



County Offices
Newland
Lincoln
LN1 1YL

21 June 2016

Adults Scrutiny Committee

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 29 June 2016 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink, appearing to be 'T McArdle', written over a horizontal line.

Tony McArdle
Chief Executive

Membership of the Adults Scrutiny Committee
(11 Members of the Council)

Councillors C E H Marfleet (Chairman), R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs A E Reynolds, Mrs N J Smith, M A Whittington and Mrs S M Wray

**ADULTS SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 29 JUNE 2016**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the Meeting held on 25 May 2016	5 - 12
4	Chairman's Announcements	Verbal Report
5	Workforce Issues in Residential and Nursing Homes and Other Care Settings (including Domiciliary Care) <i>(To receive a report from Melanie Weatherley, Chairman of the Lincolnshire Care Association, which provides the Committee with an update on key workforce issues being experienced by providers of Adult Care in Lincolnshire, and the support being offered by the Lincolnshire Care Association to meet the challenges)</i>	13 - 72
6	Adult Care 2015/16 Outturn <i>(To receive a report from Steve Houchin, Head of Finance, Adult Care, which advises the Committee of the Adult Care Financial Outturn for 2015/16)</i>	73 - 78
7	Contract Management Update <i>(To receive a report from Alina Hackney, Senior Strategic Commercial and Procurement Manager – People Services, Commercial Team, which provides the Committee with an update on the work of the Commercial Team – People Services, with specific reference to Contract Management of Adult Care Services across all service provision (including Adult Frailty and Long Term Conditions and Specialist Services))</i>	79 - 88
8	Day Care Services Re-Procurement <i>(To receive a joint report from Glen Garrod, Executive Director of Adult Social Services and Judith Hetherington Smith, Chief Information and Commissioning Officer, which invites the Committee to consider the Day Care Services Re-Procurement, which will be considered by the Executive Councillor for Adult Care on 1 July 2016)</i>	89 - 122
9	Transitional and Reablement Beds Block Purchase <i>(To receive a report from Alina Hackney, Senior Strategic Commercial and Procurement Manager – People Services, Commercial Team, which invites the Committee to consider block purchasing agreements in addition to the existing Residential Framework Agreement that will offer increased and fixed capacity for residential care, which will be considered by the Executive Councillor for Adult Care on 29 June 2016)</i>	123 - 152

10 Adults Scrutiny Committee Work Programme

153 - 160

(To receive a report from Simon Evans, Health Scrutiny Officer, which provides the Committee with an opportunity to consider its work programme for the forthcoming year)

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

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

Contact details set out above.

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ADULTS SCRUTINY COMMITTEE 25 MAY 2016

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs A E Reynolds, Mrs N J Smith, M A Whittington, Mrs S M Wray and Mrs M J Overton MBE.

Councillor Mrs P A Bradwell, the Executive Councillor for Adult Care, Health and Children's Services was also in attendance.

Officers in attendance:-

Andrea Brown (Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Matt Jackson (Regional Director, East and South East England Allied Health Care), Jane Mason (County Manager Carers), Emma Scarth (Commissioning Manager Performance, Quality and Workforce Development), Pete Sidgwick (Assistant Director (Frail, Elderly and Long Term Conditions)) and Kimleigh Wolters (Service Manager – Penderels Trust).

Guests:-

Mrs M Smeeton and Mr I Patel.

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor H N J Powell and Councillor C R Oxby (Executive Support Councillor for Adult Care and Health Services).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillor Mrs M J Overton MBE as a replacement member of the Committee in place of Councillor Mrs H N J Powell for this meeting only.

2 DECLARATIONS OF MEMBERS' INTERESTS

No declarations of Councillors' interests were received at this stage of the proceedings.

3 MINUTES OF THE MEETING HELD ON 6 APRIL 2016

RESOLVED

That the minutes of the Adult Scrutiny Committee meeting held on 6 April 2016 be confirmed and signed by the Chairman as a correct record.

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4 CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:-

i) Budget Outturn 2015/16

Work was underway on the closing down of the accounts for 2015/16 which was the first year of using the Agresso system and every effort was being made to complete the various processes required to close the accounts. This item had originally been scheduled at this meeting of the Committee, and it would now be considered on 29 June 2016.

ii) Better Care Fund

A report was considered at the full meeting of the County Council on 20 May 2016 in regard to a decision taken on 26 April 2016 under the "Rule 17 Urgency Procedure" which finalised the submission of the Better Care Fund (BCF). Further updates on the progress of the BCF would be submitted to the Committee.

iii) Visits to Day Centres

The Committee had requested that visits to day centres be arranged and consideration was being given to two visits during late June or July 2016. It was proposed that the first visit be held at the Warwick Road Centre (Louth), Virginia House (Louth) and The Wong (Horncastle). The second visit would be to Scott House (Boston) and Ancaster Day Centre (Lincoln). The maximum number permitted to visit was four and dates would be offered to members on a first-come-first-served basis. The Committee were encouraged to attend even if the centres were not in their own divisions.

5 LINCOLNSHIRE ASSESSMENT AND REABLEMENT SERVICE

Consideration was given to a report and presentation from the Regional Director of Allied Health (East and South East England) which provided the Committee with an update on the Lincolnshire Assessment and Reablement Service. During the first six months delivery of the contract, by Allied Health Care, the service had seen a 60% improvement on capacity, delivering over 1900 face to face reablement contact hours per week.

The Assistant Director (Frail, Elderly and Long Term Conditions) advised the Committee that a short report had been circulated with the agenda pack on the current position within the Lincolnshire Assessment and Reablement Service and introduced Matt Jackson, Regional Director of Allied Health Care (East and South East England).

Mr Jackson gave a presentation to the Committee which provided some background information on Allied Health Care and also the four main components of the service provided within Lincolnshire.

Allied Health Care was the largest provider of social care in the UK and operated from 100 branches providing care and support to over 30,000 people on a daily basis. A team of 13,500 staff were employed throughout the UK, 139 of which were Lincolnshire based.

The four main components of the service provided by Allied Health Care were provided below:-

- Capacity/Workforce Planning, Pathway Management and Optimising Acute and Community Demand;
- A safe, effective and personalised service: Virtual Care Rounds;
- Outcomes focused care reablement supporting "whole person" (and family) care; and
- Quality reporting to support service development.

During discussion, the following points were noted:-

- Clarification was provided that the cost of the contract was approximately £4 million and that all work, including the increased capacity, was undertaken within that budget, £2 million of which was allocated from the Better Care Fund (BCF);
- Although Allied Health Care was the only provider of this contract, it was confirmed that where people could benefit from care provided by Lincolnshire Partnership NHS Foundation Trust (LPFT) or Lincolnshire Community Health Services (LCHS), one care plan would be developed;
- The position of community facilitators had been included within the tender for the contract and was included within the allocated budget. There were currently 16 community facilitators who came from a range of backgrounds, including domiciliary care. It was explained that the aim of reablement workers was to give people the opportunity to regain their independence which did not necessarily suggest that care workers were automatically appropriate for these roles;
- Although there were acute facilitators located in Lincoln and Boston, Grantham was also included once each week. The volume of the flow had been prioritised and work was ongoing with the community hospitals;
- In bidding for the contract, Allied Health Care thought that they had been proactive, retrospective and reactive, taking the view that holding a consultation with staff in the period leading up to Christmas could have destabilised the care provided. It was thought that learning more about the service and ascertaining areas of higher demand would ensure that workforce planning could be better targeted;
- The Committee was encouraged to provide suggestions which would improve the links between residents who may require support but were not known to a GP and to assist the role of the community facilitator in identifying those links;
- It was confirmed that there was no charge to service users for reablement services within the first six weeks. It was suggested that a period of four weeks was generally required for completion of this service and, therefore, not chargeable to the service user;

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- 105 members of staff had been TUPE transferred across to Allied Health Care, 101 of whom remained and were salaried with travel time incorporated into their salary. These staff members were salaried at over £10 per hour due to the TUPE transfer, but newly recruited staff would be employed on a guaranteed hours contract (either 18 hours or 32 hours) at a rate of £7.60 per hour and £8 per hour at weekends;
- Although there was some concern about paying two staff groups different wages, there was a commitment from Allied Health Care to pay staff at a rate above the minimum wage;
- The areas of Stamford and Bourne remained a challenge for staff recruitment;
- A reablement compass was used which was explained as
 - **Now What?;**
 - **Eating and Living;**
 - **Safely and Mobility;**
 - **Wellbeing & Relationships;**
- Patients discharged from an acute bed may be referred to the reablement service, but their needs could be more palliative. This type of case was rare as the processes in place identified at an earlier stage the required type of care for individuals. In some cases, although palliative end of life care was a different service, the reablement service may be the best option for that individual;
- The contract value was £4 million of which a considerable amount would have been apportioned to the TUPE transfer process and the protection of NHS terms and conditions including existing pensions for those staff. A commitment had been made to honour the terms and conditions of these members of staff as it was acknowledged that this was a skilled workforce and retention was key to the success of the service;
- The Committee requested a briefing paper to include the costs associated with the contract;
- The initial intention was to procure a service jointly with the NHS but the timescales involved had meant this was not possible. Once the core service had been established, consideration would be given to the development of additional services in the future.

RESOLVED

That the report, presentation and comments be noted.

6 PERSONAL BUDGETS

Consideration was given to a joint report of the County Manager (Performance and Development) and the County Manager (Carers) which advised the Committee of the processes and context of personal budgets.

Emma Scarth, County Manager (Performance and Development) gave an overview of the report and introduced Mrs Mel Smeeton (Carer), Jane Mason (County Manager (Carers)) and Kingleigh Wolters (Service Manager, Penderels Trust) who

were in attendance from the different areas working to support access to Personal Budgets.

Mrs Smeeton gave a PowerPoint presentation, entitled "Coproduction Matters", which included the following:-

- Pat's Journey – Mrs Smeeton's mother was diagnosed with vascular dementia in 2011; the family were determined to keep mum at home, providing part-time care initially (September 2014) and full-time, live-in care from May 2015;
- What's important to us – wanting to keep mum at the heart of the family; care package to meet changing need; familiar surroundings, people and continuity of care; no hospital admission and regular GP checks; and planning for the future;
- Mel's Journey – Mrs Smeeton joined local peer network and attended Integrated Personal Commissioning conference in January; member of Strategic Coproduction Group (April 2016); link between local peer support, LG, CDGs and Board, strengthening the voice of people with lived experience; and coproduction was integral in shaping future decisions;
- Why Coproduction? – to act as a "conduit" transmitting information to ensure cohesion between all groups; ensure choice was not limited by lack of knowledge; and standardising the language nationally;
- Summary – evolving care needs; quality of life and the benefits; opportunity to influence; and empowerment through knowledge and a common language.

It was explained that Penderels Trust provided the following support:-

- Personal assistant recruitment;
- Guidance on all aspects of being a good employer including legal obligations and responsibilities;
- Assistance with choosing and using a care agency;
- Help with money management and keeping accurate records;
- Managing 'managed accounts'; and
- Assistance in arranging day services.

The Chairman invited Mr Iggy Patel, a service user who managed his own personal budget, to address the Committee. The main points made by Mr Patel included:-

- Mr Patel managed own personal budget and employed five carers, which increased to seven during the summer months;
- Mr Patel indicated that services were available regarding direct payments but these services not available for a service user who managed his own direct payment;
- Five years of experience as a direct payment user and Mr Patel had undergone four assessments during that time. Each time he had been referred to the Penderels Trust despite choosing to manage the direct payment himself;
- Mr Patel advised the Committee that the process of employing staff using a direct payment was not difficult and stated that there were no processes in place or manual available to provide a clear explanation to support individuals who chose to manage their own personal budget;

- Mr Patel stated that a manual had been devised by Lincolnshire Independent Living and presented to Adult Social Care but this had not been utilised.

The Chairman thanked Mr Patel for addressing the Committee and opened the discussion, during which the following points were noted:-

- The Penderels Trust provided included a wraparound service, but also included community networks and included individuals and families supporting each other;
- A range of other services were being developed and, nationally, a preventative element was growing. Direct payment elements for carers was seeing a reduction as community networks increased;
- Clarification was provided that there was no charge for individuals to be supported and gain advice from Penderels Trust, under the contract, even if they decided to manage their own personal budget. The only charge would be if Penderels Trust undertook payroll services on behalf of the individual but this was not a requirement;
- Given the comments made by Mr Patel, it was agreed that other direct payment users may also be unaware of the services available to them for example from Penderels Trust and this apparent gap in knowledge could be addressed. Officers would give further consideration to providing clearer information to allow direct payment users more choice in managing their own care;
- There was a statutory duty to provide an assessment for all service users. Although Penderels did not have to be used, there was a duty for the County Council to provide that service to those who wanted or needed that support and advice;
- An annual reassessment was required for individuals who received care and support from the County Council. During the assessment, the budget would be considered as part of the Care Plan to ensure that this was adequate for that Care Plan. It was stressed that any increase to personal budgets would be agreed during the reassessment process;
- The Committee was advised that direct payments did not need to be spent on a Personal Assistant and could be spent on any equipment which may be required therefore the hourly rate paid to Carers/Personal Assistants could not be included as part of the reassessment as this was an overall Care Plan. The hourly rate paid to a Carer/Personal Assistant was the responsibility of the individual who managed the direct payment;
- It was reported that 60% of people coming through the transition process opted to use direct payments and it was hoped that there would be an eventual shift in the culture;
- Issues with the advice given by social workers was acknowledged and recognised that information packs for staff were required to avoid any potential mixed messages being given to service users;
- There were 1,900 Direct Payment users within Lincolnshire, 1,800 of whom were supported by the Penderels Trust. It was confirmed that the County Council was to ensure that those 100 individuals, who managed their own direct payments without support from the Penderels Trust, were given the correct information;

- It was stressed that social workers were not specialists in employment law but the Penderels Trust were. It was suggested to invite a Social Care Practitioner to the Committee to advise what information they give to services users and what support and training they receive in order to do so;
- Confirmation was received that payments to the NHS would not be paid from Direct Payments for social care. As part of the Care Act, the Committee was advised that Direct Payments were not to be used for Health Care, Gambling or Illegal Activity.

The Chairman thanked all present for the contribution to this item.

RESOLVED

That the report and comments be noted and the Director of Adult Care be requested consider the issues raised during the course of the discussion regarding the information available to recipients of direct payments.

At 12.50pm, Councillors Mrs P A Bradwell and B W Keimach left the meeting and did not return.

7 QUARTER 4 PERFORMANCE REPORT

Consideration was given to a report from Glen Garrod, Executive Director Adult Social Services, which provided an update on the Adult Care – Quarter 4 and Full Year Performance Information.

Emma Scarth, County Manager – Performance and Development, introduced the report and suggested that a more formal report may be presented in the future on customer satisfaction levels of service users.

During discussion, the following points were noted:-

- A table listing the strategies to include a brief statement and how many service users for each area was suggested. However, it was explained that not all areas had a written strategy and that a flow diagram was available for customers in those instances;
- It was considered that the satisfaction survey had resulted in a good outcome as the figure of 80% included only "extremely satisfied" and "very satisfied" answers. The Committee was advised that if the option of "quite satisfied" had also been included in the overall satisfaction result then this would have taken the figure to 95%. This indicator was nationally prescribed and there was no ability to change the questions. It was agreed that a detailed report on the survey be presented to the Committee to enable a broader picture to be discussed;
- Delayed Transfers of Care (DTC) figures were higher than during the same quarter last year which had been an exceptional situation across both health and social care. It was expected that this would improve during Quarter 1;

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RESOLVED

That the report and comments be noted.

8 LINCOLNSHIRE SAFEGUARDING SCRUTINY SUB-GROUP - UPDATE

Consideration was given to a report from Catherine Wilman, Democratic Services Officer which gave the Committee an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group and, in particular, the Sub-Group's consideration of adult safeguarding matters.

RESOLVED

That the draft minutes of the meetings of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group held on 6 January 2016 and 6 April 2016 be noted.

9 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider its work programme for forthcoming meetings.

The Committee was advised that the Health Scrutiny Committee for Lincolnshire had reiterated its request that the Adults Scrutiny Committee give detailed consideration to Delayed Transfers of Care (DTC). Although the Committee was advised that the progress with Delayed Transfers of Care would be included as part of the quarterly performance report, the Committee's preference was that this item should be considered as a single detailed item.

It was agreed that an item would be added to the work programme on Delayed Transfers of Care and the Chairman agreed to discuss this further with the Director of Adult Social Care on how this would be considered by the Committee.

RESOLVED

1. That the Work Programme, as detailed in Appendix A to the report, be noted; and
2. That following the request made by the Health Scrutiny Committee for Lincolnshire an item on Delayed Transfers of Care be added to the Committee's work programme, which would be considered in addition to the reporting of performance in the quarterly reports.

The meeting closed at 1.30 pm.

Open Report on behalf of Lincolnshire Care Association (LinCA)

Report to:	Adults Scrutiny Committee
Date:	29 June 2016
Subject:	Workforce Issues in Residential and Nursing Homes and Other Care Settings (including Domiciliary Care)

Summary:

This report outlines the key workforce issues being experienced by providers of Adult Care in Lincolnshire, and the support which is being offered by LinCA (the Lincolnshire Care Association) to meet the challenges.

LinCA is supported by grant funding from Lincolnshire County Council and has also accessed resources from Skills for Care and Health Education England. Providers are asked to make a contribution to all workshops and training sessions except those which relate to Safeguarding which are provided free of charge.

Workforce support is available from a variety of sources, which have not historically been coordinated. A workforce strategy has been developed in conjunction with the sector and commissioners of the services (both local authority and NHS) to provide a coherent pathway to ensuring that we have the *right people with the right attitudes and skills in the right place at the right time* to deliver a high standard of care to service users in Lincolnshire.

Actions Required:

To consider the information presented on the key workforce challenges and the ways in which they are being addresses.

1. Background

For ease of understanding we have divided the key issues for the workforce in care providers into three areas of work, although there is significant interdependency.

1. **Recruitment** – ensuring that the right number of people with the right attitude and aptitude to care join the workforce. Historically this has been a reactive process for many care providers, and there is a perception that it is not as selective as it could be – if only one person applies should you hire them to fill gaps on the work roster even if they are not a good fit.

We are supporting providers to change this by encouraging a Values Based Approach to recruitment alongside the Safer Recruitment principles which are essential when working with vulnerable adults. Practical workshops have been held with more planned for the autumn and a Lincs FM advert was placed on behalf of all 12 lead providers of domiciliary care.

Good quality recruitment also depends on attracting people into joining the sector. This is a major work stream for LinCA in 2016 following on from a joint Health and Care project in 2015 which was funded by Health Education England. Within this work stream there are a number of initiatives, including:

Icare..... Ambassadors

We have successfully applied to Skills for Care for permission to host an *Icare.... Ambassadors* group. This is a national initiative to develop care staff to work with schools, colleges and community groups to share their experience in social care. We have 14 Ambassadors who have completed training and a number of others who are newly registered. Ambassador numbers across the East Midlands region are:

	Count
Derbyshire	1
Lincolnshire	14
Northamptonshire	5
Nottinghamshire	8

Talent Academy

LinCA is part of the Talent Academy which has been set up as part of the Lincolnshire Health and Care programme to improve the recruitment into health and care. We are developing a programme of work alongside the NHS to ensure that social care is not overwhelmed, and that the opportunities within small and medium sized employers are included.

- 2. **Retention** – As set out in the summary of the 2015 workforce data, Adult Social Care in Lincolnshire has a staff turnover rate of almost 25%. If this could be reduced to 15% it would save on recruitment and initial training costs as well as providing a better quality of care by reducing the number of strangers that service users encounter.

This is a perennial issue and can in part be caused by low pay rates, particularly in domiciliary care, but pay alone will not solve the problem.

As part of the ADASS [Association of Directors of Adult Social Services] regional workforce group, we have been looking at possible solutions and in particular enhancing career structures and increasing the number of apprenticeships in the sector.

Milton Keynes Council have been running a dedicated programme of working with schools in their area which has resulted in 35 new work experience placements and 4 Apprenticeship starts.

We are working with Grantham and Boston Colleges and selected schools who offer Health and Social Care in the Sixth Form to identify the reasons why there appears to be a disconnect between full time study of Health and Social Care and entry into the sector, and to pilot new ways of working with students to reduce attrition. The Milton Keynes programme indicates that this work needs dedicated staff time, which we feel would be a good investment both in the short term and in the identification of the talent of tomorrow.

Recognition

Social Care can be a role which is invisible unless something goes wrong, although it is essential to the wellbeing of our most vulnerable citizens. We are working with Lyndsey Hannam to improve the image of the workforce. On a more formal note, we are holding a Celebrate and Reflect afternoon on July 20th at which Cllr Mrs Bradwell has kindly agreed to present certificates and awards to some of those who have taken part in development programmes during the first year of LinCA Workforce Development.

We will also be holding Lincolnshire's first countywide Care Awards in 2016/17.

3. Development - Quality of service depends upon staff having the right knowledge and skills, who feel confident and competent in their role.

Social care is also changing rapidly. Providers need to be aware of Integration, Care Act, Making Safeguarding Personal and other policy changes as well as the requirements of regulatory bodies and last but not least how to operate in a financially challenged landscape.

Whilst care managers recognise the importance of staff development, it can be difficult to identify the priorities and where to find the best value for money. There are also a number of funding streams and workforce support initiatives available which can overlap.

Much of the sector in Lincolnshire is comprised of smaller organisations often spending time and money on training which does not achieve the intended outcomes, and sometimes the response to having too much on offer is not to actually respond to any.

To assist with this, we have put together a comprehensive directory of resources which includes the workshops and other events and study programmes that we have developed and commissioned. A copy of the directory is available at Appendix B to this report.

The programme has in its first year focussed on key areas including:

Care Certificate
Leadership and Management
Safeguarding
First Aid
Moving and Handling

In the next year we will repeat these core sessions as well as taking forward the work on Frailty which we started in March. This will include Dementia, End of Life Care as well as the holistic support for the frail elderly. This work has been supported by leading clinicians in Lincolnshire which ensures that we are giving the message of how it will work here and not just a national perspective, as well as building relationships across the system.

Nursing staff in care homes is a particular challenge, both in terms of numbers and ensuring that skills and knowledge are up to date. All nurses in the sector will be required to meet the revalidation criteria which for those who have not had to undertake formal Continuing Professional Development for some time is a daunting prospect. We have been working with colleagues in Public Health and CCGs to offer support through workshops and study days.

This will continue to be a challenge, but also an exciting opportunity, and we are thrilled to have been offered a funded place on the proposed Master's Degree in Specialist Practice Frail Older Adults for Health and Social Care for the independent care sector.

2. Consultation

a) Policy Proofing Actions Required

n/a

3. Appendices

These are listed below and attached to the end of this report

Appendix A	Lincolnshire Independent Care Sector - Draft Workforce Strategy (Lincolnshire Care Association – Workforce Development)
Appendix B	Lincolnshire Car Association Workforce Development - Learning and Development Resources (June 2016)

4. Background Papers

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

This report was written by Melanie Weatherley, who can be contacted on 07816 845522 or melanie@walnutcare.co.uk.

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Aim

The aim of the strategy is to provide a comprehensive and coherent support programme to enable citizens of Lincolnshire to enjoy a high quality of care from providers who achieve Good or Outstanding ratings from CQC; who have the right number of staff with the right competencies, knowledge and behaviours in the right place at the right time. A summary of the existing workforce is attached at Appendix 1.

The strategy depends upon effective Recruitment, Retention and Development and the work streams have been grouped around these topics whilst recognising the inter-dependence of the activities.

Executive Summary:

Recruitment

- Short term: Better use of DWP sponsored pre-employment programmes will increase the number of applicants from outside the sector. Care providers will be offered opportunities to develop recruitment competencies and processes.
- Medium term: Working with education partners to develop an effective programme of work experience opportunities, leading to increased numbers of learners being recruited into the sector or continuing to the next level of education in Health and Social Care.

This activity will be supported by the development of an ICare Ambassador Service to provide staff with a passion for their job, to speak at careers events, Jobcentre Plus work coach training etc.

Profile raising for the sector will also be key to the longer term recruitment challenges, and media coverage of the activities will be part of each project area.

Retention

- Appropriate development opportunities as set out below form part of the retention strategy.
- Opportunities for recognition of staff will be developed through supporting employers to make use of existing award and accolade opportunities.
- A programme of supervision and appraisal best practice will be developed to share best practice locally and enable local providers to access the results of research based innovation.

Clear career pathways across all areas of Health and Social care will be important to increase retention in the long term. If there are no national plans to develop these resources, it may be possible to create a Lincolnshire based offering.

Development

All workforce development programmes will include attitudes and behaviours and will be based on a competency framework approach which ensures that staff can evidence the application of knowledge. To meet the services as they are currently designed and as envisaged in the 5 Year Forward view a number of key areas will be addressed.

- Leadership and Management is vital and is an area in which the sector often falls short. Building on the Development Programmes for Seniors and Managers this will continue to be a key area.
- The Care Certificate is the foundation for quality care and will continue to be supported. The network of Assessors will be enhanced through standardisation and quality assurance support.
- To meet the requirement for Enhanced Care and make best use of scarce Nursing Resources a programme of specialist training for care staff in care homes and in the community will be developed in conjunction with the NHS Frailty Leads. This may lead to a number of care staff obtaining Associate Nurse status or being enabled to move on to undergraduate studies.

- Apprenticeship Programmes including Advanced and Higher Apprenticeships will be developed to support the whole career journey, which in some cases will enable staff to undertake pre-registration training either in nursing or social work.
- Support for CPD for Nurses and other registered professionals has often been missing in social care workforce development. This will be delivered in conjunction with NHS colleagues through the LETC programmes.

Details of work streams showing activities targets and partners involved are attached Appendix 2.

Resources

In a period of austerity, it is essential that all funds are used effectively, and that all opportunities for funding are explored, a number of specific areas for funding have been identified and accessed.

The key area in which funding will be needed is the training of two care staff to deliver Enhanced Care, and where appropriate to make the transition to pre-registration training as a Nurse, Social Worker or Allied Health Professional. This activity sits within the Local Enterprise Partnership target areas, and could be eligible for European Social Funding. For a bid to be successful there will be a need for match funding to be available. A similar programme has been delivered in Hertfordshire for a cost of £340,000 to cover 20 residential homes.

Working with local education providers and the expertise of senior colleagues within the NHS, it is possible to develop a Lincolnshire programme around the Frailty syndromes in a much more cost effective way. A three-year programme costing £135,000 per year (with an annual contribution of £80,000 from ESF) could be delivered to care homes and community services. Without the ESF contribution a more gradual role out could be considered.

This would enhance the care provided by non-registered staff leading to the need for fewer interventions from clinical staff in primary care, a reduction in inappropriate use of acute hospitals and most importantly a better experience for users of services. It is also likely to lead to improved retention.

Next Steps

Agree strategy with all stakeholders.

Present proposal for Enhanced Care funding to PCB (as part of care home project)

Develop ESF bid alongside proposal to PCB to meet timescales.

Melanie Weatherley

March 11, 2016.

- Appendix 1: The state of the Workforce
- Appendix 2: Workforce Strategy Detailed View
- Appendix 3: State of the workforce Diagram

Appendix 1

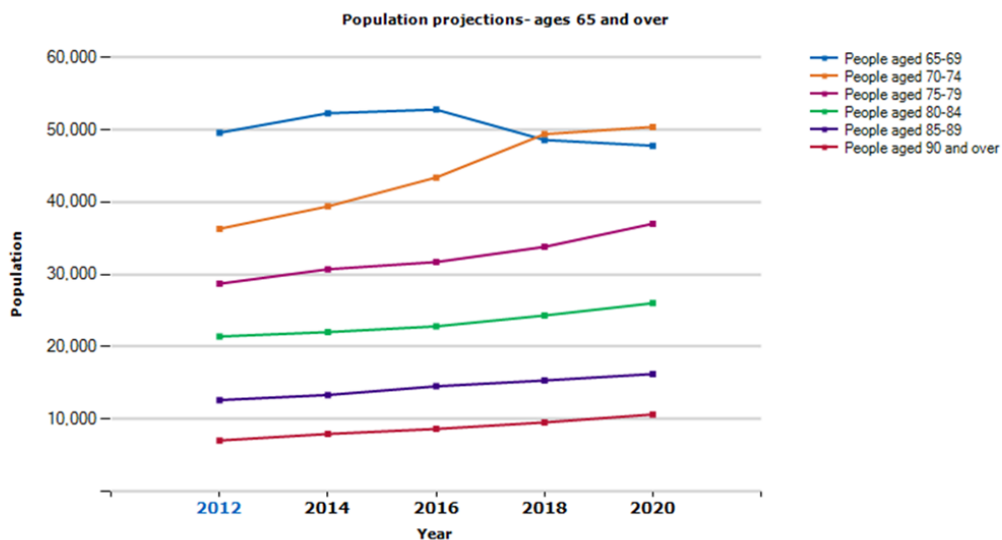
The State of the Workforce

This is an overview of the adult social care sector and workforce in Lincolnshire; including the size and structure of this part of the sector and detailed workforce information. The majority of the information is derived from the National Minimum Data Set for Social Care (NMDS-SC). Due to the high quality and coverage of adult social care information held by the NMDS-SC the estimates within this report are the most detailed and reliable to date. To plan meaningfully for the future, it is important to understand the current state of the workforce and the challenges we face.

Summary of key findings in Lincolnshire

- There are an estimated 420 CQC registered services providing adult social care.
- There are an estimated 19,700 workers in the adult social care sector.
- (41.0%) (32.3% - East Midlands) were new to their roles in the previous 12 months: this is an estimated 8,100 (43,500) new starters.
- There is an estimated turnover rate of 24.3% (25.76) across the sector: this is around 4,800 (34,500) leavers each year.
- There is an estimated vacancy rate of 4.4% (6.0%) in the sector; this gives an estimated average of 870 (7,500) adult social care vacancies at any one time.
- Over a tenth of the workforce (23%) are on zero-hours contracts this is well below the East Midlands regular average of 239, this proportion is lower among managerial role 31.1% (6%) and slightly higher for direct care staff 12% (29%).
- The average age of a worker is 41 (42) years old and one in four one in five workers is aged over 55 years old.
- In 2015 the average registered manager annual pay was £27,000. Registered nurse annual pay was (£35,350).
- The average senior care worker hourly rate was £7.70. This was £1.0 above the 2015 National Minimum wage (NMW) and 15p below the 2015 UK Living Wage.
- The average care worker hourly rate was £6.91. This was 21p above the 2015 NMW and 94p below the 2016 UK living wage.
- 76% of senior care workers hold a qualification at level 2 or above. 61% of care workers have no qualifications.
- 64% of the workforce have been in their current role far less than 5 years, with less than 56 in post for 10

(figures in brackets are the East Midlands figures shown as comparison)



years.

Appendix 1

Source: Health and Social Care Information Centre, Projecting Older People Information System POPPI

It is widely expected that with the rising numbers of older people in Lincolnshire, particularly those over 85 it will likely give rise to a need for an increased in workforce both in numbers and skills level.

Workforce Strategy Detailed View

Recruitment	Activity	Targets	Partners
<ul style="list-style-type: none"> Short Term Impact 	Sector Focussed Recruitment Activity	40 people taking part in pre-employment programmes in 16/17 16 people recruited to the sector following joined activity	Jobcentre Plus Princes Trust YMCA
	Upskilling of providers through Attraction and Recruitment Workshops	4 workshops across Lincolnshire with total attendance of 100	Skillsforcare Indeed
	Support for SME's to attend Job Fairs	All funded and 50% of commercial Job Fairs have a Social Care Presence	ICare Ambassadors
<ul style="list-style-type: none"> Medium Term Impact 	Work Experience Programmes for Health and Care Students	All schools and colleges offering Health and Social Care, and all care providers aware of the Work Experience Programme on offer.	Lincoln College Group Boston College
		40 placements with an 80% satisfaction rate.	School Careers Leads Nottingham Trent University

	Student Nurse Placement Programme	10 student nurse placements in 5 nursing homes with a 90% satisfaction rate.	Lincoln University BGU
	<i>Student Social Work Placement Programme</i>		LETC Nursing and Midwifery Supply Board
• Long Term Impact	Development of ICare Ambassador Service to provide input to careers events	50 Registered ICare Ambassadors completed training 55 Event Attendances by ICare Ambassadors	Skillsforcare

Retention

Activity

Targets

Partners

• Recognition	Produce a list of Accolades and Awards relevant to the Social Care Sector, and encourage providers to submit nominations	5 Providers participating in awards 1 Lincolnshire Finalists	Skillsforcare Great British Care Awards Lincolnshire Media
	Hold a Lincolnshire Awards Event to recognise staff and teams within the	Awards evening held in 2017	LCC

Appendix 2

sector

Promote the sector through a campaign to recognise and celebrate best practice

- Supervision Support

Toolkit of development programmes and resources to be made available to support care providers with supervision, appraisal and performance management

33% of SME providers accessing resources

Skillsforcare
- Career Pathway

Disseminate clear pathway details to existing and potential staff to show Social Care as a career of choice and not a job
- Occupational Health

Establish a sector wide Occupational Health scheme for SME providers

25% of SME Providers enrolled in scheme

Appendix 2

Development	Activity	Targets	Partners
<ul style="list-style-type: none"> Leadership and Management 	Continue Developing Seniors and Developing Managers Programmes	3 Seniors Cohorts with total of 50 2 Managers Cohorts with total of 30	?? Pippa ?? Heidi
	Leadership Skills for Responsible Persons	Workshops to be sourced or developed	Skillsforcare
	Advanced Leadership Programme	Existing programmes to be reviewed and localised to be delivered sector wide –including colleagues from LCC	EMLA LCC Skillsforcare
	<ul style="list-style-type: none"> Care Certificate 	Support Assessors with QA and standardisation	6 Standardisation meetings 70 active assessors on database
“Making it Real” training in delivery and assessment		6 Workshops with total of 70 delegates	Highfield
Provide resources to support delivery including workbooks, PowerPoints and games		33% or care providers using resources, increase to 66% by 2017	Highfield Focus Games
<ul style="list-style-type: none"> Enhanced Care Skills 	Frailty Awareness Workshops to enable all care providers to have an overview of	3 Workshops across the county with a total of 100 delegates	ULHT

	Frailty		LCHS St Barnabas
	Frailty Champions Programme – upskilling care staff to promote and cascade the 6 Syndromes	2 Cohorts of 20 care staff on programme	ULHT LCHS GLLEP
	Diabetes Management Skills Programme to enable care staff to safely complete delegated tasks. This will be followed by similar programmes in Wound Care and Pressure Area Care	2 Cohorts of 20 Care staff on Diabetes Programme	CCG Quality Leads HEE
	Develop Associate Nurse Programme for completion by care staff in residential and home care settings	6 Learners on programme 3 Progression to Nursing	HEE Boston College University of Lincoln
• Apprenticeship Programme	In partnership with FE and HE providers develop awareness of new Apprenticeship Standards in SME's	4 Awareness sessions 50% of providers attending	Lincoln College Boston College Grimsby Institute Apprenticeship Trailblazers Skillsforcare
	Support SME's to access quality apprenticeship frameworks offering sector wide experience for learners	40 Apprentices on programme	
	Work with NHS Talent Academy to establish Higher and Advanced Apprenticeship programmes, with	10 Higher and Advanced Apprentices on Programme 3 Transfers to Nursing, AHP or Social	Talent Academy Bishop Grossteste University

Appendix 2

	pathway to Registered Professions	Work degrees	University of Lincoln
<ul style="list-style-type: none"> Post Registration Training 	<p>In partnership with LCC Public Health encourage and support Nursing Home nurses to complete Revalidation and CPD. This activity will be supported through the Nursing and Midwifery Supply Programme funded by HEE.</p> <p>Develop toolkit and resources to enable effective and efficient CPD</p> <p>Frailty Programme for Nurses developed from existing NHS programme, to ensure nurses are able to access appropriate knowledge and competence based programmes.</p> <p>Post registration opportunities for advanced studies to be made available for Nurses outside the NHS</p>	<p>100% of nurses complete Revalidation.</p> <p>85% satisfaction with resources provided</p> <p>Pilot with 5 nursing homes 2016/17 20 on programme in 2017/18</p> <p>2 Nursing home nurses on programme at Masters Level or above.</p>	<p>Public Health Lead Nurse</p> <p>HEE</p> <p>CCG Executive Nurses</p> <p>NMC</p> <p>HEE</p> <p>NHS Frailty Matrons</p> <p>HEE</p>

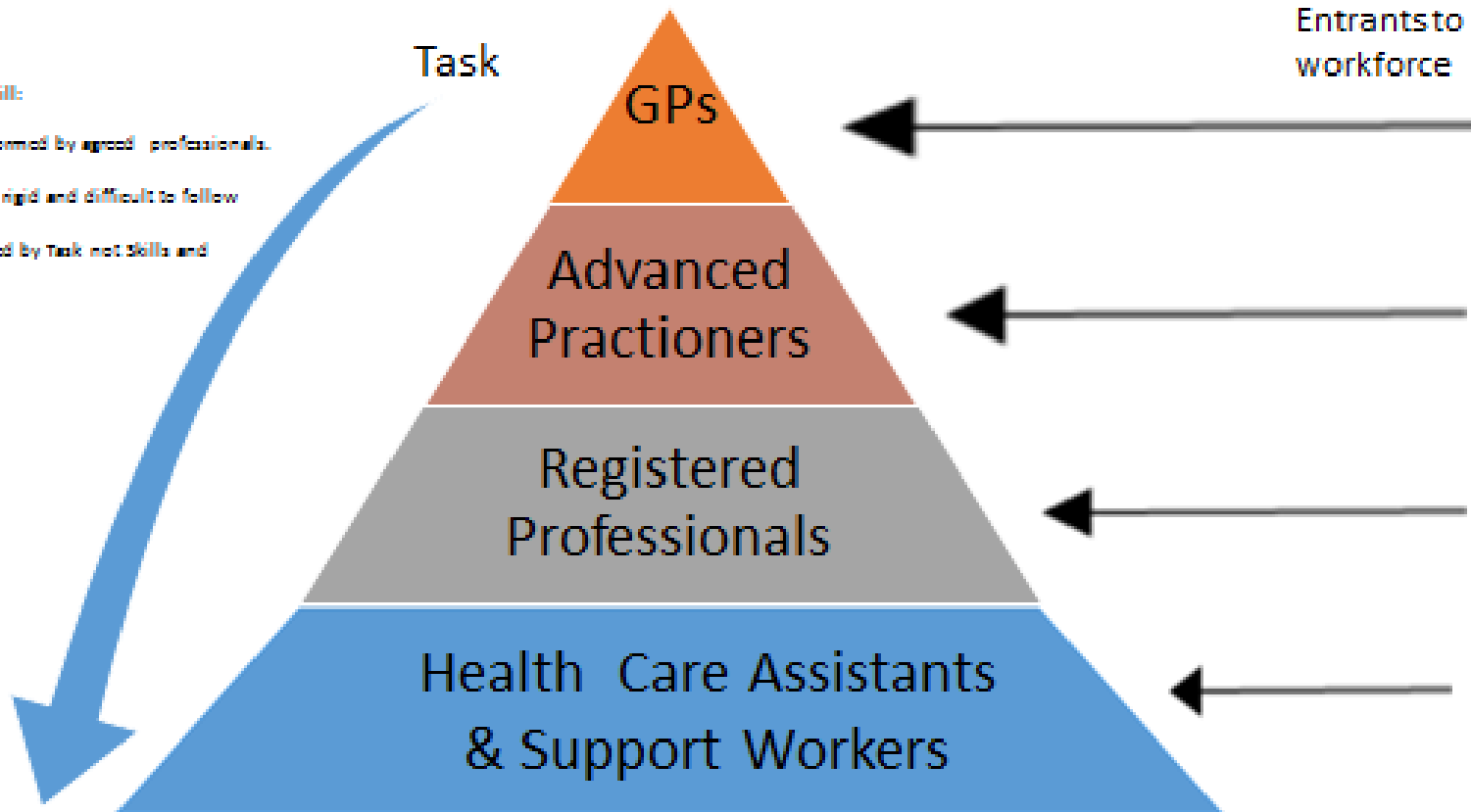
Old and Traditional process of Recruitment in to sector led by the task and related skills not the individuals actual ability on offer

To achieve this we will:

Skills to be only performed by agreed professionals.

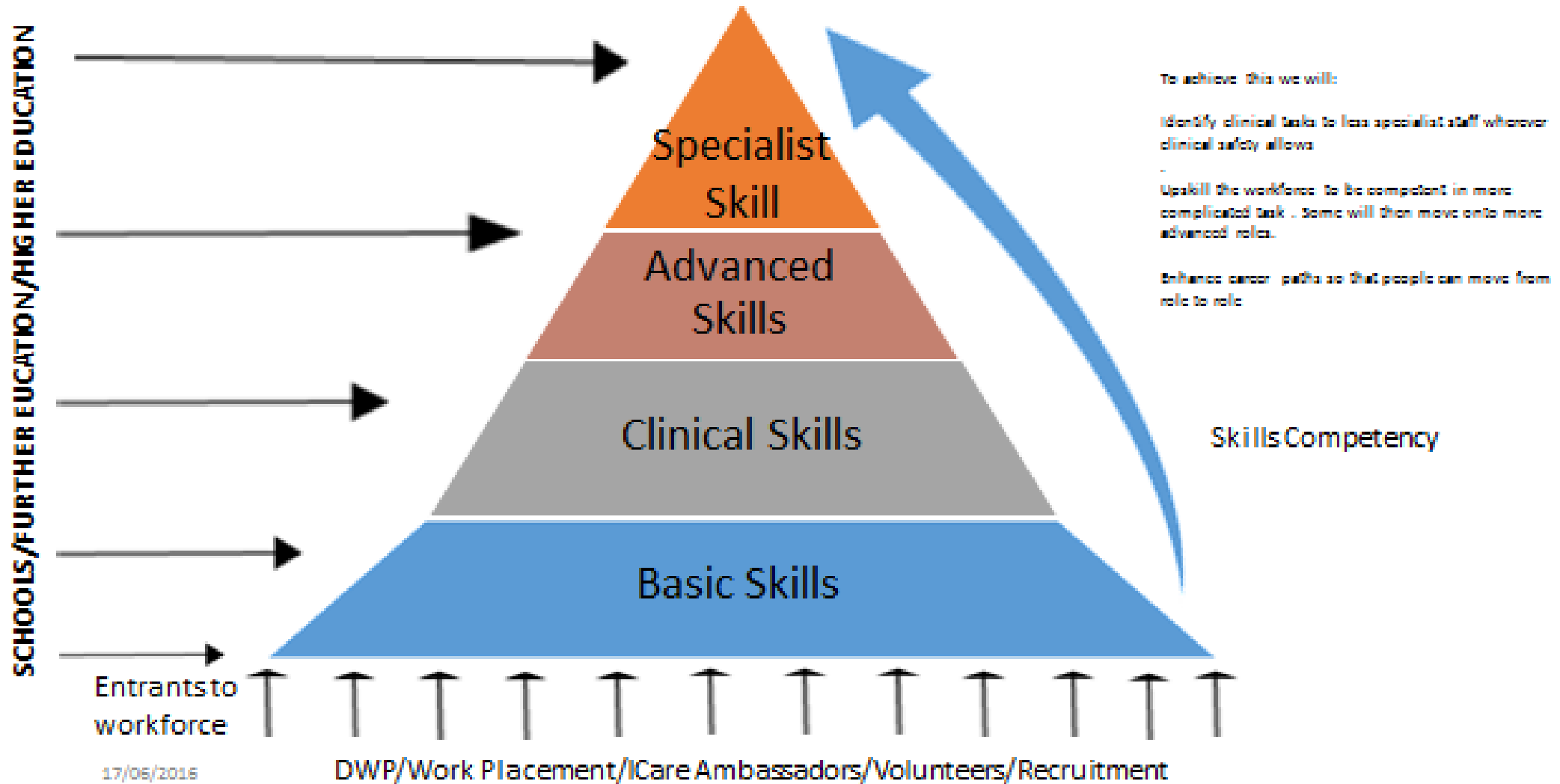
Career Pathways are rigid and difficult to follow

Career progression led by Task not Skills and competency



**SCHOOLS/FURTHER EDUCATION/HIGHER
EDUCATION/TRADITIONAL RECRUITMENT PATHWAYS**

To bring the supply and demand into equilibrium and to ensure that the specialist members of the health and care system are used only when needed.



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Lincolnshire Care Association

W**ORKFORCE**
DEVELOPMENT

Learning and Development
Resources
(June 2016)



Welcome

This course programme has been put together to assist you with your workforce, development and budget planning for this financial year. The team at LinCA Workforce Development are here to support you with every aspect of this critical area of your organisation.

We have put together this booklet so that you know what we offer and how to access the workshops, training programmes and other resources.

If there is anything else that you feel would be helpful please get in touch or join our Focus Group which meets every two months.

LinCA Workforce Development Ltd is supported by:

- Mark Turton, Training Co-ordinator. Mark's role is to plan, promote and commission workforce development and training priorities for the Care Sector working with Training Providers.
- Melanie Weatherley, LinCA Director. Melanie has special responsibility for Workforce Development and Training and plays a strategic role in terms of setting direction and overseeing effective delivery, working with local, regional and national partners.
- Sue Lovelock, LinCA Administrator. Sue provides Member Support services and supports LinCA Workforce Development.
- Anna Bociaga, LinCA Workforce Development Apprentice Administrator, Anna supports the Workforce Development Programmes.

For further details please contact:

Mark Turton

Tel: 074840111372

Email: mark.linca@btconnect.com

Sue Lovelock

Tel: 01522 581073

Email: linca-workforce@btconnect.com

Anna Bociaga

Tel: 01522 581 073

Email: anna.linca@btconnect.com



Workforce Development and Funding

The Workforce Development Fund is a funding stream from the Department of Health.

Its aim is to support the development of staff across the Adult Social Care Sector through vocational qualifications (QCF units).

For more information, or for a full list of eligible units please contact Anna Bociaga on:

anna.linca@btconnect.com

Tel: 01522 581073

Or visit:

www.skillsforcare.org.uk/funding/workforce_development-fund



E-learning

E-learning courses are available on the Lincolnshire County Council website on Adult Social Care Learning Zone on Learning Pool. The Learning Zone can be accessed from any computer with internet access, follow the link to create your account and access e-learning and useful resources. Courses currently available include:

To access Adult Safeguarding and request other courses please follow this link - [Adult Safeguarding Learning Gateway | Lincolnshire County Council](#)

ADULT SOCIAL CARE

Learning Zone

E-learning

Links

Care Act

Common
Induction
Standards

Personal
Assistants and
Employers

Leadership &
Management

Family Carers

Career
Pathways

Dementia



Social Care Information and Learning Services (SCILS)

The SCILS website at www.scils.co.uk offers access to learning materials, information and group discussions for all care services. Materials are linked to the Care Certificate, Health and Social Care Diplomas and other topics of interest to staff at all levels. It also provides a personal development plan template you can use to track your learning.

There are also newsfeeds and discussion groups which are relevant to care providers.

Access to this resource has been provided to you and your staff as you are a provider of care within Lincolnshire. If you do not already have an account, you can register with the code LINCS488

Within the website we have set up a Lincolnshire group. Once you have registered come along and say hello to the group.

If you have any problems logging on please speak to Mark or Sue.





Useful Links

Alzheimer's Society:

<http://www.alzheimers.org.uk>

Skills for Care:

<http://www.skillsforcare.org.uk/home/home.aspx>

Lincolnshire County Council: <http://www.lincolnshire.gov.uk>

Social Care Institute for Excellence (SCIE): <http://www.scie.org.uk>

Social Care Information & Learning Service (Scils)

<http://www.scils.co.uk>

Recruitment

As a Workforce Development Team, we understand that recruitment can be very difficult and time consuming for care providers. Support for you in this area is available in many ways:

Current Vacancies

Job vacancies can be advertised free of charge on the LinCA website

<http://www.lincolnshirecareassociation.org.uk>

More Effective Recruitment

A number of resources have been developed by Skills for Care to help with Finding and Keeping Workers. Take a look at the user friendly portal at

<http://www.skillsforcare.org.uk/Finding-and-keeping-workers/Finding-and-keeping-workers.aspx>

A new local resource has also been developed for young people looking at social care as a career, but you may also find this useful during your recruitment activities

<http://www.healthandcarelincs.org.uk>



Annual Recruitment Workshop

Featuring practical hints and tips on how to use some of the Skills for Care resources and the benefits of Values Based Recruitment. This workshop will be held in April each year and repeated in June to enable providers from across Lincolnshire to access the programme.

Longer Term Recruitment

This depends on attracting more people to choose Adult Social Care as a career. Health and Care Get into Lincolnshire is the name of a project funded by Health Education East Midlands aimed at increasing and improving the work experience and work placement opportunities for young people thinking about health or care as a career choice.

If you are interested in playing host to young people from 14-19 please contact Toni. If you already have a programme to attract young people to your organisation which you would like to share we would be delighted to hear from you.

To help with the promotion of social care as a career, Lincolnshire Care Association is currently forming an I Care Ambassador Service. This is a great way to give your staff an opportunity to share their enthusiasm for their job. Employers who are interested in becoming part of this scheme please contact Sue.

We will be working with Health Colleagues to attend as many careers events as possible. Dates and venues will be circulated to care providers as part of our quarterly Workforce Development Newsletter. Local providers will be most welcome to take part.



Work Placements

LinCA WFD are working with a variety of organisations to improve work placement opportunities and support future recruitment across Lincolnshire. We have developed a four week placement and Care Certificate training programme, to support young people and those seeking employment, to think about social care as a career.

If you would like to become involved in this social responsibility and support long-term recruitment then we would love to hear from you. There is also the possibility of funding placements where Care Certificate Assessors would be available to assess competencies within the work placements.

Please contact Mark at mark.linca@btconnect.com to discuss.



Retention

Adult Social Care has a disappointingly high staff turnover rate. Recruitment is expensive, and changing staff makes continuity of care difficult to achieve.

Recognition and access to meaningful development helps staff retention. A number of resources are available to help with this including:

Social Care Commitment – making the commitment as an organisation and encouraging your staff to make their individual commitments can lead to staff feeling more involved in the design and delivery of quality care.

You can find out more about how you can use the Social Care Commitment by visiting the website at:

<http://www.thesocialcarecommitment.org.uk>

Awards and Accolades – There are a number of local, regional and national awards celebrating good quality care including

Great British Care Awards - <http://www.care-awards.co.uk>

Skills for Care Accolades

It can be very encouraging for staff to know that they have been nominated for an award.

We hope that you will feel able to share suggestions and good practice about retention at the networking events.



Care Certificate Training

Training the Care Certificate

To support you with training the Care Certificate

We are putting on a new one day course specifically to support organisations to be able to deliver a robust training process related to The Care Certificate.

Training will cover:

- What is the Care Certificate?
- Developing skills to train knowledge
- Training Planning for your organization in relation to the Care Certificate
- How to use resources for Training
- Understanding and Practicing methods of Training
- Support Assessing of the Care Certificate through Quality

This training is recommended for all staff who are, or will be, delivering training on the Knowledge elements of the Care Certificate in your organisation.

Benefits:

- Attendees will be provided with all 15 modules of the Care Certificate Workbooks as part of the training
- We aim to support your organization to deliver a robust quality programme in support of The Care Certificate
- Network with other organisations
- Learn how to promote “Best Practice” in delivery of the Care Certificate

Dates:

Thursday 22nd September: Baytree Garden Centre, High Road, Weston, Spalding, Lincs

Wednesday 14th December: Lincoln Golf Centre, Thorpe on the Hill, Lincoln

Places cost £50.00 per person and places are limited to two per organisation.



Assessing the Care Certificate

How are you Assessing the Care Certificate?

We are putting on a new 1¹/₂ day course specifically supporting the assessment process of the Care Certificate:

Day One (9.30am – 3.30pm)

- The Role of the Assessor
- Assessment Planning
- How to make the Correct Decision
- Understanding and Practicing methods of Assessment
- Support Assessment through Quality

Day Two (9.30am – 1.00pm)

- Promote good practice
- Reflect on Assessment Strategies
- Meeting the competence behind good Assessment

This training is recommended for all staff who are, or will be, assessing the Care Certificate.

Benefits:

- If you aim to become a registered Assessor with The Care Certificate Group in Lincolnshire
- You will receive a badge of recognition as a quality Assessor of The Care Certificate
- You will be able to attend quality meetings to raise standards of assessment.

Dates:

Tuesday 5th July and Tuesday 26th July: The Source, Riverside Church, Southgate, Sleaford, Lincs NG34 7RY.

Wednesday 13th July and Wednesday 3rd August: Greetwell Place, Lincoln

Tuesday 6th September and Thursday 29th September: Baytree Garden Centre, High Road, Weston, Spalding, Lincs

Wednesday 12th October and Wednesday 26th October: Jubilee Church Life Centre, Grantham, Lincs

Thursday 10th November and Thursday 1st December: Aura Skegness Business Centre, Heath Road, Wainfleet Industrial Estate, Skegness, Lincs

Tuesday 22nd November and Wednesday 14th December: Greetwell Place, Lincoln



Care Certificate Training

QA Care Certificate Meeting for Trained Assessors

When the Assessor has completed their workshops, then they will be invited to attend the Quality Assurance events. All assessors will be expected to bring along current and past assessed Care Certificates for discussion with the aim to raise the standard of assessment through standardisation.

Dates:

Friday 1st July: Rustons Sports and Social Club, Newark Road, Lincoln, LN6 8RN

Wednesday 7th September: Hermes Suite, Mercury House, Willoughton Drive, Foxby Lane Business Park, Gainsborough, Lincs, DN21 1DY

Tuesday 8th November: Greetwell Place, 2 Limekiln Way, Greetwell Road, Lincoln, LN2 4US

Care Certificate Workbooks

The Care Certificate Workbooks comprise of 15 standards aimed at supporting the training process and helping employers and their new health and social care workers to cover parts of the Care Certificate. We have the Care Certificate Workbooks available to order. These are priced at £3.00 per standard or £40.00 for a full set.



Care Certificate Badges

We now have the Care Certificate pin badges available for everyone who has attended the Lincolnshire Care Certificate Training Courses. There are two types of badges available:

Blue: For anyone who has attended Lincolnshire Care Certificate Training

Orange: For anyone who has attended Lincolnshire Care Certificate Assessors Training

Care Certificate Board Game

We now have the Care Certificate Board Game available for hire, helping to make in-house development fun and interactive. This game can be hired out for up to one month at a time, free of charge, although a cheque deposit for £180 is required and will be returned on the safe and intact return of the board game.



Networking

Managing in Adult Social Care can be very isolating, and there is much support to be gained from networking with other people in similar settings.

Networks can also provide an opportunity to share best practice as well as discussing common challenges and dilemmas.

Registered Managers Networking Meetings

In 2016 in a new format of the Registered Managers Networking Meetings.

At every meeting we will have the opportunity to discuss the latest training and development prospects, local and national social care news, as well as troubleshooting and networking opportunities.



Registered Managers Networking Meetings (Cont)

Date	Time	CCG Area	Venue
Tuesday 12 th July 2016	9:30am – 12.00pm	S	Baytree Garden Centre, Spalding
Tuesday 9 th August 2016 Skills for Care	9:30am – 12.00pm	E	Admiral Rodney, Horncastle
Thursday 22 nd September 2016	9.30am – 12.00pm	W	Morton Village Hall, Morton, Gainsborough, Lincs
Tuesday 4 th October 2016	9:30am – 12.00pm	SW	To be confirmed in Grantham/Sleaford
Wednesday 23 rd November 2016 Skills for Care	9.30am- 12.00pm	S	Baytree Garden Centre, Spalding
Thursday 24 th November 2016	9.30am – 12.00pm	E	Market Rasen Festival Hall

To attend these 2016 networking events or to be sent a copy of the agenda then please ensure you are on the LinCA WFD mailing list! Most venues have limited places, so to avoid disappointment it is best to book your place in advance.

Contact Sue at linca-workforce@btconnect.com



Workforce Development Focus Group

Workforce Development Focus Groups – to make sure that we are providing the development support that you need, we invite care providers to join us as part of the Focus Group. The next meeting will be announced very soon following on from the success of the last meeting on **27th April 2016, in Lincoln**. The meeting venue will alter, depending on the services who have agreed to host future meetings.

If you would like to attend or be represented at the Focus Group then please email Mark at: mark.linca@btconnect.com





Participation & Involvement

A number of organisations exist to deliver information and advice and provide a voice to the Care Sector.

[Lincolnshire Care Association \(LinCA\)](#)

Our aim at LinCA is to increase income, reduce costs and improve and extend services for our Members.

The benefits are summarised below:

Representing – members views nationally, regionally and locally on major policy and funding issues.

Business Development – to develop new models of care and support and new business opportunities, including acting as a Broker between the NHS in the County and Care Providers for the purchase of additional beds and home care packages during periods of pressure in the health and care system.

Workforce Development and Training – We are looking to play a more prominent role with the care Sector in determining workforce development and training needs and working with others in the County – the County Council, NHS, FE and HE Colleges to develop a better training offer.

Quality and Compliance – we have a place on the Lincolnshire Adult Safeguarding Board with an input into policies and practices and we also provide specialist training in MCA/DoLs.

Communications and Networking – regular meetings with Members for development, communication and networking and there is also an Annual Conference. Regular Newsletter, Newsflashes and other E-Communications keeps Members up to date with new policies and practices – showing you what's new in the world of care.

Promotions and Marketing – LinCA plays a key role in promoting a positive image of the sector in our work with the Media.

Access to Support Services – LinCA can access, on behalf of our Members, business support services such as Finance, HR and Legal services. These can be accessed from national organisations with specialist expertise in the care industry.



Joining LinCA if you are not already a Member – we are keen to promote and increase LinCA Membership, as we are stronger together than we are apart. Increased Membership improves and expands the services that we can offer to the Care Sector.

LinCA Membership Fees – these continue at present rates for 2016, recognising the financial challenges faced by Care Providers. This is the fourth year running that we have kept fees at a stable level. They remain at £5.50 per registered Care Home bed; £200 per Provider of Day Care Services, Home Care Services and/or other Community Support Services; £300.00 per Domiciliary Care Lead Provider.

Please visit our website at www.lincolnshirecareassociation.org.uk

For further information please contact Sue Lovelock, LinCA Administrator, on linca-workforce@btconnect.com or Tel: 01522 581073.

Dementia Action Alliance

The Dementia Action Alliance brings together organisations across England committed to transforming the lives of people with dementia and their carers.

Signing up nationally or locally

To become a member, organisations sign up to the [National Dementia Declaration for England](#) and submit an [Action Plan](#) setting out how they are delivering the outcomes described in the Declaration.

Members are classed as either **national** or **local** depending on whether they have an ambition to deliver outcomes nationally or on a regional/local level



Local Dementia Action Alliances

Once a sufficient level of membership has been established, you can join a [Local Alliance](#) in your area if you have not done so already and meetings will convene. They initially focus on general awareness-raising, campaigns like Dementia Friends, and partnership working in their specific area. They are recommended vehicles for developing dementia-friendly communities.

Lincolnshire Partnership Foundation Trust

Being a member allows you to help us challenge the stigma and discrimination that people with mental health difficulties can sometimes face. Our membership is made up of service users, carers and local people with an interest in the Trust and the services we provide. It also includes our staff and representatives from partner organisations in the local area. We are keen that our membership is representative of the wide range of people who we care for, who work for us, and who live in the communities we serve.

Membership is free! How much you choose to take part as a member is up to you. You may just want to receive our membership magazine and vote every three years for someone to represent you on our Council of Governors. Or you may want to take a more active and involved role by attending events and meetings, or maybe even stand as a governor yourself. Whichever level of participation you choose gives you a bigger say in what we do, and really makes your views count.



Lincolnshire Partnership Foundation Trust (Cont)

If you are interested in becoming a member you can sign up using our [online membership form](#) <https://secure.membra.co.uk/lincolnshireapplicationform/> alternatively, you can:

Phone our membership office on Tel: 01529 222277 / **Email** us: info@lpft.nhs.uk

The information you provide on your membership form will remain confidential and will be managed in accordance with the Data Protection Act (1998).

What happens next?

When you have sent us your completed membership form we will send you acknowledgement of your application and further information about us, including who represents you on our Council of Governors.

Local Business Networks

As well as joining together with other people within Care, it can often be useful to take part in networks of other businesses in your locality. This can provide an excellent opportunity for staff to develop new skills as well as sharing local issues with organisations of a similar size.





Training Programmes

WELL-LED

Developing Seniors Programme

This supportive and informative programme will lead seniors through a six module programme, enabling them to learn about the skills and knowledge we would expect an effective senior should have, whilst learning about their own personal qualities and the importance of reflection.

Throughout the programme, all seniors will be encouraged and supported to participate in a mini improvement project.

Participants will also be encouraged to continue their learning and networking support group through the formation of a Virtual Action Learning Set.

The cost for this programme will be £50 per person.

Module	Elements
Improvement Project	Learners will be sent a mini-improvement project brief and some pre-course information/reading. The mini-project will run alongside each course, with on-going support and advice by the LinCA Training Coordinator.
Introduction to Leadership & Professional Role	Being a role model, personal development, reflection, managing own role, goal setting for yourself and others and an introduction to mentoring/coaching.
Effective	Mental Capacity Act, Deprivation of Liberty and Human Rights.
Safe	Safeguarding in the absence of a manager, assessing/recording/reporting and confidentiality.
Caring	Completing care records/other documents and introduction to person centred thinking.
Responsive	Dealing with comments, complaints/concerns, how to respond and giving feedback.
Well-led	Knowing your service, managing conflict, reflection, next steps and the opportunity to join a virtual action learning set.



Cohort 2: St Barnabas, in Louth.

18th April
9th May
23rd May
6th June

Cohort 3: Baytree Garden Centre, near Spalding.

21st April 2016
5th May
19th May
9th June
23rd June
7th July

Cohort 4: Greetwell Place, Lincoln.

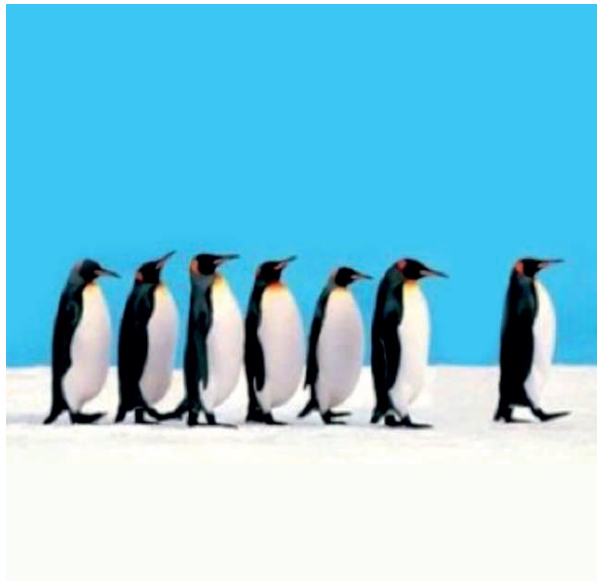
21st September 2016
5th October
18th October
2nd November
16th November
29th November

Further cohorts will be made available if there is a high level of demand.



Developing Seniors Reflect and Celebrate: 20th July 2016

This short event (afternoon tea and cake) will give seniors and their plus one the opportunity to reflect on how participating in this programme may have impacted on their personal and professional development, skills and knowledge. Most importantly, this event is about celebrating the achievement of completing the programme, shared with us and other professionals who will be handing out the senior's certificates and awards/badges.





Developing Managers Programme

Building on the successful Supporting Managers Programme, this six Module programme includes Leadership and Management skills as well as individual days focussed on each of the 5 Fundamental Standards. Throughout the programme participants will be supported to complete a practical improvement project within their organisation.

Participants will also be encouraged to continue their learning through the formation of an Action Learning Set.

The cost for this programme will be £100 per person.

Cohort 1: Greetwell Place, Lincoln.

28th January 2016, 25th February, 16th March, 13th April, 11th May and 8th June.

Cohort 2: Baytree, Spalding

14th July 2016, 11th August, 8th September, 6th October, 3rd November and 8th December

Cohort 3: Venue TBC

24th January 2017, 21st February, 21st March, 25th April, 23rd May and 20th June.

For more information or to reserve your place on this programme, please contact Sue on 01522 581073 or email linca-worforce@btconnect.com



Module	Elements
Improvement Project	Managers will be sent an improvement project brief and some pre-course information/reading. The project will run alongside each course, with on-going support and advice.
Well-Led	Exploring the difference between leadership & management, Understanding leadership responsibilities, Explore how to lead with self-awareness, resilience & emotional intelligence, Work through an outcomes-based Governance Framework, Engaging staff, service users and other stakeholders with service improvement
Safe	Understanding what makes a service safe, Review the concept of risk assessments, Explore the balance between safety and human rights, Signposting to Infection Control, Staff Management and Medication Management support programmes, Residential – strategies for maintaining premises and environment, Community – keeping staff safe when the environment and equipment is maintained by others, Understanding the Care Act implications for the management of Safeguarding including Domestic Abuse, Developing a culture of open learning and how this relates to all aspects of a safe service
Caring	Record Keeping, Person-Centred thinking, Equality & Diversity
Effective	Managing Role/Supervision, Workforce Planning, Value-Based Recruitment & Retention
Responsive	Dealing with Comments, Complaints & Concerns, Understanding the role of CQC and its feedback
Towards Outstanding	Understanding the Bigger Picture (PESTLE), Knowing your service, Working with Quality Measures, Project Management skills, Action Learning Sets, Seeking Inspiration - Learning lessons from around the world (research)



Training and Development

Training costs (unless otherwise specified) will be:

£25 for a full day course

£15 for a half day course

Individual Training Sessions have been linked to the QCC fundamental standards.

SAFE

This training is to support managers and potential safeguarding champions to ensure that care providers in Lincolnshire deliver care in a way which meets the safeguarding requirements of the Care Act.

Wednesday 1st June 2016: Greetwell Place, 2 Limekiln Way, Greetwell Road, Lincoln, LN2 4US

Wednesday 6th July 2016: Baytree Garden Centre, High Road, Spalding, Lincs

Wednesday 28th September 2016: Market Rasen Festival Hall, Caistor Road, Market Rasen, Lincs, LN8 3HL

Friday 4th November 2016: Jubilee Church Life Centre, 1-5 London Road, Grantham, Lincs, NG341 6EY

Thursday 19th January 2017: venue to be confirmed

Thursday 2nd March 2017: venue to be confirmed

Training will run from 9.30am – 4.00pm



Safeguarding Workshop

The aim of the day is to support managers and potential safeguarding champions to ensure that care providers in Lincolnshire deliver care in a way which meets the safeguarding requirements of the Care Act.

We will be running interactive workshops alongside guest speakers to give you the information you need:

- An overview of the new safeguarding environment
- Domestic Abuse – key messages for care staff
- Encouraging an Open Learning Culture – the key to embedding safeguarding
- Dignity in Care
- An introduction to training and other resources

Tuesday 11th October 2016, 9.30am – 4.00pm, Boston West Golf Club, Hubbert's Bridge, Boston, Lincs, PE21 3QX

Places cost £30.00 per person and places are limited to two per organisation. A networking lunch is included

Immigration

Hosted by the Home Office this training will cover:

- Establishing the Right to Work
- What documents to check
- How to spot obvious forgeries

Tuesday 28th June 2016, a choice of a morning or afternoon workshop.
The Source, Sleaford, Lincs



Medication

A one day course in conjunction with Pharmaceutical Departments. This course is suitable for managers and their nominated Champion.

Date/Venue: TBC

Health and Safety

Interactive Contingency Planning is aimed at Managers and Directors, to ensure they have a good level of understanding around contingency planning, evacuation procedures, environmental cleanliness and much more. This day will help learners to understand how and where to meet the CQC responsibilities.

Date/ Venue: TBC

Health and Safety for Nominated Champions, to work within their service and to help frontline staff to understand their own accountability involved in all Health and Safety. This day will include reasons for evacuation, scalds and correct water temperature, meeting the related CQC responsibilities, environmental cleanliness and more.

Care Home Nominated Champion date/venue: TBC

Domiciliary Care Nominated Champion date/venue: TBC



Mental Capacity Act, Deprivation of Liberty Safeguards and Human Rights

This training will cover updated legislation, new case law and Human Rights. It would be beneficial for all Directors, Managers, Deputies etc to attend this particular training.

We strongly recommend that anyone booked on the developing Managers Programme should attend this course, if you have not already done so in the last 12 months.

Thursday 2nd of June 2016, 9.30am – 3.00pm at Greetwell Place, Lincoln.
Places are limited on this specific date for MCA/DoLs Training.

Thursday 13th October 2016, 9.30am – 3.00pm, Greetwell Place, Lincoln

Thursday 10th November 2016, 9.30am – 3.00pm, Baytree Garden Centre, Spalding

Wednesday 7th December 2016, 9.30am – 3.00pm, The Storehouse, Skegness

We will be running further training on the following dates, venues to be confirmed:

Wednesday 18th January 2017

Thursday 9th February 2017



EFFECTIVE

Frailty and long-term Health Conditions

This workshop is being developed in conjunction with colleagues from Lincolnshire Health and Social Care. One session will equip managers and their Frailty Champion with an understanding of the integrated care and support needs of the frail elderly. Champions will act as a monitor for service users who are at risk of frailty.

Further dates and venues to be confirmed.

The workshop will include coverage of long-term conditions as they apply to the frail elderly; tissue viability, continence, Parkinson's, heart disease, COPD, diabetes, stroke, arthritis and other long-term health conditions.

This workshop is free

Oral Health and Healthy Eating

This workshop is being developed, with the aim of supporting managers and their Champion to learn about best practice and current legislation; with guidance and practical support supplied by experts in their fields.

Date: May 2016, date and venue to be confirmed

The Dysphagia Board Game or Stop the Pressure Board Game

We now have the Dysphagia Board Game and Stop the Pressure Game available for hire, helping to make in-house development fun and interactive. These games can be hired out for up to one month at a time, free of charge, although a cheque deposit for £100 is required and will be returned on the safe and intact return of the board game.



Training Skills Training

If you have an in-house trainer or you need to support individuals who deliver basic training to your staff, we now have a new approach to help raise the quality of training delivery in your organisation.

A new one-day workshop which will provide the basis for those trainers to review and grow existing training programmes, identify and improve training resources.

This training will:

- Identify the need to know who they are training too
- The importance of good planning prior to a training session
- How to develop resources
- Deliver good training sessions
- How to use assessment with training courses to benefit compliance in practice
- The importance of reflection and evaluation

Benefits of attending this training:

- Upskill current Trainer(s)
- Develop and practice skills
- Get better value out of current training packages
- Start to develop new packages of training for your organisation

Dates:

Wednesday 29th June 2016: Jubilee Church Life Centre, 1-5 London Road, Grantham, Lincs, NG31 6EY

Tuesday 20th September 2016: venue to be confirmed

We are able to offer this training at the discounted price of £40.00 per person and places are limited to two per organisation.



Moving and Handling Train the Trainer

This a four day training the trainer course, enabling the delivery of in-house Moving and Handling of People, along with the ability to complete an effective risk assessment.

Dates 8th – 11th November 2016

Venue Jubilee Church, Grantham

Cost £468.00 per delegate

These fees can be paid in up to three instalments, with agreement with LinCA WFD.

Moving and Handling Trainer Refresher

For those who are due to refresh their Moving and Handling Trainer Qualification, a two day course has been arranged.

Dates: October/November date to agreed

Venue: to be confirmed

Cost £234.00 per delegate

These fees can be paid in up to two instalments, with agreement with LinCA WFD.





Hydration and Nutrition

This is a half day event, working in partnership with our health colleagues to deliver a workshop which is aimed at managers or their equivalent. During this informative workshop, learners will part-take in this interactive session to learn how to prevent urine infections, how to meet the needs of someone who has a swallowing difficulty, available resources for staff training and much more.

There is a £15 fee to attend this workshop.

Dates and venues to be confirmed.

The Nutrition Board Game

We now have the Nutrition Board Game available for hire, helping to make in-house development fun and interactive. This game can be hired out for up to one month at a time, free of charge, although a cheque deposit for £100 is required and will be returned on the safe and intact return of the board game.

First Aid Training

This full day training course will teach learners about the basics of life support (CPR, ABC, strokes, etc.) and will cover some life threatening conditions (diabetes, epilepsy, etc.). This course is suitable for all new or inexperienced staff.

Two dates have been planned for:

Tuesday 10th May in Lincoln, 9am-5pm

Tuesday 13th September near Spalding, 9am-5pm



Nursing Study Day

For all nurses in Social Care

We will be running interactive workshops alongside guest speakers to give you the information you need:

- Revalidation – Are you!?
- Why maintaining and Improving Skills to Support Practice is important
- Legislation and its impact on Care

Thursday 21st July 2016: Boston West Golf Club, Hubbert's Bridge, Boston, Lincs, PE21 3QX

9.30am – 4.00pm. Lunch included.



First Aid Training

Emergency Life Support

This full day training course will teach learners about the basics of life support (CPR, ABC, strokes, etc.) and will cover some life threatening conditions (diabetes, epilepsy, etc.). This course is suitable for all new or inexperienced staff.

Tuesday 10th May 2016, 9.30am – 5.00pm, Greetwell Place, Lincoln

Basic Life Support – Care Certificate

Half-day training will be held on the following dates:

Wednesday 15th June 2016, 9.30am – 1.30pm, St Barnabas Hospice, Louth

Monday 20th June 2016, 9.30am – 1.30pm, Baytree Garden Centre, Spalding

Wednesday 6th July 2016, 9.00am – 1.00pm or 1.30pm – 5.00pm, Greetwell Place, Lincoln

Thursday 4th August 2016, 9.30am – 1.30pm, Admiral Rodney Hotel, Horncastle

Tuesday 13th September 2015, 9.00am – 1.00pm or 1.30pm - 5.00pm, Baytree Garden Centre, Spalding

Wednesday 9th November 2016, 9.00am – 1.00pm or 1.30pm – 5.00pm, Greetwell Place, Lincoln



RESPONSIVE

Long-term Recruitment Workshop

Date: To be confirmed

To celebrate LinCA Workforce Developments' successful bid to host an I Care Ambassador service we are hosting a workshop to highlight the benefits of having an I Care Ambassador within your organisation. Joining the national team of ambassadors will help to boost your business; motivate and keep your workforce and attract the best people into your organisation.

Hear what Student Nurse placement, college and school placements as well as non care placements. Meet other organisation who work with and lead on work placements

I Care Ambassadors Skills Workshop

Tuesday 7th June 2016: Greetwell Place, 2 Limekiln Way, Greetwell Road, Lincoln

To provide I Care Ambassadors with the right skills to be successful and manage the process

Workforce Planning Event

Date/Venue: TBC

This event will support management teams to effectively plan their own workforce, including staff who may soon be retiring, going on paternity leave, career promotion, etc. Delegates will learn an overview of the Lincolnshire workforce and reasons why completing the National Minimal Data Set is so important. Further support with updating or starting the NMDS will be offered.



CARING

Dementia Friends

Alzheimer's Society's Dementia Friends programme is the biggest ever initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition. Dementia Friends is about learning more about dementia and the small ways you can help.

LinCA WFD is offering free Dementia Friends sessions to care providers. All agreed sessions must be made accessible to your local community, including your employees, service users and their families. To find out more or to plan a date please email mark.inca@btconnect.com or linca-workforce@btconnect.com



Understanding Dementia

A new blended learning training course to support staff who have already completed any basic Dementia training in the past. The aim of the course is to identify and support people to live a person centred life. We will example behaviours, communication and person-centred approaches to quality care. Lets become proactive rather than reactive when it comes to Dementia Care.

The aim of the course is to identify and support people with Dementia to live life.

All delegates will be required to completed selected modules on the Social Dementia Gateway on the Social Care Institute for Excellence website. Details of the modules required to be completed will be provided when you are confirmed as an attendee. To view potential materials please log onto:

<http://www.scie.org.uk/dementia/e-learning/index.asp>

Dates:

Thursday 30th June: Baytree Garden Centre, High Road, Weston, Spalding, Lincs, PE12 6JU

Thursday 28th July: Lincoln Golf Centre, Thorpe on the Hill, Lincoln, LN6 9DA



Advanced Autism - Exploring Sensory Issues

This is a full day to look at the overview of sensory interrogation difficulties and its impact on the service user

Date: To be confirmed

Please note that Learning and Disability providers will have priority booking due to limited space



End of Life

Details to be confirmed

For more information on any of the courses or events listed in this programme or to book training please visit our website at <http://www.lincolnshirecareassociation.org.uk> or email Sue Lovelock at linca-workforce@btconnect.com

Training – Developing Training Skills

A one day workshop identifying the skills of the trainer, what resources to use and understanding how to assess learning.

Wednesday 29th June 2016, 9.30am – 4.00pm
Jubilee Church Life Centre, Grantham

For weekly training updates please check our website at <http://www.lincolnshirecareassociation.org.uk>

For more information on any of the courses or events listed in this programme or to book training please visit our website at <http://www.lincolnshirecareassociation.org.uk> or email:

Mark Turton at mark.linca@btconnect.com
Sue Lovelock at linca-workforce@btconnect.com
Anna Bociaga at anna.linca@btconnect.com

Open Report on behalf of Glen Garrod, Executive Director of Adult Social Services

Report to:	Adults Scrutiny Committee
Date:	29 June 2016
Subject:	Adult Care 2015/16 Outturn

Summary:

The Adult Care outturn is £145.342 million, an under-spend of £1.460 million against a budget of £146.801 million.

Actions Required:

Adults Scrutiny Committee is asked to consider and comment on the Budget outturn for 2015/16.

1. Background

The Adult Care outturn is £145.342 million, an under-spend of £1.460 million against a budget of £146.801 million. This is as a result of a reduction in base residential placements, a reduction in service user contributions and the impact of the new prime provider contract for home based care services. However, it is set against an environment of increasing placement costs in all services following the introduction of the National Living Wage and additional legislative burdens placed on providers in respect of pension obligations.

This is the first year that finance has been reported through the new Agresso system, ongoing and well established issues have meant this report being delayed from its usual May publication. However, significant work has been undertaken to get to a position where an outturn can now be reported.

Key issues within the outturn include:

- Further in year savings totalling £3.138 million
- Adult Frailty and Long Term Conditions underspend of £0.563 million
- Specialist Adult Services underspend of £0.897 million

2. Adult Care Savings Programme

The service produced savings of £3.138 million in 2015/16 from a number of successful projects including:

- Staff savings as a result of the recent senior management review
- Maximising income recovery
- Review and renegotiation of provider contracts

As part of the Financial Challenge process undertaken in the Summer/Autumn of 2015 Adult Care has identified an additional £6.843 million of savings to be delivered in 2016/17 these include:

- Additional staff savings as a result of the recent senior management review
- Maximising income recovery
- Changes to the current Adults Contributions policy
- Continued review and renegotiation of provider contracts
- Withdrawal of funding for Lincolnshire Health & Care

The savings identified through the Financial Challenge process plus the one off use of reserves, will ensure the Council can withstand the immediate pressures in local government funding.

3. Adult Frailty & Long Term Conditions

The Adult Frailty & Long Term Conditions strategy brings together Older People, Physical Disability Services and Adult Care Infrastructure. This commissioning strategy aims to ensure that eligible individuals receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Reablement and Intermediate Care
- Domiciliary Care
- Direct Payments
- Community Support
- Extra Care Housing
- Residential Care
- Dementia Support Services
- Assessment & Care Management and Social Work Service

Older People's Services

The final outturn for the Older People's Services was £75.650 million, an under-spend of £0.352 million on a budget of £76.002 million.

Changes have recently been made to homecare contracts with the implementation of a new "prime" provider contract.

A consequence of the change to "prime" providers was the significant increase in the number of service users choosing to take their care in the form of a direct payment as they sought to keep services that were delivered by outgoing providers. The resulting boost saw direct payments as a proportion of total long term packages increase.

Whilst the number of new service users placed in long term residential care continued to increase, the service saw an increase in the number of services ending, with a total net reduction of 85 places in year.

The change in reablement provider also resulted in an under-spend due to changes in the payment emphasis from block contract payments to payments made for hours actually delivered.

A further impact of reduction in long term placements and changes to homecare services was the overall reduction in service user contributions received in 2015/16, this was somewhat offset due to an increase in income raised from direct payment audits.

Physical Disability Services

The final outturn for the Physical Disability Services was £12.397 million, a small overspend of £0.067 million on a budget of £12.330 million.

The service saw a substantial increase in direct payment costs from the transition of new service users who have transitioned from Children's Services and to a lesser extent the impact of the introduction of the new homecare contract which saw a number of service users transfer from homecare to direct payment packages as again service users sought to maintain their existing provider. Long term and short term residential placements however remained static with only a minor overspend.

However additional service expenditure was offset by income being higher than expected. This was again due to increased income as a result direct payment audits.

Infrastructure

The infrastructure budget currently includes expenditure in relation to the two assistant directors along with individual county managers covering Operational Services for Older People's/Physical Disability, Learning Disability, Policy and Service Development, Performance, Workforce Development and Quality.

The infrastructure budget was balanced in 2015/16 at a value of £7.941 million.

4. Specialist Services

This commissioning strategy aims to ensure that eligible adults with learning disability, autism and/or mental health needs receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Residential and Nursing Care
- Community Supported Living
- Homecare
- Direct Payments
- Day Services
- Respite Services
- Shared Lives Scheme
- Transport

- Assessment and Care Management and Social Work Service
- Section 75 agreement with Lincolnshire Partnership Foundation Trust for Mental Health Services

Learning Disability Service

The Adult Learning Disabilities service is administered via a Section 75 agreement between the Council and NHS commissioners in Lincolnshire in addition to a small in-house element that sits outside the Section 75.

Learning Disabilities ended 2015/16 with an under-spend of £0.895 million against a budget of £45.837 million.

The service has seen growth in supported living and direct payments costs due to a combination of high cost discharges from in-patient provision and as a result of school/college leavers requiring packages of care. There has also been an increase in high value cases coming through the Practice Enablement Group.

This has been mitigated by in year residential placements being lower than expected partly as service users choose community based services rather than in those in a residential setting.

Income from Health for the S75 remains unchanged from the £10.4 million. In addition to this service user income has increased as a direct consequence of increased direct payment audit income. The service has also benefited from an additional £460,000 repayment following the successful conclusion of a long standing legal dispute in respect of out-of-county placements from other local authorities within the County.

Mental Health

The Mental Health service is run on behalf of the Council by the Lincolnshire Partnership Foundation Trust by way of a Section 75 agreement.

The service delivered a balanced budget in 2015/16 of £5.776 million.

5. Safeguarding Adults

The Safeguarding Adults strategy aims to protect an adult's right to live in safety, free from abuse and neglect. The service works both with people and organisations to prevent and stop both the risks and experience of abuse and neglect ensuring that adult's wellbeing is being promoted.

The Lincolnshire Safeguarding Adults Board discharges its function to safeguard adults on a multi-agency basis. This is led by an Independent Chair.

This area also encompasses the Deprivation of Liberty Safeguards (DOLS) which a significant increase in activity as a result of the 'Cheshire West' legal judgement in March 2015.

The service delivered a small underspend £0.010 million against a budget in 2015/16 of £3.020 million.

DOLS assessments are currently carried out on Lincolnshire's behalf by LPFT. Assessment costs were lower than anticipated in 2015/16, this was mostly due to the ongoing set up and training of LPFT staff to undertake assessments with the team only recently coming up to full strength. This was mitigated by increases in legal costs that are specific to the additional assessments coming through due to the Cheshire West legal judgement. Additional agency costs were also incurred by the Emergency Duty Team for emergency staff requirements.

6. Carers

The Carers Strategy aims to prevent or delay ongoing care needs by supporting adult carers so they are able to sustain their caring role, reducing the need for costly services in primary and acute care, and long term social care.

The service is also responsible for services provided to young carers helping to prevent inappropriate caring, helping to reduce the negative impact on the child's wellbeing and development by ensuring adequate support for the adult and to support the child to fulfil their potential.

The service ended 2015/16 with an under-spend of £0.135 million against a budget of £1.673 million.

Throughout the year there was a lower than anticipated take up of Carer's Personal Budget in 2015/16. It is thought that this is due to changes in the eligibility criteria set out in the Care Act 2014, however it is anticipated that take up will increase in 2016/17.

Additional revenue expenditure was incurred in relation to the Family Dementia Support service as a result of a decision not to draw down on reserves as originally planned, but to fund from 2015/16 revenue budgets due to the low uptake of carer's personal budgets.

7. Capital

Adult Care spent a total of £0.263 million against a net budget of £0.471 million. Expenditure included ongoing pre-development costs for the Council's Extra Care Housing Scheme and additional investment in Lincolnshire Telecare services. Telecare has seen continuing growth in the number of people using telecare which is seen as a low-cost preventative service.

8. Better Care Fund

The Better Care Fund (BCF) is a pooled budget that shifts resources into social care and community services for the benefit of the NHS and local government. In 2015/16 £53 million (£48.1 million revenue and £4.9 million capital) was earmarked for the Lincolnshire health and care economy. Spend was agreed with the four Clinical Commissioning Groups (CCGs) and Lincolnshire County Council.

£20 million was allocated to the Council in 2015/16 predominantly in Adult Care to fund the costs of the Care Act and protect adult care services. The majority of the fund was allocated to areas where it was already being spent, on such services as the Reablement Service, Hospital Discharge Teams and Learning Disability Services.

Adult Care continues to change the way it works with partners from additional areas of the care spectrum including colleagues from other areas such as Children's Services and Public Health, alongside health partners from the Clinical Commissioning Groups. This resulted in the agreement to pool health and social care budgets totalling £197 million in 2015/16 through five Section 75 agreements and two aligned budgets.

This represented the single biggest pooling arrangement ever achieved in Lincolnshire and placed Lincolnshire amongst the five largest pooled budget areas in the country.

9. Conclusion

The Adult Care outturn is £145.342 million, an under-spend of £1.460 million on the final budget of £146.801 million. This is the fourth year in succession that Adult Care has achieved either a balanced budget outturn or an underspend which reinforces the view that Adult Care in Lincolnshire is one of the lowest funded Adult Care departments, spending less on 'overheads', staffing and pay grades than other local authorities both nationally and regionally and that comparatively Adult Care spends less on nearly all types of social care service commissioned when compared with most regional authorities whilst delivering excellent services.

However, this is set against an environment of increasing placement costs in all services following the introduction of the National Living Wage (NLW) and additional legislative burdens placed on providers in respect of pension obligations.

10. Consultation

a) Policy Proofing Actions Required

N/A

11. Background Papers

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

This report was written by Steven Houchin, who can be contacted on 01522 554293 or steven.houchin@lincolnshire.gov.uk.

Open Report on behalf of Glen Garrod, Executive Director of Adult Social Services

Report to:	Adults Scrutiny Committee
Date:	29 June 2016
Subject:	Contract Management Update

Summary:

This report seeks to provide the Adults Scrutiny Committee with an update on the work of the Commercial Team - People Services, with specific reference to the Contract Management of Adult Care Services across all service provision (including Adult Frailty and Long Term Conditions and Specialist Services).

Actions Required:

To consider the information presented in this report.

1. Background

The Commercial Team – People Services was established in January 2015. The purpose of the team is to:

- Contract Manage in excess of 650 Adult Care Services
- Provide assurance that commissioned services are safe and meet people's needs
- Ensure commissioned services deliver Value for Money
- Inform future commissioning decisions through use of data and market intelligence

Market Profile:

The Council contracts with a range of providers to deliver services for Older People, those with a Physical Disability and those with a Learning Disability.

In addition the Commercial Team also contract manages a number of contracts relating to non-regulated services, such as the Carers Support Service, Dementia Family Support Service, Advocacy Service and Integrated Community Equipment Service.

Provision	Number of Contracts
Residential Services (In County)	268
Residential Services (Out of County)	256
Homecare	12
Community Supported Living	30
Day Care	83
Extra Care	8
Other (e.g. ICES, Carers Support Service, Advocacy etc.)	16

Contract Management Visits:

For the majority of our contracts the frequency of contract management visits is determined by the level of risk. We have in place a Risk Matrix which takes into account a number of factors to determine whether or not a provider is High, Medium or Low risk.

As a general rule, 'High' risk providers are visited at least monthly, 'Medium' risk are visited quarterly/six monthly and 'Low' risk are visited annually.

Our homecare providers receive monthly visits regardless of their level of risk, but may be visited more frequently where concerns exist.

This approach enables us to focus our limited resources to the most important areas.

An overview of the contract management visit for residential care providers can be found in Appendix A.

In between contract management visits the team monitor and action quality concerns raised through Poor Practice Concerns, Safeguarding Alerts and feedback from operational colleagues. In some instances this will change the providers risk rating and instigate a more formal review of performance through a contract management visit.

Risk Rating Providers:

The Risk Matrix is populated with both quantitative (e.g. CQC inspection results, data such as vacancy rates and use of agency staff) and qualitative information (e.g. intelligence from Contract Management Visits). There are 26 individually scored items across 10 different areas; each area has a weighted score applied to generate the risk rating.

This methodology has been shared with providers and partners.

The current risk profile (as at 17 June 2016) is:

Risk Rating	Residential –In County	Homecare	Community Supported Living
High	21	5	1
Medium	126	5	19
Low	121	2	10

Liaison/Information Sharing Arrangements:

Service Quality Review:

- The Service Quality Review group was established in February 2015 and is a multi-agency approach to managing high risk providers. The group consists of LCC staff (Contract Officers, Safeguarding, Quality & Development, Infection and Prevention Control Nurses and Operational representatives) along with attendance by CCG colleagues and local representation from the Care Quality Commission (CQC).

An Information Sharing Agreement is in place to ensure the appropriate and secure sharing of information between parties to effectively manage provision.

CQC:

- In addition to the Service Quality Review group the Head of Commercial Services meets bi-monthly with the Lead Inspector from CQC to specifically review providers causing concern.

Safeguarding:

- The Commercial Team – People Services have a close working relationship with the Safeguarding Team. This ensures appropriate sharing of information and often results in joint visits to providers. The Head of Commercial Services meets monthly with Safeguarding to ensure effective information sharing.

Lincolnshire Care Association (LinCA):

- An excellent working relationship exists between the authority and LinCA, maintained through monthly liaison meetings. This enables the Council to share information and intelligence and influence LinCA's workforce development strategy to target resource at the most important areas.

Operational Teams:

- Contract Officers regularly attend Operational Team Meetings to share information regarding the market and gather feedback from staff (both positive and negative).

Contract Management Framework Project:

The team is committed to continuous improvement and, even though Contract Management received a successful Audit judgement, a project was initiated in February 2016 to undertake a full review of our contract management approach. The review includes:

- Ensuring a consistent approach to visits
 - Looking at pre-visit preparation, the visit and post visit activities for all types of contracts
 - Including a review of process and documentation
- Ensuring an appropriate approach to Contract Management of Out of County provision
- Looking at how we use data and intelligence
 - Improving the compliance and quality of data submitted by providers on a weekly, quarterly and annual basis to;
 - Ensure we get accurate vacancy information
 - Understand movement of residents and staff
 - Monitor number of incidents (such as falls, emergency admissions to hospital)
 - Monitor respite activity
 - Monitor provider complaints
 - Improve the way we review performance data with providers, delivering accessible reports that enable meaningful conversation
- Looking at how we share data and intelligence
 - Developing a suite of reports for the purposes of the Quality and Safeguarding Board and Adult Care Divisional meetings
 - Improving the quality of information that support commissioning decisions
- Reviewing how we support providers
 - Introducing a set of Provider Guidance Notes
 - Sharing information on their Risk Profile
 - Re-introduction of provider forums
- A full review of internal processes and procedures
- A review of Learning & Development for Contract Officers
 - Skills assessment/gap analysis
 - Development of a comprehensive induction programme for new staff

2. Conclusion

The Commercial Team – People Services has been judged to have a robust approach to contract management. In early 2015 there were over 80 providers rated as 'High' risk, through focussed contract management and close working with CQC this number has reduced to less than 30. This is supported by CQC's own inspection results with no providers being rated as 'inadequate' demonstrating that our resources are being directed in the right areas.

Our relationship with care providers is good and is reinforced by our excellent working relationship with LinCA.

We are, however, not complacent. We have identified a programme of work to continue to strengthen our service, to ensure we achieve Value for Money and continue to improve the quality of services delivered to the residents of Lincolnshire.

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Contract Management Visit Overview for Residential Care Providers

5. Background Papers

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

This report was written by Alina Hackney, who can be contacted on 01522 553919 or alina.hackney@lincolnshire.gov.uk.

Appendix A

Commercial Team – People Services

Contract Management Visits Overview of Approach for Residential Care Providers

Visit Preparation

Prior to a Contract Management Visit we will send an agenda and will undertake some preparation work. We may request some documents from providers, for example their latest Training Matrix, to assist us in preparing for the visit.

Prior to a CQC inspection providers are required to submit a Provider Information Return (PIR) which is a pre-inspection questionnaire, this questionnaire covers some of the areas we will be looking at during our visit. If providers have recently submitted a PIR (or maintain an equivalent document) and wish to send this to us in advance of our visit we will use this as supporting evidence.

The Visit

During the visit the Contract Officers will be looking at the following areas and will document their findings on a standard Contract Management Visit form. This will be shared with the Registered Manager following the visit.

Contract Monitoring

- The current risk rating will be reviewed and discussed.
- The framework agreement specifies information that should be submitted to us on a weekly, quarterly and annual basis. In advance of the visit we will be looking at whether or not information has been supplied and will discuss with the provider any queries with the data.
- We will ask if there are any notifiable incidents of a significant nature, if there has we will record these and note actions taken to reduce the risk of these reoccurring.

Safe & Effective Service: Environment

- We will be looking at how accessible the building is for residents and visitors.
- We will be looking in general at how clean the environment is and how protected from infection it is.
- We would be looking to see if fire alarms and fire extinguishers are visible and accessible.
- We will also look to see if personal evacuation plans are in place where appropriate and understand how providers ensure the safe evacuation of residents.
- Where equipment is being used (such as bath lifts, hoists, profiling beds etc.) we will look at how clean and well maintained it is.
- As we observe interactions between care staff and residents we will be looking to see if these interactions are undertaken in a caring and attentive manner.

Safe & Effective Service: Poor Practice and Safeguarding

- Before we visit we will review the number of poor practice concerns and safeguarding alerts that have been reported since the last visit. We will discuss these with the provider.
- We will review their Safeguarding Policy and Whistleblowing Policy and understand how accessible it is to staff.

Safe & Effective Service: Medication

- We will want to know if there have been any medication related errors/incidents since the last visit. If so, we want to understand what has happened as a result of it – have any lessons been learnt, have there been any change in practice?
- We will want to understand and see what local policies/procedures are in place regarding medication.

Safe & Effective Service: Staff

- We will review their training matrix and check to see that it is up to date and demonstrates continuous learning and development.
- We will want to understand what Safeguarding specific training is available and how often this is refreshed.
- The framework agreement states that providers should practice Safer Recruitment. We will look to understand how this requirement is met within the service.
- We will also want to understand current staffing levels, including levels of agency use.
- How staff are managed is also important, we will want to understand their approach to supervisions and staff appraisals, including how frequently they are conducted.
- During the visit we may speak to staff who are on duty and will capture their feedback as part of the visit.

Quality of Life and Positive Experience: Residents

- When we ask to look at a selection of care plans, minimum of two, we will be looking to see that residents have given their consent to their treatment and that they have been involved in their care planning. Where appropriate we will also look to see that a Mental Capacity Assessment and Best Interest Decision is present.
- We will also want to see what support is given to encourage people to live as independently as possible.
- We will ensure that there is a choice of food and drink on offer and that these choices meet the dietary requirements of residents.
- During the visit we may speak to residents and will capture their feedback as part of the visit.

Quality of Life and Positive Experience: Complaints and Compliments

- We will ask how many complaints and compliments have been received since our last visit and want to understand how they are responded to and how they influence service improvement.

Well-Led Service: Quality and Management

- We will want to understand how the service is managed, for example;
 - is the Registered Manager experienced
 - to what extent does the owner involve themselves in the management of the service
 - what internal quality assurance processes are in place and what happens as a result of any findings
 - are policies and procedures up to date
 - are there any quality assurance kite makes in place, like Investors in People or ISO9000.
- We'll want to see evidence that the provider engages and consults with stakeholders (e.g. residents, staff and relatives) regarding the quality of service provided.
- We will also want to understand how money and valuables are managed on behalf of residents, for example what policies and procedures are in place and whether or not they undertake regular audits.

Well-Led Service: Equipment

- Before our visit we will send the provider an up to date list from the Integrated Community Equipment Service (ICES) for them to review, showing all the equipment that is currently showing as allocated to the home. We will discuss this with the provider to see whether there are any discrepancies and we will address any queries that arise. This will also help us to feedback to our ICES provider, NRS Healthcare.

Well-Led Service: Financial and Business Viability

- If any providers are experiencing any financial difficulties, either as an organisation or relating to specific service users, it is important that we are made aware. This helps us to mitigate risks to service users and to assist providers in resolving any issues.
- Likewise, we will ask providers if the business is either up for sale or in administration.

Well-Led Service: Business Continuity

- Before we visit we will look at the business continuity plan to ensure it reflects priorities in the event of a disruption to service. We will also look to see that it adequately identifies contingency arrangements in order to ensure that risks are mitigated.

At the end of each section we will make a judgement on whether or not the provider is meeting the requirements. If not, we will agree and detail the actions required in order to address this.

Paperwork Review

- As part of the visit we will look at a sample of care files and staff files and any other documents we have requested prior to or during the visit.

Feedback, Meeting Summary and Summary of Actions

- Towards the end of the meeting we will update the provider with any developments or upcoming events and ask about their future business developments/plans.
- After the meeting we will summarise verbally our findings of the visit. If we have identified specific concerns that we feel need to be followed up with further visits we will put a formal action plan in place.

After the Visit

A typed version of the contract management visit form, a revised Risk Profile and action plan if appropriate, will be sent to the provider no later than 15 working days after the visit. The visit form will contain an updated risk rating and a date of our next planned visit.

We ask the provider to review the notes and make any comments, returning the form within 10 working days of receipt. If providers do not respond to us within 10 working days we will accept our version of the notes as an accurate representation of the meeting.

Contract Officers will follow up any low level actions with the Registered Manager when they become due. If we have identified any specific areas of concern we will develop a specific action plan and will arrange a further visit to follow up on the actions in more detail.

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Open Report on behalf of Glen Garrod, Executive Director of Adult Social Services and Judith Hetherington-Smith, Chief Information and Commissioning Officer

Report to:	Adults Scrutiny Committee
Date:	29 June 2016
Subject:	Day Care Services Re-Procurement

Summary:

This item invites the Adults Scrutiny Committee to consider a report entitled Day Care Services Re-Procurement which is due to be considered by the Executive Councillor for Adult Care on 1 July 2016. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

Actions Required:

- (1) To consider the attached report and to determine whether the Committee supports the recommendations to the Executive Councillor set out in the report.
- (2) To agree any additional comments to be passed to the Executive Councillor in relation to this item.

1. Background

The Executive Councillor is due to consider a report entitled Day Care Services Re-Procurement on 1 July 2016. The full report to the Executive is attached at Appendix A to this report.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it wishes to make any additional comments to the Executive Councillor. The Committee's views will be reported to the Executive Councillor.

3. Consultation

a) Policy Proofing Actions Required

Not Applicable.

4. Appendices

These are listed below and attached at the back of the report

Appendix 1	Report to the Executive Councillor – Day Care Services Re-Procurement
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5. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
The Care Act 2014	Legal Services

This report was written by Linda Turnbull and Carl Miller, who can be contacted on 01522 552672 or 01522 553673 linda.turnbull@lincolnshire.gov.uk / carl.miller@lincolnshire.gov.uk

Executive/Executive Councillor

Open Report on behalf of Glen Garrod, Director of Adult Social Services

Report to:	Executive Councillor for Adult Care
Date:	1 July 2016
Subject:	Day Care Services Re-Procurement
Decision Reference:	I011461
Key decision?	Yes

Summary:

Day care services aim to give eligible adults meaningful activities during the day, which may include socialisation, help to learn new skills and work or volunteering activities. For many users day care services also gives the main carer an opportunity for a break.

To meet the needs of eligible adults, the Council utilises both in-house Day Services provision, and externally contracted Day Care Services.

The current contractual arrangements for external provision of building based day care services for working age adults and older people are a mixture of spot contracts which commenced at different times and which contain differing terms and pricing. A number of the contracts have reached the end of their term and do not contain provision to extend.

There is a consequent need to undertake a procurement process to establish an appropriate contract mechanism to update and bring consistency to externally contracted day care services across Adult Care. This report seeks approval from the Executive Councillor to commence the procurement process.

Recommendation(s):

That the Executive Councillor for Adult Care:

1. Approves a procurement be undertaken to establish an appropriate contract mechanism for provision of externally contracted building based day care services. The mechanism will enable a variety of providers to deliver services to enable choice in the market for users, and bring consistency to service quality, delivery and cost. The final commercial model, form of contract and contract duration will be determined on completion and due consideration of service user and market engagement

exercises.

2. Delegates to the Director of Adult Social Services in consultation with the Executive Councillor for Adult Care the authority to determine the final form of the contract and to approve the award of the contracts and the entering into of all contract and other legal documentation necessary to give effect to the said contracts.

Alternatives Considered:

1. Extending or Negotiating revised contracts with current providers

Continuing with the current providers in this way is not considered to be a viable solution. There is no provision to extend within many current contracts and negotiated agreements would constitute exceptions to normal tendering routes for which there is no clear justification. In accordance with local and national procurement regulations, future contracts need to be let in a fair, transparent and non-discriminatory manner. This alternative would also fail to address current inconsistencies in contract terms and pricing. In addition, Service Providers with whom we do not currently contract have expressed an interest in delivering services on behalf of the Council. This could indicate that the current contractual agreements do not maximise choice for eligible users and that there is potential to improve choice by undertaking a procurement exercise.

2. Move to a Block Purchasing Arrangement

This alternative would involve commissioning an individual or smaller number of providers to undertake all externally contracted day care opportunities in Lincolnshire. It may enable successful providers to realise economies of scale in service delivery and thus bring better value for money for the Council. However, the overall spend on day care services is relatively small compared with other Adult Care services and savings from these arrangements are likely to be limited. There are also a number of significant drawbacks associated with this alternative. First of all, it may lead to loss of choice and control for the user as the Council would need to fill its block obligations including voids to realise the associated value for money improvements. Additionally, if demand for day care decreases in the future, for example if use of direct payments increases, the Council may be left with costly voids in block purchased services. It should also be noted that a smaller number of providers would increase the distance users would need to travel in order to access day opportunities and it is likely that transport costs would increase as a result, diminishing any savings that may be achieved through this approach.

Reasons for Recommendation:

Lincolnshire County Council has a statutory duty to meet the needs of eligible adults under The Care Act 2014. Many people choose to meet their social care needs through day care services. The proposal is to establish an appropriate contract solution for building based day care services for eligible people, including all user groups, within Lincolnshire. The solution will enable a variety of providers to deliver services, offering choice in the market for users, whilst also bringing greater consistency and control over service quality, delivery and cost.

1. Many of the existing contract arrangements have reached the end of their term and cannot be extended further. There is therefore a legal and contractual imperative to undertake a procurement exercise to establish a new contract mechanism for delivery of these services.
2. Current arrangements represent a variety of contracts established at different times based on different terms and pricing mechanisms. This presents an opportunity to bring together arrangements under a common specification, terms and pricing mechanism to increase consistency and control over service quality and delivery.
3. The recommendation addresses and supports statutory requirements under the Care Act 2014 to provide personalised and outcome focused service for individuals.
4. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

1. Background

- 1.1 Lincolnshire County Council has a statutory duty meet the needs of eligible adults under The Care Act 2014. Many people choose to meet their social care needs through day care services. Day opportunities are usually part of a support package to meet the users eligible care needs and/or support the primary carer.
- 1.2 During financial year 2015/16, externally commissioned day opportunities were accessed by 152 users with a learning disability, 93 older people and 9 adults with a physical disability, a total of 254 users. This is in addition to service users across all categories of need that access in-house day provision and day services via direct payments.
- 1.3 Projected figures for 2015/16 indicate total spend of £1.85 million on externally commissioned day care services. Most (85%) of this spend was in the learning disabilities service area, with significantly less being spent in the older people (11%) and physical disabilities (4%) service areas. The

breakdown is shown in the table below. Spend on learning disability day care has stayed marginally the same since 2012/13. Spend on physical disability and older peoples' day care has decreased slightly over the same period. This is likely to reflect an increase in use of direct payments amongst these service user groups.

Spend on External Day Care by Service Area

Service Area	Projected* Net Spend on External Day Care (2015/16)	% of Total External Care Spend (2015/16)	% of Total Service Area Spend on External Day Care (2015/16)
Learning Disability	£1,571,633	84.97	3
Older People	£210,000	11.35	0.2
Physical Disability	£68,000	3.68	0.6
Total	£1,932,996		

* Final outturn spend for 2015/16 unavailable at the time of writing

- 1.4 The nature of direct payments is that they are flexible and should offer users choice and control. However, it is difficult to exactly quantify numbers and levels of spend for adults accessing day opportunities with direct payments. Although information on the total direct payments spend is collated by the Direct Payments Team, there is currently no way of accurately breaking this down according to service type.
- 1.5 The existing contractual arrangements for day care are varied. There are a number of spot contracts in place with providers across Lincolnshire for day opportunities for working age adults and older people. The Council has agreements with 22 providers delivering services to users with a Learning Disability and 32 providers delivering services to Older People and users with a Physical Disability. Contracts with providers commenced at different times and for durations, based on different pricing, and in some cases with different specifications and contract terms. The majority of these contracts have reached their end date with no explicit provision to extend. There is a resultant need to undertake a procurement exercise to establish an appropriate and current contract solution for day care services for eligible people across the County, including all user groups, that addresses the current inconsistencies.
- 1.6 Despite the inconsistencies in the current arrangements, indications are that service provision is generally performing satisfactorily and meeting service user outcomes.
- 1.7 Currently unit cost rates for services show a fairly marked variation. They range from approximately £20 to £52 per day for Older People and Adults with

a Physical Disability, and for Adults with a Learning Disability the range is from £20 to £186 per day.

1.8 Rates for services with providers have not been recently reviewed or uplifted, and there is limited clarity and consistency about what rates include. For example:

- session times vary
- some price per hour, others per session or per day
- some are inclusive of food
- some are inclusive of transport
- some are inclusive of activities
- one to one and additional support (e.g. bathing and personal care) are priced differently

1.9 Recognising that there is a need for flexible services that can be tailored to individual needs, these factors demonstrate the need to establish a clear and consistent service specification and transparent pricing mechanism.

2 Strategic Drivers

2.1 Under the Care Act (2014), the Council must focus on the promotion of personal 'wellbeing' in delivering any of its care and support functions, including the provision of day support.

2.2 This key principle means helping people to meet their assessed needs, building on their own strengths and resources to enable them to achieve the outcomes that matter to them. As such, it signifies a shift from the existing duties on local authorities to provide a particular model of 'service', and necessitates instead a personalised approach which meets those aspects of wellbeing which matter most to the individual concerned.

2.3 As one option in a diverse market of day opportunities, independently provided services therefore add an important element of choice and flexibility in meeting peoples' physical and mental health and emotional needs.

2.4 Key principles and standards in the Care Act which have a bearing on the way these opportunities will be provided under the contract mechanism include; supporting people in their participation in work, education, training or recreation, offering them as much control as possible over the care provided and having the information and support necessary to be able to participate as fully as possible in decisions about them.

3 Commercial Model

- 3.1 Work to determine the most appropriate approach to effectively commission independently provided day care services is underway and includes a programme of engagement internally with practitioners and care managers as well as externally with the Market and with Service Users.
- 3.2 The ultimate commissioning and commercial model to be adopted cannot be determined until this programme of work has been fully completed and analysed, however the model will be influenced by and incorporate a number of key factors as follows:

Contract Structure

- 3.3 Evidence collected on the current service indicates that users access a relatively large number of providers in Lincolnshire, in comparison to the annual value of all day care contracts. The reasons for this include user preference for shorter journeys to access services, preference for services in their local community that they may be familiar with, and preference for services that meet their individual needs.
- 3.4 There are a number of small providers offering day care services; in some cases providers only support one user. The ultimate contract model and procurement process will need to be proportionate to enable small and medium local providers to compete to deliver services.
- 3.5 In line with these factors and in support of the strategic drivers, the model will not be designed to reduce the levels of day opportunities available to individuals, but rather to ensure continuity of service delivery for existing users wherever possible, and to maximise the choice and flexibility of services available in the market whilst maintaining control over quality and price to ensure that the future contract is sustainable.

Cost & Duration

- 3.6 In order to achieve flexibility and sustainability in the multi-provider model there is need to ensure an appropriate pricing mechanism and contract duration. These factors will significantly influence the viability and attractiveness of resulting contracts for providers and ultimately enable the Council to maximise user choice, whilst still maintaining control over the costs of the service.

Competition

- 3.7 Exposing the service to the open market will help to encourage improved value for money through quality, innovation, cost competition and the added value any potential providers may bring. It will also enable the necessary transparency to award external day care services contracts.

Risk and flexibility

- 3.8 A contract mechanism enabling multiple providers to deliver services will give flexibility in the market, help to manage risks around coverage and capacity across a large County. It will also enable providers with specialisms in a range of different users groups to contract with the Council. A new contract mechanism also gives the opportunity to improve the management of risks around service quality by ensuring that minimum standards are clearly specified and an appropriate performance monitoring and management mechanism is incorporated.

Performance Management

- 3.9 Through the recommissioning of this service we will embed performance management into the contract mechanism. This will be linked to manageable, measurable and achievable targets aligned to the agreed key performance indicators, and a formalised system of managing and monitoring performance against the contract. It will be made clear from the outset that the provider will be contractually responsible for ensuring that they are able to meet the required qualitative outcomes.

Service User choice

- 3.10 The Care Act 2014 states the importance of allowing a recipient of care the ability to make choices about how that care is delivered. By procuring the service on a framework, this will allow users to have a choice of day care provider, hopefully from a range of provision of whom are able to meet their needs in their local area. By ensuring that there is a range of high performing providers able to deliver the service across the county, service users will be better equipped to achieve their chosen outcomes. A new specification for the service will be developed. Day opportunities for under 65s will be supported to be as independent as possible in their own communities. It looks to support people to gain skills that will help them to gain employment, or skills which will support them to live independently.

Impact on the Market

- 3.11 The current operating model is based on spot purchasing placements from multiple providers offering building based day support across the County. Although not finalised, the new model will have a close resemblance to the current operating model and therefore the impact on the market is likely to be minimal. There is however the opportunity to increase the number of providers able to contract with us to delivering day services, which would improve resilience around capacity, as well as an opportunity to improve consistency around service quality, delivery and cost.

4. Tender process

- 4.1 A key phase in the procurement will be in how organisations are assessed and qualified at the tender stage. As previously stated, there is a need to ensure that a range of day care providers will be able deliver a range of quality services and deliver outcomes for users. The Council must therefore have a clear understanding of the level of financial and business capacity tenderers must have in order to deliver sustainable services. This must be set at a level that represents an acceptable assessment of the level of risk as well as not being unreasonably burdensome and therefore discouraging to SMEs.
- 4.2 The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method. The ultimate decision as to which providers are considered suitable to contract with will be based on the evaluation of their tender proposals.
- 4.3 ITT evaluation will focus on service quality and the ability of the potential providers to deliver quality outcomes across the county set against a clearly defined pricing mechanism to support effective budget controls.

5 Scope

- 5.1 It is intended that the contractual arrangements resulting from this procurement exercise will provide the following :
- A countywide day care service which offers choice and flexibility to users with a clear pricing mechanism
 - A Service that is both flexible and responsive to service user needs.
 - A Service that will be delivered with the aim of promoting personalisation and enhancing quality of life for service users and carers.
 - A Service that will focus on maximising and sustaining Service Users' choice, involvement and inclusion through the use of outcome-focused quality Support Plans, and person-centered approaches that facilitate opportunities to live fulfilled lives within a community setting.
 - Service Providers who will ensure that the service is designed to address the needs of individual service users via the achievement of identified outcomes in their Support Plan.
 - Service Providers who will work in partnership with family carers/supporters of the Service Users.
 - Service Providers whom will value difference and will respect, support, and meet the needs and preferences of people with a learning disability, whatever their: disability, ethnicity, age, gender, sexual orientation (and identity), religion or belief).

6. Market and Service User Engagement and Feedback

- 6.1 A Prior Information Notice was published on 8 April 2016. This initiated a process of pre-tender market engagement. Feedback gained from this process is providing an understanding of the market's preferred approach to a number of important issues impacting on the commercial model, including the contract duration, market capacity, performance management and pricing structure.
- 6.2 User Engagement is planned throughout July 2016, for all user groups including older people and adults with a physical disability and learning disability. The primary aims of the user engagement are to help the Council to understand the business needs, to inform the development of a specification that meets the needs of service users, and to keep users informed about the forthcoming procurement exercise.

7. Procurement implications

- 7.1 The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method.
- 7.2 It is the intention to issue a OJEU Notice for publication during August 2016 and a Contract Award Notice will be issued on any award to successful bidders.
- 7.3 In undertaking the procurement the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination.
- 7.4 The procurement process shall conform with all information as published and set out in the OJEU Notice.
- 7.5 All time limits imposed on bidders in the process for responding to the OJEU Notice and Invitation to Tender will be reasonable and proportionate.

8. Public Services Social Value Act

- 8.1 In January 2013 the Public Services (Social Value) Act came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into

account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

- 8.2 Ways will be explored of securing social value through the way the procurement is structured. The contract mechanism will ensure that small to medium-sized enterprises (SMEs) can continue to successfully be party of the service going forwards.
- 8.3 Under section 1(7) of the Public Services (Social Value) Act 2012 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This and the market and other stakeholder engagement, including Service Users, carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

9. Equality Act 2010

- 9.1 The Council's duty under the Equality Act 2010 needs to be taken into account by the Executive Councillor when coming to a decision.

9.2 Section 149 of the Equality Act 2010:

The Council must, in the exercise of functions, have due regard to the need to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it: Equality Act.

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

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low;
- The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities;

- Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.
- Compliance with the duties in this section may involve treating some persons more favourably than others.

9.4 The relevant protected characteristics are:

- i. Age
- ii. Disability
- iii. Gender reassignment
- iv. Marriage and civil partnership
- v. Pregnancy and maternity
- vi. Race
- vii. Religion or belief
- viii. Sex
- ix. Sexual orientation

9.5 A reference to conduct that is prohibited by or under this Act includes a reference to:

- i. A breach of an equality clause or rule
- ii. A breach of a non-discrimination rule

9.6 Decision makers duty under the Act:

It is important that the Executive Councillor is aware of the special duties owed to persons who have a protected characteristic as the duty cannot be delegated and must be discharged by the decision maker. The duty applies to all decisions taken by public bodies including policy decisions and decisions on individual cases and includes this decision.

9.7 It is fair to say that the key purpose of the service is to enable all those individuals who require day care services to live more independent and healthier lives. In that sense the delivery of the service helps to advance equality of opportunity. The providers' ability to provide services which advance equality of opportunity will be considered in the procurement and providers will be obliged to comply with the Equality Act.

9.8 To discharge the statutory duty the Executive Councillor must consider the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

9.9 An Impact Assessment has been completed for the day care service procurement which addresses the risk of adverse impact on service users which can be found as Appendix B.

9.10 A new contract mechanism may result in current providers either not being successful following the procurement process, or in providers choosing to no longer contract with the Council.

- 9.11 A change of provider will impact on persons with a protected characteristic arising out of a change in the location of the service and the employment impact on staff delivering it. The staff employed by the current provider will be affected by the conclusion of the current agreement. Mitigating factors will relate to the legal protections that will be in place through TUPE and general employment laws. The contract that will be entered into will also contain clauses requiring the contractor to comply with the Equality Act.
- 9.12 In these circumstances it is open to the Executive Councillor to conclude that having considered the duty it considers that if appropriate steps are taken to keep matters under review and address issues as they arise through the procurement process that any potential there is for differential impact or adverse impact can be mitigated. For example, affected users would either be offered the opportunity to remain with the same provider through a direct payment, or to change providers.

10. Child Poverty Strategy

- 10.1 The Council is under a duty in the exercise of its functions to have regard to its Child Poverty Strategy. Child poverty is one of the key risk factors that can negatively influence a child's life chances. Children that live in poverty are at greater risk of social exclusion which, in turn, can lead to poor outcomes for the individual and for society as a whole.
- 10.2 In Lincolnshire we consider that poverty is not only a matter of having limited financial resources but that it is also about the ability of families to access the means of lifting themselves out of poverty and of having the aspiration to do so. The following four key strategic themes form the basis of Lincolnshire's Child Poverty Strategy: Economic Poverty, Poverty of Access, Poverty of Aspiration and Best Use of Resources.
- 10.3 The Strategy has been taken into account in this instance and does not have any impact due to the specific nature of the day care services in question being provided to adults.

11. Wellbeing Strategy

- 11.1 The Council is under a duty in the exercise of its functions to have regard to its Joint Strategic Needs Assessment (JSNA) and its Joint Health and Wellbeing Strategy (JHWS).
- 11.2 The JSNA for Lincolnshire is an overarching needs assessment. A wide range of data and information was reviewed to identify key issues for the population to be used in planning, commissioning and providing programmes and services to meet identified needs. This assessment underpins the JHWS 2013-18 which has the following themes:-
- i. Promoting healthier lifestyles
 - ii. Improving the health and wellbeing of older people

- iii. Delivering high quality systematic care for major causes of ill health and disability
- iv. Improving health and social outcomes and reducing inequalities for children
- v. Tackling the social determinants of health

11.3 Under the strategic themes of improving the health and wellbeing of older people and tackling the social determinants of health, there are a number of priorities that are relevant;

- Peoples health and well-being is improved through addressing wider determining factors of health that affect the whole community.
- Spend a greater proportion of our money on helping older people to stay safe and well at home
- Develop a network of services to help older people lead a more healthy and active life and cope with frailty
- Increase respect and support for older people within their communities

11.4 External contracted Day Care services will contribute directly to these priorities, for example by supporting adults with learning disabilities learn new skills improve access to both paid and voluntary work.

12 Conclusion

Day Care services are a fundamental part of the overall social care system in Lincolnshire. Furthermore the Council has a statutory responsibility to meet the needs of people with eligible social care needs in Lincolnshire. As an option in a diverse market of day opportunities, independently provided, externally contracted services add an important element of choice and flexibility in meeting peoples' physical and mental health, and emotional needs.

The key driver in undertaking a procurement process to establish an appropriate contract mechanism is the expiry of current agreements and need to comply with the Council's contract and procurement procedures.

The final commercial model, form of contract and contract term will be determined on completion and due consideration of service user and market engagement exercises. However it is proposed that in support of the strategic drivers for the service, the method of delivery will be fundamentally the same to ensure choice and flexibility are maintained, and that continuity of care for existing users is achieved wherever possible.

Establishing a network of qualified providers across the county that will be able to fully meet the quality requirements set out by the Council will also bring the benefit of enabling a move to a more consistent approach to services; incorporating service specification, delivery of outcomes, performance management, understanding of

capacity and management of service costs which will contribute the strengthening the market within Lincolnshire.

Legal Comments:

The Council has the power to act in accordance with the recommendations. The Decision is consistent with the Policy Framework and within the remit of the Executive. The legal issues relating to the Decision are addressed within the body of the Report.

Resource Comments:

Day Care services are a fundamental part of the overall social care system in Lincolnshire. The current cost of the external market is £1.9m. The establishment of a viable commercial Day Care model is vital in being able to establish a service that delivers at a cost that is acceptable to providers but also allows the Council to maintain costs at a level close to the current financial envelope.

14. Consultation

a) Has Local Member Been Consulted?

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This report is due to be considered by the Adults Scrutiny Committee on 29 June 2016. The comments of the Committee will be reported to the Executive Councillor prior to reaching her decision

d) Policy Proofing Actions Required

Dealt with in the body of the report and Appendix A.

15. Appendices

These are listed below and found at the end of this report

Appendix A	Equality Impact Analysis
Appendix B	External Day Care Service Programme Procurement Timeline

16. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
The Care Act 2014	Legal Services

This report was written by Linda Turnbull and Carl Miller, who can be contacted on 01522 552672 or 01522 553673 linda.turnbull@lincolnshire.gov.uk / carl.miller@lincolnshire.gov.uk

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Buildings Based Day Care	Person / people completing analysis	Linda Turnbull
Service Area	Adult Social Care	Lead Officer	Justin Hackney/Pete Sidgwick
Who is the decision maker?	Portfolio holder/Lead Member	How was the Equality Impact Analysis undertaken?	Desktop exercise by Linda Turnbull. Alongside engagement activity being undertaken through the Commissioning Team. A pre-market engagement activity was also undertaken with existing and potential new providers. A user engagement is planned to be released in the very near future.
Date of meeting when decision will be made	01/07/2016	Version control	V0.6
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	LCC directly delivered, commissioned, re-commissioned or de-commissioned?	Commissioned
Describe the proposed change	A review of externally commissioned, buildings based day services are being carried out, which could result in new services being commissioned, with the use of a new service specification and procurement exercise.		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state 'no positive impact'.

Age

The possible re-procurement of building based day services will potentially allow new and innovative day service providers onto the Council contracted list. This may include a greater variety of providers. This may be beneficial to specific ages of users groups.

For example, younger adults may benefit from day care providers of who may have specific links to education provision, which would provide an improved transition for these users. An increased range of provision may provide a wider range of opportunities, for example, providers who are more specialised at supporting young adults with disabilities into paid or voluntary work, as part of their day opportunities.

Additionally, the re-procurement may be beneficial to older adults, the over 65s age group. This is because it may attract applications from providers who specialise in working with this client group. This will mean that this client groups will potentially have services tailored to their individual needs and a greater choice of provision.

2.8. Age of OP/PD DayCare Users

Age Category	Number of Users	Sum of Full Year Cost
16-25	1	£2,314
26-35	4	£66,513
36-45	1	£5,385
46-55	1	£3,598
56-65	2	£2,860
66-75	6	£11,882
76-85	49	£131,024
86-95	32	£91,998
96-105	6	£9,516
Grand Total	102	£325,091

Age of LD DayCare Users

Age Category	Number of Users	Sum of 15/16 PROJECTION	Per/User
18-25	26	£283,924	£10,920
26-35	32	£411,549	£12,861
36-45	42	£498,229	£11,863
46-55	22	£241,629	£10,983
56-65	12	£62,840	£5,237
66-75	9	£19,305	£2,145
76-85	3	£15,585	£5,195
(blank)	6	£38,602	£6,434
Grand Total	152	£1,571,663.41	£10,339.89

Disability

The recommissioning of day opportunities should increase the quality and widen choice of services for people with disabilities.

The data used for the project reports, details the team the user is assigned to, which is the primary need of the individual, i.e. Learning Disability, Physical disability or older person. More comprehensive data on disability, for this protected characteristic has not been collated for this day care project as it wasn't included in the data from finance. It is hoped that the new integrated IT system will support the ease of collection of data for all protected characteristics.

Gender reassignment

A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery ensuring that service users receive good quality inclusive services

Data on this protected characteristic has not been collated for this day care project. It is hoped that the new integrated IT system will support the ease of collection of data for all protected characteristics.

Marriage and civil partnership

A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery ensuring that service users receive good quality inclusive services

	<p>Data on this protected characteristic has not been collated for this day care project. It is hoped that the new integrated IT system will support the ease of collection of data for all protected characteristics.</p>
Pregnancy and maternity	<p>A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery ensuring that service users receive good quality inclusive services.</p> <p>Data on this protected characteristic has not been collated for this day care project. It is hoped that the new integrated IT system will support the ease of collection of data for all protected characteristics.</p>
Race	<p>A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery ensuring that service users receive good quality inclusive services.</p> <p>Data on this protected characteristic has not been collated for this day care project. The main data has been collated from the finance system which does not include details on this protected characteristic. It is possible for this data to be collated from AIS – however this would involve manually cross referencing the data. It is hoped that the new integrated IT system will support the ease of collection of data for all protected characteristics.</p>
Religion or belief	<p>A re-procurement of day care, will be open to all potential day care providers. This could include applications from religious groups, and therefore would potentially improve the variety of day opportunities that support peoples religious beliefs.</p> <p>Data on this protected characteristic has not been collated for this day care project. The main data has been collated from the finance system which does not include details on this protected characteristic. It is possible for this data to be collated from AIS – however this would involve manually cross referencing the data. It is hoped that the new integrated IT system will support the ease of collection of data for all protected characteristics.</p>
Sex	<p>A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery ensuring that service users receive good quality inclusive services.</p> <p>Data on this protected characteristic has not been collated for this day care project. The main data has been collated from the finance system which does not include details on this protected characteristic. It is possible for this data to be collated from AIS – however this would involve manually cross referencing the data. It is hoped that the new integrated</p>

	IT system will support the ease of collection of data for all protected characteristics.
Sexual orientation	<p>A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery ensuring that service users receive good quality inclusive services.</p> <p>Data on this protected characteristic has not been collated for this day care project. The main data has been collated from the finance system which does not include details on this protected characteristic. It is possible for this data to be collated from AIS – however this would involve manually cross referencing the data. It is hoped that the new integrated IT system will support the ease of collection of data for all protected characteristics.</p>

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

It is anticipated that a new contract will result in positive benefits for all service users .

- There is no proposal for a reduction in service. The re-procurement exercise for new contracts as likely to offer users more choice and flexibility in the types of service they are able to offer.
- A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery ensuring that service users receive good quality inclusive services

Day care opportunities are for people who have assessed social care needs that can be met by day care services. It is provided regardless of the protected characteristics above.

Adverse/negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'.

Age	<p>No perceived adverse impact. The new day services will be open to eligible adults, aged over the age of 18. Services for children aged under 18 years are provided by Children's Services.</p> <p>If the decision is to move all day care to direct payments this may negatively affect older people because older people may not want or be able to manage a direct payment themselves. The adverse effects of this would be minimised because users/their carers would be offered the support of Penderels Trust. Penderels Trust is a direct payment support service and helps people to use direct payments to support them to live independently in the community.</p> <p>If LCC chooses to re-procure the day opportunities contracts, there is no perceived adverse effects specific to people with this protected characteristic.</p>
Disability	<p>If the decision is to move all day care to direct payments this may negatively affect people with a disability because people may not want or be able to manage a direct payment themselves. The adverse effects of this would be minimised because users/their carers would be offered the support of Penderels Trust. Penderels Trust is a direct payment support service and helps people to use direct payments to support them to live independently in the community.</p> <p>If LCC chooses to re-procure the day opportunities contracts, there is no perceived adverse effects specific to people with this protected characteristic.</p>
Gender reassignment	<p>No perceived adverse impact.</p>

Marriage and civil partnership	No perceived adverse impact.
Pregnancy and maternity	No perceived adverse impact.
Race	No perceived adverse impact.
Religion or belief	No perceived adverse impact.
Sex	No perceived adverse impact.
Sexual orientation	No perceived adverse impact.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

There may be a negative impact on those people who are not eligible for adult social care. These people could potentially fall into any of the protected characteristics detailed above. These people would not be able to access the services through adult social care. This negative impact is potentially similar for all services provided by adult social care. Those people who are not eligible for adult social care will be offered information and advice on alternative services they may be able to access and/or services they may be able to purchase themselves privately.

There may be a negative impact on users if the provider who currently delivers their day services is not successful in meeting the minimum standards in order to gain a place on the ultimate contract mechanism, or indeed if their current provider chooses to not participate in the procurement process because they do not like an aspect or aspects of the process or of the updated contract mechanism. These users would be offered a direct payment, if they wished to remain with the same provider. However some users may not want to have a direct payment. These users would potentially need to change provider. If this was to occur, each case would be reviewed and considered on an individual basis. Adequate timescales would be agreed for a suitable transition. These users could include people with any of the protected characteristics noted above. However older people may be may less likely to want a direct payment.

As noted, procurement process leading to a new contract mechanism may result in current providers either not being accepted, or choosing not to contract with the Council based on an objection to the new form of contract. Users will either be offered the opportunity to remain with the same provider through use of a direct payment, or to change providers. A change of provider will impact on persons with a protected characteristic arising out of the location of services and/or employment impact on staff delivering the service. The staff employed by the current provider will be affected by the termination of the current agreement. Mitigating factors will relate to the legal protections that will be in place through TUPE and general employment laws. The contract that will be entered into will also contain clauses requiring the contractor to comply with the Equality Act.

Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

Objective(s) of the EIA consultation/engagement activity

A pre-market engagement activity was undertaken, to gain the thoughts and views of potential day care providers. The pre-market test was advertised locally and nationally and current providers and potential new providers were all invited to reply. The paper based questionnaire aims to collate views from potential providers on contracting issues, pricing, barriers to day care provision and areas of good practice.

Additionally, the Adult Social Care Commissioning Team has supported the development of a user questionnaire. The questionnaire has been developed alongside users, through the LD partnership and its sub groups. The final questionnaire has been put into Easy Read format and will be sent out in a variety of different formats.

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	TBC
Disability	TBC
Gender reassignment	TBC
Marriage and civil partnership	TBC
Pregnancy and maternity	TBC
Race	TBC
Religion or belief	TBC

Sex	TBC
Sexual orientation	TBC
<p>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?</p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	
<p>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</p>	

Further Details

Are you handling personal data?

Yes

If yes, please give details.

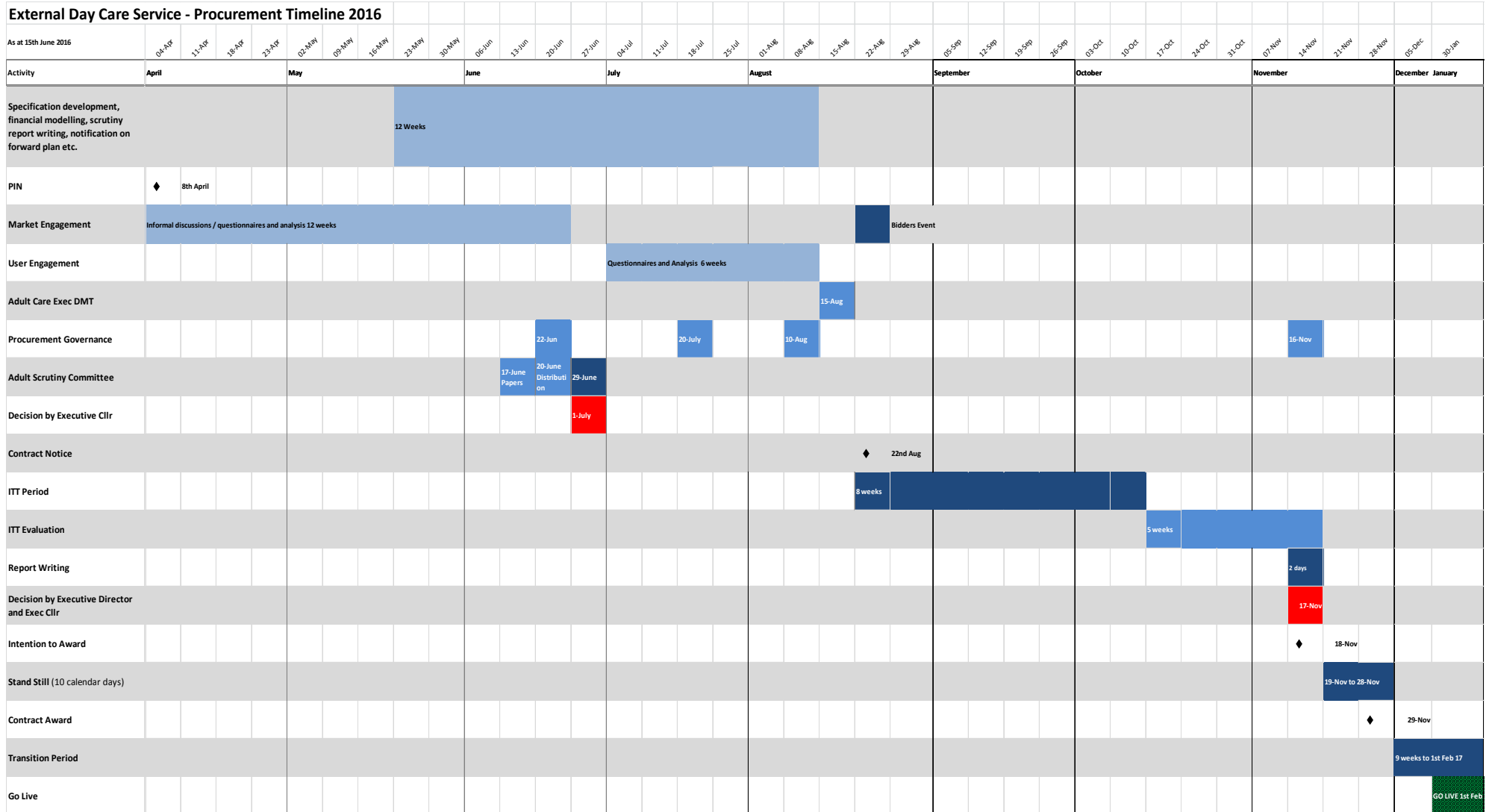
Personal data has been collated in order to understand day care user information. For example the number of users, spend, client group etc.

In addition some users may give personal information in the user consultation that may be considered sensitive. All data will be managed in line with the Data Protection Act and in line with LCC policy on data protection.

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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.			
Signed off by		Date	Click here to enter a date.

Appendix B – External Day Care Service Indicative Programme Procurement Timeline



Open report on behalf of Glen Garrod, Director of Adult Social Services

Report to:	Adults Scrutiny Committee
Date:	29 June 2016
Subject:	Transitional and Reablement Beds Block Purchase

Summary:

This item invites the Adults Scrutiny Committee to consider a report entitled Transitional and Reablement Beds Block Purchase which is due to be considered by the Executive Councillor for Adult Care on 29 June 2016. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

Actions Required:

- (1) To consider the attached report and to determine whether the Committee supports the recommendations to the Executive Councillor set out in the report.
- (2) To agree any additional comments to be passed to the Executive Councillor in relation to this item.

1. Background

The Executive Councillor is due to consider a report entitled Transitional and Reablement Beds Block Purchase on 29 June 2016. The full report to the Executive is attached at Appendix A to this report.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it wishes to make any additional comments to the Executive Councillor. The Committee's views will be reported to the Executive Councillor.

3. Consultation

a) Policy Proofing Actions Required

Not Applicable.

4. Appendices

These are listed below and attached at the back of the report

Appendix 1	Transitional and Reablement Beds Block Purchase – Report to Executive Councillor 29 June 2016
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5. Background Papers - None

This report was written by Alexander Craig, who can be contacted on 012522 554070 or alexander.craig@lincolnshire.gov.uk

Open report on behalf of Glen Garrod, Director of Adult Social Services

Report to:	Executive Councillor for Adult Care
Date:	29 June 2016
Subject:	Transitional and Reablement Beds Block Purchase
Decision Reference:	I011417
Key decision?	Yes

Summary:

Increasing demand for services alongside challenging market conditions within the Residential Care sector continue to place increasing pressure on the Council to find sufficient capacity within the usual costs for care. This is particularly prevalent in the south of the County. This report seeks approval from the Executive Councillor to enter into block purchasing agreements in addition to the existing Residential Framework Agreement that will offer increased and fixed capacity for residential care. By securing such capacity the Council will be in a stronger position to be able to manage increasing demand within existing financial and market based constraints.

It is proposed that this procurement will also be carried out on behalf of health (Lincolnshire's Clinical Commissioning Groups (CCGs) and Lincolnshire Community Health Services Trust (LCHS) for nursing and non-nursing beds. Approval is therefore also sought for the entering into of an agreement under section 75 of the National Health Service Act 2006 to create a pooled fund and to enable the Council to act as lead commissioner for health related provision.

Due to a limited window of opportunity to secure a number of currently available beds the competition phase for the procurement has already been initiated and will be awarded subject to the approval sought via this report and the conclusion of a suitable section 75 Agreement.

Recommendation(s):

That the Executive Councillor

1. Approves the procurement of a block of not more than 32 Transitional Care and Reablement beds at a cost no higher than the Council's usual

cost for Higher Dependency care (£480 per week) a further 60 beds on behalf of LCHS; 37 beds at £480 per week and 23 nursing beds at £581 per week.

2. Approves the entering into of an agreement under section 75 of the National Health Service Act 2006 with Health bodies to enable the creation of a pooled fund and lead commissioning arrangements in relation to block purchasing of Transitional Care and Reablement Nursing and Non-Nursing Beds.
3. Delegates to the Director of Adult Care in consultation with the Executive Councillor for Adult Care the authority to determine the final form and approve the entering into of the proposed section 75 Agreement and to conduct the procurement and determine the terms and final form of the contracts and to approve the award of contracts and the entering into of all contract and other legal documentation necessary to give effect to the said contract/s.

Alternatives Considered:

1. Do nothing: The council is beginning to experience instances of acutely limited supply of residential care in the County. Evidence now shows a trend towards increasing provider costs and stagnant or diminishing supply. In order to properly manage the existing level of demand as well as the increases anticipated within the next few years it would not be prudent to allow current pressures to increase without due regard to alternative contracting approaches.
2. Increase prices in order to encourage an increase in supply: The Council has already carried out detailed work in establishing a fair usual cost for residential care services which was approved in February 2015 which takes account of the cost of provision and affordability for the Council. The approach is lawful and it would not be affordable to vary from this approach.
3. Build capacity via in house provision and/or seek to establish new provider led care homes: While this option would provide the optimal solution in delivering brand new capacity not already available it would take a considerable amount of time and investment to achieve. That being said this option is currently being developed in more detail.
4. Not to commission on behalf of health. Two procurement processes would be required by different parts of the public sector for similar provision which would be costly and inefficient.

Reasons for Recommendation:

Current market conditions mean that there are real limitations on the amount of available capacity for residential services, this is only set to increase in scope

and intensity unless appropriate actions are taken. In securing a fixed number of beds at Usual Costs the council will be able to manage demand for residential care with greater control over the short to mid-term and ensure, as much as is possible, that suitable offers are available to people who require residential care. This will then allow for longer term solutions to be developed and deployed.

There are numerous benefits to all involved from a more integrated way of delivering residential services through joint working with health, including decreased funding risks to providers and ultimately increased choice to service users.

1. Background

- 1.1. The Care Act 2014 sets out, amongst many other things, the Councils duties in preventing, reducing, delaying and meeting assessed needs including providing residential care services.
- 1.2. Section 5 requires that a local authority must promote the efficient and effective operation of a market of services for meeting care and support needs. The Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area who need care and support, whether arranged or funded by the state, by the individual themselves, or in other ways.
- 1.3. In addition to the Act statutory guidance has been issued by the Department of Health and further legislative provision can be found in the Care and Support and Aftercare (Choice of Accommodation) Regulations 2014.
- 1.4. The effect of the Act, Choice Regulations and Guidance is to require the Council to facilitate and shape their market for adult care and support as a whole. In turn adults are entitled to express a preference for accommodation of their choice, and provided that accommodation meets certain criteria and is in accordance with assessed need local authorities are then required to facilitate that choice.
- 1.5. There is increasing evidence that market factors, both nationally and locally, tend towards decreasing levels of supply of residential care at local authority rates and a broader shift to more profitable sectors of the market i.e. private funders.
- 1.6. It follows that where the Council is aware of emerging indications that the market for residential care is changing in such a way it may place real limitations on the Council's ability to manage its duties under the Care Act.
- 1.7. Local authority funding to the Lincolnshire market for residential services has generally been well received and has allowed the County to avoid many of the more acute pressures being faced in other parts of the Country. However the prevailing financial pressures across the entire sector

continues to represent a clear challenge to both Local Authorities and care providers in being able to respond to increasing demand.

2. Current Arrangements

- 2.1. The Council has in place a Framework Agreement for the provision of residential care within Lincolnshire. Placements are made under this framework under a 'call-off' process. This process means that there are no reserved beds for the Council's requirements.
- 2.2. This arrangement provides a highly flexible and responsive method to make placements by allowing CQC registered providers to offer services thus maximising the scope for service users expressing their choice.
- 2.3. Under the Choice Regulations the Council is not required to place a person in their preferred accommodation if (amongst other things) the cost to the local authority of providing or arranging for the provision of the preferred accommodation is greater than the amount specified in the adult's personal budget that relates to the provision of accommodation of that type. This is the Council's Usual Cost
- 2.4. Analysis has shown that the number of available beds at the Council's Usual Cost has fallen both overall within the County but more specifically in the south. The analysis to date, and referenced within this report, focuses on care homes delivering Older Persons care and does not include homes focusing exclusively on Physical Disability, Learning Disability, Mental Health or Nursing.
- 2.5. While the number of registered beds has increased across the county since 2014 (7030 to 8064) vacancies have fallen (824 to 667) so overall available capacity has fallen from 11.72% to 8.27%. Actual vacancy number fluctuates on a weekly basis however evidence shows this decrease as a consistent trend.
- 2.6. In the south of the county this is more pronounced. The area covered by the South CCG has seen capacity fall from 14.4% to 7.5% and the area covered by the Southwest CCG currently only has 3.6% of beds vacancy at any time.
- 2.7. In the south, as defined by the South and Southwest CCG areas, there are 76 homes delivering Older Persons Care, 18 homes at usual cost, 58 homes with no usual cost provision.

With respect to nursing beds the numbers are even more pronounced with only three nursing beds available at Usual Cost in the South CCG and no nursing beds at Usual Cost in the South West CCG.

- 2.8. Market shaping duties and the role of choice comes into much sharper focus when there exist larger zones wherein it is hard to make placements at Usual Cost. In the case of more isolated areas that are surrounded by

less severe zones there is greater flexibility to find viable alternative offers.

- 2.9. Further work is underway to analyse the entire Lincolnshire market for all adults services and will form part of a broader strategy to address ongoing pressures, identify specific areas of concern or opportunity within the Council, and develop evidence based solutions that meet the needs of Lincolnshire residents.
- 2.10. In the meantime there are clear issues within the south of the county requiring immediate action to identify and reserve capacity..
- 2.11. Furthermore, the current health contracts for Intermediate Care beds expire in August and as a result there are 33 beds under this arrangement in which can be brought into scope for potential bidders. There are a further 28 Health commissioned Intermediate Care beds which may also be made available to the market as part of these arrangements. This will require joint working with health which is explored in the next section.

JOINT WORKING WITH HEALTH

- 2.12. As Lincolnshire Health bodies operate within the same market and face the same challenges as the Council with regard to securing capacity and managing costs LCC and CCGs, via LCHS, have reached an agreement which would see the establishment of a single contracting arrangement that will meet the needs of all parties. By doing so there would be numerous benefits to all involved from a more integrated way of delivering residential services, decreased funding risks to providers and ultimately increased choice to service users. The proposal is that the proposed procurement would be led by the Council but also on behalf of LCHS in turn acting with the authority of the Lincolnshire CCGS.
- 2.13. Any subsequent contracts would be between providers and LCC. LCC would make payment from a pooled fund containing a contribution from health sufficient to cover the cost of the beds purchased on their behalf.
- 2.14. Consideration has been given to how to secure the the joint working and funding between LCC and Health bodies. It is proposed that this should take the form of a section 75 agreement between LCC and LCHS creating a pooled fund including a contribution from health and lead commissioning arrangements under which LCC is authorised to exercise LCHS's commissioning function in procuring the health requirement for beds.
- 2.15. In addition to the Council's 32 beds LCHS on behalf of the CCGs aim to secure a further 60 beds, 23 nursing and 37 non-nursing beds, to be distributed across the county.

- 2.16. Funding from Health has been agreed at £1.9m p.a. for the next three years which also takes into consideration the impact of Funded Nursing Care void liabilities.
- 2.17. Contract monitoring and management would be the responsibility of LCC Commercial Team and as such the Council would be paid by LCHS for this work through the section 75 Agreement. Further detail relating to the section 75 Agreement is set out later in this report.

3. THE BLOCK PURCHASING MODEL

- 3.1. The proposed new block Purchase arrangement would be a supplementary measure in addition to the longstanding Residential Framework that seeks to establish a degree of certainty of supply to meet the Council's requirements.
- 3.2. It is proposed that a maximum of 32 beds be procured for LCC to be distributed in areas that have the highest need for capacity at the Council's Usual Cost. Health beds would be distributed in a similar manner based upon the areas defined by Health.
- 3.3. Work will continue on a wider basis to seek longer term solutions to emerging pressures within the Residential market however many of these may require new capacity in the County.
- 3.4. Commercial arrangements are already in place with over 98% of Lincolnshire care homes and any Block Purchasing agreement will be based squarely on these existing contracts. In effect these arrangements merely formalise and secure existing arrangements into a longer term with the benefit of the Council have surety of supply and the opportunity for bidders to secure a guaranteed level of income.
- 3.5. The specification for services will not change materially and as such will not directly affect service users. In fact these measures are wholly designed to improve the ability of the Council to make effective residential placements and increase choice to service users. There will be minimal changes to the specification to reflect the Multi-Functional nature of the beds being purchased.
- 3.6. Beds will be 'Multi-Functional' and inherently more flexible than a standard residential bed. The beds will be utilised in such a way to take fullest advantage of the additional flexibility provided.
- 3.7. The maximum costs associated for LCC requirements are based on an expected maximum of 32 beds along with the previously agreed increases to HD costs for 2 years and a similar increase for the final 3 years. As the underlying Usual Cost rate may change over the duration of the proposed contracts the cost of the service may be required to change as a result.

	Yearly Costs	Cumulative cost
9 months of 2016/17	£552,960	£552,960
2017/18	£828,598	£1,381,558
2018/19	£858,608	£2,240,166
2019/20	£885,283	£3,125,450
2020/21	£915,293	£4,040,742

- 3.8. The cost model has been based upon the existing Usual Cost for Higher Dependency services as the beds may be utilised for HD needs as the highest tier of care available under the contract for Council requirements. However, given the 'multi-purpose' nature of the beds, it is highly likely that beds will be utilised for other purposes such as respite or standard residential care and as such the reduced cost of delivering these services will form part of the providers ability to offer the necessary flexibility and responsiveness particular to Transitional Care and Reablement beds. Similarly by paying for the beds while they are 'Void' there is increased incentive for bidders to offer beds where they may not have previously done so under existing arrangements.
- 3.9. These costs are a theoretical maximum given that the Council would indeed be purchasing some of the beds in scope for this procurement over the next 3-5 years but on a spot basis under the existing framework.
- 3.10. The variable cost in the Block Purchasing approach is in that the Council will pay for beds with no residents (voids) to reserve them for LCC requirements.
- 3.11. Through the procurement process bidders will be asked to offer an optional discounted rate for voids depending on the overall levels of occupancy. Therefore costs may be lower if bidders are willing to offer discounted rates
- 3.12. The proposed duration for these arrangements is three years with a two one year extensions available resulting in a maximum of five years. No extension would be provided for health beds unless continued funding has been secured.
- 3.13. Block bed contracts will be awarded on the following basis and awarded in two lots.

LCC Beds

- 3.13.1. Proximity to the identified areas understood to have the most difficulty in making placements at Usual Cost
- 3.13.2. Any potential discount on void payments
- 3.13.3. First preference will be for 'new' beds i.e not already utilised under current arrangements
- 3.13.4. Secondary to this are beds already in use – by turning these into block beds ongoing capacity is secured
- 3.13.5. Top ups are not available with these beds

- 3.13.6. A quality threshold process
- 3.13.7. Care Homes must not have a CQC rating as inadequate
- 3.13.8. Suspensions, breaches, or prior defaults may exclude a provider based upon the severity, timeliness, and relevance of each incident

Health Beds

- 3.13.9. Any potential discount on void payments
- 3.13.10. First preference will be for 'new' beds i.e not already utilised under current arrangements
- 3.13.11. Secondary to this are beds already in use – by turning these into block beds ongoing capacity is secured
- 3.13.12. Top ups are not available with these beds
- 3.13.13. A quality threshold process Care Homes must not have a CQC rating as inadequate
- 3.13.14. Suspensions, breaches, or prior defaults may exclude a provider based upon the severity, timeliness, and relevance of each incident

4. LEGAL

- 4.1. In reaching decision to approve the entering into of new section 75 Agreements for corporate and proactive care, the Executive must have regard to certain statutory pre-conditions, namely
 - (a) the partnership arrangements must be likely to lead to an improvement in the way in which the functions are exercised; and
 - (b) the Partners must have consulted jointly such persons as appear to them to be affected by the arrangements.
- 4.2. The way in which the statutory pre-conditions apply to the Corporate Section 75 Agreement is as follows.
 - (1) The partnership arrangements must be likely to lead to an improvement in the way in which the functions are exercised.
 - (2) The Partners must have consulted jointly such persons as appear to them to be affected by the arrangements.

The partners will keep under review through other mechanisms including LHAC the potential impacts of the services commissioned and undertake consultation as appropriate.

- 4.3. The proposed section 75 Agreement enables procurement activity to be jointly carried out This will lead to improved efficiency of procurement and greater integration of decision-making.

- 4.4. No specific consultation has taken place concerning the proposals set out in this Report. These proposals are essentially about governance and do not change the way in which individual services are delivered. There are not therefore considered to be any persons who will be affected by these particular arrangements.

Equality Act 2010

- 4.5. The Council's duty under the Equality Act 2010 needs to be taken into account by the Executive Councillor when coming to a decision.
- 4.6. The Council must, in the exercise of its functions, have due regard to the need to:
- 4.7. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- 4.8. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- 4.9. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it: Equality Act 2010 section 149(1). The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation: section 149(7).
- 4.10. Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:
- 4.11. Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- 4.12. Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- 4.13. Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- 4.14. The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- 4.15. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

- 4.16. Compliance with the duties in this section may involve treating some persons more favourably than others.
- 4.17. A reference to conduct that is prohibited by or under this Act includes a reference to:
- (a) A breach of an equality clause or rule
 - (b) A breach of a non-discrimination rule
- 4.18. It is important that the Executive Councillor is aware of the special duties the Council owes to persons who have a protected characteristic as the duty cannot be delegated and must be discharged by the Executive. The duty applies to all decisions taken by public bodies including policy decisions and decisions on individual cases and includes this decision.
- 4.19. To discharge the statutory duty the Executive must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.
- 4.20. Given these arrangements do not alter the provision of residential care with regard to the quality of services being delivered or any cost to service users no additional adverse impacts are to be expected.
- 4.21. Child Poverty Strategy**
- 4.22. The Council is under a duty in the exercise of its functions to have regard to its Child Poverty Strategy. Child poverty is one of the key risk factors that can negatively influence a child's life chances. Children that live in poverty are at greater risk of social exclusion which, in turn, can lead to poor outcomes for the individual and for society as a whole.
- 4.23. In Lincolnshire we consider that poverty is not only a matter of having limited financial resources but that it is also about the ability of families to access the means of lifting themselves out of poverty and of having the aspiration to do so. The following four key strategic themes form the basis of Lincolnshire's Child Poverty strategy: Economic Poverty, Poverty of Access, Poverty of Aspiration and Best Use of Resources.
- 4.24. The Strategy has been taken into account in this instance and does not have any impact due to the specific nature of the Residential and Nursing Care services in question being provided to adults.

Wellbeing Strategy (JHWS)

- 4.25. The Council is under a duty in the exercise of its functions to have regard to its Joint Strategic Needs Assessment (JSNA) and its Joint Health Wealth & Wellbeing Strategy (JHWS).
- 4.26. The JSNA for Lincolnshire is an overarching needs assessment. A wide range of data and information was reviewed to identify key issues for the population to be used in planning, commissioning and providing programmes and services to meet identified needs. This assessment underpins the JHWS 2013-18 which has the following themes:-
- Promoting healthier lifestyles
 - Improving the health and wellbeing of older people
 - Delivering high quality systematic care for major causes of ill health and disability
 - Improving health and social outcomes and reducing inequalities for children
 - Tackling the social determinants of health
- 4.27. Under the strategic theme of improving the health and wellbeing of older people in Lincolnshire there are 3 relevant priorities;
- Spend a greater proportion of our money on helping older people to stay safe and well at home
 - Develop a network of services to help older people lead a more healthy and active life and cope with frailty
 - Increase respect and support for older people within their communities.
- 4.28. The proposed measures to increase residential capacity and assuredness of provision will contribute directly to the delivery of these priorities by helping to ensure that services for older people (including those who are frail or suffering from dementia) are locally based, cost effective and sustainable.
- 4.29. Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.
- 4.30. Due regard has been had to the section 17 matters and the proposals in this Report are not considered to have any direct effect on the matters listed.

2. Conclusion

Current commercial arrangements for residential care allow the council to meet its duties under the Care Act however as market conditions become more challenging the need for additional measures to manage capacity in the market become clear. The approach taken in this report seeks to establish a rationale, the evidence for, and a way of, realising such a measure and that by implementing an additional layer of block purchased beds over and above our traditional framework the Council, and Health partners, will be in a stronger position to ensure vital services continue to be delivered successfully.

3. Legal Comments:

The Council has the power to contract in the way proposed and to enter into the proposed section 75 Agreement. The detailed legal considerations are dealt with in the Report.

The proposal is consistent with the Policy Framework and within the remit of the Executive Councillor if it is within the budget.

4. Resource Comments:

Increasing demand for services alongside challenging market conditions within the Residential Care sector continue to place increasing pressure on the Council to find sufficient capacity within the usual costs for care. The proposal to purchase beds via a block contract arrangement will help enable Lincolnshire County Council to maintain a certainty of supply of residential care across the county and in areas where purchasing at its "usual cost" is becoming increasingly difficult.

5. Consultation

a) Has Local Member Been Consulted?

b) Has Executive Councillor Been Consulted?

c) Scrutiny Comments

The Adults Scrutiny Committee is due to consider this report on 29 June 2016. Its comments will be reported to the Executive Councillor.

d) Policy Proofing Actions Required

6. Appendices

These are listed below and attached at the back of the report

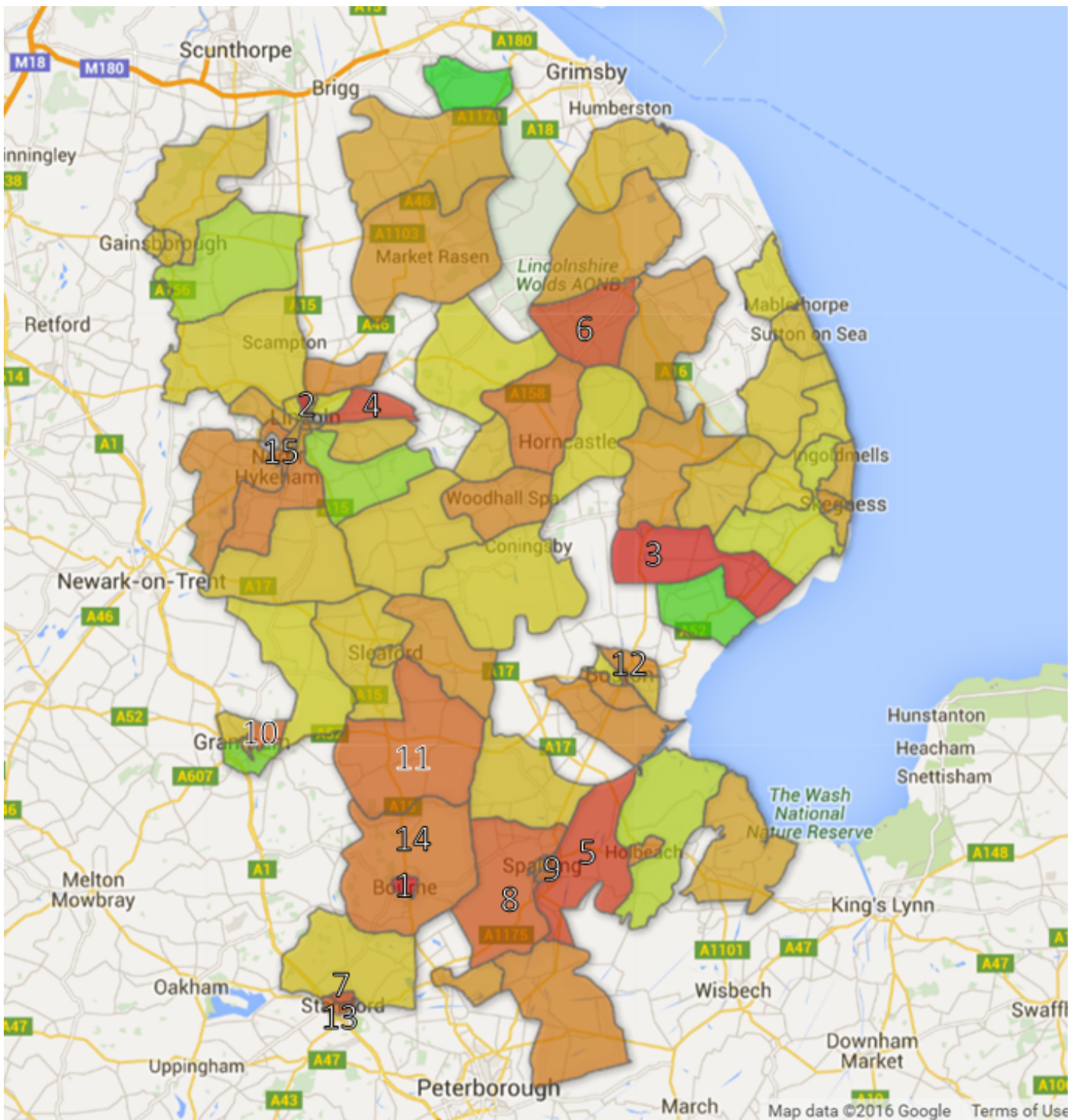
Appendix A - Postcode Areas

Appendix B - Block Purchasing Equality Impact Assessment

7. Background Papers - None

This report was written by Alexander Craig, who can be contacted on 012522
554070 or alexander.craig@lincolnshire.gov.uk

Appendix A – Postcode Areas



Postcode Ranking

1	PE10 9	9	PE11 2
2	LN1 3	10	NG31 9
3	PE22 8	11	NG34 0
4	LN3 4	12	PE21 6
5	PE12 6	13	PE9 2
6	LN11 9	14	PE10 0
7	PE9 1	15	LN6 8
8	PE11 3		

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

- I. help decision makers fulfil their duties under the Equality Act 2010 and
- II. for you to evidence the positive and adverse impacts of the proposed change on people with protected characteristics and ways to mitigate or eliminate any adverse impacts.

Using this form

This form must be updated and reviewed as your evidence on a proposal for a project/service change/policy/commissioning of a service or decommissioning of a service evolves taking into account any consultation feedback, significant changes to the proposals and data to support impacts of proposed changes. The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker and the Equality Impact Analysis must be attached to the decision making report.

****Please make sure you read the information below so that you understand what is required under the Equality Act 2010****

Equality Act 2010

The Equality Act 2010 applies to both our workforce and our customers. Under the Equality Act 2010, decision makers are under a personal duty, to have due (that is proportionate) regard to the need to protect and promote the interests of persons with protected characteristics.

Protected characteristics

The protected characteristics under the Act are: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Section 149 of the Equality Act 2010

Section 149 requires a public authority to have due regard to the need to:

- Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by/or under the Act
- Advance equality of opportunity between persons who share relevant protected characteristics and persons who do not share those characteristics
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The purpose of Section 149 is to get decision makers to consider the impact their decisions may or will have on those with protected characteristics and by evidencing the impacts on people with protected characteristics decision makers should be able to demonstrate 'due regard'.

Decision makers duty under the Act

Having had careful regard to the Equality Impact Analysis, and also the consultation responses, decision makers are under a personal duty to have due regard to the need to protect and promote the interests of persons with protected characteristics (see above) and to:-

- (i) consider and analyse how the decision is likely to affect those with protected characteristics, in practical terms,
- (ii) remove any unlawful discrimination, harassment, victimisation and other prohibited conduct,
- (iii) consider whether practical steps should be taken to mitigate or avoid any adverse consequences that the decision is likely to have, for persons with protected characteristics and, indeed, to consider whether the decision should not be taken at all, in the interests of persons with protected characteristics,
- (iv) consider whether steps should be taken to advance equality, foster good relations and generally promote the interests of persons with protected characteristics, either by varying the recommended decision or by taking some other decision.

Conducting an Impact Analysis

The Equality Impact Analysis is a process to identify the impact or likely impact a project, proposed service change, commissioning, decommissioning or policy will have on people with protected characteristics listed above. It should be considered at the beginning of the decision making process.

The Lead Officer responsibility

This is the person writing the report for the decision maker. It is the responsibility of the Lead Officer to make sure that the Equality Impact Analysis is robust and proportionate to the decision being taken.

Summary of findings

You must provide a clear and concise summary of the key findings of this Equality Impact Analysis in the decision making report and attach this Equality Impact Analysis to the report.

Impact – definition

An impact is an intentional or unintentional lasting consequence or significant change to people's lives brought about by an action or series of actions.

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

A given proposal may have a positive impact on one or more protected characteristics and have an adverse impact on others. You must capture these differences in this form to help decision makers to arrive at a view as to where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable then it must be clearly justified and recorded as such, with an explanation as to why no steps can be taken to avoid the impact. Consequences must be included.

Proposals for more than one option If more than one option is being proposed you must ensure that the Equality Impact Analysis covers all options. Depending on the circumstances, it may be more appropriate to complete an Equality Impact Analysis for each option.

The information you provide in this form must be sufficient to allow the decision maker to fulfil their role as above. You must include the latest version of the Equality Impact Analysis with the report to the decision maker. Please be aware that the information in this form must be able to stand up to legal challenge.

Background Information

Title of the policy / project / service being considered	Transitional and Multi-Purpose Residential Beds Block Purchase	Person / people completing analysis	Alexander Craig
Service Area	Adult Social Care	Lead Officer	Pete Sidgwick
Who is the decision maker?	Portfolio holder/Lead Member	How was the Equality Impact Analysis undertaken?	Desktop exercise by Alexander Craig. Alongside engagement activity being undertaken through the Commercial Team and Adults Operational Teams.
Date of meeting when decision will be made	29/06/2016	Version control	V1
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	LCC directly delivered, commissioned, re-commissioned or de-commissioned?	Commissioned
Describe the proposed change	A procurement activity to purchase a fixed number of Transitional and Multi-Purpose Residential Beds for a period of no longer than 5 years. This measure acting as a supplementary layer of contracts in addition to the existing Residential Framework agreement which remains the primary way in which residential care is delivered.		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics. To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

When considering the equality impact of a decision it is important to know who the people are that will be affected by any change.

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: <http://www.research-lincs.org.uk> If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the [Council's website](#). As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

Positive impacts

The proposed change may have the following positive impacts on persons with protected characteristics – If no positive impact, please state '*no positive impact*'.

Age	The procurement of number of Transitional and Multi-Purpose Residential beds is designed to provide enhanced choice of residential care to Older People within Lincolnshire as well as improve the overall stability of the local residential care market. These beds will, as per the existing Residential Framework agreement, be available for the provision of residential care for over 65s.
Disability	No positive impact
Gender reassignment	No positive impact
Marriage and civil partnership	No positive impact
Pregnancy and maternity	No positive impact
Race	No positive impact

Religion or belief	No positive impact.
Sex	No positive impact
Sexual orientation	No positive impact

If you have identified positive impacts for other groups not specifically covered by the protected characteristics in the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

Adverse/negative impacts

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below. If you have not identified any mitigating action to reduce an adverse impact please state 'No mitigating action identified'.

Age	No perceived adverse impact. The proposed arrangements are supplementary and an enhancement of the existing provision for Older Persons residential care. The fundamental elements of the Council's residential provision will remain the same with no changes to the nature of the services being delivered or the funding available to providers.
Disability	The proposed arrangements do not alter the existing service provision for Physical Disability residential care and therefore there are no perceived adverse impacts.
Gender reassignment	No perceived adverse impact.
Marriage and civil partnership	No perceived adverse impact.
Pregnancy and maternity	No perceived adverse impact.

Race	No perceived adverse impact.
Religion or belief	No perceived adverse impact.
Sex	No perceived adverse impact.
Sexual orientation	No perceived adverse impact.

If you have identified negative impacts for other groups not specifically covered by the protected characteristics under the Equality Act 2010 you can include them here if it will help the decision maker to make an informed decision.

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Stakeholders

Stake holders are people or groups who may be directly affected (primary stakeholders) and indirectly affected (secondary stakeholders)

You must evidence here who you involved in gathering your evidence about benefits, adverse impacts and practical steps to mitigate or avoid any adverse consequences. You must be confident that any engagement was meaningful. The Community engagement team can help you to do this and you can contact them at consultation@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality Impact Analysis workshop/email/telephone conversation/meeting/consultation. State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics please state the reasons why they were not consulted/engaged.

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Objective(s) of the EIA consultation/engagement activity

No additional consultation activity

Who was involved in the EIA consultation/engagement activity? Detail any findings identified by the protected characteristic

Age	NA
Disability	NA
Gender reassignment	NA
Marriage and civil partnership	NA
Pregnancy and maternity	NA
Race	NA
Religion or belief	NA

Sex	NA
Sexual orientation	NA
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Due to the manner of the proposed changes being supplementary, and not regressive ,of the existing provision the scope of impact is understandable without wider consultation.
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	Benefits will be based upon

Further Details

Are you handling personal data?	<p>No</p> <p>If yes, please give details.</p> <p>.</p>
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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.			
Signed off by		Date	Click here to enter a date.

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Policy and Scrutiny

Open Report on behalf of Richard Wills, Director responsible for Democratic Services

Report to:	Adults Scrutiny Committee
Date:	29 June 2016
Subject:	Adults Scrutiny Committee Work Programme

Summary:

This item enables the Committee to consider and comment on the content of its work programme for the coming year.

Actions Required:

The Committee is invited to consider and comment on the work programme as set out in Appendix A to this report.

1. Background

The Committee's work programme for the coming year is attached at Appendix A to this report. The Committee is invited to consider and comment on the content of the work programme. Appendix B sets out a 'tracker' of previous items considered by the Committee since June 2013.

Also attached at Appendix C is a table of the key decisions contained in the Executive's forward plan, which relate to the remit of this Committee.

Work Programme Definitions

Set out below are the definitions used to describe the types of scrutiny, relating to the items on the Work Programme:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, or the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to) respond to a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the Work Programme.

4. Consultation

a) Policy Proofing Actions Required

This report does not require policy proofing.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adults Scrutiny Committee Work Programme
Appendix B	Adults Scrutiny Committee Tracker
Appendix C	Forward Plan of Key Decisions relating to Adults Scrutiny Committee

6. Background Papers

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

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

ADULTS SCRUTINY COMMITTEE

Chairman: Councillor Hugo Marfleet
 Vice Chairman: Councillor Rosie Kirk

29 June 2016 – 10.00 am		
Item	Contributor	Purpose
Workforce Issues in Residential and Nursing Homes and Other Care Settings (including Domiciliary Care)	Melanie Weatherley, Chairman of the Lincolnshire Care Association	Status Report
Adult Care Budget Outturn 2015-16	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny
Contract Management	Alina Hackney, Senior Strategic Commercial and Procurement Manager – People Services, Commercial Team.	Status Report
Day Care Services Re-Procurement	Alina Hackney, Senior Strategic Commercial and Procurement Manager – People Services, Commercial Team.	Pre-Decision Scrutiny <i>Executive Councillor Decision: 1 July 2016</i>
Transitional and Reablement Beds Block Purchase	Alina Hackney, Senior Strategic Commercial and Procurement Manager – People Services, Commercial Team.	Pre-Decision Scrutiny <i>Executive Councillor Decision: 29 June 2016</i>

7 Sept 2016 – 10.00 am		
Item	Contributor	Purpose
Day Centre Visits	Various Committee Members	Status Report
Adult Care – Quarter 1 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny

7 Sept 2016 – 10.00 am		
Item	Contributor	Purpose
Adult Care – Quarter 1 Budget Monitoring	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny
Adults with Learning Disabilities – Items referred to in Local Account - Employment and Health Care	Justin Hackney, Assistant Director of Social Services – Specialist Adult Services	Status Report
Peer Review for Adult Care	Glen Garrod, Director of Adult Social Services	Status Report
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 6 July 2016	Catherine Wilman, Democratic Services Officer.	Update Report

19 Oct 2016 – 10.00 am		
Item	Contributor	Purpose
Service Developments for Carers	Jane Mason, County Manager, Carers Representative from Carers First.	Update Report
Care Quality Commission Update	Deanna Westwood Inspection Manager, Care Quality Commission	Update Report
Delayed Transfers of Care	Lynne Bucknell, County Manager, Special Projects and Hospital Services Nicola Tallent, Senior Engagement Officer, Healthwatch Lincolnshire	Status Report
Adult Care ICT Support	Judith Hetherington Smith, Chief Information and Commissioning Officer	Update Report

19 Oct 2016 – 10.00 am		
Item	Contributor	Purpose
Customer Satisfaction for Adult Care	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny

30 Nov 2016 – 10.00 am		
Item	Contributor	Purpose
Sensory Impairment Service – Provider Perspective	Representatives from: <ul style="list-style-type: none"> • Action on Hearing Loss • Lincoln and Lindsey Blind Society • South Lincolnshire Blind Society 	Status Report
Adult Care – Quarter 2 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Adult Care – Quarter 2 Budget Monitoring	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny
Wellbeing Service	Tony McGinty, Consultant in Public Health	Update Report
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 28 September 2016	Catherine Wilman, Democratic Services Officer.	Update Report

11 Jan 2017 – 10.00 am		
Item	Contributor	Purpose
Adult Care Budget Proposals 2017-18	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny

22 Feb 2017 – 10.00 am		
Item	Contributor	Purpose

<i>22 Feb 2017 – 10.00 am</i>		
Item	Contributor	Purpose
Adult Care – Quarter 3 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny

Adults Scrutiny Committee - Work Programme Tracker

Topics	2013				2014				2015				2016																				
	12 June	24 July	27 Sept	30 Oct	27 Nov	24 Jan	26 Feb	9 Apr	2 May	4 June	30 Jul	1 Oct	26 Nov	23 Jan	25 Feb	1 Apr	27 May	8 July	9 Sept	28 Oct	9 Dec	22 Jan	24 Feb	6 Apr	25 May	29 June	7 Sept	19 Oct	30 Nov	11 Jan	22 Feb		
Adult Care – Strategic Items			✓						✓																								
Adult Care Local Account																					✓												
Adult Care Market Position Statement																				✓													
Adult Care Seasonal Resilience																									✓								
Advocacy Re-commissioning				✓																													
Autism Items		✓												✓																			
Better Care Fund Items														✓	✓					✓				✓									
Care Bill / Care Act 2014 Items						✓					✓					✓				✓													
Care Quality Commission Items							✓	✓												✓					✓								
Carers Strategy and Related Items			✓							✓		✓																					
Information Technology										✓																							
Community Support / Home Care														✓							✓												
Contributions Policy – Non-Residential Care																	✓			✓													
Day Services Items							✓					✓											✓										
Deferred Payment Agreements																																	
Dementia Related Items						✓																											
Extra Care Housing											✓					✓																	
Healthwatch Items										✓													✓										
Hospital Discharge Arrangements	✓																																
Independent Living Team					✓																												
Integrated Community Equipment Services			✓									✓																					
Learning Disability Items										✓																							
Lincolnshire Assessment and Reablement					✓																					✓							
Mental Health Items													✓	✓																			
My Choice My Care Website				✓																													
Neighbourhood Teams																				✓													
Personalisation			✓								✓															✓							
Procedures Manual										✓																							
Quality Assurance Items			✓			✓																											
Residential Care Items												✓		✓																			
Safeguarding Adults						✓														✓				✓									
Seasonal Resilience																										✓							
Sensory Impairment Service																					✓												
Staff Absence Management				✓																													
Wellbeing Service & Related Items		✓					✓			✓						✓					✓												
RECURRING STANDARD ITEMS																																	
Adult Social Care Outcomes Framework	✓											✓																					
Budget Items	✓	✓		✓		✓				✓				✓							✓		✓										
Quarterly Performance	✓		✓		✓	✓			✓		✓	✓	✓			✓				✓	✓		✓										
Safeguarding Sub Group Minutes	✓		✓		✓	✓						✓	✓			✓				✓	✓		✓										

LIST OF PLANNED EXECUTIVE KEY DECISIONS RELEVANT TO THE ADULTS SCRUTINY COMMITTEE

MATTER AND DATE FOR DECISION AND	REPORT TYPE	DECISION MAKER	PEOPLE/ GROUPS CONSULTED PRIOR TO DECISION	HOW AND WHEN TO COMMENT PRIOR TO THE DECISION BEING TAKEN	DIVISIONS AFFECTED
Block Purchasing of Residential Beds 29 June 2016	Exempt	Executive Councillor: Adult Care, Health and Children's Services		Commercial and Procurement Manager - People Services Tel: 01522 554070 Email: alexander.craig@lincolnshire.gov.uk	All
Day Care Services Re-Procurement 1 July 2016	Open	Executive Councillor: Adult Care, Health and Children's Services	Commercial Team – People Services Management Team, Glen Garrod, Adult Care DMT	Senior Commercial and Procurement Officer Linda.Turnbull@lincolnshire.gov.uk Tel 01522 553672	All