

Services to Adults

LOCAL ACCOUNT FOR 2015/16



HOW DID WE DO?

FOREWORD

Welcome to the annual update on services to adults in North Lincolnshire. People are at the centre of everything we do in North Lincolnshire and we are working to ensure those in need of support and care live safe, fulfilling and transformed lives. We can do this through working effectively with our partners, listening to what you tell us is important to you and ensuring carers and service users are consulted and included in the creation of our plans and services.

This Local Account is designed to give you a clear picture of the services we provide and the achievements we have made in 2015/16. We will tell you how well we are performing, the challenges we have faced, and changes that have been made and the plans for the future.

We remain committed, and as ambitious as ever, to delivering and commissioning services and support that will improve people's health and wellbeing, independence and control over the way they choose to live their lives.

Your views and opinions are important to North Lincolnshire Council as they help shape the service that is delivered. Page 21 contains details of how you can contact us.



Councillor J Reed
Cabinet Member for Adult
and Families



Denise Hyde
Director of People

INTRODUCTION

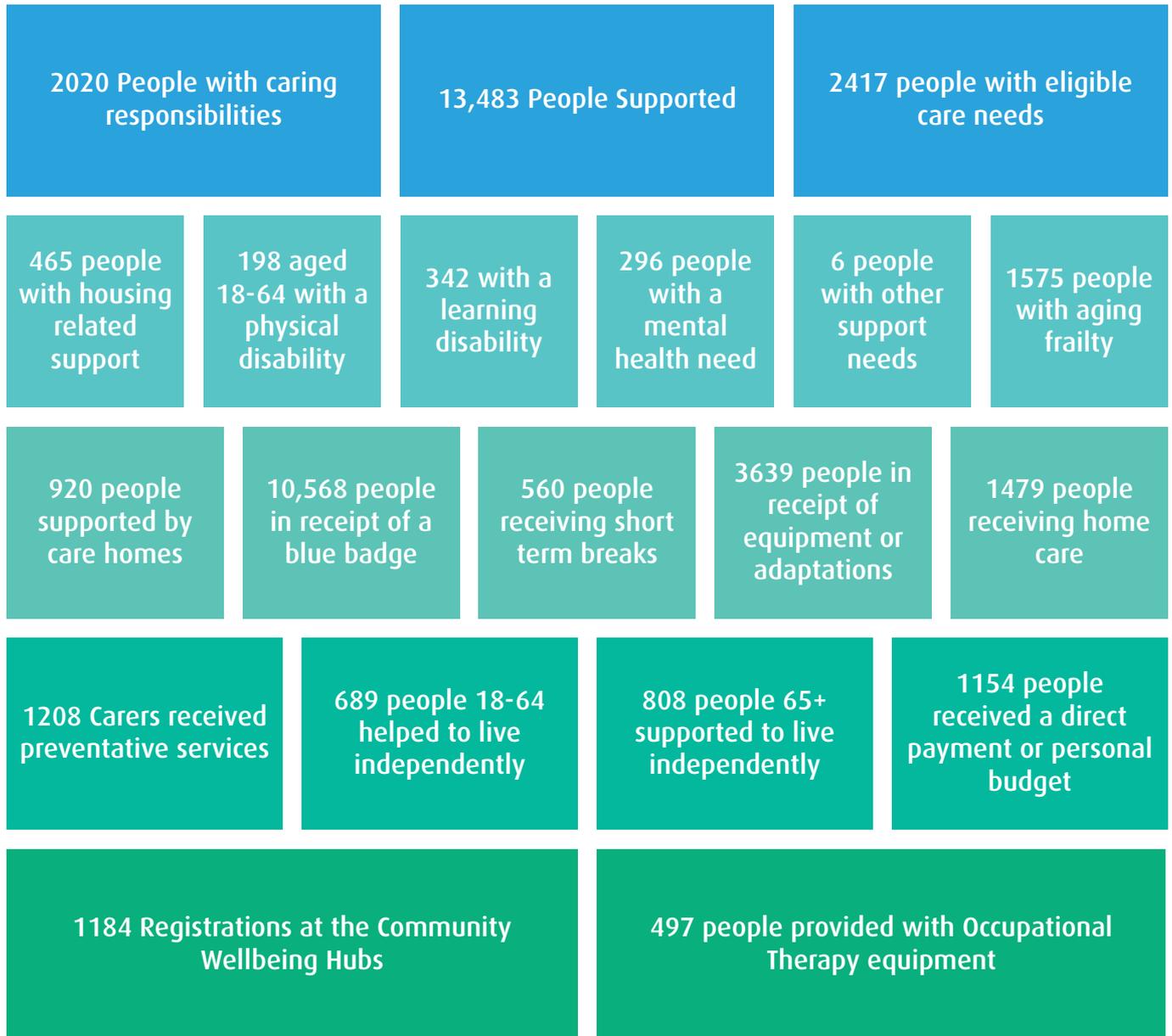
This local account explains how The Council Services to Adults are supporting the people of North Lincolnshire. It will set out our achievements in 2015/16 and what we plan to do in 2016/17. The service enables and supports people with care and support needs to maintain their independence, be safe, in control, have choices and be enabled to be engaged in the activities and relationships that are important to them. We are doing this by working with people who use the services, their family members and carers, our partners and provider agencies

It has been a busy year and the following are some examples of what we have been doing.

MAIN MESSAGES

- Improved access to services by improving advice and information. For example the launch of Adult Information Service's [newsletter](#), improved [webpages](#) and the revised [Carers' Guide](#) make it easier for people to find out about services and make contact with us.
- The [Community Wellbeing Hubs](#) are enabling or providing opportunities for people to live healthy lifestyles, improve general wellbeing and reduce isolation by working with providers and partners to build resilient communities.
- Further investment has been made and a service specifically to support people from hospital to home is now in place.
- Supporting people to learn or re-establish daily living skills, supply telecare equipment, support access to employment, housing and to community activities that promote healthy living and keep people involved in their community.
- [Sir John Mason House Intermediate Care Facility](#), is now fully operational and as a result over 91% (well above the national average) of people who use Sir John Mason House and the [Community Support Team](#) services go on to live independent lives without the need for further support.
- There are more people who are in receipt of a direct payment or personal budget to enable people to have greater choice and control over how they live their lives. The budget enables people to be more creative about how to support their care needs and as a result they can often get better value for money.
- Introduced a new way of working and created 'Bespoke Care Solutions', a model of support working with people to explore how their support needs can be met in a way that is creative, meaningful and personal to them and how they can obtain the best value for their personal budget.
- Enabled more people with a learning or physical disability to gain the skills needed to live in the community through targeted support.
- The Hospital Social Work team has been established for just over a year and has made a significant impact on the information and support given to people to enable a timely and safe discharge from hospital and to strengthen our joint working with health professionals.
- The principles of 'Making Safeguarding Personal', which encourages adults at risk to decide what steps they can take to change their situation and to be safe and involved throughout the safeguarding process have been implemented within the adult protection services.
- There are now four 'Changing Places' toilet facilities which have extra features, special equipment and more space to provide a safe, comfortable and clean environment for people with more profound and multiple disabilities.
- The service is higher than the average in 20 of 22 national performance measures.
- The volume of people contacting the service has increased by 18% compared with last year.
- More carers have been supported with a carer specific service.
- Remained in budget.

WHO DID WE SUPPORT?



WHAT WE DO

Support people over the age of 18 who need care and support to remain as independent as possible. People may be vulnerable due to old age and frailty, because they have a learning or physical disability, mental health problems or a sensory impairment. We also support family, friends or neighbours who help care for their loved ones. We work to ensure the people we serve are safe, supported and are able to lead transformed lives.

Provide 'Preventative' services to promote wellbeing, aimed at those who need early help with the focus on maintaining good physical and mental health. Anyone can go to the Community Well-being Hubs where we provide help to stay well through social activities, healthy lifestyle classes and fitness activities.

Provide services to develop or regain the life skills needed to maintain independence and to remain in control of how you want to live your life. This is called 'Rehabilitation and Reablement' and works to provide the best possible opportunities for people to remain in their own home or to develop skills to increase independence. This might be something as simple as support to regain the physical strength and confidence to use the stairs again after a stay in hospital, or more long term support to teach someone with a learning disability how to cook.

Understand the needs of young people with a disability who will be moving into adulthood ensuring a safe and smooth transition.

For those who need long term support we help them to maintain as much independence as possible and therefore remain in control of their lives. This can be through 'Telecare' equipment, support to regain or learn daily living skills, activities to keep healthy and involved in community life or a personal budget to buy their own care and support. A personal budget enables people to know the amount of money they can use to decide what care solutions would best suit the way they want to live their life and then they are in control. Residential and Nursing care services are supported to provide the best outcomes they can for anyone living in their care.

The services are organised on levels of need:

<p>Universal Available to everyone</p>	<ul style="list-style-type: none"> ● Information, advice and guidance ● Community Wellbeing Hub activities ● Expert Patient Programme
<p>Targeted Short term support</p>	<ul style="list-style-type: none"> ● Intermediate care ● Support to regain daily living skills ● Housing support ● Support to carers ● Support to leave hospital
<p>Specialist Longer term support for life long conditions</p>	<ul style="list-style-type: none"> ● Support from a social worker ● Support to create a plan for ongoing care needs ● Support to families and carers ● Safeguarding Team

At the heart of every service, whether it is for a short term or a longer term, is to support people to live well for longer, have choice and control, and be involved in their community as independently as possible.

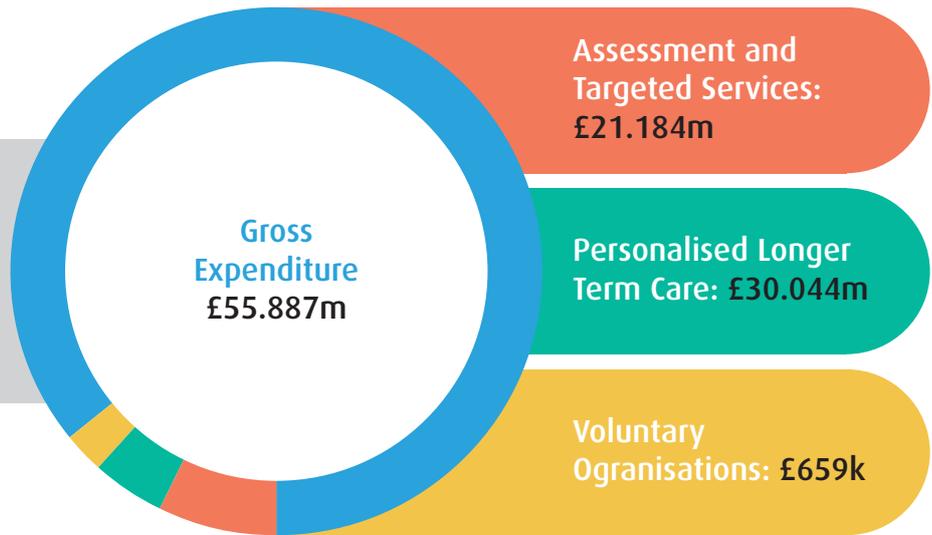
Our partnership with health services enables us to improve the health and social wellbeing for the people of North Lincolnshire. There are a number of ways in which health and care services work together, for example, when someone is discharged from hospital, for people living with mental health issues or when a person needs nursing as well as care.

We arrange for other organisations to provide services on our behalf. This is called 'commissioning services'. For example, support to live at home or to live in a care home, advocacy services, support with housing and support at work or in a voluntary placement. We contract for these services and monitor the quality of them to ensure they are achieving the outcomes that have been set out in a person's care plan.

MONEY FACTS

How much did we spend and what did we spend it on?

Adult Services has provided services within budget, delivered cost improvements throughout the year and increased spending on providing care and support.



£7,655,000	Contributions from people
£11,033,000	Income from NHS, Grants, other sources of income
£37,167,000	Net Total Expenditure 2015/16

THE FOCUS FOR 2015/16

Last year we said we would:

- 

Strengthen Wellbeing through developing community capacity.
- 

Enable people with dementia to access all aspects of community life to live well.
- 

Enable more carers and vulnerable adults to have choice and control over their long term care and support.
- 

Enable people who lack capacity to have the maximum independence possible.



STRENGTHEN WELLBEING THROUGH DEVELOPING COMMUNITY CAPACITY

1 Creative Housing Solutions for people with learning and physical disabilities

We have worked with ONGO and private investors to develop new creative housing solutions. These solutions enable people to live more independently and with more control over how they live their lives.



During 2015 a number of people were supported to move into the newly built supported housing scheme in Scunthorpe. They were provided with advice on getting access to benefits, help with budgeting, help to access activities in the community hubs and local area, support to maintain their tenancy, help to access education, training and work and support to learn life skills such as cooking and healthy living. This purpose built housing scheme and the way in which we have supported people to move into their new homes has enabled people to leave residential settings and live a transformed and independent life in a home of their own.

We worked with a family to explore and implement the purchase of the family home by a private investor. This enabled three siblings to remain together, in their family home, with a lifelong tenancy. They have been able to stay in the home they grew up in, remain part of the community they are familiar with, maintain their network of support and be sure the place they live in is a home of their choice.

The family have been at the centre of their personal support planning. In the short time the siblings have been living independently they have reported how they are enjoying managing their home and have developed independent living skills. The support has provided flexibility, with mum and dad still actively supporting their children, whilst also working with a local provider.

Now the parents feel confident to move area in the knowledge their children are well supported and are now fully in charge of their future and aspirations.

Through projects like these people can live safe, transformed and independent lives.

2 Development of community support networks

We worked with partner agencies, voluntary organisations, employers, community businesses and individuals to create a network of support for adults with care needs, their families and carers. This is part of the enablement approach that brings together the skills and services of the person and their closest supporters, enabling them to live independently and helping prevent the need for long term support.

My Story 1

Mary has a learning disability, lives with her elderly parents and has a voluntary work placement one afternoon a week. Mary was unhappy and felt isolated from her community. She wanted to make friends and build her confidence. The service listened to what Mary said she wanted to do and supported her to achieve her goals.

Mary had never applied for any benefits and we helped her liaise with Crosby Community Association who worked with her to apply for them.

We supported her to attend healthy cook and eat sessions at her local hub and to attend music groups within her area. Mary is now going to local activities independently and is making friends.

Mary feels happier and her parents are pleased she is gaining the skills to be more independent.

3 Autism Awareness Month

Throughout the whole of April 2015 there was a full calendar of events to raise aware of autism across North Lincolnshire.

Taking part in this national campaign is part of our ongoing commitment to enable those living with autism, their carers and their families to live fulfilling lives within a community that understands



We worked with our partners and other organisations including charities, leisure services, tourism, schools and local business.

An event was planned every day to fund raise activities such as a virtual bike ride from Scunthorpe to Amsterdam or dying your hair pink, training and awareness sessions, special film screenings at Vue Cinema and many cakes baked.

A conference for families, carers and professionals was held with guest speakers who themselves have Autism, who spoke about their life experiences and the challenges they have faced and some of their highlights.

4 Activities at the Community Well-being Hubs

The well-being hubs provide people with information, advice and guidance to maintain their independence and prevent them from needing long term care and support.

The hubs provide an opportunity for adults with care and support needs, carers and members of the public to take part in health and social activities, to keep well and stay in touch with their local community.

People can access a range of activities such as, podiatry clinics, Livingwise weight loss programmes, over 75 wellbeing checks, and also a wide range of craft, social and sports activities, such as archery and trampolining, singing for the brain and the dementia cafe.

Registrations at Community Well-being Hubs

2015/16	1184	An increase of 132%
2014/15	510	

More people have attended the [Community Well-being Hubs](#) during 2015/16 and we are aiming to reach even more people next year.

Health partners, provider agencies and community groups are now using the hubs to deliver their own activities, clubs and information services.



5 Expert patient programme

The programme is a six-week course for people living with a long term health condition to help them take control of their health by learning new skills and taking a prevention approach. The majority of the courses are led by volunteers who themselves have long term health conditions. This year we held our first graduation to celebrate the achievements of the trainers and the people who have taken the course.

Expert Patient Courses

	No. of Courses	No. of people trained
Expert Patient Course	5	33

My Story 2

"My long term condition made me feel isolated and until I attended the Expert Patient Course I didn't realise. Since attending the course I have become a befriender and get out a lot more"

6 Changing Places

'Changing Places' is a national campaign to improve access to public toilet facilities for people of all ages with a profound disability. Access to suitable toilet facilities for disabled people is a key barrier to their participation in community life. People with profound and multiple learning disabilities, as well as people with spinal injuries, muscular dystrophy and multiple sclerosis often need additional facilities to enable them to use the toilets safely, comfortably and with dignity.

In partnership with the Learning Disabilities Partnership Board the Council has created 'Changing Places' toilets across the area. These toilets have extra features, special equipment and more space to provide a safe, comfortable and clean environment for people with multiple disabilities. They enable people to go out, knowing they can access toilets and changing facilities that will meet their specific needs.

There are currently four 'Changing Places' facilities.

- The Ironstone Centre, West Street, Scunthorpe
- Normanby Hall Country Park, Normanby
- Scunthorpe Community Wellbeing Hub, Alvingham Road, Scunthorpe
- Sir John Mason House, De Lacy Way, Winterton.

Plans for further facilities are being considered. These may include Winterton Gymnasium, Brigg Recreation Ground and Belton Picnic Area.

7 Spaces of Safety

The Council has developed the [Space of Safety Scheme](#). The scheme is designed to identify spaces of safety across the area that offer somewhere for adults, young people or children to go or contact when they are in need of help or believe they are in danger. These places could be a public library, council office or other sports or community centres. Developing community awareness of how everyone can help to protect an adult or child has strengthened our capacity to help someone at a time of vulnerability.



8 Working Together for Change Event

The 'Working Together for Change Event' was held in October 2015 with partners to look at the changing needs of adults with a care and support needs and their carers. To look at how together we can provide meaningful and genuine choice of provision for the people of North Lincolnshire. Providers, voluntary organisations, carers and people with care needs attended the event and shared ideas on how we can change and improve services for adults and how we can deliver services differently in the future.

9 Care and Support Information Fayre

The first Care and Support Information Fayre for North Lincolnshire was held at the Baths Hall. The event gathered together public and private providers. The Cross Sector Provider Partnership organised the day which was aimed at promoting services to people in need of care and support and their carers and providing a forum where professionals can build links and develop potential partnerships, share ideas and strengthen networks.

10 Training for carers, providers, voluntary organisations and professionals

We continued to improve our wide range of courses for adults, carers, partners and provider organisations to develop the knowledge and capacity of care providers across North Lincolnshire.

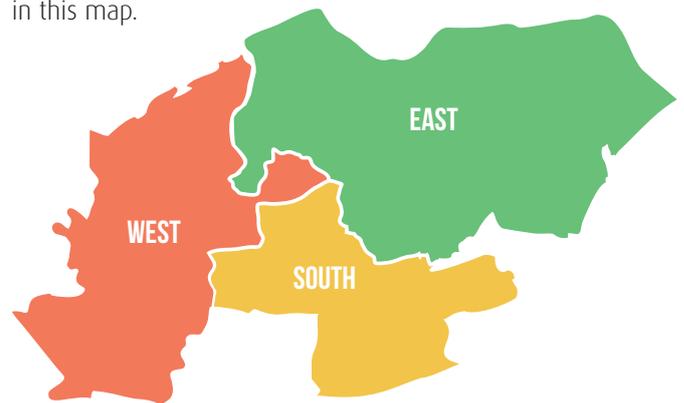
These courses are delivered through e-learning or workshops and together aim to ensure that adults and their carers are able to have choice and control over how they live their lives.



The 'Recovery College' delivers courses aimed at supporting people with mental health needs to make the most of their talents and skills through self-management, enabling them to deal with their mental health challenges and help them achieve the things they want in life.

11 Integrated health and care

The Council is working with health partners to develop an accountable care partnership to integrate health and some care and support services for local residents. The focus has been care at home within communities centred around agreed GP populations, this will be described as 'care networks' people will work together locally to improve health and wellbeing outcomes for the residents in their area. The work of the Care Networks is tailored to meet the needs of the different areas and the particular local circumstances. By working in this way we can use all available health and Council resources to reduce the need for hospital admissions and support people to live in their own homes for longer. It is expected that this way of working will provide better value for money. The care networks broadly divide North Lincolnshire into South, East and West as shown in this map.



12 Support from hospital to home

We have continued to improve the working practices and processes that ensure a person who needs support to leave hospital, regain living skills and return home does so quickly and with confidence.

A. Reducing unnecessary stays in hospital

The Social Work Team based at the hospital has been operational for over a year and are making significant improvements in our joint working with hospitals and health professionals to help people get back home from hospital quickly. The team provides people with support and information whilst they are in hospital to ensure they feel confident and supported when they are discharged and to enable discharge to take place without delay.

This team has developed strong working relationships with the health teams at the hospitals and has continued to improve the patient journey from hospital to rehabilitation and then back to living in their own home.

Because the team is able to offer advice and support early on this helps us plan with the person at an early stage the support they need to regain their independence.

2015/16 Facts and Figures		
Key Performance Indicator	North Lincolnshire Council 2015/16	National Average 2014/15
Delayed transfers of care from hospital attributable to adult social care	2.0	3.7

N.B. A low figure means the council is performing well.

2015/16 Facts and Figures		
Key Performance Indicator	North Lincolnshire Council 2015/16	National Average 2014/15
Percentage of older people still at home 91 days after discharge from hospital into R & R services	91.1%	82.1%
Percentage of older people offered reablement on discharge from hospital	2.6%	3.1%

90.6% of people who received a short-term reablement service went on to need no further on-going support.

13 Safeguarding

We have developed and improved the training that is available to our staff, partner agencies, care providers and carers to ensure the people who provide care in our community have the knowledge and skills to keep people safe.

The four safeguarding priorities are:

- To keep adults safe at home
- To raise awareness of keeping people safe
- To keep adults safe in care and health settings
- To ensure the Safeguarding Adults Board leads multi-agency safeguarding effectively

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. We do this by protecting people's rights to live in safety, free from abuse and neglect, working together with other organisations to prevent the risk of abuse or neglect, and making sure we take people's views, wishes, feelings and beliefs into account.

Our range of safeguarding awareness training is aimed at anyone who works with adults who are at risk of harm. The courses are open to the whole workforce across North Lincolnshire Council and partners, to raise awareness of the different kinds of abuse a person might be vulnerable to, for example, physical, sexual, financial, neglect, emotional, discriminatory, institutional or self-harm.

Safeguarding 2015/16 Facts and Figures			
Concluded safeguarding enquiries	Substantiated safeguarding enquiries	Not substantiated enquiries	Ceased at request of individual
87	43	40	4

The Safeguarding Adults Board promotes and audits effective partnership working across North Lincolnshire and is made up of representatives from key partners who are responsible for the health and wellbeing of the public, for example, health, police and social care organisations. The [Local Safeguarding Adults Board Strategic Plan](#) outlines the developments required for the future to ensure safeguarding adults remains everyone's responsibility.

A. Safeguarding people who sometimes need restraining for their own safety.

To minimise the number of occasions a care provider has to use an intervention that restricts someone's freedom of movement, we have embedded the principles of 'Positive and Proactive Care' into the services. The training provided gives the whole workforce the skills and knowledge to understand how to manage challenging behaviours and minimise the use of restrictive interventions.

[Gov.UK document on positive and proactive care](#)

B. Supporting people who need two carers with dignity

We have introduced a new approach on managing with one carer which shows people how to use techniques and equipment to provide physical care to people using one person which helps that person. Innovations in equipment and manual handling techniques have shown that in many cases, a single person can provide care safely on their own which is more dignified and reduces the costs people have to pay for their care.

C. Dementia champions

We have worked with the Alzheimer's Society to train 20 Dementia Friends Champions. The champions train our staff and partner agencies to understand what it is like to live with dementia and help our staff to understand how they can support those living with dementia to live well and independently for as long as possible.

D. Mental Capacity Act and Deprivation of Liberty Safeguarding

We have improved and increased the training given to staff and to external care providers, on the knowledge and skills needed to make informed assessments to support a person to make decisions about how they wish to live their life and to provide the appropriate support for them to live a safe and supported life.

14 Experts by Experience

The [Vulnerable Adult Strategy](#) outlines our commitment to recognising the people who use our services are 'experts' in their own lives and their contribution to how we design and deliver our services is key. We have therefore recruited a number of 'Experts by Experience'. An Expert by Experience is someone who has experience of using health and care services or is, or has been, a carer of someone who has needs.

There are now 12 people recruited to carry out mystery shopping exercises, review our documents, sit on interview panels, help us with projects and be involved in commissioning processes. They also work as 'Quality Ambassadors' by gathering peoples' views on the support they are provided with when they are living in a care home or receiving care in their own home.

This information helps us to understand where we are doing well and where services need improvement. Over the coming year we plan to recruit and train more people to help us in this way.

ENABLE PEOPLE WITH DEMENTIA TO ACCESS ALL ASPECTS OF COMMUNITY LIFE TO LIVE WELL

1 Support initiatives for people living with dementia

Personal Memory boxes – The service has introduced the memory box scheme for people with dementia. Memory boxes are more personal than the reminiscence boxes and act as a reminder for someone of the things that are important to them, jobs they have done, their family and friends, achievements or places they have lived. The items can be photos, objects, pieces of music or anything that will trigger memories or help to trigger other senses such as touch or smell. The memory boxes provide a focal point for conversation and interaction with the person living with dementia and for their carers and visitors.

My Life Tool – an information booklet has also been introduced which holds information a person living with dementia would like health professionals and carers to know about them. It details things that they have done in their life, their careers, achievements, their family, the things they like, for example how they like to be spoken to, the food they like or dislike or how they like to dress. The booklet also details what makes them anxious and fearful and what makes them relaxed and happy. This helps those providing care, whether in a hospital setting or in a person's own home, deliver support and health care in a way that minimises distress, maintains dignity and control and ensures carers and family are confident their loved one is being cared for by people who understand their issues.

2 'Just Checking' Telecare aids and adaptations

'Just Checking' is a system of movement detectors which provide computerised analysis of the movement activities of people who have dementia and are still living in their own home. This enables us to work with the person, their families and carers to put together a package of support that is appropriate to their needs and help them to stay in their own home for longer. When you are living with dementia living in a place that is familiar, consistent and safe is important to help reduce stress and meet daily living challenges.

380 people received telecare equipment to promote and support independence at home

3 Activities for people living with dementia

A number of activities are run at the Community Well-being Hubs designed for people living with dementia and their families. They give individuals and their carers the opportunity to enjoy different kinds of physical and social activities, meet other people to share knowledge and support, or simply have a cup of tea and a chat.

The Togetherness Choir is run voluntarily by a Community Psychiatric Nurse and an Occupational Therapist and is held at the Well-being Hub in Scunthorpe. The choir provides a stimulating and fun activity for those people with a diagnosis of dementia, or having difficulties with their memory. Even when many memories are hard to retrieve, music is especially easy to recall. You don't have to be a great singer and certainly don't have to have experience of singing in a choir. Those with memory problems are often accompanied by their children, other family members, friends or carers.



In September the choir was formally recognised twice for its achievements in the field of Dementia care, firstly awarded runner up in the RDaSH Annual Trust Awards for the best Patient Experience and Carer Involvement initiative, and then nominated as a finalist in the National Dementia Friendly Awards in London.

4 Reminiscence Sessions

Reminiscence sessions use objects to spark past memories. For older people, particularly people living with dementia, older memories can be retained after the point when the capacity to make new memories is lost. The sessions are delivered in the seven Wellbeing Hubs as well as taster sessions in other local venues

The Museum Service has over 21 themed reminiscence boxes with topics such as toys, seaside and afternoon tea, and has over 8,000 objects in the loans collection, so there is plenty of opportunity to create new boxes.



5 Creating a Dementia Friendly North Lincolnshire

The Council and Partners have joined the Dementia Action Alliance to make North Lincolnshire a Dementia friendly community. This includes creating Dementia friendly environments in public buildings, for example Scunthorpe Well-being hub, and will involve people living with Dementia working alongside Officers to undertake audits of our Council buildings to identify how we can make the buildings more dementia friendly.

Together with the Alzheimer's Society 20 'Dementia Friend Champions' have been established across the service. These champions provide training to share information about the personal impact of dementia, and how we can support people living with dementia. Over 95% of staff are now trained as Dementia Friends.

As part of the [Dementia Action Alliance](#) we look at ways in which training could help North Lincolnshire become a dementia friendly community. A number of training workshops and e-learning opportunities have been created that are aimed at family members, carers, local businesses and care professionals to help the wider community of North Lincolnshire understand what it is like to live with Dementia.

The North Lincolnshire Youth Council are also promoting dementia awareness and have undertaken Dementia Friends training.

ENABLE MORE CARERS AND VULNERABLE ADULTS TO HAVE CHOICE AND CONTROL OVER THEIR LONG TERM CARE AND SUPPORT

1 Transition to Adult Services

For young people with learning or physical disabilities good planning and communication during transition from childhood to adulthood is vital.

We work with all organisations involved in the young person's life up to 18 months before they are 18. We involve the young person, their family and carers in the design and delivery of their future lifestyle during the transition process. This ensures we understand the issues and care needs that are important to them. We work with the local schools to support education support plans to help people achieve their aspirational goals. This work enables us to plan early and maximise their ability to gain skills for a future where the young person is able to become as independent as possible in adult life.

2 Self-Directed Support

Self-directed support is a personal budget given to a carer to enable them to have choice and control over the support they use to meet their needs. This payment helps people be in control of how their support is provided and gives them the ability to remain as independent as possible.

The number of carers able to control their care and support directly has increased to 95.2%.

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3 Bespoke Care Solutions

We have piloted a new way of working which explores with the person and their family the way they would like their support needs met in a creative and meaningful way to them, helping them get the best value for their personal budget. This might mean reducing or replacing the traditional kinds of support, for example, day care and home support visits and finding creative and unique ways to be supported in the home and out in the community.

We do this by working with the person to understand what is important to them, help them design their own support package, and look at ways they can remain as independent as possible, helping them regain daily living skills they may have lost.

My Story 3

A daughter caring for her disabled father was finding it difficult to care for him and to keep her job working nights. The family were originally from Pakistan and were not receiving any other support. They were living in a property that was not suitable and which also made support very difficult.

The family were helped to find a suitable home and were supported to receive benefits advice. After an assessment a personal budget was put in place and the family decided to employ a carer. The family wanted a carer who would be aware of their culture, be able to communicate well and was able to provide consistent support. The family therefore felt different carers from an agency would not be a preferred option for them. It was decided that the daughter could be employed as a carer, a solution that the family were much more comfortable with.

The personal budget gave this family the ability to choose the solution to their care needs and provide good value for money for the personal budget.

The number of service users receiving self-directed support has increased to 100%

4 All Age Carers Commissioning Strategy

We have worked with our partners to develop an 'All Age Carers' Strategy which looks at the development priorities for 'all' carers of North Lincolnshire.

Carers provide essential support to those who need help with daily living. The support they provide is vital and the impact they have on providing support to adults and young people cannot be underestimated.

A carer is someone who helps another person in their day to day life. This is usually a relative or friend. It is not the same as someone who provides care professionally or through a voluntary organisation.

Someone can be a carer at any stage in their life and anyone could be a carer – a teenager looking after a parent with a physical disability, a 50 year old man caring for his wife who has terminal cancer, or an 80-year-old woman looking after her husband living with dementia.

The aim of the strategy is to ensure that by understanding the needs of all carers we can design, shape and transform services to meet their needs.

National estimates suggest there may be 19,000 carers in North Lincolnshire with approximately 7000 carers providing 20 or more hours of care per week.

5 Carer's Roadshows

Last year four Carers Roadshow events were held to engage and reach carers who are not receiving any support. The roadshows helped to raise awareness amongst carers, adults with care and support needs and providers about the range of services and support available. The events provided information on benefits, short breaks, carer breaks, leisure opportunities, healthy living, emotional wellbeing, training, assessments and alternative therapies. The roadshows provided the opportunity for carers to understand what support is available to them, to meet with other carers, to form new networks of support and to provide us with feedback on how we are doing and the things that are important to them.

6 Carers Advisory Partnership

The Carers Advisory Partnership works closely with the service on a number of projects that aim to improve services and support to carers and the people they support. The partnership ensures the voices of carers are listened to and helps to develop services that give carers choice and control.

The joint work has created a new [Carers Guide](#). The new guide provides information on how to access advice, information and guidance on staying healthy, the assessment process, finance, housing and useful contacts. It is one of the first documents that a new carer will receive and will enable them to find their way more easily to the support that is available to them.

2015/16 Facts and Figures

Key Performance Indicator	North Lincolnshire Council 2015/16	National Average 2014/15
Number of carers with self-directed support (direct payment or personal budget)	95.2%	77.4%

2015/16 Facts and Figures

	2014/2015	2015/16
Number of carers supported with a carer specific service	1249	1396

My Story 4

Dorothy is a lady in her seventies living on her own. She struggled to manage her extreme anxiety levels and had lacked confidence to do day to day living tasks. Dorothy has a care package of four calls a day and day care at a local residential home. Dorothy used to be a sociable lady with a keen interest in cooking, gardening and dancing. All of this stopped when she became increasingly anxious and lost confidence. After discussing with Dorothy what she wanted to achieve we put in place a number of activities that would help her regain her confidence and daily living skills.

- Dorothy attended activities at the Well-being Hubs to improve her kitchen skills and is now preparing her own meals again.
- We supported her with transport training to gain the confidence to travel on the bus. She can now use the bus independently to attend activities and has increased her visits to the hubs.
- Dorothy was able to find her own solutions to many of her care needs. She now only wants two calls a day and she now uses her budget to pay for a personal assistant to help her get to her local garden centre.

Dorothy is in control of her daily life and is confident enough to make decisions about how she will meet her care needs.

ENABLE PEOPLE WHO LACK CAPACITY TO HAVE THE MAXIMUM INDEPENDENCE POSSIBLE

1 Supporting people with a learning disability to live independently

To learn to cook and clean, manage budgets, help to pay household bills and build networks of people who would be able to provide support are all essential skills to live independently that most people take for granted.

A short time in a residential setting to learn these skills may be necessary. The transition to supported housing is then smoother and less likely to fail if time is given to gain appropriate skills and put in place strong support networks and care packages.

77.2% of people who use our services and have a learning disability are supported to live in their own home or with their family.

2 Adults with mental health issues living independently

The number of people with a mental health issue supported to live independently in the community has risen to 67.3% during 2015/16.

We continue to increase the number of people living with mental health issues to live independently and our performance in achieving this is above the national average.

The Service work with people to recover from the difficulties of longer term mental health issues and provide them with the skills to live an independent life. If a person has been in a residential home for some time, rehabilitation can be a longer process, and a person may need to live for a limited time in a residential setting that is specifically focused on building the skills to live independently. We work with individuals, their carers and support networks to maximise recovery and improve the likelihood of a successful transition to independent living.

People are supported to cope with everyday life, to deal with daily living tasks, healthy living issues, managing their illness and regain confidence. Once the person has gained the skills, knowledge and confidence to manage their symptoms and live independently they move on to a home of their own in the community and we continue to support them until such time that a person can live with little or no support from our services.

My Story 5

Martin suffers from mental health issues and had been in residential care for five years. Martin lost both of his parents within a few years and was receiving support with this. Martin moved to a home where he was given support to learn daily living skills and coping strategies.

Martin told us he wanted to move back into the community and with joint working across the various teams we were able to find a supported lodging flat for him. A robust support package was agreed with Martin and he is now happy, safe and supported living in the community.

"I AM HAPPY WITHIN MYSELF, I REALLY LIKE MY FLAT, AND ENJOY MAINTAINING IT. I HAVE PLANTED MYSELF SOME FLOWER POTS FOR MY VERANDA. I AM SETTLED AND THIS IS A PLACE TO CALL HOME."

3 Adults with a learning disability in employment

The number of people with a complex learning disability in paid employment has increased to 5.3%

We work alongside Mencap and the [Action Station](#), which is a one stop shop in Scunthorpe town centre, to ensure that people with a learning disability are provided with the most appropriate support to gain employment opportunities.

We have developed an Easy Read Version of the Employability Skills Framework, used within schools. This is a framework giving people the skills, attitude and behaviour needed to get work, stay in work and do well in their job.

The Framework is used to support adults requiring additional support to obtain or maintain employment. The Easy Read Framework will be launched along with the new initiatives for Supported Employment during the Festival of Skills in October 2016.

4 Older people with mental health problems

Older people with mental health problems are supported at home and in clinic based settings, helping people to stay at home and remain part of their community. The service works closely with nurses, doctors, social workers, occupational therapists, physiotherapists, psychologists, private providers of support and the community to ensure that treatment and support maximises a person's independence.

My Story 6.

June had lived in residential care for around ten years following mental health issues and early onset dementia. She had lost contact with her family and was unhappy living in the care home as it was away from the area that she knew. June wanted to return to the Scunthorpe area and live independently.

We worked with health and social care professionals, her family and providers to search for solutions that would enable her to return to living independently. With continuing support June is now living in her own bungalow, she is a member of the Togetherness Choir, volunteers in a charity shop and is back in touch with her family.

5 'Do Something Different'

We have worked with Leisure and Services to Children to ensure that people with a learning or physical disability have been able to access sport, leisure and cultural events through the 'Do Something Different' project. People get a chance to take part in archery, trampolining, adapted cycling, fishing, cook and eat sessions, music sessions and many other activities. The sessions allow people to try new things, develop new skills and meet new people. A video of the activities that take place and the positive impact the scheme is having on people's lives is available [here](#).



"Since my son has attended these sessions he has gained in confidence and is able to meet new people."

6 Making safeguarding personal

Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. We do this by protecting people's rights to live in safety, free from abuse and neglect, working together with other organisations to prevent the risk of abuse or neglect, and making sure we take people's views, wishes, feelings and beliefs into account.

The 'Making Safeguarding Personal' way of working has been embedded into the safeguarding processes we employ across the service and the training provided to partner agencies and providers. People who may be more at risk of harm or who have been harmed are asked about the outcomes they want before embarking on the investigation and throughout working with them to make them safe. These outcomes are then used to decide what action should be taken by whom and if this action makes them feel safer. All investigations are carried out in a way that ensures the person and/or their carer has full involvement, choice and control to improve the quality of their life, wellbeing, safety and confidence.

My Story 7

A concern was received regarding a disabled woman who lives independently. Concerns were raised that she was being financially abused by a person who had recently befriended her.

She told a social worker that this person had offered to help her with her finances. Within a short time of the friendship beginning she noticed some of her possessions had been taken and credit had been opened in her name without her knowledge. She said that she felt extremely pressured by this person and wanted them to stop visiting and her belongings back.

She was supported to report the incident to the police, to cancel bank cards and liaise with the credit agencies about the accounts that had been opened. The police were able to return most of her possessions. She remained fully involved in resolving her financial issues and as a result felt safe and supported.

7 Courses to support and safeguard adults with care needs

Throughout 2015/16 we have delivered a wide range of training courses to members of staff and other partner colleagues. The courses are aimed at the whole workforce to gain the knowledge and skills required to protect adults and create solutions that maximise independence. Our range of training courses cover the Mental Capacity Act, Deprivation of Liberty Safeguarding principles and other safeguarding processes and issues, enabling people to make an informed assessment, to ensure correct support is given in a timely way and to help that person make choices where they are able. Our full range of courses is available on the [North Lincolnshire](#) web pages.



QUALITY: MONITORING AND EVALUATION

We monitor the performance of services provided to adults with care and support needs by collecting data on what is provided and asking people directly about the services they are receiving.

During 2015/16 we collected information on 22 key performance indicators. These are called Adult Social Care Outcome Framework (ASCOF) Indicators and are measures that are collected nationally. This allows us to see how we are performing against the priorities we have set, against our regional neighbours, authorities that are similar in size to us and how we are doing nationally. More information on the ASCOF indicators at Appendix 1.

In The Pink

In the Pink is a survey sent to residents of Care Homes and forms part of an annual quality assurance process of Residential Care Home providers in North Lincolnshire.

The survey gives people the opportunity to give their views and write comments, it is these views, comments and ratings that we use to evaluate how people feel about the care they are receiving in their residential home.

Care Homes

We work to help people to stay in their own home for as long as possible but there may be reasons why living in a residential home is necessary. This could be a short term stay to regain daily living skills or a more permanent solution to care needs.

We work with care home providers to monitor the quality of services provided through our 'In the Pink' surveys and by using our Experts by Experience in their Quality Ambassador role to talk to people living in care homes about the quality of their care.

The quality of care homes in our area is good. Out of 57 care homes four are rated by the Care Quality Commission as 'Outstanding' and 37 are rated as 'Good'. For more information, you can visit the [Care Quality Commission](#) website where individual care home ratings are available.

POET (Personal Outcome Evaluation Tool)

POET is a national survey of people who receive a personal budget to purchase services to meet their care needs. This survey focuses on the impact that personal budgets are having on people's lives. We piloted the survey for the first time in December 2015 and now plan to use the survey more widely to monitor the impact personal budgets are having on people's lives and independence.

POET survey showed North Lincolnshire above national average

90% said support had a positive impact

Safe

Life Choices and Health

Quality of life

Relationships

Community

Friends and Family

Complaints

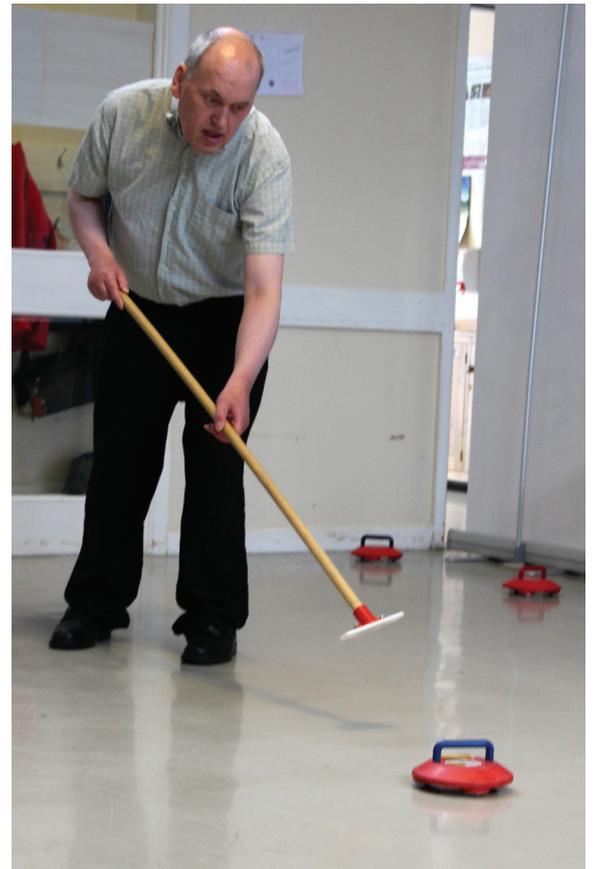
The number of complaints received by the service reduced considerably during the year 2015/16.

2015/16 Facts and Figures

Year of complaint	Number of received	Number upheld (in part or in full)
2014/15	40	19
2015/16	28	16

Just over half of the complaints received were upheld. The reduction in complaints was mainly seen in the areas of information and communication and inclusion and involvement. These are areas that we focused particularly on during 2015/16 and more specifically the following may have resulted in the reduction in complaints for 2015/16:

- more control over the way people find solutions to their care needs
- increased information and creatively around using personal budgets to meet care needs in the community
- clarity around the function and eligibility of rehabilitation and reablement services at Sir John Mason House Intermediate Care Facility



OUR PARTNERS

Working together in partnership and across organisations deliver better outcomes for individuals and communities they operate in. Here in North Lincolnshire, we have a range of partnerships of which the following are examples:

The Health and Wellbeing Board

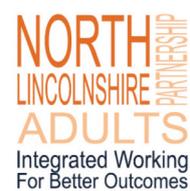


The North Lincolnshire Health and Wellbeing Board is a partnership of organisations responsible for the health and wellbeing of everyone living in North Lincolnshire. It brings together a range of local partners involved in a wide range of health and social care related activities. The Board is responsible for:

- Developing and publishing the [Joint Strategic Needs Assessment \(JSNA\)](#), an assessment of the current and future social care and health needs of our communities.
- Developing and publishing the [Joint Health and Wellbeing Strategy \(JHWS\)](#), a document which identifies areas where joint working would deliver better services for the people of North Lincolnshire. This document sets out the key priorities for health and social care services in North Lincolnshire

- Identifying ways in which agencies and partners can commission services, looking at where services can be bought jointly and promote integrated working.

What is the Adults Partnership and what does it do?



The Adults Partnership is a group which brings together adults and young people who are receiving or have received support and representatives from organisations that provide services and support to adults. The partnership develops, monitors and reviews the Vulnerable Adult Strategy for North Lincolnshire and ensures that adults with care needs, their families and carers are central to the delivery and development of our services. The ambitions developed in the strategy are:

- Vulnerable adults live well for longer
- Vulnerable adults are enabled to be involved in community life
- Vulnerable adults have choice and control

The principles in the strategy link to the 'Think Local Act Personal' initiative which focuses on personalised, community based support.

Safeguarding Adults Board



The Safeguarding Adults Board is a statutory partnership of organisations that work together to ensure that systems and services protect vulnerable people from abuse.

The board sets procedures, creates an [annual strategic plan](#), reports on its achievements and priorities annually and reviews cases if required.

The Priorities of the Safeguarding Adults Board are:

- To keep adults safe at home
- To raise awareness of keeping people safe
- To keep adults safe in care and health settings
- To ensure the Safeguard Adults Board leads multi- agency safeguarding effectively

Joint Board Health & Social Care (Frail and Frail Elderly)

The joint board is a partnership with membership from the CCG/Council/Northern Lincolnshire & Goole Foundation Trust/Rotherham Doncaster & South Humber Foundation Trust and has oversight of delivery of the Better Care Plan for North Lincolnshire.

The board has responsibility under a Partnership Agreement to oversee the delivery of the Better Care Fund Plan and use of the pooled budget. The Better Care Fund (BCF) was announced by the Government in June 2013. The aim of this fund is to ensure a transformation in integrated health and I care. The fund creates a single, shared budget which helps the Council and the NHS to work more closely together. The aim is to ensure that the well-being of individuals is the main focus of health and care services.

The boards priorities set out in the Better Care Plan are to improve outcomes for those who are frail and frail elderly:

- Reducing hospital admissions
- Reducing lengths of stay in hospital
- Reducing delayed transfers of care from hospital
- Reducing permanent moves into care homes

Cross Sector Provider Partnership

The [Cross Sector Provider Partnership](#) (CSPP) is a group of care providers from across the public, private and third sector, who meet to share expertise, development strategies, learning, innovation, information and best practice to develop services for adults with care needs in North Lincolnshire. This Partnership has helped shape the provider events held during 2015/16 to develop and strengthen community capacity.

In September 2015 the first Care and Support Service Information Fayre was held at the Baths Hall. Visitors to the event were able to look at a wide variety of stalls hosted by organisations providing support to carers, adults with care and support needs and children. The event provided a wide range of information on services to support care needs, to keep you well and maintain your independence. It was an opportunity for carers and people with care needs to meet and for providers to network

Enabled me to make contact with other organisations plus meet with other organisations who already use us

Good conversations with providers to see what they are doing

Strategic Care Home Partnership

The Strategic Care Home Partnership is a group consisting of residential and nursing care home providers, health and Adult Care representatives. The group meet to share information and best practice, drive up standards across the care home sector, and work together to look at how people with increasing complex needs can be supported.

Nothing about you without you

We are committed to including service user voices at an individual level in the way we support people to achieve the care and support they need. We also need to include the voice of service users at a service and strategic level. To achieve both levels of involvement we have developed the '[Collaboration and Engagement Pledge, Nothing About You Without You](#)'. This document sets out how we include service users voices throughout service design and delivery.

Citizenship partnerships, are groups which focus on carers, people with learning disabilities and people with autism. These groups are attended by service users and their carers/families as well as people from other organisations. At these groups people can 'have their say' about things that matter to them.



The Learning Disability Partnership (LDP)

North Lincolnshire
**Learning Disability
Partnership**



The Learning Disability Partnership was set up to bring the public, private, community, voluntary groups and people with learning disabilities together.

The group works to ensure that communication to people with learning disabilities from all organisations is available in 'Easy Read' formats, the team are currently working with GP surgeries to help create letters, and other information, in easy read format for people with a learning disability. The partnership also meets to discuss employment issues and have created an Easy Read framework of seven key skills which can be used to train people with a learning disability to be successful in obtaining employment.

Carers Advisory Partnership

The Carers Advisory Partnership is led by carers and meets once a month with members of North Lincolnshire Council and the NHS to create and monitor the North Lincolnshire Carers Strategy. The group also identifies projects that aim to improve services and support to carers and adults with care and support needs and works with health and care partners to complete these projects.

Senior Citizens Forum

The Senior Citizen Forums are led by senior members of the community and are an independent advocate for older people. They provide information and representation on issues affecting older people, arrange opportunities for older people to network with service providers, monitor new services and developments that affect older people and provide statutory, voluntary and private organisations with the views of older people about existing and proposed services.

Autism Partnership

The Autism Partnership oversees and directs the development of services to people with Autistic Spectrum conditions. The partnership board also looks at ways to raise awareness about autism.

The group also identifies projects that aim to improve services and support. These projects included:

- revision of the Autism Awareness training available to all care providers in North Lincolnshire,
- working with commissioning team to include specific reference to the autistic spectrum in the new contract for Supported Employment Services,
- working with the Integrated Commissioning Partnership Board to include autism spectrum in the Children and Transition Strategy.

PRIORITIES FOR 2016/17

Vulnerable adults live well for longer

Implement the three 'Care Networks' where health and social care professionals work together locally to improve health and wellbeing outcomes for the residents in their area – to support the ambition that **Vulnerable Adults Live Well for Longer**.

Vulnerable adults are enabled to be involved in community life

Strengthening the supported employment offer – to support the ambition that **Vulnerable Adults are enabled to be involved in community life**.

Vulnerable adults have choice and control

Embed the 'bespoke care solution' model of support across the service to encourage people to explore how their support needs can be met in a way that is creative, meaningful and personal to them and can obtain the best value for their personal budget – to support the ambition that **Vulnerable Adults have choice and control**.

Safeguarding

Safeguarding; adults at risk of harm are able to decide what steps they can take to change their situation and to be involved throughout the safeguarding investigation. Experts by experience improve the quality of provision across the area.

Help us improve

Thank you for taking the time to read this local account. We are keen to hear about your personal experience of care in North Lincolnshire.

It is important that we understand the views of the people who use our services to ensure our standards remain high and we are able to continue to improve things that are important to you.

It is always good to know when people have had a positive experience of our services and this helps us to understand what works well. Receiving your comments and suggestions gives us the opportunity to identify good practice and processes and spread this knowledge across our service and wider council.

We also want to hear from you if you have a complaint to make or if you have any concerns about the service we have provided. We want to ensure that our services work well for people, but we recognise that from time to time people may not receive the standard they expect. When this happens we want to know so that we can put things right.

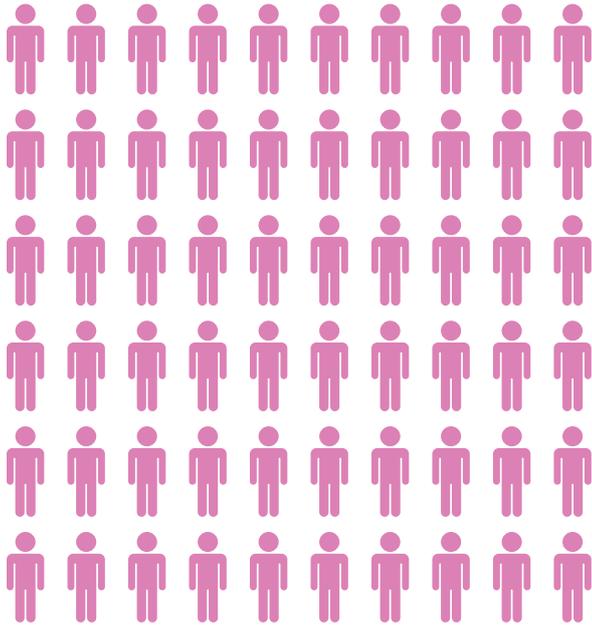
If you would like to give us your views either about the service you receive, or this local account, you can get in touch in the following ways:

Email: servicedevelopmentteam@northlincs.gov.uk

Telephone: 01724 298405

Post: **Service Development Team,
North Lincolnshire Council,
Hewson House,
Station Road,
Brigg,
DN20 8XJ.**

OUR PEOPLE AND PLACES

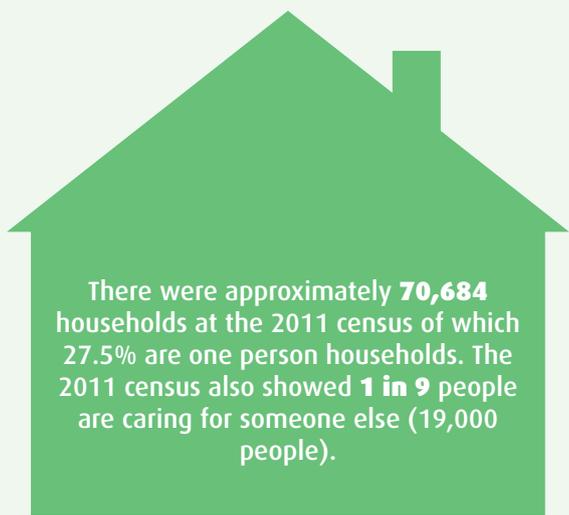


169,800 people live in North Lincolnshire, increasing at a significantly higher rate (**9.6%**) than the regional and national average. Projections indicate a continuing growth of approx. 9% over the next 25 years.

Urban/Rural life: Scunthorpe, Ashby, Bottesford and Barton-Upon-Humber are home to **52.7%** of North Lincolnshire residents. We have a number of urban centres in rural settings including Brigg, Epworth, Haxey, Crowle and Winterton.



North Lincolnshire covers an area of almost **85,000** hectares.



There were approximately **70,684** households at the 2011 census of which 27.5% are one person households. The 2011 census also showed **1 in 9** people are caring for someone else (19,000 people).

The average age of the population is **41.4** years compared with the England average of 39.6 years.

There are **fewer** young adults and **more** people in their 50's and 60's. North Lincolnshire has a higher percentage of people aged 65 and over than regionally or nationally (an increase of **22.6%** in the number of over 65's compared to England average of 17.3% increase).

Projections indicate the number of people aged **65+** will increase by **67.7%** by 2037. A growth of over **7000** is expected in the number of people aged over 85 by 2037.

NORTH LINCOLNSHIRE PERFORMANCE ASSESSMENT – 2015/16

The council is committed to listening to the people of North Lincolnshire, and ensuring the services meet current and future needs of people in the area. The Adult Social Care Outcomes Framework (ASCOF) is a set of nationally agreed measures that help the council to compare performance against other councils.

The table below shows how North Lincolnshire performance for 15/16 compares to the previous year 14/15. There are 22 measures relevant to this year. Of these measures, North Lincolnshire has improved overall performance in 15 of the outcomes, as follows:

Highlights

The council works closely with all local hospitals and, compared to last year, less people were delayed for less days, the out-turn position is 2.0 compared to 2.7 last year. The effectiveness of rehabilitation and reablement services has also improved this year to 91.1% from 90.3% last year. This means that of all the people using these services were still independent three months later. Also as this service is so effective 91% had their needs fully met and went back to living the lives they wanted to, independently.

The number of people with eligible long term needs having choice and control through having a personal budget improved significantly as this is now 100%. The carers who also have choice and control has more than doubled from 44.5% last year to 95.2% this year. The numbers of these who take their personal budget as a cash budget is better than most of the country.

What people tell us

People who use services and report that they feel safe, has seen an improvement from 74.6% last year to 76.2% this year. Also the people who use services who say that those services have made them feel safe and secure, is another measure improved from 81.5% last year to 89.1% this year. Both of these are higher than the England average for last year.

You can explore in more depth the data for North Lincolnshire on the [Health and Social Care Information Centre website](#).

Outcome Measure	Definition of Outcome Measure (Summary)	2014 2015 Outturn	2015 2016 Outturn	Direction of Travel (2015/2016 Outturn vs 2014/2015)
All Delayed Transfers of Care across NHS and Social care (DTCOC) (ASCOF 2C Part 1)	Delayed transfers of care from hospital taken on a particular day (Thursdays) over the year, per 100,000 population	6.3	6.6	↑ Low Number = Good Performance
Delayed Transfers of Care Attributable to Adult Social Care ONLY (DTCOC) (ASCOF 2C Part 2)	Delayed transfers of care from hospital taken on a particular day (Thursdays) over the year, which are attributable to adult social care, per 100,000 population	2.7	2.0	↑✓ Low Number = Good Performance
Effectiveness of Reablement/Rehabilitation (R&R) Service (ASCOF 2B Part 1)	Proportion of older people (aged 65 and over) who were at home 91 days after discharge from hospital into R&R services	90.3%	91.1%	↑✓
Availability of Reablement/Rehabilitation (R&R) Service (ASCOF 2B Part 2)	Proportion of older people (aged 65 and over) offered R&R services as a percentage of all older people discharged	2.1%	2.6%	↑✓
The Outcome of Short-Term Services: Sequel to Service (ASCOF 2D)	Percentage of those that received a short-term service during the year where the sequel was either no on-going support or support of a lower level. NEW for 2014 2015.	85.3%	90.6%	↑✓

Outcome Measure	Definition of Outcome Measure (Summary)	2014 2015 Outturn	2015 2016 Outturn	Direction of Travel (2015/2016 Outturn vs 2014/2015)
Self-Directed Support – Service Users (ASCOF 1C Part 1a)	Service users receiving self-directed support measured against all service users receiving long term support (snap-shot)	60.1%	100%	↑✓
Direct Payments – Service Users (ASCOF 1C Part 2a)	Service users receiving direct payments measured against all service users receiving long term support (snap-shot)	31.9%	32.1%	↑✓
Long-Term Support Needs met by admission of younger adults to residential and nursing care homes, Per 100,000 population (ASCOF 2A Part 1)	New permanent admissions of younger adults, aged 18-64, to residential and nursing care homes per 100,000 age group population	13.9	13.9	↔ Low Number = Good Performance
Long-Term Support Needs met by admission of older people to residential and nursing care homes, per 100,000 population (ASCOF 2A Part 2)	New permanent admissions of older people, aged 65 and over, to residential and nursing care homes per 100,000 age group population	560.4	575.3	↓ Low Number = Good Performance
Self-Directed Support – Carers (ASCOF 1C Part 1b)	Carers receiving self-directed support measured against all carers receiving specific carer services	44.5%	95.2%	↑✓
Direct Payments – Carers (ASCOF 1C Part 2b)	Carers receiving direct payments measured against all carers receiving specific carer services	35.4%	76.3%	↑✓
Learning Disability Paid Employment (ASCOF 1E)	Service users with a learning disability in paid employment measured against service users with a learning disability in receipt of a long-term service	5.2%	5.3%	↑✓
Learning Disability Living Independently (ASCOF 1G)	Proportion of service users with a learning disability who live on their own or with their family	77.3%	77.2%	↓
Mental Health Paid Employment (ASCOF 1F)	Service users with a mental health issue on a Care Programme Approach (CPA) in paid employment measured against service users with a mental health issue in receipt of a long-term service	7.4%	7.8%	↑✓
Mental Health Living Independently (ASCOF 1H)	Proportion of service users with a mental health issue who live independently with or without support	67.7%	67.3%	↓

What local people say about North Lincolnshire

Outcome Measure	Definition of Outcome Measure (Summary)	2014 2015 Outturn	2015 2016 Outturn	Direction of Travel (2015/2016 Outturn vs 2014/2015)
Social Care Related Quality of Life (ASCOF 1A)	Service user survey composite measure of various quality of life issues out of an overall weighted score of 24	19.6	19.7	↑✓
People who use Services who have Control over their Daily Life (ASCOF 1B)	Service user survey response about control over life	83.5%	79.3%	↓
Social Contact Service Users (ASCOF 1I Part 1)	Service user survey response about social contact	50.1%	50.5%	↑✓
Overall Satisfaction – Service Users (ASCOF 3A)	Service user survey response to satisfaction of social care services	71.7%	67.5%	↓
Information and Advice – Service Users (ASCOF 3D Part 1)	Service user survey response to how easy it is to find information	84.4%	81.5%	↓
Feeling Safe (ASCOF 4A)	Service user survey response to feeling safe	74.6%	76.2%	↑✓
Feeling Safe as a Result of Services (ASCOF 4B)	Service user survey response to feeling safe as a result of social care services	81.5%	89.1%	↑✓