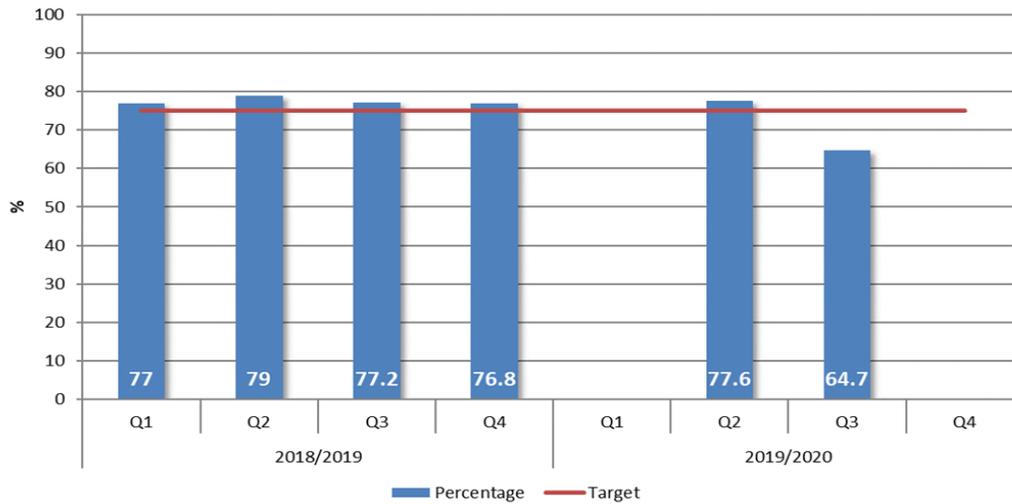


### About the latest performance

The trust continues to ensure that those individuals that are supported both by social care under the S75 agreement and by LPFT under health, in addition to being on Care Programme Approach (CPA), are in accommodation settings to ensure their safety and wellbeing. Whilst the target has not been attained, performance for Q4 is in line with the Chartered Institute of Public Finance and Accountancy (CIPFA) group average (our comparator authorities) for 2019-2020 (Mean 61% and Median 67%). The low number of people making up the denominator results in high volatility with regards to performance for this Key Performance Indicator (KPI).

Further details

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



About the target

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

About the target range

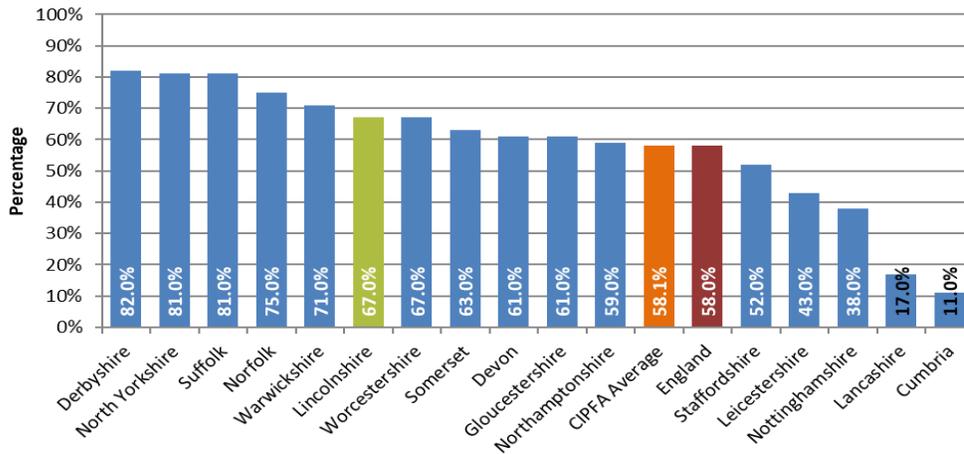
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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

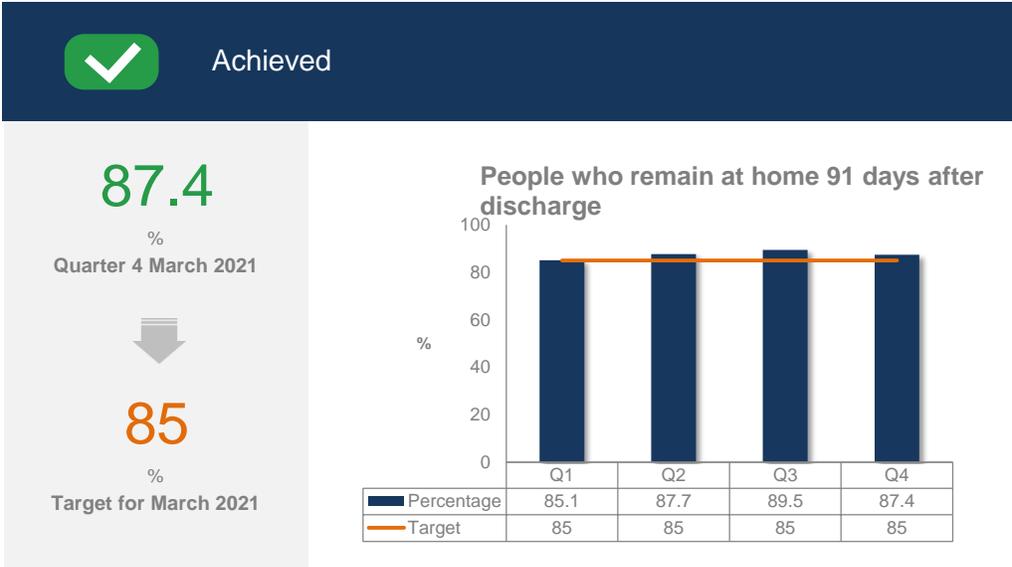
Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

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



## 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.



#### 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.

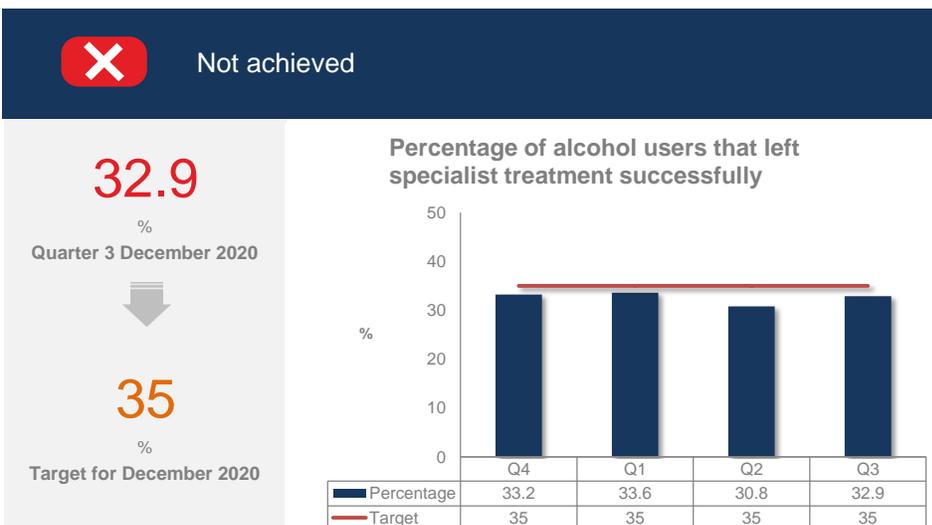
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider 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

The number of those who left specialist treatment successfully has increased from 30.8% in quarter 2 to 32.9% in quarter 3. This is still 2.1% below target but is improving; the service is still feeling the impact of the Covid-19 Pandemic which is reflected in the performance figures.

This remains a challenging period for substance misuse treatment services with constantly evolving national guidance being released by the department of Health and Social Care. Services are preparing and starting to implement recovery strategies but it is likely to be some time before all restrictions are removed. Services continue to use innovative ways to engage with clients and learning from this will inform future service delivery and commissioning.

Evidence suggests that alcohol consumption has increased through the pandemic. It is anticipated more people will seek help as restrictions are relaxed which may affect performance over future reports.

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

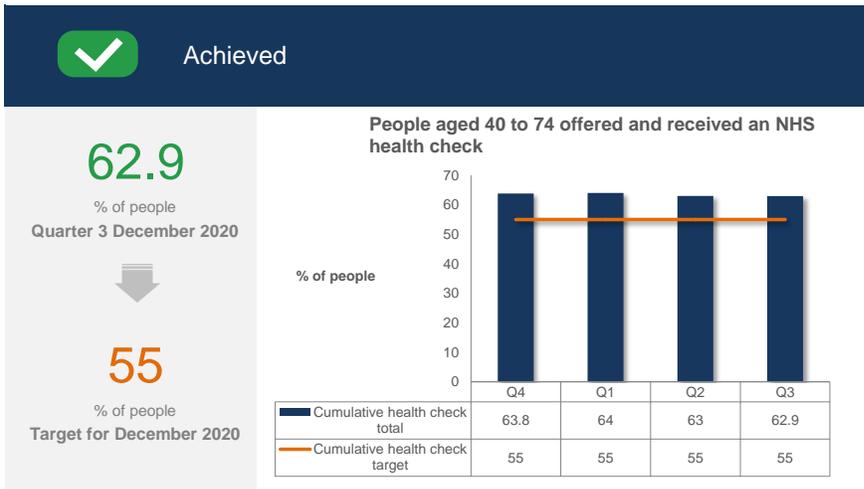
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease,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

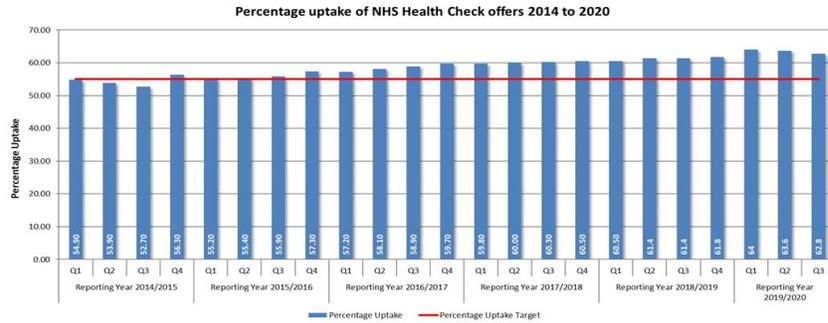


### About the latest performance

During 2020/21 the NHS Health Check programme has been impacted by Covid-19 however due to the data lag this is not yet reflected in the 62.9% reported.

During the pandemic General Practitioner's surgeries ceased NHS Health Checks so there was reduced activity across the county. Each Primary Care site is currently evaluating risks and phasing in when checks can be undertaken, restarts depend on capacity and safety for patients and staff. The majority of practices have now restarted to some degree and this will increase as restrictions are removed and surgeries return to more standard working practices.

Further details



About the target

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

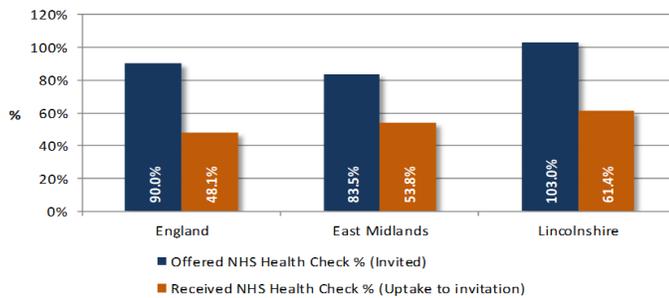
About the target range

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

About benchmarking

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

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



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

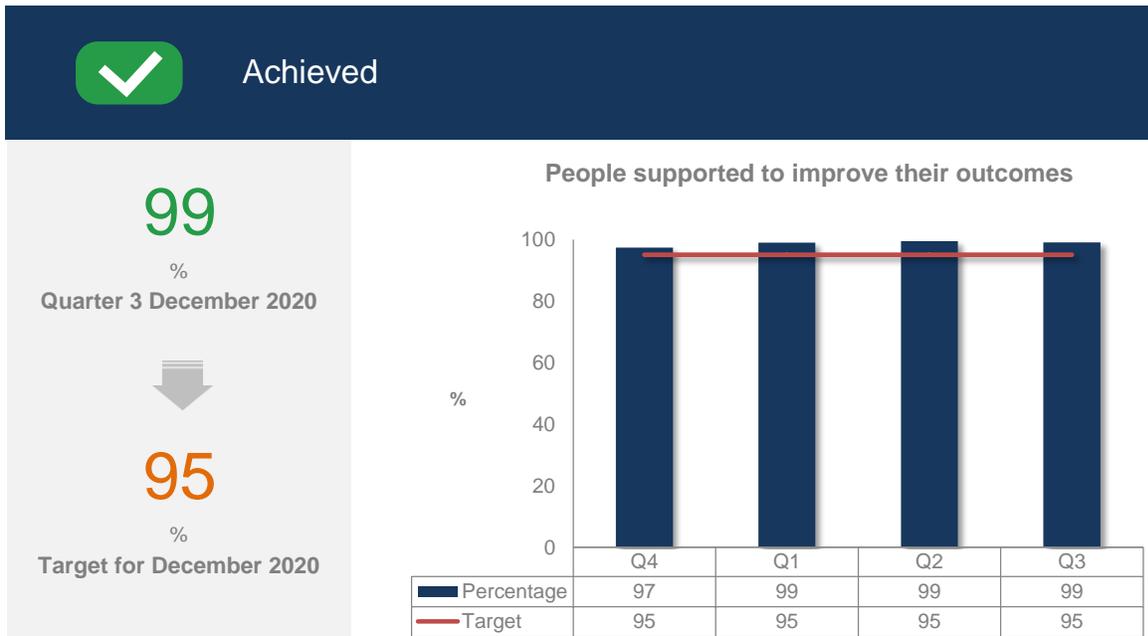
## Percentage of people supported to improve their outcomes following Wellbeing intervention

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

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

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

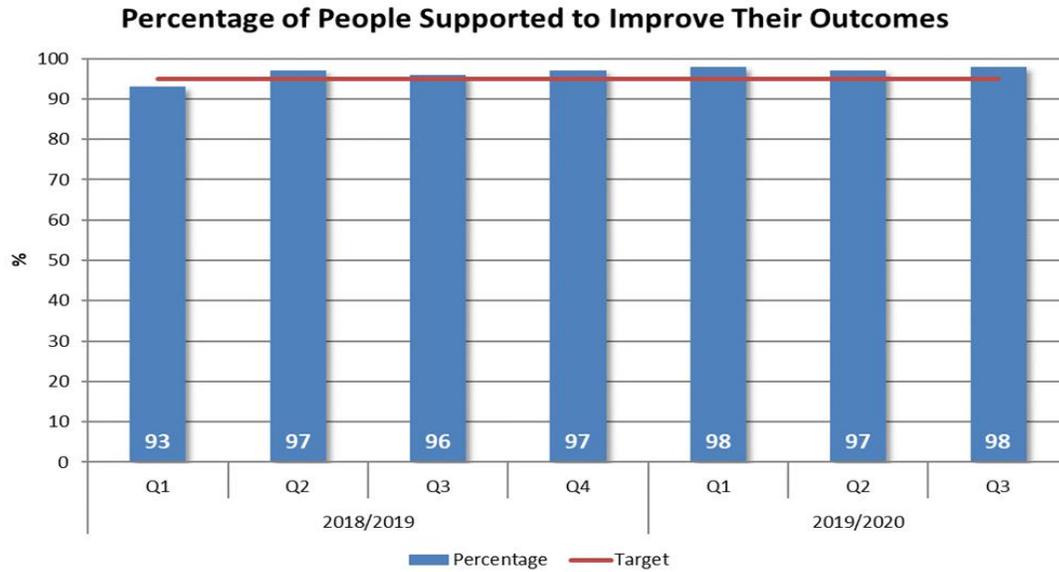
A higher percentage of people supported to improve their outcomes indicates a better performance.



### About the latest performance

During Quarter 3 2020/21 the Wellbeing Service continued to provide predominantly remote support in light of the pandemic and associated restrictions. Referral volumes during the reporting period returned to comparable data from 2019-20 for core service support whilst the service also continued to provide assistance to those referred through the Community Response Pathway. Despite the altered service delivery, the Wellbeing Service has maintained its consistently high performance in supporting individuals to achieve their outcomes. This measure captures the overall improvement in customer's self-determined outcomes through up to 12 weeks of support, advice and signposting to local community resources.

Further details



About the target

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

About the target range

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

About benchmarking

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

## People supported to successfully quit smoking

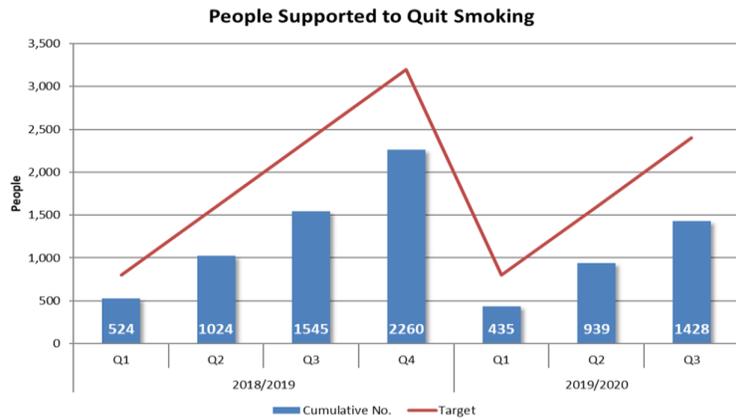
This measure identifies all those people who are supported to quit smoking by stop smoking and tobacco control services. These services raise awareness about the harms of tobacco and encourage and support smokers to quit smoking. People accessing the service are measured at 4 weeks; this will be the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



### About the latest performance

One You Lincolnshire has achieved 67% of the target during this report period. As a result of the Covid-19 pandemic the service is continuing to provide a phone and digital support for smoking cessation with any nicotine replacement therapy being delivered by post in order to maintain the programme. This new delivery model continues to maintain the stop smoking service but the subcontracted services with pharmacies and primary care settings remain suspended with the exception of a few who have continued to deliver between lockdown which accounts for 10% of activity.

Further details



About the target

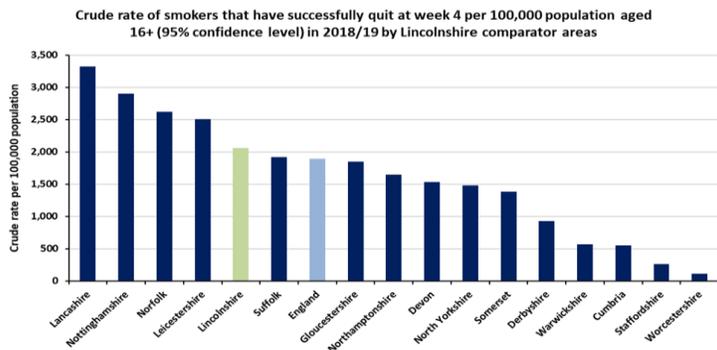
Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF)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

About the target range

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

About benchmarking

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



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

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

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

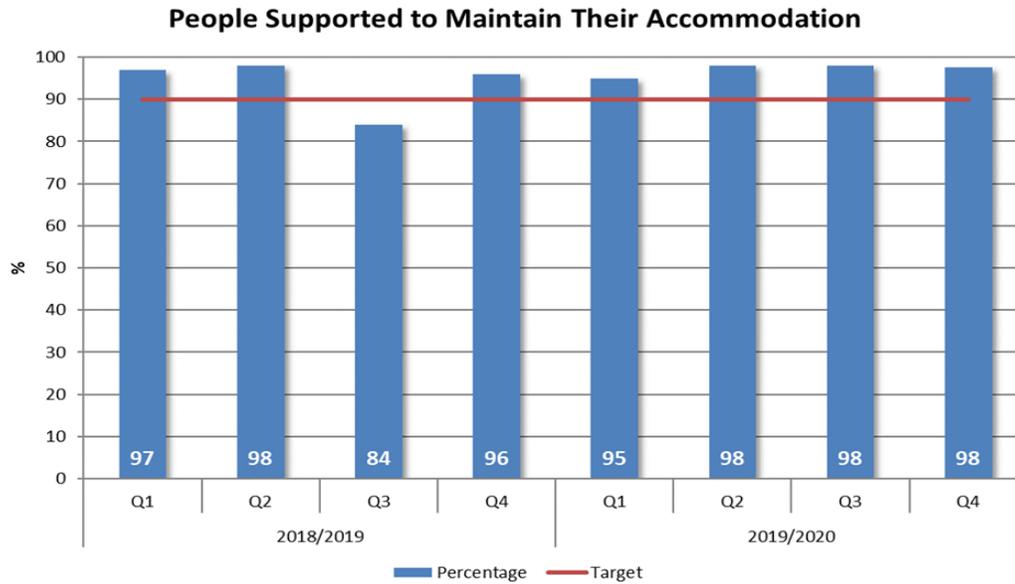


### About the latest performance

The Housing Related Support reporting system is currently under review to build new reporting mechanisms. This work has been needed for some time and meets the needs of the new service pathways developed during the service re-commissioning, and improves both data quality and data security. This unfortunately means we are unable to report the data for this quarter. However good contract management arrangements remain in place and from this we can report that utilisation of the new service is very high and near capacity. Although we cannot report this particular outcome we can confirm the percentage of service user that have improved on all outcomes is 98% and the percentage of service users that were supported to develop new/improved skills to manage a tenancy/mortgage independently of support service is 99%.

We expect to be able to report this outcome fully from Quarter 1 2021/22 report.

## 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.

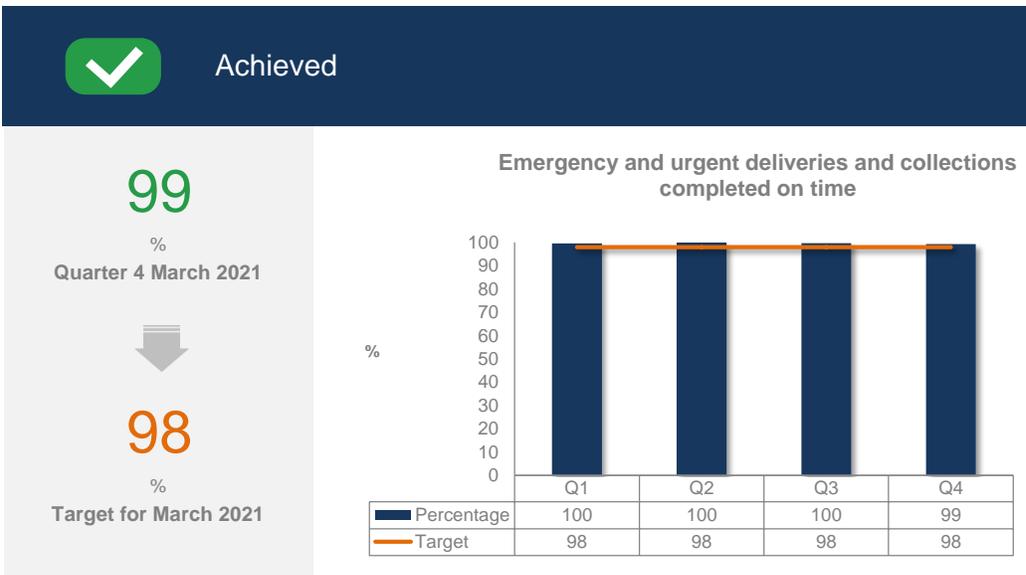
## Emergency and urgent deliveries and collections completed on time

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.

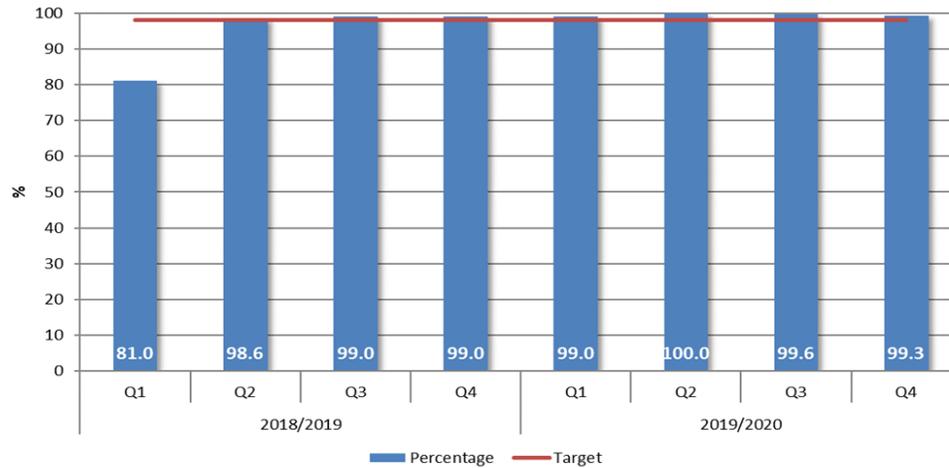


### About the latest performance

The substantial increase in demand during this report period could be attributed by the Covid-19 related activities towards the year end which is in line with the second wave of the pandemic. Additionally a trend has been observed which indicates prescribers choosing the urgent delivery levels over 5 day activities. This spike in demand witnessed in the last quarter has been managed successfully by the provider.

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.