County Offices
Newland
Lincoln
LN1 1YL

25 June 2019

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 3 July 2019 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Head of Paid Service

Membership of the Adults and Community Wellbeing Scrutiny Committee (11 Members of the Council)

Councillors C E H Marfleet (Chairman), Mrs E J Sneath (Vice-Chairman), B Adams, Mrs P Cooper, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid, C L Strange and M A Whittington

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 3 JULY 2019

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interests**	
3	**Minutes of the meeting held on 22 May 2019**	5 - 12
4	**Announcements by the Executive Councillor, Chairman and Lead Officers**	
5	**Extra Care Housing** *(To receive a report by Kevin Kendall, Assistant Director County Property, which sets out the business case for the provision of Council funding for an Extra Care Housing development at De Wint Court. Members are invited to consider and comment on the report prior to consideration by the Executive on 9 July 2019)*	13 - 88
6	**Short Breaks Provision in Lincolnshire** *(To receive a report by Carl Miller, Commercial and Procurement Manager – People Services, which invites the Committee to consider a report on the re-procurement of the Short Breaks and Emergency Placements Service for people with learning disabilities, which is due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 4 – 5 July 2019)*	89 - 122
7	**Section 117 Joint Policy** *(To receive a report by Heston Hassett, Section 117 Specialist Project Manager, which invites the Committee to consider a report on the creation of the Section 117 Joint Policy for Lincolnshire County Council, Lincolnshire Clinical Commissioning Groups and Lincolnshire Partnership Foundation Trust, which is due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 22 July – 2 August 2019)*	123 - 162
8	**Adult Care and Community Wellbeing Performance Report - Quarter 4 2018/19** *(To receive a report by Katy Thomas, County Manager - Performance & Intelligence (Adult Care and Community Wellbeing), which presents the performance against Council Business Plan targets for the Directorate as at the end of Quarter 4 2018/19)*	163 - 220
9	**Adult Care & Community Wellbeing 2018/19 Final Budget Outturn** *(To receive a report by Emma Farley, Strategic Finance Manager, which sets out the 2018/19 final budget outturn for Adult Care and Community Wellbeing)*	221 - 228

10 **Adults and Community Wellbeing Scrutiny Committee Work Programme** 229 - 236

(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme for the forthcoming year)

Democratic Services Officer Contact Details

Name:	**Rachel Wilson**
Direct Dial	**01522 552107**
E Mail Address	rachel.wilson@lincolnshire.gov.uk

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.

All papers for council meetings are available on: www.lincolnshire.gov.uk/committeerecords

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
22 MAY 2019

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), B Adams, R J Kendrick, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid, C L Strange and M A Whittington

Officers in attendance:-

Alex Craig (Commercial and Procurement Manager - People Services), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Carolyn Nice (Assistant Director, Adult Frailty & Long Term Conditions) and Rachel Wilson (Democratic Services Officer)

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor Mrs J E Killey and Councillor Mrs P A Bradwell OBE (Executive Councillor for Adult Care, Health and Children's Services).

2 DECLARATION OF MEMBERS INTEREST

Councillor MA Whitington wished it to be noted that his mother was in a residential care home in Grantham and was funded by LCC.

3 MINUTES OF THE MEETING HELD ON 10 APRIL 2019

RESOLVED

That the minutes of the meeting held on 10 April 2019 be signed by the Chairman as a correct record.

During consideration of the minutes, the following points were noted:

- In relation to rural and coastal communities in Lincolnshire, and neighbourhood teams using community assets, it was planned to bring a report to this Committee in September 2019.
- The KPMG report had not yet been published, and the Assistant Director, Adult Frailty & Long Term Conditions would make enquiries regarding the publication date and notify the Chairman. Once the report was available it would be circulated to the Committee.
- It had been very interesting to hear the views of the representatives from Libertas and this was something which needed to be followed up.

- It was noted that the Councillor Development Group had recently arranged a session on Dementia awareness, and it was commented that it was excellent, and 18 members had attended, and it was suggested that it may be beneficial to run the session again.
- It was highlighted that an Autism Awareness session was being held on 26 June 2019 and members were encouraged to attend.
- It was queried whether it would be possible to run the dementia session for parish councils in order to make them aware of all the facilities. This would be looked into by officers and it was thought that the team would be prepared to visit the parish councils. It was queried whether the communications team could help get the message out to parish councils. The positive comments in relation to the session would also be passed back to staff.
- In relation to pre-decision scrutiny items, it was suggested that it would be helpful for the Committee for the outcome of the decision after going to the Executive to be included in the minutes.
- Further to the briefing on Autism that the Committee received at the previous meeting, members commented that they would like to have more awareness of the number of people.

4 ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR AND LEAD OFFICERS

There were no announcements.

5 WINTER FUNDING UPDATE REPORT

Consideration was given to a report which provided a summary to Members on Winter Funding for Adult Social Care Services, supporting an aim to alleviate winter pressures on the NHS. It was reported that in October 2018 the Secretary of State for Health and Social Care had announced £240m of additional funding for council's in England to spend on Adult Social Care Services, and this had been divided between the local authority, with Lincolnshire County Council receiving £3,367,950.

The key areas that Lincolnshire County Council focused on fell broadly into the categories of supporting hospital discharge with a focus on flow through the hospitals, and admissions avoidance. Members were guided through the various schemes which were set out in the report and provided with the opportunity to ask questions to the officers present and some of the points raised during discussion included the following:

- Lincolnshire as a system had improved its performance, whilst many other areas had not improved. For example, in Lincolnshire Delayed Transfers of Care (DTOC) had reduced from 3.5% to 2.6%.
- In relation to the housing link worker, it was noted that they would be based at Lincoln County Hospital as that was where the greatest demand would be, but they would cover all the other hospitals as well.
- It was acknowledged that extending the delivery of equipment from five to seven days a week had not been as successful as hoped and a number of barriers had been identified. However, it was queried whether this was a level

of service which was required as in many cases equipment needs could be planned in advance. It was more an issue of culture and how colleagues could be supported with discharge planning. It was suggested that this should be a process which should be started as soon as an individual enters hospital.

- It was noted that Lincolnshire County Council staff were 'ward aligned', which meant they should be informed when a patient was admitted.
- Members praised the work which had been done so far.
- Concerns were raised regarding cross border working, as in the north of the county people were more likely to be taken to an out of county hospital (Grimsby, Hull or Scunthorpe). Members were advised that work was underway to look in more detail at cross border working, and that the location of GP practices played a role in this, as the County Council and NHS boundaries did not directly match up. There was a possibility that the proposed primary care networks might assist in this. If services were devolved to place and locality and there were place based budgets, this may start to resolve some of the issues.
- It was highlighted that some of the work being carried out by the Local Enterprise Partnership (LEP) should help with improving cross border working.
- It was commented that the advance announcement of funding had been positive, and that as a result planning and performance had been improved.
- There was a need for continuity on wards and there would be a ward manager in place and it was the role of management to keep track of what was going on. It was highlighted that this was something that United Lincolnshire Hospitals NHS Trust needed to track.
- In terms of the use of Discharge to Assess Residential beds, it was queried whether they were all in one place, and members were advised that they were spread around the county. The aim was to have one in every locality, and officers were planning to review them to determine whether some were utilised more than others.
- In relation to the conclusion, it was suggested whether the Committee could review the work again in one years' time, as some of the schemes needed more time to embed, and it was hoped that the benefits of this scheme would be seen the following year.
- It was noted that in relation to the quote from the LIVES website (p.27 of the report), some people just needed a bit of company and to check they were ok after a fall, they did not all need to go to hospital.
- In terms of GP (primary care) streaming, those individuals who presented to an emergency department but did not need to see an acute specialist would be streamed to an alternative clinician.
- It was noted that a full evaluation of the impact of the schemes was being completed by the University of Lincoln, and members would be interested to see the outcome of this work. However, it would take another 18 months before the work would be completed.
- It was requested whether an update on the work of the Hospital Avoidance Response Team could be brought back to the Committee at a later date. It was noted that the team would be asked to come and talk to the Committee about their work.

- It was reported that officers were working with colleagues across the system and Lincolnshire was performing quite well in terms of DTOC, but reducing the length of stay needed further attention.
- It was important that therapists visited people at home rather than just in hospital, as people would behave differently in hospital, for example with mobility as a hospital was an unfamiliar place, and at home they may have the space set up so to make it easier for them to move around (furniture may be placed so they were able to hold onto it and use it for support etc.)

RESOLVED

That the Committee note the report.

6 GOVERNMENT GREEN PAPER AND FUTURE FUNDING

The Committee received an update from Glen Garrod, Executive Director Adult Care and Community Wellbeing, in relation to the latest position regarding the Government Green Paper and the future funding of Adult Social Care.

It was reported that although the situation was fluid, it was increasingly less likely that a green paper would be published on care and support for older people in the foreseeable future. The original intention had been that the green paper would inform the comprehensive spending review, which in turn would determine the future spending for Adult Social Care. However, the upcoming spending review may only be for one year, to cover the period 2020/21.

The other challenge was that any significant changes would require primary legislation, but now there was not enough time to take legislation through the parliamentary process.

It was highlighted that for 20 years there had been various discussions on how adult care should be funded and there was now a pressing need to address this issue. There were a number of elements which would have been within the green paper, such as support for carers. The Carer's Action Plan had been published in 2018, but there was limited funding to support it.

Members were reminded that the Better Care Fund was due to end on 31 March 2020, if it was not carried forward in some form. It was highlighted that there may be a number of announcements in the next 6 - 12 months, but these may not necessarily present a long term solution. For some councils, there was severe pressure on their adult social care budgets, but this was not the case for Lincolnshire.

(NOTE: Councillor Mrs M J Overton MBE joined the meeting at 11.00am)

Members were encouraged to watch two BBC Panorama programmes which were due to be aired on 29 May 2019 and 5 June 2019 which would be entirely focused on adult social care. These programmes followed a number of different families based in Somerset. Somerset County Council had experienced particular difficulties the previous year in relation to adult social care.

In terms of the green paper on *Prevention is Better than Cure*, it was reported there was still a lot of interest from the Government to publish this. It was thought it would cover the areas of digital, some areas of public health as well as housing. It was noted that there was a lot of talk about housing in the context of adult social care, however there would be a need for three government departments to work together and see this as a joint enterprise.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the update, and some of the points raised during discussion included the following:

- Members were advised that the NHS had carried out an exercise to reduce the number of non-medical items provided for free on prescription, some of which were dietary. It was noted that this may be more of a matter for the Health Scrutiny Committee.
- In relation to the Panorama programmes, it was queried whether there was going to be a compare and contrast which would show those areas that were doing well. Members were advised that this was not planned. However, officers were doing work behind the scenes on material which the BBC would be able to use after the programme aired.
- The Local Government Association was doing some work on why some councils were financially challenged, whilst others were not. There had been an attempt to get government funding to support this work. It was noted that it was a very complicated situation.
- Concerns were raised regarding the problems that had been highlighted in the press and media regarding care homes, and how they could be prevented from closing. Members were advised that this would be covered by the next agenda item.
- It was noted that Lincolnshire was one of the best top 10 councils for DTOC's in the country.
- It was noted that it was disappointing news that there was unlikely to be a four year comprehensive spending review. There was a lot of work on carers funding, sparsity and rurality issues. It would be a significant challenge for the adult social care budget if this year was the last budget supported by the Better Care Fund.
- It was noted that there was a lot of work at the moment to try and make a difficult situation better. The Leader of the Council had attended a meeting of the County Council Network on 21 May 2019, and representatives had been arguing for the Government to include consideration of rurality in assessing local authority spending needs. There was recognition that rurality had not previously been given sufficient weighting into local government funding.

RESOLVED

That the update be noted.

7 THE COMMERCIAL TEAM ANNUAL REPORT 2018/19

Consideration was given to a report which presented the Annual Report (April 2018 – March 2019) of the Commercial Team, which supported the delivery of the Council's objectives for Adult Care and Community Wellbeing.

Members were guided through the report and were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was queried whether there was an emergency plan in place in the event of four or five residential homes closing. Members were advised that there was a process for such circumstances, and the Commercial Team had a significant role in that. The Team had a co-ordinating role across health and social care, and continued to work with a range of colleagues across multiple agencies. Work had been undertaken with a number of providers where closure had been prevented. The role of the Commercial Team was about supporting the market and was not just about compliance.
- It was queried how reliant the care sector in Lincolnshire was on EU staff, and it was noted that there would be an impact without the EU staff, as there would also be across the whole country. The authority would continue to work with providers and there were contingency plans in place, and some of these risks could be mitigated.
- It was noted that the number of beds available at Louth Hospital had reduced by half, however, members were advised that the NHS had liaised with Lincolnshire County Council on this in terms of measuring the impact and market in this area. The aim as a service was to have more joint working arrangements in place with the NHS. It was believed that the NHS and the local authority could work together more often in commissioning services.
- In terms of the Care Quality Commission (CQC) reports, it was queried what was the difference between a rating of "requires improvement" and "good". It was confirmed that the authority would work with a provider to help them maintain a "good" rating, as well as assisting to move up from a "requires improvement". In the case of a rating of "requires improvement" this could be due to a wide range of factors such as the provider failing to deliver all aspects of their improvement plans, or being late notifying the CQC of changes, or at the other end of the spectrum there could be concerns about care. The Commercial Team would also carry out unannounced visits, if a provider was low risk, they would receive at least one visit per year. The frequency of visits would vary depending on the risk assessment of the provider, and if they were high risk there could be staff visiting the establishment every day. For those providers requiring improvement, there was a lot of intensive support available.
- It was noted that there had been a 20% increase in visits in one year by the Commercial Team, but members were also advised that there had also been an increase in resources. The work of the team was not just about monitoring and compliance, but also about providing support.

- There was more collaborative working between Adult Social Care and health colleagues, which meant a more co-ordinated approach in managing the market.
- One member highlighted that the Commissioning and Commercialisation Board had received comprehensive reports on four adult social care contracts which were coming up for renewal. The Commercial Team were a valuable part of the process. It was suggested that some of the commissioning strategies could be reviewed by this committee so members could see the amount of work which went into them.
- In relation to the NHS health checks, it was queried whether there was a breakdown of the data available, such as age range and geographic location. It was noted that this was one of the areas where Lincolnshire was one of the best performing in the country. There were contracts in place with GP's and the arrangements were working very well and the Team was able to capture a lot of data.
- It was confirmed that the six weeks of reablement care was still offered to people leaving hospital, and the community hospital model was still in place with transitional beds which were available.
- Members were informed that 2020 was due to be a significant year in terms of contracts as the capacity would be increased as demand for social care services continued to grow, due to Lincolnshire's ageing population. There was a need for work with health colleagues to continue in order to enable the reduction in demand for adult social care.
- The Chairman queried whether a list of the strategies and procurements and the dates they were due to be renewed could be made available, so that it would be easier to plan when they needed to come to the Committee. It was noted that there was a yearly work plan which was signed off by the Adult Care and Community Wellbeing Directorate Management Team, and work was underway on a five year plan. There would be a lot of contracts which would need to be re-procured in 2020.
- There was a desire from health colleagues to work with the council on certain procurements, and by highlighting some of the benefits it gave more confidence, and not just to the NHS, but also towards an increased appetite within the east midlands to work more collaboratively.

RESOLVED

That the report and the contribution made by the Commercial Team to the delivery of the Council's objectives for Adult Care and Community Wellbeing be noted.

8 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report which provided the Committee with the opportunity to comment on its work programme for the coming year.

It was reported that there were now eight items listed for the agenda for the meeting on 3 July 2019, and it was suggested that three of them were taken off and deferred

to a future meeting. The three items it was suggested that should be moved to the September meeting were as follows:

- Rural and Coastal Communities in Lincolnshire
- Annual Report of the Director of Public Health
- Homes for Independence Strategy

RESOLVED

That the work programme, including the above amendments, be agreed.

The meeting closed at 12.15 pm

Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**03 July 2019**
Subject:	**Extra Care Housing**

Summary:

The Executive report attached at Appendix 1 sets out the business case for the provision of Council funding for an Extra Care Housing (ECH) development at De Wint Court.

It recommends that £2.8m of the £11.886m Adult Care Capital grant is used to enable the De Wint Extra Care Housing scheme to commence development in October 2019. The proposed De Wint ECH scheme in the City of Lincoln is a partnership between the City of Lincoln Council (CoLC) and the County Council to provide Extra Care Housing (ECH) for the anticipated demand in the City. The development will provide a total of 70 units of accommodation for a minimum 30 year period enabling choice for residents and revenue savings by providing an alternative to expensive residential care. The total cost of the development is £12 million, with the CoLC contributing £6 million, Homes England £3.2 million and the County Council £2.8 million that provides Adult Care with nomination rights on 35 units for 30 years using a process of first right of refusal with no void risk.

Actions Required:

The Committee is invited to

1) consider the attached report and to determine whether the Board supports the recommendation(s) to the Executive as set out in the report.

2) agree any additional comments to be passed to the Executive in relation to this item.

1. Background

1.1 ECH is a provision that is at the mid-point between full time residential care and domiciliary care. ECH is designed in such a way that allows it to respond to the changing care needs of customers as they grow older. The design of ECH means that it can be adapted in a relatively easy way to cater for different needs (e.g. fitting hand rails and high contrast features).

1.2 The Council has previously sought to invite ECH proposals from developers, however interest has been limited due to a number of factors including National Benefit changes and the level of risk developers are prepared to take and consequently the Council has now considered alternative ECH delivery models.

1.3 In accordance with LCC's direction of travel and appetite for delivering ECH, the best delivery method has been sought to ensure that LCC is legally in a safe place, to provide best value for money across the county, and enrich the lives of as many county residents as possible. Throughout the last 12 months the programme board have been developing an understanding of delivery options that will facilitate partnering with District Councils and Housing Associations (HAs). Advice and support has been sought from Legal Services Lincolnshire (LSL) and external legal advisers, Bevan Brittan.

A number of delivery options were considered carefully and two were shortlisted, the cooperation model and the funding agreement model. The business case recommendation is to follow the funding agreement model on this occasion.

1.4 The cooperation model typically requires the County Council to contribute capital for a development and in return secure 30 year nomination rights for a specified number of apartments. However, it comes with its complications as it legally requires the Council to provide evidence of true collaboration, reviewed organisational processes for void management and the appetite for financial risk of voids.

1.5 A funding agreement for nomination rights provides a simpler approach to partnering. The expectations from the partner and the commitment from the Council are far fewer and there are no requirements for evidencing collaboration and no financial risk of voids.

In order for this model to function correctly the partners set up a Nominations Process and an Allocation Panel, a decision making body comprising a representative from:

- Housing Association (HA) or District Council
- Adult Social Care (Local Social Worker)
- Care provider
- Health

Both models require the County Council to provide LCC residents with the options of its care support which would be via existing or future Council care support contracts, personal budgets in the form of a Direct Payment and/or Wellbeing support through the Wellbeing service.

1.6 The capital contribution from the County Council will not provide all the necessary funding for the construction and the remainder of funding will be provided by a combination from the District Council and Homes England (formerly Homes and Communities Agency).

1.7 The Extra Care schemes will provide Lincolnshire residents with high quality, flexible accommodation for old age. The schemes will encourage independence and targeted well-being and care and this reduces dependence on residential care and incidences of poor health and hospitalisation.

2. Conclusion

The De Wint Extra Care development business case is presented in the attached Executive report which will be considered at the meeting of the Executive to be held on 09 July 2019 and Scrutiny Members are invited to provide feedback.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

Yes

b) Risks and Impact Analysis

An Equality Impact Assessment has been completed and there has been internal and external consultation. Internally, Council staff have been sent a survey and a report will be formed from the results of this survey. Externally, the People's Partnership have been consulted and they will work with groups such as Age Concern and Just Lincolnshire.

More generally the risks and impact of the proposal are set out in the Executive Report.

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report on Extra Care Housing to be presented to the Executive on 09 July 2019

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 Juliet Slater, who can be contacted on 01522 843175 or by email at juliet.slater@lincolnshire.gov.uk.

This page is intentionally left blank

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

Report to:	**Executive**
Date:	**09 July 2019**
Subject:	**Extra Care Housing**
Decision Reference:	**I017762**
Key decision?	**Yes**

Summary:

This business case recommends that £2.8m of the £11.886m Adult Care Capital grant is used to enable the De Wint Extra Care Housing scheme to commence development in October 2019. The proposed De Wint ECH scheme in the City of Lincoln is a partnership between the City of Lincoln Council (CoLC) and the County Council to provide Extra Care Housing (ECH) for the anticipated demand in the City. The development will provide a total of 70 units of accommodation for a minimum 30 year period enabling choice for residents and revenue savings by providing an alternative to expensive residential care. The total cost of the development is £12 million, with the CoLC contributing £6 million, Homes England £3.2 million and the County Council £2.8 million that provides Adult Care with nomination rights on 35 units for 30 years using a process of first right of refusal with no void risk.

Recommendation(s):

That the Executive:

1. approves the making of a contribution of £2.8m from the Extra Care Housing Capital Programme for Lincolnshire to the De Wint Extra Care Housing scheme being developed by City of Lincoln Council through a Funding Agreement which provides nomination rights for the County Council with no void risk.

2. delegates to the Executive Director for Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services authority to determine the final form and approve the entering into of all legal documentation necessary to give effect to the above decision.

Alternatives Considered:	
1.	Do Nothing: The lack of affordable and available ECH in Lincolnshire will continue to limit choice and increase revenue costs for the Council in the medium and long term.
2	Provide funding for the De Wint Scheme on the basis of a collaboration agreement rather than a Funding Agreement. It is not possible to evidence the necessary collaboration in this instance to make this a possible option. Such an approach would require a greater degree of involvement in the Scheme and sharing of its risks than can be achieved through a Funding Agreement.
3.	Deliver ECH wholly as Lincolnshire County Council through the Property Company.
	Further detail of the assessment of these options is set out in the body of the Report.

Reasons for Recommendation:

To enable the County Council to develop ECH in partnership with City of Lincoln Council, a Housing Revenue Account holder, thereby using City of Lincoln Council's existing housing development resources and capacity for the development of the scheme to offset the higher revenue costs of residential care.

To enable the County Council to use its existing and future best value care service contracts to support the new developments.

A Funding Agreement allows the Council to make its contribution in a way which is compliant with the Council's procurement and state aid obligations and with the least risk in relation to the operation of the facility and in particular the occurrence of voids.

1. Background

The Strategic Case

1.1.1 Lincolnshire County Council has defined Extra Care Housing (ECH) as “accommodation that promotes wellbeing and independence”. ECH can best be described as provision that is at the mid-point between full time residential care and domiciliary care. This means that ECH is designed in such a way that allows it to respond to the changing care needs of customers as they grow older and their needs potentially increase.

The Adult Care Extra Care Housing Capital Programme for Lincolnshire is intended to help older people achieve greater independence and wellbeing,

by giving them more choice over housing and care options. Furthermore, ECH will help divert a number of older people from moving into residential care and will allow LCC to reinvest resources in preventative services. The development of ECH presents an opportunity to generate a sustainable future for health and social care in Lincolnshire, meeting a key ambition of the sustainable services review.

1.1.2 Extra Care Housing is a tried and tested model throughout the United Kingdom as well as Lincolnshire. There are currently eight ECH Schemes operating in Lincolnshire providing a total of 288 units. The relationship between local and national demographics is generally consistent and increasingly evident in Lincolnshire. The growth of the older aged groups is forecast to accelerate in the next five years linked to the longer term trend of rising life expectancy. Lincolnshire is a net importer of older people, mainly because it is a County where people come to retire. It is one of the largest geographical counties in England and is predominantly rural. Evidence suggests local people wish to age in the communities they are familiar with and therefore, in response to their needs, Lincolnshire County Council is aiming to provide a number of schemes across the County so people don't have to move far to access ECH.

1.1.3 The national policy debate has shifted from a focus on frail or vulnerable people, and treating ill health towards an agenda that is about:

- Promoting independence;
- Promoting well-being;
- Enhancing quality of life;
- Accessing services closer to home.

It recognises the importance of investing in preventative services to enable people to remain as independent as possible, for as long as possible. The following are the key themes which run through national, regional and local strategies:

Transformation - public services to respond to the demographic challenges presented by an ageing and diverse society and the rising expectations of people who depend on health and social care for their quality of life. Extending access to services and developing more effective links between health and social services, and other services such as housing, the voluntary and private sectors.

Personalisation - creation of an environment where people can take greater control of, and retain responsibility for, their own lives and to make the choices that matter to them most.

Universally available preventative services - effective equipment provision that helps people to maintain their independence, slows down deterioration in function and supports and protects the health of carers.

Targeted early interventions - to prevent or postpone the need for more costly services such as crisis intervention, hospital admissions etc.

Information and advice – people to be well informed about the options available to them.

1.1.4 The most recently published national dataset regarding short and long term adult care support demonstrates that adult care expenditure remains on an upward trend. Gross expenditure in 2017/18 on adult social care by local authorities was £17.9 billion. This represents an increase of £402 million from the previous year, a 2.3% increase in cash terms and a 0.4% increase in real terms. The area of care which saw the largest increase in expenditure was long term support, which increased by £369 million to £14.0 billion in 2017/18, an increase in cash terms of 2.7%. 1.8 million requests for adult social care support from 1.3 million new clients, for which an outcome was determined in the year, were received by local authorities in 2017/18. This was an increase of 1.6% since 2016/17. This is equivalent to more than 5,000 requests for support received per day by local authorities.

1.1.5 An ageing population coupled with rising numbers of profoundly disabled working age adults presents public services, including housing, with a number of challenges to ensure the availability of adequate and appropriate services to support those who need them. These demographic changes have required a policy response from central government, local housing, health, and social care agencies.

1.1.6 In 2009 HAPPI – Housing our Ageing Population: Panel for Innovation – was commissioned by the Homes and Communities Agency, on behalf of Communities and Local Government and the Department of Health, to consider how best to address the challenge of providing homes that meet the needs and aspirations of older people. The report produced identified that in meeting such needs housing should be a national priority.

1.1.7 In July 2012 the government published the 'Caring for our future: reforming care and support' White Paper and accompanying draft Bill. This outlined the plan to shift the system from one that responds to crisis to one which focuses on wellbeing, and on an individual's ability to live independently for as long as possible. Extra Care Housing was identified as a key part of this new system offering positive solutions for the people who want to continue living in - and potentially owning - their own property, remaining as independent as possible as their needs change. In addition to this document the government announced £300m in capital grants to support development, and stimulate the specialised housing market over the next five years.

1.1.8 Lincolnshire County Council is committed to supporting people to stay independent within their own homes for as long as possible. The authority has signalled its intent to expand the range of community based services and at the same time reduce residential placements. The 'Shaping Care for the 21st Century' agenda was developed to provide choice across housing, support and care services, to meet future demand. This included designing and developing schemes that provide options, in lifestyle, accommodation size, location, tenure and services. Partnerships with Health, Housing,

District Councils, the Supporting People service, Independent sector bodies and voluntary groups were seen as being essential. The closure of the eight LCC owned and managed residential homes emphasised the need for modernised services fit for the 21st century such as ECH.

1.1.9 The proposed plans will contribute to reshaping Adult Social Care (ASC) services and opportunities in line with both national best practice and local priorities. The long term effect of this capital strategy will be investment in an infrastructure that supports improvements in choice and diversity of provision, alongside increased independence for customers and an acceleration in our ability to shift resources away from high cost buildings based services into more appropriate integrated community options. This investment will further develop ECH and support the ASC strategic intention to further reduce the number of long stay residential care placements and provide more community based services.

1.1.10 ECH has been viewed as an alternative to, or even a replacement for, residential care, and includes a range of specialist housing models. The Commission on Funding of Care and Support (2011) identified Extra Care Housing as providing a means by which people might exercise greater control over their lives by planning ahead and moving to more suitable housing before developing significant care and support needs.

1.1.11 The then Department of Health commissioned a study by the Personal Social Services Research Unit (PSSRU) into ECH. This study reported the results of a national evaluation that focused on the outcomes for residents and evaluated the 'productivity' or cost-effectiveness of this promising type of provision, and draws on the results reported in more detail elsewhere (Bäumker and Netten, 2011; Bäumker et al., 2011a,b,c; Darton et al., 2011a,b).

1.1.12 **Key findings of PSSRU work**

Delivering person-centred outcomes

- Outcomes were generally positive, with most people reporting a good quality of life.
- A year after moving in most residents enjoyed a good social life, valued the social activities and events on offer, and had made new friends.
- People had a range of functional abilities on moving in and were generally less dependent than people moving into residential care, particularly with respect to cognitive impairment.
- One-quarter of residents had died by the end of the study, and about a third of those who died were able to end their lives in the scheme.
- Of those who were still alive at the end of the study, over 90 per cent remained in the scheme.
- For most of those followed-up, physical functional ability appeared to improve or remain stable over the first 18 months compared with when they moved in. Although more residents had a lower level of functioning at 30 months, more than a half had still either improved or remained stable by 30 months.

- Cognitive functioning remained stable for the majority of those followed-up, but at 30 months, a larger proportion had improved than had deteriorated.

Costs and cost-effectiveness

- Accommodation, housing management and living expenses accounted for approximately 60% of total cost. The costs of social care and health care showed most variability across schemes, partly because most detail was collected about these elements.
- Comparisons with a study of remodelling appear to support the conclusion that new building is not inherently more expensive than remodelling, when like is compared with like.
- Higher costs were associated with higher levels of physical and cognitive impairment and with higher levels of well-being.
- Combined care and housing management arrangements were associated with lower costs.
- When matched with a group of equivalent people moving into residential care, costs were the same or lower in extra care housing.
- Better outcomes and similar or lower costs indicate that extra care housing appears to be a cost-effective alternative for people with the same characteristics who currently move into residential care.

Improving choice

- People had generally made a positive choice to move into extra care housing, with high expectations focused on improved social life, in particular.
- Alternative forms of housing such as extra care housing are seen as providing a means of encouraging downsizing, but although larger villages appeal to a wider range of residents, different expectations among residents can create tensions and misunderstandings about the nature of the accommodation and services being offered.
- While the results support the use of extra care housing as an alternative to residential care homes for some individuals, levels of supply are relatively low.
- Funding of extra care housing is complex and, particularly in the current financial climate, it is important that incentives that deliver a cost-effective return on investment in local care economies are in place if this is to be a viable option for older people in the future.
- More capital investment and further development of marketing strategies are needed if extra care housing is to be made more available and more appealing to more able residents. Without continuing to attract a wide range of residents, including those with few or no care and support needs as well as those with higher levels of need, extra care housing may become more like residential care and lose its distinctiveness.

1.2 Rationale

1.2.1 In the context of austerity for local authorities in England, social care services for vulnerable adults is widely recognised as being under-resourced as well as experiencing a growing demand for services and

increasingly complex care needs across the age ranges. This is coupled with increasing NHS pressure and spiralling staff costs, as highlighted in research by the Association of Directors of Adult Social Services (ADASS). The research shows that councils require a sustainable long-term funding strategy to underpin social care. Lincolnshire is no exception to this national picture and, as such, alternative approaches need exploring in order to deliver the most cost effective service.

1.2.2 Housing is a key priority for the Health and Wellbeing Board and this project contributes to impact on the following Commissioning Strategies for the Council:

- Adult Frailty and Long Term Conditions
- Special Adult Services
- Carers
- Adult Safeguarding
- Wellbeing

1.2.3 The definitions of specialised housing and accommodation for people requiring some degree of care and support tend not to be used across the UK in a consistent way. For the purposes of this report the following definitions have been used, aligned to the definitions used by Housing Learning and Improvement Network (Housing LIN) in a recent report[1], commissioned by Lincolnshire District Councils, to research the needs of Greater Lincolnshire:

Housing for older people (HfOP): social sector sheltered and age-designated housing and private sector leasehold retirement housing. This will include schemes, for rent and for sale, with on-site staff support, those with locality-based support services and schemes with no associated support services;

Housing with care (HWC): includes extra care schemes, often called 'assisted living' in the private sector, with 24/7 care available on-site and housing schemes that offer bespoke care services, even if these are not full on-site 24/7 care, across both the social and private sector. People living in this type of housing have their own self-contained homes, their own front doors and a legal right to occupy the property. It comes in many built forms, including blocks of flats, bungalow estates and retirement villages. Properties can be rented, owned or part owned/part rented. Depending on the offering, housing with care can include communal facilities (residents' lounge, guest suite, laundry, health and fitness facilities, hobby rooms, etc.). Domestic support and personal care can also be made available, usually provided by on-site staff;

Residential care: residential accommodation together with personal care, i.e. a care home;

[1] Housing LIN report 2018 'Review of housing and accommodation need for older people across Greater Lincolnshire to inform future housing and accommodation options'

Nursing care: residential accommodation together with nursing care i.e. a care home with nursing.

1.2.4 The Council has a duty to commission care to meet the needs of eligible Lincolnshire residents. Such people must have the choice to select their own care provider and directly contract their services. It may be that the initial offer to provide care services is accepted by the individual but there is no guarantee that they would continue to take services from the Council over the longer term. Therefore the Council must satisfy the regulatory requirements as to the separation of the care provision from the accommodation provision. People should be able to exercise choice and control. The scheme will need to be structured so there is separation to allow people to have a genuine choice in who supplies the care element.[2]

1.2.5 The Council is currently developing a 'Homes for Independence' strategy for the County, which will articulate the projected long term needs of its residents and the County Council's role in addressing them. The strategy will help to determine the scale of the housing need, the geographic hotspots of need and the Council's approach to how the need will be met. A programme of projects would then be initiated in order to deliver the strategy, which will include the Council working in partnership with the supported housing commercial market to deliver the requirements, rather than delivering all of the housing directly. The long term strategy will be made publically available to enable the market to develop suitable delivery approaches.

1.2.6 Currently the main sources of evidence surrounding the need for housing with care in Lincolnshire are the Council's Extra Care Needs Assessment, which was undertaken in 2014 and updated in 2017, and the work of Housing LIN in 2018. For the purposes of this business case, data from both of these sources has been used as the evidence base.

1.2.7 The Needs Assessment introduces the Council's vision and plan for the provision of housing with care both now and in the future. This business case supports the four main strategic objectives outlined in the Needs Assessment, namely to:

- Provide choices for housing, support and care services, to meet future demand
- Design and develop schemes that provide options in lifestyle, accommodation size, location, tenure and services
- Work in partnership with Health, District Councils, Independent housing providers and voluntary groups
- Encourage older people's participation in the design and implementation of new schemes

[2] Please see the care quality commission guidance "Housing with Care" October 2015 (especially pages 9 to 10): https://www.cqc.org.uk/sites/default/files/20151023_provider_guidance-housing_with_care.pdf

1.2.8 The Needs Assessment identifies that nearly 50% of the Council's Adult Care budget is spent on providing services for older people and, that being part of the delivery model for providing housing with care will help the Council to better manage future budget pressures. The Market Position Statement estimates that in the region of 2,500 more housing units will be required to meet the potential demand over the next 20 years. The largest proportion of Adult Care expenditure is on Long Term Residential Care and it is anticipated that the provision of housing with care could limit continuing growth in this area of expenditure, providing an alternative for people requiring additional support. The Needs Assessment has found that a quarter of all people in long term residential care could have accessed housing with care had it been available, and that this housing can provide a lower cost solution than Long Term Residential Care.

1.2.9 **Demographic profile of Lincolnshire[3]**

Lincolnshire has high numbers of older people, higher than the national average. 176,781 people aged 65+ lived in Lincolnshire as of the end of 2017. They constitute 48% of the overall population and are predicted to increase by 44,286 to 221,067 by 2030 (25% growth from 2018).

The proportion of the population that is aged 55+ is increasing and is projected to increase further to 2035. In Lincolnshire, districts with the highest proportion of the population aged 55 and over by 2030 are: East Lindsey, South Kesteven, North Kesteven, West Lindsey and South Holland. By 2030, it is predicted that East Lindsey will have the highest proportions of older people of all the Lincolnshire districts, as follows:

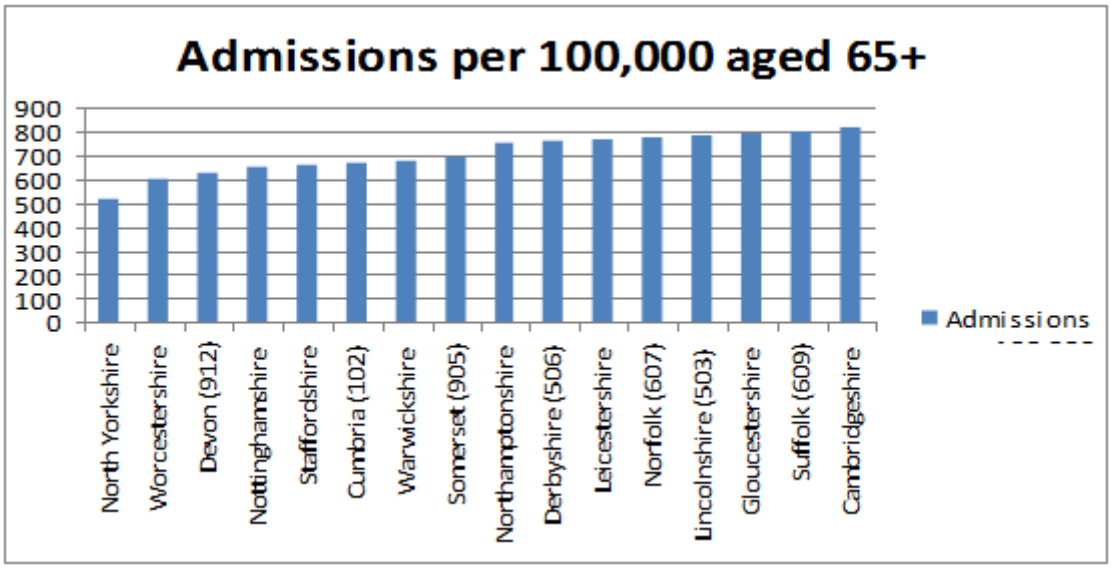
- 50% of the population will be people aged 55+
- 35% of the population will be people aged 65+
- 17% of the population will be people aged 75+
- 5% of the population will be people aged 85+

1.2.10 **Comparisons with Family Group Authorities[4]**

Lincolnshire has reported higher rates of admissions to residential and nursing care than other comparator authorities. The historical position for admissions is summarised in the table below:

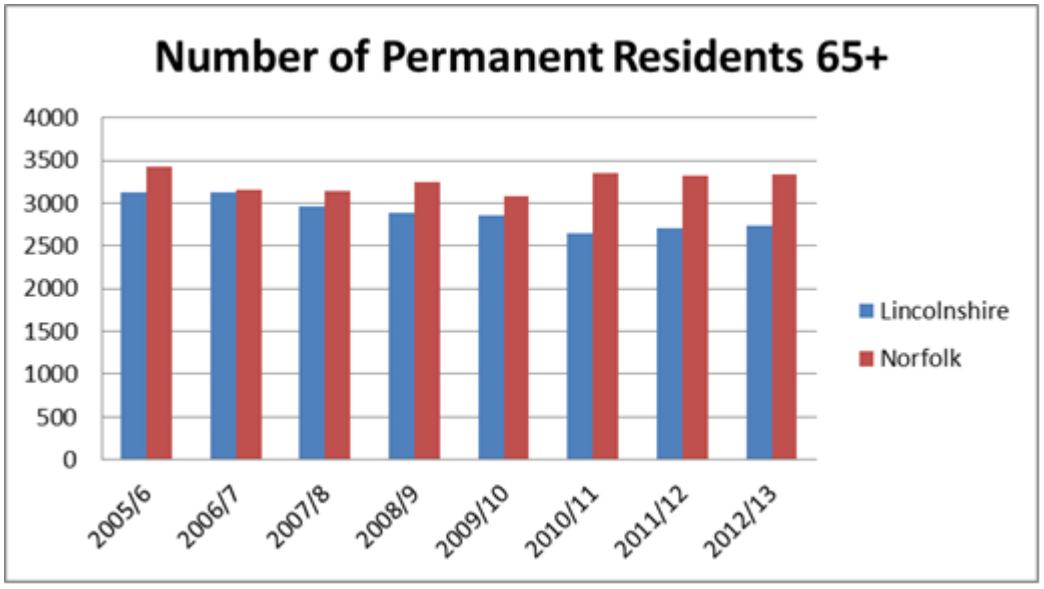
[3] Source data: Lincolnshire County Council Extra Care Needs Assessment (revised 2017) and Housing LIN's 'Review of housing and accommodation need for older people across Greater Lincolnshire to inform future housing and accommodation options'

[4] Adult Scrutiny Committee Report 1st October 2014 – Appendix D



Source – CIPFA (2012-2014)

Lincolnshire had the fourth highest rate of admission to care within this group and current estimates indicate that the admission rate is not decreasing. Lincolnshire also had the fourth highest number of permanent residents in care by population although this figure has been decreasing as evidenced by the next table:



Source - CIPFA

In this graph the figures for Lincolnshire are compared with those for Norfolk which is a County with very similar characteristics to Lincolnshire in terms of demography and geography. It will be noted that the total for Lincolnshire has fallen from over 3,130 in 2005/6 to 2,740 in 2012/13, i.e. a fall of 12%. The issue here is what demand can we expect in the future based on the demographic changes that are taking place. A starting point is to look at population projections for those aged 65+.

1.2.11 **Existing provision and estimated need of specialised housing – Greater Lincolnshire[5]**

Older people

The evidence from the Housing LIN work indicates that there is not currently a balance of specialised housing choices available for the older population in Greater Lincolnshire. In summary:-

- Overwhelmingly the most prevalent type of older people's housing is sheltered housing and other age-designated housing in the social rented sector.
- The current prevalence of private retirement housing for sale is very limited in most areas of Greater Lincolnshire.
- There is limited housing with care provision for rent for example when compared with the prevalence of residential care beds.
- There is very little housing with care available to older people who wish to purchase.
- There is a high prevalence of residential care beds, for example when compared to the average level of provision in English local authorities.
- The current provision of nursing care beds is in line with the average level of provision in English local authorities.

1.2.12 The evidence indicates the following specialised housing needs for Greater Lincolnshire to 2035:-

Housing designated for older people (for rent and for sale):

- There is net additional need of approximately 1,100 units of older people's housing for rent and approximately 8,000 units of older people's housing for sale.
- There has been a historic focus on development of older people's housing for social rent; both age designated housing and former sheltered housing.
- There is some additional need for social housing for rent, which is attractive, 'care ready' housing.
- The bulk of net additional need is for housing offers for sale, both outright purchase and shared ownership.

Housing with care/extra care housing:

- There is net additional need of approximately 2,000 units of housing with care for rent and approximately 1,800 units of housing with care for sale.
- There has been significant under development of housing with care for both rent and for sale.
- There is a need for all tenures of housing with care, including mixed tenure developments.
- There will be a need for shared equity models as well as outright sale models particularly where older people have relatively low equity in existing homes.

[5] Source of information for this section: Housing LIN 'Review of housing and accommodation need for older people across Greater Lincolnshire to inform future housing and accommodation options' Report October 2018

Registered care:

- There is no significant net additional need for residential care beds overall.
- There has been an historic over reliance on the use of residential care.

1.3 The Business Case for De Wint Court

1.3.1 City of Lincoln Council (CoLC) prepared a Business Case for Capital and Revenue Funding to support the development of Extra Care Housing at De Wint Court, Bowden Drive, Lincoln. This business case provides the information for a decision to be taken by the County Council to proceed with securing 35 units within this project as part of the County Council's Extra Care Housing Programme at a cost of £2.8 million.

1.3.2 ECH is designed for people who have complex or difficult to plan for care and support needs which cannot be met in the community with a standard package of care. Understanding by commissioners, designers, developers, providers, planners and other stakeholders of the place that purpose-built extra care housing occupies in models of housing, care and support for older and disabled people has changed and become more nuanced. From a housing perspective, ECH is regarded as an important response to the diverse needs and wishes of a growing older population and to the needs of local communities. Rather than as an end in itself we place extra care housing in the context of modern thinking on age friendly and lifetime neighbourhoods, towns and cities because being age-friendly benefits everyone.

1.3.3 The aim is for people to remain in a home of their own, connected to their local community and supported by their social networks to live meaningful lives. Individual tenancies provide privacy whilst communal spaces provide an area for neighbours, friends and family to meet, joining in group activities if they choose to. It provides a space which can be used as an alternative to residential care support by utilising the 24 hour care and support which schemes can provide across a range of residents.

1.3.4 The purpose of the De Wint Court project is to deliver ECH provision in the City of Lincoln District. CoLC has committed to the development of Extra Care Housing at De Wint Court, Bowden Drive, Lincoln. Their proposal is to demolish an existing care home and replace it on the existing site with an extra care facility comprising 70 extra care apartments, a mix of 20 x 2-bed and 50 x 1-bed apartments, with associated facilities to support independent living and encourage community involvement. LCC residents will be able to access its care contracts both via the Wellbeing service as well as through a range of options by which the County Council supports people including, but not exclusive to, block contracted homecare, self-funded home care, Direct Payments, Personal Health Budgets and whatever other options are developed over time. This care and support will be there to meet identified needs within a joint Care and Wellbeing Vision which is included in Appendix A. A draft Nominations Process has been drawn up and is also

included at Appendix A. Joint workshops will develop the practical delivery of the Care and Wellbeing Vision, the allocations panel and nominations process for this project.

1.3.5 Construction is planned to start on site in October 2019 for completion in November 2020. LCC is proposing to purchase nomination rights on a minimum of 35 units with potential access for all 70 units; the funding model for this is set out later in this report. The project aims to reduce the long term costs of care provision, as cost avoidance, and provide choice for older people, in line with the LCC strategy, the benefits of which are highlighted below. This will ensure people with care needs have alternative choice options to traditional residential support whilst giving affordable options for local people to remain in their local communities. The provision is not aiming to generate profitable income.

1.3.6 **Existing provision and estimated need of specialised housing – City of Lincoln data from Housing LIN**

The following table summarises the current profile of older people's housing in CoLC:

Housing for Older People	Current provision is in line with the national average. Currently ranked 163 out of 326 local authorities for older people's housing (social rent). For private retirement housing, current provision is above the Greater Lincolnshire average and in line with national average. Ranked 181 out of 326 authorities for private sector retirement housing.
Housing with Care	Current provision is above Greater Lincolnshire average but below national average for both housing with care for rent and for sale.
Residential Care	Current provision is significantly above both the Greater Lincolnshire and national average. Ranked 15 out of 326 authorities.
Nursing Care	Current provision is significantly above both the Greater Lincolnshire and national average. Ranked 5 out of 326 authorities.

The table below shows a summary of the ***current*** provision of older people's housing in the CoLC District, the projected need and the shortfall/net need.

This project will aim to address the projected provision for Social (rent) in the Housing for Older People section and the Housing with Care section, highlighted in red below.

Type	Current provision	Projected provision required				
		2018	2020	2025	2030	2035
		Units/Beds	Units/Beds	Units/Beds	Units/Beds	Units/Beds
Housing for Older People						
Social (rent) Units	623	578	618	764	892	1044
Net need		*-45*	*-5*	*141*	*269*	*421*
Private(for sale) Units	165	193	206	255	297	348
Net Need		*28*	*41*	*90*	*132*	*183*
Housing with Care						
Social (rent) Units	47	95	106	143	177	216
Net need		*48*	*59*	*96*	*130*	*169*
Private(for sale)Units	10	11	14	28	46	72
Net Need		*27*	*40*	*88*	*149*	*230*
Residential care Beds	537	315	324	364	383	403
Net need		*-222*	*-213*	*-173*	*-154*	*-135*
Nursing care Beds	631	315	331	393	440	495
Net need		*-316*	*-300*	*-238*	*-191*	*-137*

Meeting the need for housing with care

Due to the need for housing with care having already been recognised across the county, partnership projects are already in train with several different District Councils. These projects are partnerships between the Council and the relevant District Council, whereby the District Council acts as the lead and will recover the income through its housing revenue account. However, where the District Council does not have such an account (East and West Lindsey District Councils), a different approach is required.

Need

The Housing LIN report October 2018 summarised that, for the City of Lincoln District, there is a predicted requirement for an increase in housing with care. This was with a focus on units for rent. The projected net need shortfall for the District is tabled in the report as follows:

	Current Provision	2018 Units	2020 Units	2025 Units	2030 Units	2035 Units
Housing with Care						
Social (rent)	47	95	106	14 3	177	216
Net Need		48	59	96	130	169
Private (for sale)	10	11	14	28	46	72
Net Need		1	4	18	36	62

The De Wint Court project proposed by CoLC supports the short-term need illustrated in the above table, by delivering 70 units for Extra Care. See Appendix B for site specific drawings.

1.3.7 **Benefits and Risks**

The Council uses a continuum of 5 levels for risk appetite[6] and corporately the Council takes a 'Creative and Aware' approach, which is summarised as being *'creative and open to considering all potential delivery options, with well measured risk taking whilst being aware of the impact of its key decisions; a 'no surprises' risk culture*.' This is deemed as a suitable risk appetite level for this project.

1.3.8 The aim of ECH is to provide high quality housing, support and care services which enable, support and encourage people to live independently for as long as they wish to do so. The provision of Extra Care Housing avoids admission to hospital, increases the bed capacity within hospitals, increases the number of patients discharged from hospital, and decreases those who may have a need for residential care.

Below is a list of the identified key benefits and risks of this project:

Benefits	Risks
• Additional housing contributing to the current and projected needs • Reduction in the long term costs of care provision • Strengthening the partnership with CoLC • Availability of suitable housing with the most appropriate care provision • Multiple care needs can be managed on one site • Decreased risk of service users going 'missing' with ability to monitor location • Option available for one care provider managing the site care needs • As older people are particularly prone to the effects of excess cold, they will benefit from new energy efficient accommodation • Opportunity for added social value through developing a workforce development plan	• Creating too much accommodation capacity compared to demand • Not managing demand and nominations • Service users do not want to move to the site • Accommodation provision is over-subscribed and older accommodation is no longer desirable • Accommodation design is not flexible enough for multiple needs • Site design is not sufficiently flexible to facilitate one and/or multiple care providers • Negative reaction from the local community and issues surrounding planning permission

[6] The 5 levels are: Averse, Cautious, Creative and Aware, Opportunist and Mature (Hungry).

• Bringing a vacant site back into use, enhancing the local community • Promote independence for residents and other service users • Encourage active lifestyles and social contact for residents and other service users • Offer a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions • Offer choice and self-direction or co-production of services for residents • Be flexible in its style of service delivery so that services respond well to people's changing needs • Release of local housing for rent and sale to benefit families • Moderating the burden of family members caring at home • New facilities developed in the local area for wider community use • Couples can avoid being separated as they can live together in EC accommodation even if only one is in need of care	

1.4 **Potential economic benefits**

- Additional use of, and income to, local businesses e.g leisure centre, cafes, bus service.
- Additional employment opportunities e.g. on-site management/concierge provision, care provision, building construction, site maintenance. Sheltered and extra care housing are both local employers. Each new extra care housing scheme of 250 units creates approximately 65 permanent staff (ARCO data, 2016).[8]
- Greater use of community facilities, thus supporting their longevity (e.g. GP surgeries).
- Residents providing volunteering in the community, with time banks, fundraising and befriending.
- Facilitates downsizing to more suitable housing, thus freeing up larger homes for the choice-based letting and/or sales markets.
- Delays and reduces the need for primary care and social care interventions including admission to long term care settings and hospital admissions. Unplanned hospital admissions reduce from 8-14 days to 1-2 days. Over a 12 month period total NHS costs (including GP visits, practice and district

nurse visits and hospital appointments and admissions) reduce by 38% for extra care residents. Routine GP appointments for extra care residents fell by 46% after a year. Falls rates in extra care housing measured at 31% compared to 49% in general housing.[7]

- The national financial benefits of capital investment in specialist housing for vulnerable and older people have been examined by Frontier Economics in 2010. They compared the net capital cost of developing specialist housing over general housing, with the calculated net benefit of a person living in specialised housing converted to the net present value of these benefits over the 30 year minimum lifetime of the building. They found an average net benefit of £444 per person per year. This was primarily driven by reducing reliance on health and social care services. The total net benefit for older people is greater than for any other client group due to the high numbers of older people.[8]
- Research by the Strategic Society found that a new specialist retirement housing unit may result in the savings to the state, per person, as set out below. In addition to savings to health and social care, also identified is the impact of new retirement housing to release housing stock onto the market and enabling younger people to get on the housing ladder and to fund their housing and care costs in retirement[8]:
    - Health and care needs £9,700
    - Local authority social care entitlement £18,600
    - First time buyers and future retirement wealth £54,800
    - Total £83,100
- For older people moving from the private rented sector to a rented sheltered housing property, it is estimated that the saving would be between £5,500 and £5,800 per year.[8]
- Limiting the demand on Housing Benefit – not all residents in a scheme will be in receipt of housing benefit and this creates additional checks and balances due to self-paying residents monitoring and keeping a downward pressure on rents and service charges, helping ensure they only cover the full costs. Compared to other groups, the average Housing Benefit spend per annum is around £5,200 per older person unit compared to £9,000 per working-age unit.[8]
- People in extra care housing can potentially use less care hours than if in the community, for example if meals are provided by the scheme, less care hours may be required in preparing food etc.
- Additional efficiencies can be gained by delivering care to a number of people on one site reducing travel and mileage costs, associated with domiciliary care in the community, and giving increased flexibility in the delivery of that care.
- Accommodation is economic to heat and is of an appropriate and manageable size.

[7] Holland, C, (2015). Collaborative Research between Aston Research Centre for Healthy Ageing (ARCHA) and the Extra Charitable Trust. Birmingham: Aston University. www.aston.ac.uk/lhs/research/centres-facilities/archa/extracare-project/

[8] Source – The Value of Sheltered Housing report, Jan 2017, James Berrington – Commissioned by the National Housing Federation;
http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Value_of_Sheltered_Housing_Report.pdf

1.5 **Potential individual benefits**

- Support and maintain independence through the provision of accommodation options, enabling personal choice
- Provide peace of mind, safety and security for vulnerable older people
- Improved physical and mental health
- Maintain and develop links with the community
- Maximise incomes of older people (includes benefits income) and reduce fuel poverty
- Environment is more likely to be free from hazards, safe from harm and promotes a sense of security, enabling movement around the home, including to visitors
- On-site support available

1.6 **Potential scheme specific benefits**

- An existing capital funding commitment of £3.22m from Homes England
- Land already in the ownership of CoLC and highly developable
- A very attractive setting with good access to local amenities
- A balance of both one and two bedroom apartments
- Extensive communal facilities designed to be attractive, welcoming and flexible in their use
- Excellent day-to-day services ensuring that the quality of the scheme environment and service offer will remain very high
- Support and care services which can be targeted to those who need them and can flex with people's changing circumstances
- A genuinely affordable proposition with a focus on great value for money

1.7 **Market Sufficiency and Competition**

1.7.1 The development and delivery of housing with care typically involves partnerships which include a mixture of local authorities, funding organisations, architects, construction companies, housing associations, private landlords and care providers. There is continuous work and analysis needed to fully understand Lincolnshire's market of those parties willing and able to deliver the county's housing with care needs, and in particular the scale of housing associations in this regard. Indications to date, through liaison with providers and experiences of other local authorities, are that housing providers are looking to enter into the county. The county has an issue regarding the low sale and rental value of property compared to other areas of the UK, which can affect the willingness of organisations to develop new property.

1.7.2 **Evidence of other local authorities' work**

There are numerous examples of other local authorities taking the same approach, including the following:

1.7.3 **Nottinghamshire**

£8 million Housing with care facility = 60 apartments

This is a partnership development similar to the model the County Council intends to use when working with District Councils and Housing Associations. Newark and Sherwood District Council has developed the facility through the Housing Revenue Account (HRA) and Nottinghamshire County Council has invested in return for nomination rights. The 60 apartments give older people, particularly those with low level dementia, the opportunity to live independently and safely. The scheme is the result of a successful bid for £1.5 million of funding from the Department of Health's Extra Care and Support Programme, administered by Homes England.

1.7.4 **Powys**

£7.5 million Housing with care facility = 48 apartments

The state of the art £7.5 million development in Newtown, part funded by a £4 million Social Housing Grant from the Welsh Government, has been developed by Wales and West Housing in partnership with Powys County Council. Wales and West Housing funded the remainder with £3.5 million. 48 energy efficient apartments available for affordable rent.

1.7.5 **Derbyshire**

£9.1 million Housing with care facility = 53 apartments

Geared to the needs of people over 55, Thomas Fields, a brand new £9.1 million facility incorporating 53 two-bedroom apartments, a residential care block for people with dementia, as well as communal facilities, is currently under construction on Brown Edge Road in Buxton. Seventeen of the flats will be available for rent, 14 for sale under shared ownership arrangements and 22 for outright sale. The project is being carried out for a partnership comprising Housing & Care 21, Derbyshire County Council and community regeneration specialist Keepmoat. Communal facilities within the new building will include a restaurant, hair salon, residents' lounge, a well-being suite, hobby room, laundry, and gardens for residents and their guests to enjoy. The residential care unit will incorporate 20 en-suite rooms available through Derbyshire County Council.

1.8 **Delivery model and vehicle**

1.8.1 District Councils with HRAs are responsible for social housing stock and able to rent out domestic properties, retain the revenue received in rent in order to plan and provide services to current and future tenants. District Councils are able to deliver their own projects without relying upon additional partners. This helps to inform which delivery option is more suitable. CoLC holds a HRA, and as such can apply for funding through Homes England, deliver and operate its own schemes.

1.8.2 In accordance with LCC's direction of travel and appetite for delivering ECH, the best delivery method has been sought to ensure that LCC is legally in a safe place, to provide best value for money across the county and enrich the lives of as many county residents as possible. Throughout the last 12 months the programme board have been developing an understanding of

delivery options that will facilitate partnering with District Councils and Housing Associations (HAs). Advice and support has been sought from Legal Services Lincolnshire (LSL) and external legal advisers, Bevan Brittan.

1.8.3 From the four options listed below, a shortlist of two vehicles for partnering with District Councils and Housing Associations has been identified: 1) a funding agreement and 2) a 'Hamburg' Collaboration co-operation agreement. Both options enable the Council to enter into agreement with partners.

Option 1
Do nothing and allow the market to deliver the needs of the county, using the Council's market position statement and a delivery plan as their guide.

Option 2
Deliver identified projects via the districts, alongside Housing Associations and Registered Providers who have already formed a robust business case to prove requirement, purchasing nomination rights at an agreed level through a funding agreement.

Option 3
Deliver identified projects via the districts, alongside Housing Associations and Registered Providers who have already formed a robust business case to prove requirement, purchasing nomination rights at an agreed level through Hamburg co-operation agreements.

Option 4
Deliver wholly as Lincolnshire County Council through the Property Company.

1.8.4 **Option 2 - A funding agreement**
A funding agreement for nomination rights provides a simpler approach to partnering. The expectations from the partner and the commitment from LCC are far fewer. The partner sets up an allocation panel, a decision making body comprising a representative from:

- Housing Association (HA) or District Council
- Adult Social Care (Local Social Worker)
- Care provider
- Health

1.8.5 **Option 3 - Hamburg Collaboration co-operation agreement model**
Whilst considering the current live project with CoLC, the legal requirements of the Hamburg Collaboration co-operation agreement model were reviewed. The model requires LCC to evidence true collaboration with CoLC throughout the process, during the pre-procurement, procurement and eventual running of the Extra Care facility.

1.8.6 The programme team has considered LCC's ability to provide evidence of true collaboration, reviewed organisational processes for void management and the appetite for financial risk of voids. The conclusion is that the Hamburg model is not the correct vehicle for the current live project with CoLC. However, the model is one that could be used moving forward with planning from the outset to ensure true collaboration, with the shared void responsibility as one of the strands of evidence of collaboration, although not necessary to the process.

1.8.7 Typically a panel will meet on a regular basis to review all applicants registered for the scheme; along with a review of the composition of the high, medium and low care and support needs against the individual scheme's target. This makes sure that a combination of people, carer and place needs is considered when allocating accommodation. This panel would be similar for the Hamburg model. In addition to scheduled panel meetings, a virtual panel will be called immediately where a property becomes available to allow the empty home to be promptly returned to use. See Appendix A for the draft Nominations process.

1.8.8 **Risks and Opportunities**

The risks and opportunities are set out below.

1.8.9 **A funding agreement**

Risk/Opportunity	**Benefit**	**Disbenefit**
'Bare' nomination rights. Rights given to place on allocations panel for all of accommodation	Tried and tested with certain HAs. 100% influence on all allocation panels thereby giving LCC clients more chance of a place	Requires discipline through staff management and governance and processes
Simple legal agreement	Deliverable, more achievable involving less time/cost from Legal teams and operational teams	
Longevity	Commitment with RP to keep accommodation in desirable state to retain clients	
Procurement compliance	A simple Funding Agreement securing bare nomination rights is not covered by the procurement rules. No procurement challenge	

1.8.10 **'Hamburg' Co-operation Agreement**

Risk/Opportunity	**Benefit**	**Disbenefit**
Pooled resourcing of delivery and operation of the scheme	More collaborative working with partners	Financial cost and need for closer involvement in delivery to evidence

		collaboration
Nomination rights available with specific number of places guaranteed.	Guarantee of specific number of places as per legal agreement but no more	Cost of void for period of time determined in legal agreement – potential cost to LCC revenue budget
Complicated legal agreement with evidence required throughout lifetime of contract	Legally stronger as a guarantee of places	Delivery more expensive by involving more time/cost from Legal teams. Long-term revenue cost for operational staff to ensure no voids
Procurement compliance	Co-operation arrangements between Councils are exempt under Regulation 12 of the Public Contracts Regulations 2015. No procurement challenge	
Longevity		Raised risk of voids once building becomes tired and better options are available in the market

1.8.11 **LCC Prop Co.**

Risk/Opportunity	**Benefit**	**Disbenefit**
Control of development	LCC can determine the scheme design and provision	
Capital		The Prop Co would need to be a Homes England (HE) delivery partner to access HE grant funding; delivery partner status can only be achieved once the company has become a registered provider LCC would need to loan the company

		capital for the development. A 4 bed scheme would cost in the region of £7million requiring a loan of £4.6 million from LCC
Speed of delivery		Estimated to be a minimum of two year lead in to commence construction

1.8.12 **Recommendations**

It is recommended that LCC progress with funding of the De Wint Extra Care Housing Scheme in accordance with Option 2. The inherent financial benefits of the approach in Option 2 (Funding Agreement) are as follows:

1.8.13 **No void costs**

In previous models of Extra Care Housing the agreement has included risk agreements that provided the Housing Provider with assurance that vacant properties would be filled within the specified period with units able to remain vacant for a limited period of time before additional cost become due.

The use of Capital Reserves as a financial contribution to any proposed schemes can be done so on the basis that the contribution allows Lincolnshire County Council to place service users of their choosing within a pre-agreed proportion of units over a pre-determined number of years without recourse to void costs.

1.8.14 **Diversions from Residential Placements**

The availability of additional Extra Care units directly funded via Capital Reserves allows for an additional number of services users who would otherwise be placed in residential establishments to be supported within an Extra Care environment.

By placing within an Extra Care environment, the Council avoids expensive hotel costs that would otherwise be incurred, with costs funded via district housing benefit contributions instead. Care support via the Council's existing prime provider framework is also likely to be cheaper than existing residential care and non-care provision.

1.9 The Financial Case

1.9.1 Funding for the scheme is sourced via Adult Care Capital reserve which has been allowed to grow over a number of years as a result of grant funding awarded to the Council. The grants are specifically earmarked for use against capital investment within Adult Care with the current value of unused capital reserves totalling £11.886m as at 1 April 2019.

1.9.2 The financial feasibility of the project (cost versus savings) is based on the Council's bespoke Financial Feasibility Model (Appendix C). This model has been used to develop the financial models for a number of other Lincolnshire County Council housing with care projects and considers a number of options, including land acquisitions costs, numbers and types of property, number of tenants, level and cost of care and savings through diversion of care.

1.9.3 The Council's data as at 31 March 2019 shows that the Council is funding the care provision of 4,943 people aged 65 and over in either a residential and nursing placement or within a homecare setting (including existing extra care). The total placed in nursing and residential care homes being 2,664 and 2,279 within a homecare setting. The gross annual cost to the Council for this care provision for these areas of service in 2018/19 was £99.659m; with a net cost to the Council of £71.990m.

1.9.4 The financial benefits of ECH are predicated on the basis that the costs of providing care within an ECH setting are materially lower than in traditional residential and nursing settings. The expected cost for older people currently ranges from £502 to £533 per week in 2019/20, with the average annual residential care cost estimate to be £27,566 per annum. Initial analysis suggests that the gross cost of providing care within an ECH setting at 20 hours per week would be £309 per week, with an annual cost of £16,111. This represents a gross saving of £11,445 pa or 41.5% which reduces to £9,118 (33%) once the impact of income loss is taken into consideration as the average placement income within a residential setting is higher than service user contributions derived from an ECH setting.

1.9.5 It is important to note the following:

- The Council would lose some property related income, linked to service users residential care whereby the Council receives income related to the user's house when it is sold (including interest on the amount owed).
- It is very unlikely that all service users accessing residential care would be willing and able to move to housing with care.
- The savings will be focused more on new service users rather than those already in residential care, though the possibility remains that some people in residential settings may prefer to consider Extra Care.
- Placements within an ECH setting are predicated on 33% of these placements being those diverted from a residential setting with the remainder placed via alternative community settings. This assumes that placements are split equally amongst those classified as Low, Medium or High dependency and existing care arrangements continue to be provided via the prime-provider home care contracts (for those categorised as Low and Medium). The majority of the saving will be via diversions away from residential.
- Initial findings suggest that a £2.8m investment that allows LCC nomination rights on 35 properties supporting 53 individuals could generate an annual saving of £169,980 pa based on 2019/20 prices.

- On this basis and assuming a rate of inflation totalling 2% for the duration of the scheme, it is estimated that the total savings will equal the total value invested (i.e. the breakeven point) after 15 years. However this does not take into account the time value of the initial investment which will reduce over the same period (i.e. the value of £1 in 2019/20 will be less in future years). An analysis of future savings growth is also included within the financial feasibility model along with data from the Housing Learning and Improvement Network (LIN).

1.10 Timescales

Below is a summarised and early estimation of a potential timetable, but this would be longer if the property company was to deliver any aspect of the project, as it has yet to be set-up.

Activity/Milestone	Estimated start Date	Estimated end Date
Adult Care & Wellbeing Scrutiny	3 July 2019	3 July 2019
Executive	9 July 2019	9 July 2019
Sign Heads of Terms with CoLC	16 July 2019	16 August 2019
Sign funding agreement with CoLC	Sept 2019	
Commence development	Oct 2019	

2. Legal Issues:

Equality Act 2010

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

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

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

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

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

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

* Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic

* Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it

* Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

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

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

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

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

It is fair to say that the key purpose of the service is essential to enabling all those individuals who require community care services to live more independent and healthier lives. In that sense, ensuring adequate provision of suitable Extra Care Housing and associated care helps to advance equality of opportunity.

The service will not affect those with protected characteristics (age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation) differentially. The facility will be available to all those who meet the applicable placement criteria regardless of protected characteristic. The nature of the service makes it more likely that adults with additional vulnerabilities or increased risk of adverse outcomes will benefit most.

An initial Equality Impact Analysis is attached at Appendix D. This will be kept under review. City of Lincoln Council is itself subject to the Equality Act duty and the County Council will use its influence to ensure equality issues are taken into account in relation to both the housing and care elements of the project as it progresses.

<u>Joint Strategic Needs Analysis (JSNA) and the Joint Health and Wellbeing Strategy (JHWS)</u>

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

The Council is under a duty in the exercise of its functions to have regard to its JSNA and its JHWS. 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

Under the strategic theme of improving the health and wellbeing of older people in Lincolnshire there are two particularly relevant priorities:-

1. Spend a greater proportion of our money on helping older people to stay safe and well at home
2. Develop a network of services to help older people lead a more healthy and active life and cope with frailty

The provision of Extra Care Housing will contribute directly to these priorities. It also supports the themes selected as priorities in the forthcoming refreshed JHWS; namely housing, carers, mental health, plus the cross cutting theme of safeguarding.

Crime and Disorder

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

In commissioning housing and care provision that is designed to provide a supportive and safe environment that enables potentially vulnerable customers to maintain their independence for longer, the provision of Extra Care Housing may be said to contribute indirectly to the achievement of obligations under section 17.

3. Conclusion

The County Council/District Council Extra Care Housing Partnerships will enable the County Council to increase the provision of Extra Care Housing in the County to assist in offsetting medium and long term revenue cost increases. The De Wint scheme will deliver the initial need that has been identified in the Housing LIN Report.

4. Legal Comments:

The Council has the power to provide the funding referred to in the Report. The use of a Funding Agreement with bare nomination rights is compliant with the Council's procurement obligations.

Funding can be provided without state aid as it relates to services of general economic interests within the meaning of prior EU Commission decisions.

The decision is consistent with the Policy Framework and within the remit of the Executive.

5. Resource Comments:

Funding of £2.8 million for this scheme exists in the form of previously received capital grants which form part of the Adult Care Capital Programme. The County Council contribution must fall within the processes for Capital expenditure.

6. Consultation

a) Has Local Member Been Consulted?

No

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The decision will be considered by the Adults and Community Wellbeing Scrutiny Committee at its meeting on 3 July 2019 and the comments of the Committee will be reported to the Executive.

d) Have Risks and Impact Analysis been carried out?

An initial Equality Impact Assessment (EIA) has been completed and there has been internal and external consultation. Internally, Council staff have been sent a survey via News Lincs on 11 June 2019 and a report will be formed from the results of this survey. Externally, the People's Partnership has been consulted and they will work with groups such as Age Concern and Just Lincolnshire. Also West Lindsey District Council have a survey on their website and Twitter feed as part of the Housing LIN Phase 2 work and will share this with the County Council as part of our consultations.

These sources of information will inform future versions of the EIA as the matter progresses.

e) Risks and Impact Analysis

See the body of the Report.

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Initial De Wint Nominations process and Care Vision
Appendix B	De Wint Court Proposed Site drawings
Appendix C	LCC Financial model and Housing LIN cost benefits example
Appendix D	Initial Equality Impact Assessment form v0.1

8. Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

Background Paper	Where it can be viewed
Report to Executive dated 8 April 2015 – Extra Care Housing	Democratic Services

This report was written by Kevin Kendall, Tel: 01522 553726; Juliet Slater Tel: 01522 843175; Gareth Everton Tel: 01522 554055 and Glen Garrod Tel: 01522 550808 who can be contacted by email at kevin.kendall@lincolnshire.gov.uk; juliet.slater@lincolnshire.gov.uk; Gareth.Everton@lincolnshire.gov.uk; Glen.Garrod@lincolnshire.gov.uk;

This page is intentionally left blank

Lincolnshire Extra Care Housing Adult Care Nominations Policy

1.0 Vision

Extra care housing schemes are specialist housing provision designed to offer safe, private and secure accommodation. Service users of schemes retain the independence of having their own home whilst enjoying the benefits of having staff on hand to provide planned and unplanned care and support.

Extra care housing is considered specified accommodation under the Care and Support (Ordinary Residence) (Specified Accommodation) Regulations 2014. This means that the Extra Care Panel needs to be cognisant of the impact of nominations on ordinary residence.

The aim of extra care housing is to provide high quality housing, support and care services which enable, support and encourage people to live independently for as long as they wish to do so. The provision of Extra care housing avoids admission to hospital, increases the bed capacity within hospitals, increases the number of patients discharged from hospital, and decreases those who may have a need for residential care.

The allocation of Lincolnshire extra care housing is primarily driven by the care and support needs of applicants but will also take into account housing and social needs. It is a means of preventing residential care enabling residents to regain, retain and maximise independence.

There are a number of key principles agreed with partners involved in the Extra Care Housing Programme:

a) promote independence for residents and other service users;
b) encourage active lifestyles and social contact for residents and other service users;
c) offer a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions;
d) offer choice and self-direction or co-production of services for residents;
e) be flexible in its style of service delivery so that services respond well to people's changing needs.

2.0 Nominations

A nominations agreement will need to be included in the Heads of Terms for each individual project and agreed by all parties. LCC will require a documented internal process - See Appendix 1 attached.

3.0 Allocations into individual schemes

Lincolnshire County Council will make nominations for all extra care housing schemes to the Registered Provider / Housing Revenue Account holder who will manage the individual schemes. Once a nomination is made, it will be the responsibility of the housing provider to carry out its own verification procedures before a formal offer of accommodation is made. Lincolnshire County Council, the Housing Provider and the District Council retain the right to refuse a nomination. However, if a refusal is made they will need to liaise with the Chair of the Extra Care Panel who will record the refusal and the reason for it and will write to the individual regarding the decision.

4.0 Extra care nomination criteria

The Extra Care Housing Panel will consider the suitability of an applicant for extra care housing, ensuring that the applicant meets the eligibility criteria for extra care housing.

An applicant must, at the date when the application is considered by the panel:

a) be eligible for housing within the UK and must be able to prove their residency status; AND
b) be at least eighteen years of age except where a Transition plan is in place. This also applies to any household members, as extra care housing is not suitable for persons under the age of 18; AND
c) be eligible for social housing and meet the qualification criteria outlined in the District Council's letting policy; AND
d) meet the ordinary residence criteria under the Care Act 2014; AND
e) meet any local connection criteria set out in the lettings policy; AND
f) be identified by Lincolnshire County Council as having a care need or a potential care need as follows:

    i) have a formal assessed care need under the Care Act 2014 which is being met by a commissioned service;
    ii) have an assessed care need under the Care Act 2014 which is being met by an informal carer who may not be able to continue;
    iii) have a progressive health condition where they are not currently in receipt of care but may require this in the future as the condition progresses;
    iv) be a carer with a son, daughter or dependent with a learning/physical disability who require care and support;

v) have a primary health need for care and support and identified as eligible for NHS Continuing Healthcare by the relevant Lincolnshire CCG.

5.0 Local connection

In order to access extra care housing within Lincolnshire the applicant must demonstrate a local connection. To demonstrate a local connection, an applicant must satisfy at least one of the following criteria:

a) have lived in Lincolnshire for 6 months out of the last 12 months or 3 years out of the last 5 years;
b) have a permanent job in Lincolnshire;
c) have a close family association (parent, adult child or adult brother/sister) who is currently living in Lincolnshire and have done so for more than 5 years;
d) have a need to be in Lincolnshire to be near to a particular health facility for long term treatment;
e) have a need to be in Lincolnshire to give or receive caring support.

6.0 Extra care housing panel

The Chair of the Panel will be a senior operational manager within Adult Care. Administrative support will be provided by Lincolnshire County Council and information shared in advance of the Panel (see Appendix 1 for terms of reference).

7.0 Dependency levels

The Panel should endeavor, wherever possible, to maintain a balanced community within the scheme. The balance of dependency of needs should be:

a) 30% of residents with a low care need or a deteriorating condition;
b) 40% of residents who have moderate care needs;
c) 30% of residents who have high care needs or NHS Continuing Healthcare needs.

The level of need is determined by the amount of care hours required as part of an assessment by Adult Care. Residents living within extra care housing will usually have care and support needs related to social/ health difficulties, including disability; frailty; low level dementia/ cognitive impairment; mental ill health or learning disabilities. The Panel will endeavor to enable applicants to enter Extra Care accommodation at an optimum time for them.

Banding criteria

CARE NEEDS	
High	More than 10 hours per week
Medium	5-10 hours per week
Low	1-4 hours per week

SUPPORT NEEDS	
High	The entire low/medium support bands, plus: • Support with mental health needs, such as anxiety, depression, personality disorder • Support with dementia/cognitive needs • Financial assistance as stated in their well-being plans
Medium	The entire low support band, plus: • Support with contacting GP's, District Nurses, Mental Health team, Pharmacists and/or any other Health & Social Care professional. • Support with benefits. • Support with maintaining rent account. • Advocacy
Low	Daily contact via the telecom system or face to face to check on wellbeing: • The offer of a Well-being plan. • A Person-Centred Fire Risk Assessment • Use of the facilities provided within the scheme.

Individual care and support plans should be flexible to change over time to ensure they continue to meet the needs of the applicant and the needs of the scheme.

8.0 Maximum dependency/ risk assessment

If a resident requires care levels beyond the level that can be adequately met by extra care housing, then all agencies on the Extra Care Housing Panel should work together to suggest a more suitable option for the individual and formally notify the referrer of the outcome and suggested alternative provision.

Maximum dependency for the scheme would include:

a) frequent or 24 hour care and support needs, including nursing needs, beyond the level of the care provider or support-based staff to provide;
b) behaviour or condition meaning that the needs can no longer be adequately or safely be met within the scheme/their actions interfere with other residents' quiet enjoyment of their home.
c) A level of physical or mental frailty which is likely to cause serious disruption or risk to other residents, including persistently intruding on others, physical or verbal aggression.

9.0 Prioritisation of nominations

There may be occasions when there are a number of referrals made at a similar time for the same scheme. In this case the panel will decide which referral to nominate by assessing if any of the individuals are in Priority need.

Individuals whose circumstances include one or more of the following may be considered in Priority need. If there were limited vacancies and more that one referral then these factors would ensure that these individuals had priority for the nomination:

a) someone who is unable to leave hospital as they are unable to return to their current property;
b) someone who is living in an unsuitable property and they are at critical risk of harm in their current living environment;
c) someone who is in the early stages of a terminal illness and wishes to move to more suitable accommodation;
d) someone who is overcrowded or under occupying in a family home;
e) someone who is at risk of homelessness within 28 days.

10.0 Requesting specific accommodation

It will not usually be possible to request specific units within extra care housing schemes. However there may be specific circumstances where there is a need for a specific floor or apartment within a scheme. This information may be considered by the Panel as part of the nomination process when specific information is provided:

a) establish why a particular floor is required, where there is more than one floor (all schemes will have at least one lift);
b) establish if and why a particular flat is needed. Confirm the distinction between a want and a need;
c) establish why a flat with full adaptations is required (input from an occupational therapist will be required to determine this need);
d) a care needs assessment will need to be carried out by Adult Care.

11.0 Equal opportunities

The Extra Care Housing Panel is committed to providing housing services to the whole community and will not discriminate against any applicant on the basis of their ethnic origin, religion, gender, sexual orientation, disability or race. The Lincolnshire Councils value the diversity of our communities and will monitor referrals to the services to ensure that services are accessible to all members of our community.

12.0 Complaints

Complaints regarding the nominations process will be processed through the nominating organizations complaints policy. Complaints regarding decisions taken by the panel or organisations not to accept individual nominations must be made directly to the Chair of the panel who will agree which organisation is best placed to lead on the response.

13.0 Appeals

Individuals being referred to extra care housing will be entitled to appeal against decisions not to nominate made by the Extra Care Housing Panel. All appeals will be referred to the County Manager with responsibility for extra care housing. Appeals will be about the decision rather than the process. The Extra Care Housing Panel will be consulted on any appeals and their views will be taken into consideration. The Chair of the Extra Care Panel will inform the nominee regarding the appeal decision and how this decision was reached.

Appendix 1 - Extra Care Panel Terms of Reference

1. Purpose of the Panel

The purpose of the Extra Care Housing Panel is to make decisions on nominations for Extra Care Schemes, and endeavor to maintain a balance of needs within the extra care community. The Panel will maintain a waiting list of assessed referrals ready for potential vacancies within the extra care housing schemes in Lincolnshire and ensure that assessments are kept up to date i.e. reflect changing needs.

The Panel meeting is held as part of the nomination and care co-ordination process and to ensure the most appropriate use of resources before the housing provider agrees a tenancy to an individual wishing to access extra care housing. The Panel will feedback information regarding demand and community mix at various liaison meetings at forums as required.

2. Panel process

The Panel will look at referrals from people who request extra care housing using a care assessment needs application form to ensure the referrals meet the panel eligibility criteria and that reasonable preference is given to those with appropriate needs.

The Panel will make recommendations to Lincolnshire County Council, District Councils and housing providers in order to nominate to the most suitable Extra Care scheme.

The Panel must consider the need to maintain a balanced community, but should assess each applicant against the following criteria:

a) care and support needs, and the ability of the care provider to meet those needs;
b) housing need;
c) ability to live in a community with others, where relevant;
d) willingness to accept the need for supported housing;
e) carer's needs where relevant;
f) any other factors, which may affect the supply and demand for supported housing.

Once the Panel decides on a suitable nomination this is forwarded to the housing provider to progress. This will also require a notification to Brokerage to source the care.

The Panel is also responsible for ensuring, whenever possible, that there are assessed individuals on the waiting list for the various schemes across the County.

3. Membership

The Panel will consist of:

a) Representative from Adult Care Operations
b) Representative from Adult Care Brokerage
c) Representative from the relevant (scheme specific) District Council
d) Representative from the relevant housing provider
e) Representative from the relevant care and support provider

The panel Chair will ensure that all relevant officers are invited to attend the meeting. Where officers are unable to attend the meeting they will arrange for a suitable deputy to attend. To be quorate all members or deputies need to be in attendance.

4. Meetings

The Extra Care Housing Panel will meet Quarterly (more often depending on the number of referrals). Extraordinary meetings can be arranged as necessary by the Panel Chair and it would be expected that the panel would meet more often when a new scheme is nearing completion.

The meetings shall be convened by Lincolnshire County Council by giving the members not less than 5 working days' notice of a meeting, unless the business to be considered is urgent.

The representatives at the meeting shall have one vote each to determine suitable nominations In the event of a tied vote the Chair shall have a second or casting vote.

Members will be required to take an active part and should be in a position to decide whether individual referrals can fit into the balanced needs of the scheme and will also highlight any particular risks as part of an individual referral.

5. Referrals to the Panel

Referrals will usually be sent on the extra care referral form by the Adult Care worker via Mosaic. Referrals can be made direct via the individual or through a nominated Officer/ advocate via secure email. The Chair will ensure that all completed referrals are saved in a secure location. Any referrals not fully completed will be returned to the nominated officer or individual to request more details. Once the details are completed in full the Chair will pass the details to all members of the panel to be discussed at the next meeting along with any supporting social care or health assessment information. The Chair will

make enquires prior to the panel meeting as to the availability of accommodation at the various schemes within the County.
If the case is considered to be too urgent to wait until the next proposed meeting then an extraordinary meeting will be called via the Chair.

6. Availability of extra care housing

The Panel recognises that the final decision as to who is made a formal offer of accommodation is made by the individual housing provider. All verification and background checking regarding the referral will be completed by the housing provider with input from the care provider / care manager as necessary.

7. Reporting

The panel will report periodically on the numbers of nominations and subsequent allocations, the number of available voids and progress of the development of the schemes to the Housing, Health and Care Delivery Group.

This page is intentionally left blank

CITY OF LINCOLN COUNCIL

WORKING IN PARTNERSHIP WITH LINCOLNSHIRE COUNTY COUNCIL

Extra Care Housing and Linked Facilities at

De Wint Court, Bowden Drive, Lincoln

CARE VISION

June 2019

CONTENTS

1 SCOPE

1.1 This document is intended to define the vision and components of the care environment and service on offer at De Wint Court. It helps to underpin the shared vision for care of CoLC and LCC and enables other key stakeholders and service providers for the scheme to develop their engagement and services within a well-defined framework.

2 KEY PRINCIPLES

2.1 Both CoLC and LCC have some over-arching aspirations for what the new De Wint Court will achieve. These are the key principles which both partners feel should govern the aims and operation of the scheme and its services are:

a. promote independence for residents and other service users
b. encourage active lifestyles and social contact for residents and other service users
c. offer a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions
d. offer choice and self-direction or co-production of services for residents
e. be flexible in its style of service delivery so that services respond well to people's changing needs.

3 DEFINING CARE

3.1 CoLC and LCC define care in the extra care context in a broad way which encompasses different levels of provision and services. These divide naturally into four elements:

a. WELL-BEING FOR ALL – which refers to the general character of the physical environment and the general service offer and model provided to all residents.

b. TARGETED WELL-BEING – which refers to specific and defined support services which are provided to residents identified as eligible for additional targeted support in order to promote their independence.

c. PERSONAL SOCIAL CARE – which refers to dedicated professional care services provided to those residents who are assessed as having a eligible needs, for structured personal social care in order to maintain their independence.

d. HEALTH CARE – which refers to health treatments for recognised medical conditions whether these be acute or chronic conditions.

CoLC aims to provide the first element (a) of the caring environment within the core offer at De Wint Court. LCC aims to make its well-being provider available to provide elements (b) and (c) to the residents it nominates as well as others by agreement. some residents may choose a personal budget and purchase their own care service outwith that provided by the existing provider for the area. Health care provision – element (d) - will rely on existing services in the Lincoln locality but the need for health care can impact on other aspects of care, for example targeted well-being or personal social care so this emphasises the need for flexibility in service delivery and a person-centred approach.

4 WELL-BEING FOR ALL

4.1 This component of the care environment will be a core responsibility for CoLC in its design, maintenance and day to day operation of De Wint Court. Meeting the costs of this important general level of physical provision, facilities and services will be met through a combination of rents, service charges and some specific charges for special services such as meals and for some social activities like outings for residents.

SPACE AND FEATURES IN THE HOME

4.2 These make a very important contribution to the caring environment and to well-being for residents. CoLC will aim to achieve a high-quality home environment for residents which:

a. Is accessible, including for people with impaired mobility
b. Provides space for hobbies, visitors and in some instances for live-in care
c. Offers good levels of storage
d. Provides storage and charging facilities for mobility scooters and wheelchairs
e. Has good levels of home and scheme security
f. Provides the reassurance of an alarm call connection and the potential to be enhanced with other technology to help with formal care services.

FACILITIES AND SERVICES

4.3 The wider extra care offer for residents will be focused on well-being and include:

a. a generally comfortable, modern and attractive environment
b. a scheme layout and design which helps residents to circulate easily, identify their individual homes readily and stay safe
c. good indoor and outdoor spaces for socialising and for activity
d. an operating ethos and design which promotes neighbourliness
e. access to affordable and nutritious meals within the scheme
f. trusted staff with an enabling attitude
g. a dedicated caretaking service
h. good general housing related advice and sign-posting of other services
i. links to the wider community and the use of space at the scheme by other local people so that De Wint Court is well integrated in its locality and its facilities are well used.

5 TARGETED WELL-BEING

5.1 LCC recognises that the provision of targeted well-being services for older people has good preventative benefits and helps to promote independence. It commissions a county-wide well-being service for adults over the age of 18.

5.2 Provisionally, it is anticipated that the targeted well-being service at De Wint Court will be provided as part of the county-wide service commissioned by LCC in line with the existing service scope and eligibility. This will provide residents living at De Wint Court targeted support where their needs are such that a well-being intervention is required over and above the base service provision available to all residents.

5.3 Where possible, the targeted well-being service will flex around a resident's specific and changing needs and subject to the nature of the specific Wellbeing intervention, will have a temporary duration of no more than 12 weeks. This 'generic support'

offering is geared to assisting residents through episodes of increased vulnerability. Those episodes may be linked to periods of poor health and/or medical treatment or issues connected to changes in financial circumstances or key relationships.

5.4 Targeted well-being services are likely to include:

a. An assessment of eligible residents referred, considering both the individual and their environment, and providing clear recommendations for service delivery next steps and beyond

b. a generic support service, tailored to each resident's needs as identified in their assessment, normally with an anticipated timeframe for intervention for up to a maximum of 12 weeks, but ensuring appropriate local support mechanisms are in place once the period of generic support has finished.

c. 'Generic support' could include support for a wide range of requirements. Some illustrative examples are included below:

i. advising residents to manage changes in their general support network, including changes to their key relationships

ii. advising and guiding residents where relationship problems within the scheme are becoming acute, are affecting people's well-being and are beyond reasonable housing management actions

iii. providing additional advice or advocacy for people experiencing significant financial problems, including problems with benefit entitlement which are beyond reasonable housing management actions

iv. other support, advocacy or sign-posting where a higher degree of specialist knowledge and skills are required than that available in the scheme's general housing management

d. Where necessary, assisting residents to resettle into their home after periods in hospital

e. Where necessary, a response service to attend a resident at home upon notification to the telecare provider that the resident requires assistance. This would be subject to a financial contribution from the resident.

5.5 In addition to targeted well-being, support is provided by Adult Care key workers to eligible residents and this may include similar types of support to those referenced in paragraph 5.4, under the generic support heading. For example, supporting and advising residents to manage changes in their general support network, including changes to their key relationships.

6 PERSONAL SOCIAL CARE

6.1 LCC intends to nominate residents for not less than half of the dwellings available (and always 35 or more) and anticipates that most, if not all, of these residents will have a requirement for medium to high levels of personal social care.

6.2 LCC will commission a dedicated care provider to deliver the personal social care service at De Wint Court. Although a dedicated service, with the care provider having the opportunity to locate an operating base at the scheme, the style of service will be home care and the level of input for residents will be based on an individual care assessment and a clear care plan.

6.3 Residents nominated by LCC and assessed as requiring personal social care within the scheme setting will generally have their care costs funded by LCC and subject to a financial assessment in line with LCC's charging policy, by an appropriate client contribution. Other residents living at De Wint Court who were not nominated by LCC can also secure a personal care service from the dedicated care provider, which subject to eligibility may be funded in whole or part by LCC. The personal care service for eligible residents will be specified by LCC and include:

a. Assistance with day to day basic needs such as washing, bathing, getting up or going to bed, getting dressed and meals preparation

b. Liaison with wellbeing and housing management staff to make sure that a resident's needs are looked after as effectively as possible across the spectrum of provision at De Wint Court.

6.4 Individual residents have the right to choose an alternative care provider in circumstances where they commission and/or fund their own personal social care.

7 COLLABORATION WITH HEALTH CARE SERVICES

7.1 Both CoLC and LCC recognise the importance of linking service delivery at De Wint Court with the operation of health services locally. This might simply be a need to co-ordinate the input of district nursing services for some more vulnerable residents. However, it is also likely to include effective liaison with GPs or with local hospitals during periods when residents are experiencing poor health or require specific treatments.

7.2 Liaison is likely to relate mainly to individual resident circumstances and mainly be managed by staff charged with the targeted well-being or personal social care services.

7.3 It will also be an aim of the operation of De Wint Court generally for there to be standing liaison with the NHS. This should extend to a representative from the Clinical Commissioning Group (CCG) (or other representative local primary health body) attending regular meetings with CoLC and LCC to monitor the operation of the scheme.

8 SAFEGUARDING

8.1 Safeguarding is the responsibility of all organisations and staff involved in delivering services, be they housing management, Well-being for all, targeted well-being, personal social care or health care services, and involves ensuring that residents are not exposed to undue risk including in the home and monitoring their needs as they change.

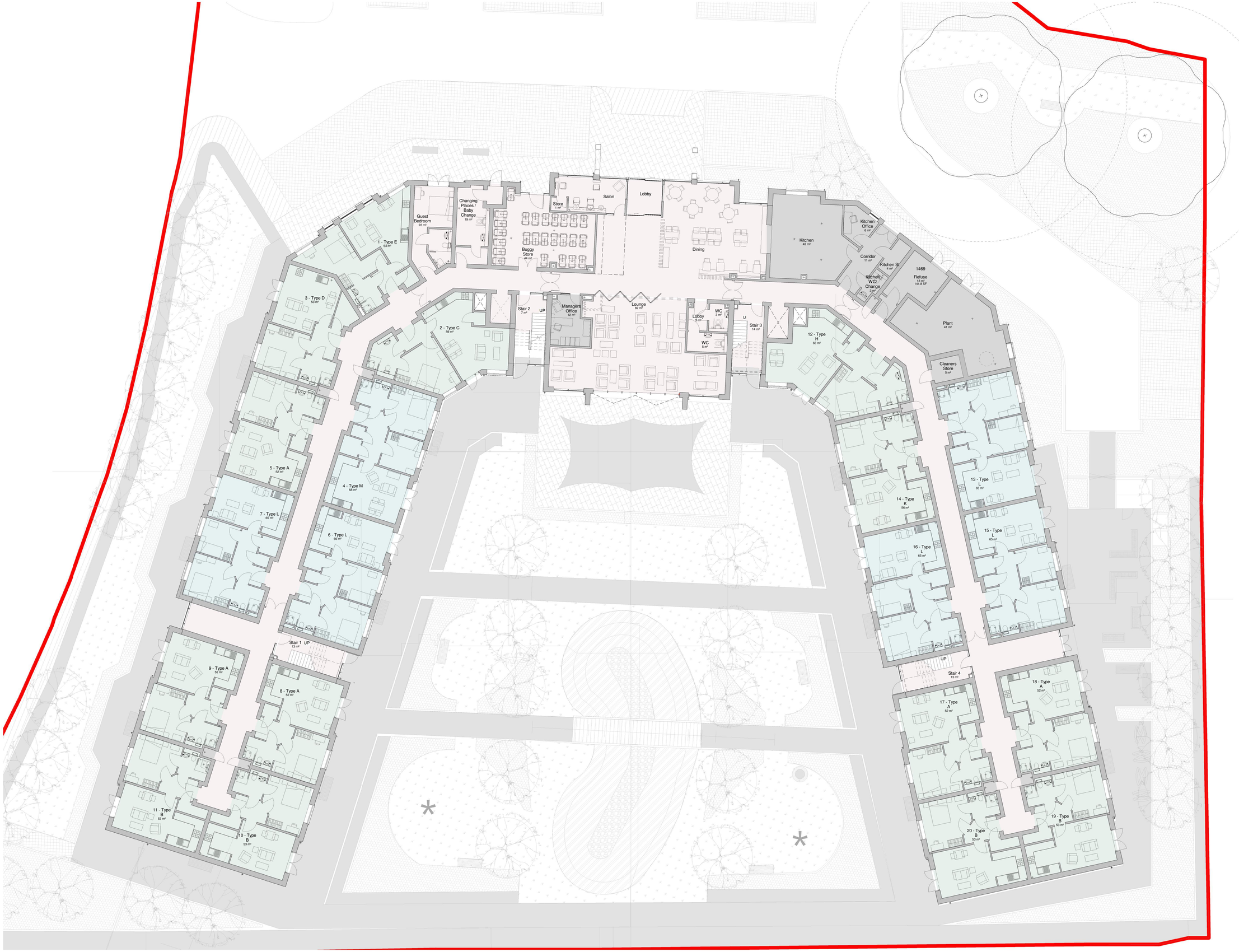
8.2 LCC will oversee any safeguarding investigations and actions leading from such an investigation.

9 AFFORDABILITY AND VIABILITY

9.1 CoLC has promoted the development of extra care housing at De Wint Court with affordability of rents and other services as a guiding principle. The combination of rent levels and service charges for the general operation of the scheme are intended to make De Wint Court an especially competitive offer. CoLC is aiming to extend this principle to meals provision, with residents expected to pay lower prices than other users of the catering facilities at De Wint Court.

9.2 LCC is contributing to the scheme in the spirit of achieving good affordability characteristics. It intends to commission high quality but competitively priced targeted well-being and personal social care services. For residents whose care costs need to be met by their own resources, these will be priced fairly and competitively.

This page is intentionally left blank



This drawing to be read in conjunction with all specifications and all other consultants design information. Any contradictions between this drawing and any other design information to be advised to the contract administrator and author immeadiately.

The contractor to site measure, check and verify all information issued, and confirm the correctness of the contents prior to the commencement on site.

The contractor to comply with all current statutory legislation, Building Regulations, British Standards, and good building practice. Do not scale from this drawing.

Revision

Rev	Description	Date	Dr by	Ckd by
A	Juliett balconies removed and replaced by full height glazing with a mid-rail and upper opening lights.	28.02.2019	YA	PH

N

client: wood.

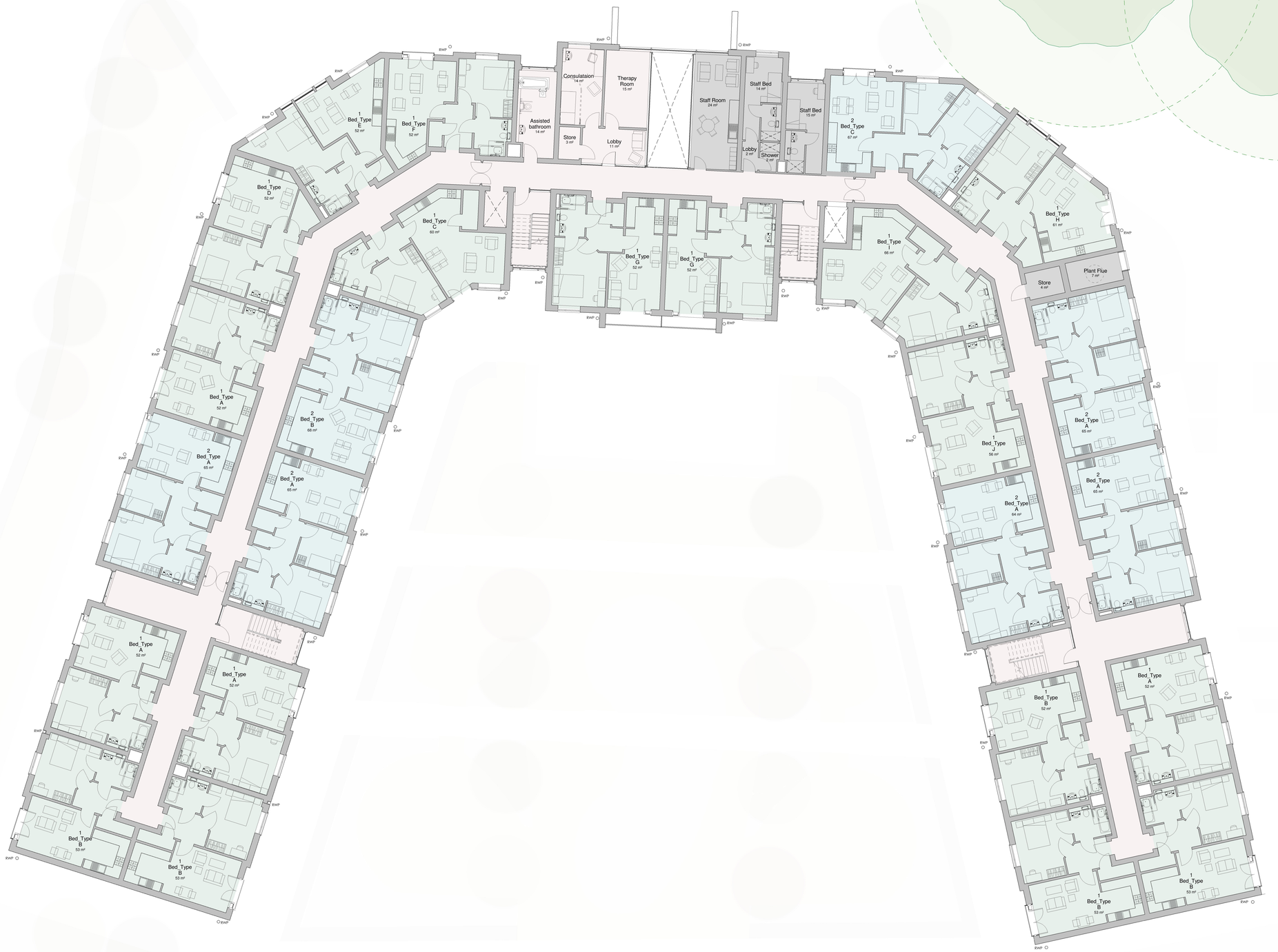
project: City of Lincoln Council - De Wint Court

title: Ground Floor Plan

date: 31.05.2018	scale: 1 : 100@A0	status: Planning	
drawn: SI	dwg: 16048-GNA-XX-00-MP-A-1200	rev: A	
checked: PH			

Glancy Nicholls Architects
The Engine Room, 2 Newhall Square, Birmingham, B3 1RU 0121 456 7474
26-27 Bedford Square, London. WC1B 3HP 0203 727 5252
registration No: 5141809 architects@glancynicholls.com

This page is intentionally left blank



This drawing to be read in conjunction with all specifications and all other consultants design information. Any contradictions between this drawing and any other design information to be advised to the contract adminstrator and author immeadiately.

The contractor to site measure, check and verify all information issued, and confirm the correctness of the contents prior to the commencement on site.

The contractor to comply with all current statutory legislation, Building Regulations, British Standards, and good building practice. Do not scale from this drawing.

Revision

Rev	Description	Date	By	Ckd by

N

client: wood.

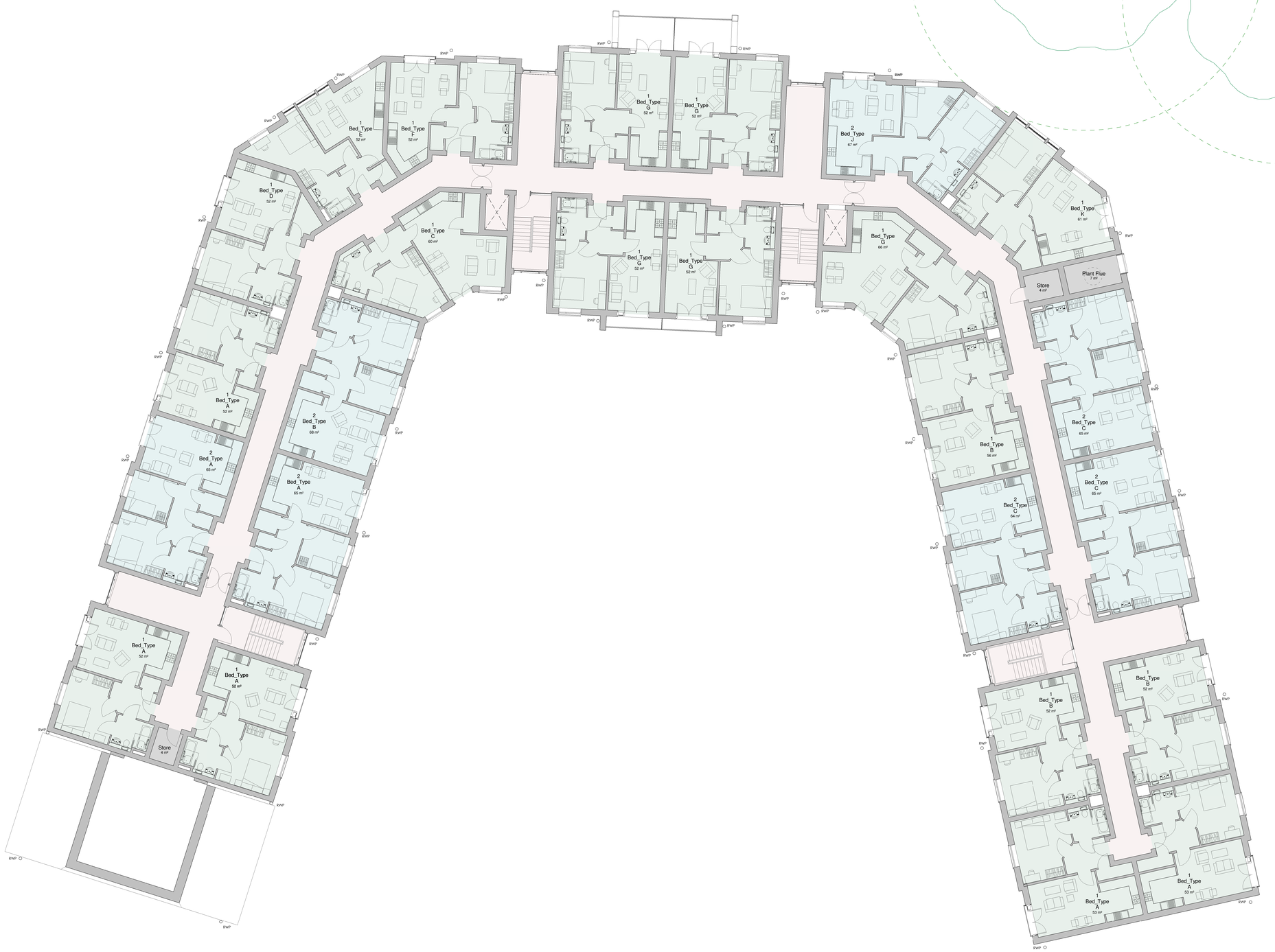
project: City of Lincoln Council - De Wint Court

title: First Floor Plan

date: 31.05.2018	scale: 1:100@A0	status: Planning	
drawn: SI	dwg: 16048-GNA-XX-01-MP-A-1201	rev	
checked PH			

Glancy Nicholls Architects
The Engine Room, 2 Newhall Square, Birmingham, B3 1RU 0121 456 7474
26-27 Bedford Square, London, WC1B 3HP 0203 727 5252
registration No: 5141809 architects@glancynicholls.com

This page is intentionally left blank



This drawing to be read in conjunction with all specifications and all other consultants design information. Any contradictions between this drawing and any other design information to be advised to the contract administrator and author immediately.

The contractor to site measure, check and verify all information issued, and confirm the correctness of the contents prior to the commencement on site.

The contractor to comply with all current statutory legislation, Building Regulations, British Standards, and good building practice. Do not scale from this drawing.

Revision

Rev	Description	Date	By	Ckd by

N

client: wood.

project: City of Lincoln Council - De Wint Court

title: Second Floor Plan

date: 22.05.2018	scale: 1:100@A0	status: Planning	
drawn: SI	dwg: 16048-GNA-XX-02-MP-A-1202	rev:	
checked: PH			

Glancy Nicholls Architects
The Engine Room, 2 Newhall Square, Birmingham, B3 1RU 0121 456 7474
26-27 Bedford Square, London, WC1B 3HP 0203 727 5252
registration No: 5143809 architects@glancynicholls.com

This page is intentionally left blank

Housing with Care Feasibility Model

Project Name: East Lindsey District Council

Local Authority Partner : Lincolnshire County Council

	No of Units	SU Per Unit
Number of OP Properties	35	1.5

LCC Inflation	2%

Local Authority Contribution	£2,800,000.00	

Performance Indicators	Target	Actual
Lincolnshire County Council Payback Year	5	15

Financial Summary

Financial Outputs dependent upon assumptions:		
Projected cost of extra care to LCC ASC	**£ 475,282**	
Current cost of provision to be reprovided	**£ 667,190**	
Projected Loss of income due to reprovision	**(£ 21,928)**	
These figures together produce:		
Net saving to LCC ASC	**£ -169,980**	Negative figure is a saving
Saving per residential diversion	**£ -3,207**	Negative figure is a saving

Assumptions including Activity Outputs and finance outputs already summarised above

	Fixed	Variable per individual	Total all units
Hours per week as part of 24 hour cover	168		
Number of tenancy units	35		
Agreed Occupancy Support (Block)		0.5	18
Care planned share (Day Time)			151
Number of residents per property - tenants			53
Tenants - Number low care needs		33%	17
Tenants - Number medium care needs		33%	17
Tenants - Number high care needs		34%	18
Average hours low care needs		5.00	85
Average hours medium care needs		7.50	128
Average hours high care needs		20.00	360
Total care planned hours			573
Of which part of block			151
Hours bought in addition to block			422

Facility Care Service Unit Price

Assumed hourly rate - day block			£ 15.45
Assumed hourly rate day spot			£ 15.45
Cost to LCC ASC - Block			£ 135,335
Cost to LCC ASC - Spot			£ 339,948
Projected Total Cost to LCC ASC			**£ 475,282**
Projected cost to LCC ASC			**£ 475,282**

Replacement of existing care provision

Residents with low and medium care needs			
Day hours for residents with low care needs		85	
Current cost per hour existing provision		£ 15.45	
			£ 68,473
Day hours for residents with medium care needs		128	
Current cost per hour existing provision		£ 15.45	
		45	£ 102,709
Residents with high care needs			
Number of residents with high care needs		18	
Calculated cost of residential place			£ 496,008
Average residential cost		£ 27,556	
Current cost of provision to be reprovided			**£ 667,190**

Income change for residential diversions

Number of residents with high care needs		18	
Current expected residential income from assessed charges			-£ 62,580
Expected income from diversion to home support			-£ 40,652
Assumes income change from low & medium will be cost neutral			
Projected Loss of income			**(£ 21,928)**
Net saving to LCC ASC			**£ -169,980**
Saving per residential diversion			**£ -3,207**

Residential Support Calucaltions	
Average Expected Cost	£528.50
Income %	30%
Gross Cost	£ 496,008
Income	£ -149,001
% Proportion of SU Paying Contribution	42%
Total Income	£ -62,580

Homecare Support Calculations	
Hourly rate	£ 15.45
Number of hours	28
Annual cost	£ 22,556
Average income	24%
Total Income	£ -5,377
% Proportion of SU Paying Contribution	42%

Grey Cell = not active
Green cell = formula do not overtype
Clear cell = assumption you can amend

LCC Initial Investment
£2,800,000.00

Year	Revenue Savings	Cumulative Savings	Repayment Year
1	169,979.82	169,979.82	
2	173,379.41	343,359.23	
3	176,847.00	520,206.23	
4	180,383.94	700,590.17	
5	183,991.62	884,581.79	
6	187,671.45	1,072,253.24	
7	191,424.88	1,263,678.13	
8	195,253.38	1,458,931.50	
9	199,158.45	1,658,089.95	
10	203,141.62	1,861,231.57	
11	207,204.45	2,068,436.01	
12	211,348.54	2,279,784.55	
13	215,575.51	2,495,360.06	
14	219,887.02	2,715,247.08	
15	224,284.76	2,939,531.83	**15**
16	228,770.45	3,168,302.29	
17	233,345.86	3,401,648.15	
18	238,012.78	3,639,660.93	
19	242,773.04	3,882,433.97	
20	247,628.50	4,130,062.46	
21	252,581.07	4,382,643.53	
22	257,632.69	4,640,276.21	
23	262,785.34	4,903,061.55	
24	268,041.05	5,171,102.60	
25	273,401.87	5,444,504.47	
26	278,869.91	5,723,374.38	
27	284,447.30	6,007,821.68	
28	290,136.25	6,297,957.93	
29	295,938.98	6,593,896.91	
30	301,857.75	6,895,754.66	
31	307,894.91	7,203,649.57	
32	314,052.81	7,517,702.38	
33	320,333.86	7,838,036.24	
34	326,740.54	8,164,776.78	
35	333,275.35	8,498,052.14	
36	339,940.86	8,837,993.00	
37	346,739.68	9,184,732.67	
38	353,674.47	9,538,407.14	
39	360,747.96	9,899,155.10	
40	367,962.92	10,267,118.02	
			15

This page is intentionally left blank

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	Adult Care Capital Programme – Extra Care Housing	**Person / people completing analysis**	Colin Hopkirk/ Juliet Slater
Service Area	Adult Care	**Lead Officer**	Juliet Slater
Who is the decision maker?	Glen Garrod	**How was the Equality Impact Analysis undertaken?**	
Date of meeting when decision will be made	09/07/2019	**Version control**	
Is this proposed change to an existing policy/service/project or is it new?	New	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Commissioned
Describe the proposed change	The council has identified the need for the development of new Extra Care Housing facilities in Lincolnshire in order to alleviate the long term pressure for the provision of residential care in the county and to increase the availability of Extra Care generally. This Equality Impact Analysis addresses the equalities implications of extra care housing generally and with particular reference to a proposed development at De Wint Court in Lincoln. Under the De Wint Court proposal £2.8m of the £11.886m Adult Care Capital grant would be used to enable the De Wint Extra Care Housing scheme to commence development in October 2019. The proposed De Wint ECH scheme in the City of Lincoln is a partnership between the City of Lincoln Council (CoLC) and the County Council to provide Extra Care Housing (ECH) for the anticipated demand in the City. The development will provide a total of 70 units of accommodation for a minimum 30 year period enabling choice for residents and revenue savings by providing an alternative to expensive residential care. The total cost of the development is £12 million, with the CoLC contributing £6 million, Homes England £3.2 million and the County Council £2.8 million that provides Adult Care with nomination rights on 35 units for 30 years using a process of first right of refusal with no void risk.		

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 demographic trends for Lincolnshire indicate that there will be greater need for ECH as the percentage of people aged 65+ increases, whilst Lincolnshire has the lowest level of ECH provision of any county in the country. ECH is aimed at older people but because it is a preventative model, it attracts people of varying ages, allowing individuals to remain independent for as long as possible and avoiding admission to residential care. Evidential research indicates that ECH is a cost effective way to deliver care in comparison to residential and domiciliary care and that ECH promotes increased wellbeing and independence. The proposed development at De Wint Court will be designed deliver these positive impacts , with the County Council able to nominate at least 35 individuals with a mixture of care needs.
Disability	Extra Care Housing as a model can be provided for people with a range of needs including those with both physical and learning disabilities which means the positive impacts of ECH are also available to people with a disability where the nature of the scheme allows. The DeWint Scheme is aimed at people over 55 some of whom may have a disability. Other schemes which the Council is pursuing would potentially be available to people younger than 55 but with care needs such as people with learning difficulties. The funding agreements which successful applicants will be required to enter into will oblige applicants to comply with the Equality Act 2010 in the delivery of ECH.
Gender reassignment	Extra Care Housing (including at De Wint Court) would be available to potential residents regardless of this protected characteristic. The funding agreements which successful applicants will be required to enter into will oblige applicants to comply with the Equality Act 2010 in the delivery of ECH.
Marriage and civil partnership	Extra Care Housing (including at De Wint Court) would be available to potential residents regardless of this protected characteristic. The funding agreements which successful applicants will be required to enter into will oblige applicants to comply with the Equality Act 2010 in the delivery of ECH.

Pregnancy and maternity	Extra Care Housing (including at De Wint Court) would be available to potential residents regardless of this protected characteristic. The funding agreements which successful applicants will be required to enter into will oblige applicants to comply with the Equality Act 2010 in the delivery of ECH.
Race	Extra Care Housing (including at De Wint Court) would be available to potential residents regardless of this protected characteristic. The funding agreements which successful applicants will be required to enter into will oblige applicants to comply with the Equality Act 2010 in the delivery of ECH.
Religion or belief	Extra Care Housing (including at De Wint Court) would be available to potential residents regardless of this protected characteristic. The funding agreements which successful applicants will be required to enter into will oblige applicants to comply with the Equality Act 2010 in the delivery of ECH.
Sex	Extra Care Housing (including at De Wint Court) would be available to potential residents regardless of this protected characteristic. The funding agreements which successful applicants will be required to enter into will oblige applicants to comply with the Equality Act 2010 in the delivery of ECH.
Sexual orientation	Extra Care Housing (including at De Wint Court) would be available to potential residents regardless of this protected characteristic. The funding agreements which successful applicants will be required to enter into will oblige applicants to comply with the Equality Act 2010 in the delivery of ECH.

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.

This work could assist in providing community capacity which encourages a variety of different providers and promote a market which supports the offer of a sustainable and diverse range of care and support and different types of service. It provides genuine choice to meet the needs and reasonable preferences of local people. It provides part of the response to the care options for those who self-fund or who arrange and manage their own care through Direct Payments.

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.
Disability	No perceived adverse impact.
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.
Any successful developer will be expected to develop their own Equality Impact Assessment and in doing so identify whether their actions would have any negative impacts. This will provide evidence that developers are actively engaging the local community and potential future users.

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
Internal Council staff have been surveyed about likely impacts and the People's Partnership have been commissioned to engage externally including with Age Concern and Just Lincolnshire. The results of this engagement will inform future versions of this Equality Impact Analysis as the programme progresses.

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

Age	See above.
Disability	See above.
Gender reassignment	
Marriage and civil partnership	
Pregnancy and maternity	
Race	
Religion or belief	

Sex	
Sexual orientation	
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.	Yes.
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?	There will be continued Council involvement in the De Wint Court development through the nominations process and the Council's presence on the Nominations Panel. Evaluation of benefits will be conducted through this process and ongoing monitoring of the extra care programme.

Further Details

Are you handling personal data?	No If yes, please give details.

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

Policy and Scrutiny

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**03 July 2019**
Subject:	**Short Breaks Provision in Lincolnshire**

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the re-procurement of the Short Breaks and Emergency Placements Service for people with Learning Disabilities, which is due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 4 and 5 July 2019. 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 for Adult Care, Health and Children's Services set out in the report.

(2) To agree any additional comments to be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item.

1. Background

The Executive Councillor for Adult Care, Health and Children's Services is due to consider a report entitled Short Breaks Provision in Lincolnshire between 4 and 5 July 2019. The full report to the Executive Councillor is attached at Appendix 1 to this report.

2. Conclusion

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

3. Consultation

a) Have Risks and Impact Analysis been carried out?

Yes

b) Risks and Impact Analysis

See Equality Impact Analysis attached at Appendix A.

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor – Short Breaks and Emergency Placements Service Re-procurement including Equality Impact Analysis attached at Appendix A.

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 Carl Miller, who can be contacted on 01522 553673 or carl.miller@lincolnshire.gov.uk.

Lincolnshire COUNTY COUNCIL
Working for a better future

Executive Councillor

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

Report to:	**Executive Councillor for Adult Care, Health and Children's Services**
Date:	**Between 04 July 2019 and 05 July 2019**
Subject:	**Short Breaks Provision in Lincolnshire**
Decision Reference:	**I017423**
Key decision?	**Yes**

Summary:

Lincolnshire County Council (LCC) currently commissions short breaks through a combination of contracts, utilising council owned properties as well as through residential care contract arrangements. There are two Specialist Adult Services contracts utilising LCC properties, Swallow Lodge and Cedar House which expire at the end of November 2019. They are the only dedicated short breaks and emergency placement provision that LCC has for Learning Disabilities clients, outside of the standard residential contracts. There is a need to re-commission these services to ensure that LCC continue to have dedicated emergency and short breaks provision for Specialist Adult Services.

More widely LCC have residential and nursing care contracts that are also used for short breaks/residential respite provision. The residential contracts are not designed specifically for this purpose and it is therefore timely to explore benefits of having additional bespoke short breaks contract arrangements, which specify the short breaks/respite requirements clearly and which deliver high quality services for users and value for money for the Council.

This report sets out recommendations for the re-procurement of dedicated Short Breaks and Emergency placement provision at Swallow Lodge and Cedar House and a further review of wider respite provision.

Recommendation(s):

That the Executive Councillor:

1. Approves the re-procurement of planned short breaks and emergency placements for Learning Disability (LD) services at Swallow Lodge and Cedar House.

2. Delegates to the Executive Director of Adult Care and Community

Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services, the authority to determine the final form of the contract, to approve the award of the contracts and entering into the contracts, and any other legal documentation necessary to give effect to the said contracts.

3. Notes the proposal to carry out a second phase of work to focus on the commissioning of wider residential short breaks and respite requirements, including exploration of the potential benefits of bringing greater clarity and consistency in respite provision through additional bespoke short breaks contract arrangements, including opportunities for improvements in service quality, availability and value for money.

Alternatives Considered:

1. Negotiate a revised contract with the current provider

   The Council has an existing contract for an Emergency Placement and Short Breaks Service; the contract does not have provision for any further extension.

2. To do nothing

   This option would cease the commissioning of a dedicated Learning Disability Respite service. This option would not be recommended because good quality short breaks services, including residential respite services, are important in supporting unpaid carers. This service is significant in helping to sustain informal carer arrangements in the long term. The cost of supporting short breaks is cheaper than the alternative long term care provision options in the event that informal carer's relationships break down.

Reasons for Recommendation:

1. There is a need to purchase and maintain some control over LD residential respite provision because planned short breaks and emergency placements can be difficult to source in the 'spot purchase' residential market. Residential Providers often don’t want to hold beds 'open' in case of emergency, individuals needs can be complex and challenging, and resulting placements can be expensive due short timescales to negotiate, with limited alternatives available.

2. As LCC currently owns two specialist respite buildings, Swallow Lodge and Cedar House, including one in the north and one in the south of the County, an appropriate way forward would be to continue to use these properties for the purpose of planned short breaks and emergency respite provision. These services allow the Council guaranteed access to a number of emergency beds to meet the needs of the learning disabilities

service, as well as bookable short breaks capacity, which is important to ensure that the Council is able to meet the needs of service users and carers.

3. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

1. Background

1.1. Respite and short breaks services offer short term support in a home or residential care environment. Usually the service is intended to give an informal carer a break from their caring role and to provide a meaningful activity for the service user. This opportunity is significant in relieving pressure on and helping to sustain informal carer arrangements in the long term. This can also be significantly more cost effective for the Council. As an illustration of this; based on current service costs, a series of planned short breaks for up to 5 weeks for an individual with learning disabilities at Swallow and Cedar would cost the Council on average £8,313 per annum. If the informal carer arrangement broke down and the individual required long term care and support to be provided by the Council, the current average annual cost for a LD residential placement is £59,176, and for a Community Supported Living Placement is £33,592.

1.2. Respite care may also be used in emergency situations, for example following carer breakdown, if a user is unable to stay in their own home due to an unforeseen accident or emergency or if an informal carer becomes suddenly unwell and unable to continue their caring role. Although the carer may be assessed as needing a break the person being cared for must be assessed for the support they need to allow the carer to take a break.

1.3. Being able to take a short break is important for everyone, for people that have care needs it can support them to meet outcomes such as:

- Developing and maintaining family and other personal relationships.
- Accessing and engaging in training or volunteering.
- Accessing facilities and services in the local community such as recreational activities.

1.4. For informal carers, taking a short break can benefit their emotional well-being and can facilitate a sense of normality, freedom, peace of mind and relief. A Short break can also support them to continue in their caring role[1].

1.5. Under the Care Act 2014 all carers are entitled to a carer needs assessment and, where they are deemed to have an eligible level of need, they will be entitled to funded support and access to services from the Council as a right. In some cases the services will include some form of short breaks or respite care.

[1] Short Breaks Work Plan 2018/19

1.6. Lincolnshire County Council has a duty to assess anyone who may have eligible needs. If a person's needs are eligible and their outcomes require planned/unplanned short breaks or respite which can't be met with some form of informal replacement care then we have a duty to meet that need. LCC needs to ensure that there are sufficient services, of required diversity and quality in the market to meet need.

2.0. Existing Contract Arrangements

2.1. Lincolnshire County Council (LCC) currently provides short breaks and respite care through a combination of options.

2.2. The principal delivery mechanism for the Learning Disability Service is via two dedicated Residential Short Breaks and Emergency Placements Contracts with provider Making Space. The services are delivered at two locations, Swallow Lodge in North Hykeham and Cedar House in Spalding. Both are LCC owned properties, from which planned and emergency respite care for adults with learning disabilities is provided. There are a total of 15 beds across both sites. The contracts for Swallow Lodge and Cedar House end on 30 November 2019 and have already been extended to their maximum duration. Therefore the Council needs to find an appropriate commissioning solution for these services from 1 December 2019 in order to ensure continuity of care and fulfil the existing demand.

2.3. The emergency placement capacity that these services provide is operationally critical for Specialist Adults Services, because it is often the last recourse for providing support to individuals with highly complex needs, for whom a safe and sustainable long term support solution can often take weeks or even months to commission.

2.4. The existing contracts are structured to give the provider a minimum purchase guarantee of £100,000 per annum. This is paid in 12 monthly instalments. This minimum purchase guarantee is further split into amounts reserving the Council a bed to be available specifically for emergency placements; with the remainder being set off against the aggregate amounts payable for planned short breaks.

2.5. Nightly rates and 1:1 costs, when compared to rates paid under the wider residential care contracts, are on average more expensive. Some reasons for higher costs include:

2.5.1. The services have the ability to accommodate and support individuals with a very high complexity of needs;
2.5.2. The services have a focus on the provision of support in emergency situations;
2.5.3. The services have to 'hold' a bed for emergency use at all times, which limits their occupancy;
2.5.4. The nature of planned short breaks services makes it difficult to sustain full occupancy, and consequently to guarantee income.

2.6. Swallow Lodge is a single storey building located in North Hykeham. There are plans to modernise Swallow Lodge and reconfigure the building. The proposed reconfiguration would increase bed capacity by one (from 8 to 9 beds). It would also separate the building into three distinct areas or units, for adults with complex needs, planned short breaks and emergency short term care. This reconfiguration will help to address some of the issues associated with maximising occupancy in the current building configuration, increase capacity slightly and also allow the facility to improve its facilities to continue to meet the needs of adults with complex needs.

2.7. In addition to the dedicated provision for the Learning Disabilities Services, there are also the following arrangements, covering client needs more widely across adult care:

2.7.1. Residential & Nursing Care Contracts – LCC has 275 in-County contracts with residential and nursing care homes that are also used as an option for provision short breaks and respite services for adults with learning disabilities, adults with physical disabilities and older people. These contracts cover provision of short term care but aren't specifically tailored to short breaks. For the majority, respite services are just a part of what they are able to offer, however a small number of Learning Disability focussed establishments exclusively offer short break and respite provision under the Residential and Nursing Care contract framework.

2.7.2. Transitional Care Block Contracts for Older people and adults with physical disabilities. 26 providers have contracts for health and social care beds. These are used to support hospital discharges and other requirements such as emergency respite placements, predominantly for older people. These contracts end on 31 August 2019. Their recommissioning will be reviewed separately, and so they are not extensively considered in this report, however there is some utilisation of these contracts for respite provision, with potential for this to be developed in future.

3.0. Budget, Spend and Demand Summary

3.1. Learning Disability Service

3.1.1. LD Respite and Short Breaks budget in 2018/19 is £1,180,186 increasing to £1,468,658 for 2019/20.

3.1.2. A summary of the Learning Disability Team Spend on respite services is given below:-

Respite/Short Breaks	***2017/18 (£)***	***2018/19 (£)***
Swallow Lodge (Respite and 1:1)	*439,503*	*644,118*
Cedar House (Respite and 1:1)	*235,695*	*277,867*

Planned Respite Provision (other establishments)	*273,995*	*459,367*[2]
Emergency Respite Provision (less than 42 nights per year)[3] *(other establishments)*	*£13,553*	*£73,000*
Total	*£962,746*	*£1,236,619*

Table 1 – LD Respite Spend 2017-2019

3.1.3. Spend on residential respite provision is increasing, although there is a shift towards personalised packages of care and people having more flexible packages of breaks, such as supported holidays. The data suggests that many people are still accessing services that may be deemed 'traditional' residential respite provision and there is a continued demand for these services.

3.1.4. This is supported by annual increases in spend at the two dedicated short breaks and emergency placement services, Cedar House and Swallow Lodge.

3.1.5. In 2018/19 occupancy at Swallow Lodge ranged from 59-93% (74% average) and Cedar House from 55-84% (65% average), representing 114 placements for 109 individuals in total. Generally occupancy levels and demand for respite provision is higher during the summer/early autumn months and falls during winter. Occupancy levels at Swallow Lodge are higher than at Cedar House. The provider also reports that they can have difficulties with compatibility which can make it difficult to maintain optimum occupancy levels.

3.1.6. Of the 114 placements, 10% of the placements were fully NHS funded and 6% of the placements were joint LCC/NHS funded. Spend on the fully NHS funded placements was £123,436 in 2018/19 and on joint funded placements was £67,510. This represents 13.4% and 7.3% respectively of the total spend in 2018/19.

3.1.7. 58 learning disability users accessed planned respite in alternative provision (i.e. not Swallow Lodge or Cedar House) in 2018/19 (up to 16.1.2019) across 10 residential care homes and the Shared Lives Service.

3.1.8. The average cost per night for alternative residential provision is lower than at Cedar House and Swallow Lodge. However the services at Swallow and Cedar include the provision of emergency beds, and manage the most complex support requirements for LCC which increases costs.

3.1.9. The nature of spot purchased short term residential services, as well as Shared Lives services means they aren't necessarily suitable for emergency provision (for example, an element of matching needs to happen prior to commencement of a shared lives placement, and/or the care environment may not be suitable for the type of complex

[2] Please note that there is fairly large increase in spend in 2018/19, mainly due to one large care package which has skewed spend.

[3] Please note that the data has been filtered to only include where users have been in provision under 42 days in the year. There is significant spend on short terms placements that have lasted longer than 42 days in the year.

needs presenting). It is therefore significant that LCC continues to make emergency bed provision at Cedar and Swallow.

3.2. Older People and Physical Disabilities Service

3.2.1. A summary of the overall spend on Older Peoples (OP) and Physical Disability (PD) Respite/Short breaks Services is shown below:-

Service	**Older Peoples Services Spend (£) 2017/18**	**Physical Disability Services Spend (£) 2017/18**	**Older Peoples Services Spend (£) 2018/19 (to January 19)**	**Physical Disability Services Spend (£) 2018/19 (to January 19)**
Externally Commissioned Short Breaks Services (Assumed based on up to 8 weeks duration)	3,329,013	86,997	2,809,355	83,357

Table 2: OPPD Respite spend summary – Up to 8 weeks only (2017-2019)

3.2.2. Differences in finance data coding make it difficult to accurately divide spend between planned short breaks and emergency provision, however it is estimated that OP short breaks provision in 2018/19 breaks down as £2,270,111 on planned provision and £539,244 on emergency provision.

3.2.3. This spend forms a part of the wider short term care budget of £6.6m for 2018/19.

3.2.4. 196 different residential care providers were used for older peoples respite services in 2018/19. This demonstrates the wide range of providers used to meet the demands of the local population (71% of contracted residential care providers) and suggests that people like to access provision that is close to their home, so maintaining choice of location should be a primary consideration in commissioning respite provision.

3.2.5. In 2018/19, 21 residential care providers were used for short breaks or respite for physical disabilities, and all PD spend in this period was for planned rather than emergency respite.

3.2.6. A number of the homes where care is purchased for physical disabilities are older peoples residential care homes, and whilst the providers may be able to meet the users identified needs, general feedback from practitioners is that users prefer to be with others in a similar age group to themselves. There are fewer specialist PD providers though, so this can be difficult to achieve.

4.0. Market Engagement

4.1. Early Market Engagement has been undertaken, with a questionnaire issued to organisations expressing an interest in a PIN notice. This being intended to establish the level of market interest in provision of short breaks and respite services, as well as seeking the market's views on key factors influencing the scope and structure of any resulting contract such as contract duration, pricing and payment and performance management approaches. This focussed on the LD provision at Cedar House and Swallow Lodge, but also considered wider dedicated respite provision. Ten responses were received, and some of the key points of note from responses, which have been taken into account in the development of the new service specification and contract mechanism, are set out below. (Note further engagement may be undertaken as the recommended second phase review develops).

- The preferred contract term would be a minimum 3 year initial term, with options to extend.
- Areas of good practice in delivery of respite services are considered to be a focus on linking services to rehabilitation, coproduction and preventing inpatient admissions.
- It is financially challenging for providers to 'hold' vacant beds for planned or emergency short breaks due to fluctuating demand, and higher resident turnover.
- The opportunity for block funding or level of guaranteed income would help address this.
- Respite is still attractive (subject to a sustainable funding model) and all providers who responded are interested in providing planned respite services, with the majority also interested in providing emergency provision.
- Barriers to providing respite services in traditional residential homes include maintaining capacity and bed availability, fluctuating demand, and lack of timely communication and sufficiency of detail regarding user requirements from referrers, in particular emergency placements.
- Providers would welcome new dedicated contractual arrangements for residential respite.

5.0. User Engagement

5.1. User Engagement has been undertaken by the following methods:-

- A targeted survey for users who are currently accessing services at Cedar/Swallow
- Generic survey for people accessing respite services

5.2. Findings from the Swallow and Cedar Survey have been taken into account in the development of the new service specification. A summary of the key findings from the survey is set out below:

- Most respondents use the services once a month or more and most are planned stays.
- The majority of carer respondents said that service is available to them when they needed it and the chance to book in advance is important to them.
- Feedback regarding service quality was generally very positive, with service strengths being: a welcoming and friendly staff team; people being treated with dignity; well maintained buildings; and a clean and hygienic home environment.
- Areas where opportunities for improvement were identified by carer respondents included: confidence that enough staff on duty at all times; and ensuring enquiries, complaints and feedback are responded to appropriately and in a timely fashion.
- Generally survey responses highlighted that the service is well regarded and welcomed by carers.

6.0. Proposed Contract Scope and Structure

6.1. The aim of the new contracts will be to have a single care provider at each establishment. Due to the geographical distance between the properties, it is unlikely that the same staffing group will be able to cover both locations and therefore opportunities for operational efficiencies to be gained from having a single provider across both properties are more limited. As a consequence the tender opportunity will be split into two lots, with each location representing a lot, enabling providers to compete to deliver the services in one or both locations.

6.2. The core service aim will be to deliver high quality residential respite and emergency support in a CQC registered residential setting. The service provider will be required to work in collaboration with the Council, NHS Services and other partners to ensure an effective and high quality service is promoted and maintained.

6.3. It is proposed that a proportion of the beds in each establishment will be block purchased. This approach offers the following benefits:

6.3.1. Offers the provider greater certainty around the level of service income, supporting them to strengthen staff recruitment and retention, and improve workforce stability, which will in turn have a positive impact on the quality of service delivery.

6.3.2. This level of guaranteed income for the provider will reduce the unit cost for the service and as a consequence the overall cost of the service when occupancy is maximised.

6.3.3. Offers the Council increased control over placement practice, acceptance of referrals and hence confidence in the accessibility of the service, including access to emergency provision.

6.4. The proportion of block purchased beds across the two services will be matched to historic occupancy levels in order to minimise the risk exposure

to the Council of the block purchasing approach. The number of block purchased beds will be 10 of the 15 overall, or 66%.

6.5. The remaining beds will be purchased on a flexible or spot purchase basis, when required which reflects the variable occupancy levels for the service.

6.6. This mixed approach is intended to ensure that the Council achieves maximum contract stability and value for money under the new contract.

7.0. Payment and Performance Management

7.1. An affordable service that meets the Council's obligations in carrying its duties is essential.

7.2. For the block purchased beds, it is proposed to mirror established LD residential rates. The rate used will be that which most closely matches the support required at Cedar House and Swallow Lodge in terms of size of the establishments and the complexity of support needs; this being Band 3 Learning Disability residential rate for 7-12 bedded homes, which is the higher (or complex needs) rate. The rate for the current financial year is £937 per bed per week. This is based on a 1:3 staffing ratio during the day and 1:5 at night and is for adults requiring very intensive, high levels or care with very complex needs by exception.

7.3. It is proposed to block purchase 6 beds at Swallow Lodge and 4 beds at Cedar House using the LD residential rate. The costs of this would be £293,131 per annum and £195,420 per annum respectively (based on the 2019/20 rate and excluding any additional 1:1 support costs).

7.4. The precise level of 1:1 requirements and therefore costs will vary according to individuals' needs and will be payable in addition to core costs, but the unit rate for 1:1 support will also be set in line with the wider residential framework, currently set at £11.29 per hour.

7.5. Additional beds purchased on a flexible or spot purchase basis would also be linked to the residential rate, but attracting an enhancement of 10%, recognising the risk of uncertain occupancy. For 2019/20 this would equate to a rate of £147.24 per bed per 24 hours (i.e. £937/7=£133+10%=£147), plus any agreed 1:1 hours.

7.6. This model is advantageous because it is well understood, developed by LCC and based on the costs of delivering a residential care service in the local market. It is also understood by the provider market and is known to be fair and sustainable. Additionally, because it represents a lower unit cost (or nightly rate), it offers some potential for financial savings over the current contract rate for Cedar and Swallow.

7.7. In the proposed new model, costs would increase annually, tracking the Council's agreed residential rate model throughout the contract period (i.e.

the 2020/21 Band 3 rate is £969 per week, and this would become the basis of the rates for Cedar and Swallow from April 2020).

7.8. Because of the defined staffing ratio, adoption of this model may require the provider to adapt its staffing model to align and as a consequence, this could help to manage and reduce instances where additional 1:1 support is required.

7.9. As this financial model was developed for residential services with an equivalent nightly rate significantly lower than for existing respite services at £133.85, its ongoing sustainability for the provider(s) will have a dependency on service occupancy. To help to ensure the services offer value for money for the Council and remain sustainable for the provider(s), the contracts performance management mechanism will have a significant focus, through service monitoring, partnership working and KPI targeting, on maintaining high occupancy levels at both locations.

10.0. Contract Commencement and Duration

10.1. The current contracts finish on 30 November 2019 and have reached their maximum duration. New contracts will need to commence on 1 December 2019 to ensure continuity of services for existing users.

10.2. A lease agreement, based on a market rental rate, will run alongside the new contract.

10.2. The proposed contract term is for an initial term of three years. This was confirmed through the market engagement phase as the minimum contract length providers would consider as financially viable. There will also be options to extend by up to a further two years, providing a good opportunity for continuity from a provider's perspective, subject to good performance.

11.0. Tender Process

11.1. The procurement will be undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method.

11.2. The Invitation to Tender (ITT) evaluation will focus on service quality and the capability of the provider to deliver the required services and quality outcomes as set out in the specification. The Invitation to Tender Document will include the following:-

- A specification that is clear in scope, interpretation and expectations
- Full terms and conditions
- Appropriate award and evaluation criteria
- A realistic, appropriate and robust performance management framework

11.3. The evaluation panel will include representation from the Commercial Team, Learning Disability Social Work Team, Quality and Commissioning Teams. It is anticipated that the evaluation of the bids will conclude in mid-September, resulting in a two month contract implementation period from 1 October 2019 to 30 November 2019. This will allow the successful provider(s) sufficient time to manage TUPE and data transfer, with a start date for the new contract(s) on 1 December 2019.

12.0. Procurement Implications

12.1. Under the Public Contracts Regulation (PCR) 2015 activities relating to health and social care are generally dealt with under a 'Light Touch Regime' (LTR) which conforms to the general principles of the EU Procurement Directive but does not impose any strict procedural requirements.

12.2. Whilst the regime allows for a much greater degree of flexibility as well unique exceptions it does not mean the Council is free to award contracts without any regard to competition.

12.3. The threshold at which LTR contracts must be formally competed for is procurements above €750,000 (or approximately £640,000.)

12.4. The combined 2018-19 spend for Cedar and Swallow is £921,985 (inclusive of 1:1 costs) giving an indicative spend for the new contracts totalling £4,609,925.

12.5. In carrying out this procurement the Council will ensure the process utilised complies full with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination. The procurement process shall conform to all information as published and set out in the OJEU Notice.

12.6. All time limits imposed on bidders in the process for responding to the Invitation to Tender will be reasonable and proportionate.

13. Legal Issues:

<u>Equality Act 2010</u>

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

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

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

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

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

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

* Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic

* Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it

* Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low

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

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

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

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

13.1. The key purpose of the Short Breaks Service is to ensure that carers have access to planned respite services and LCC has access to quality emergency provision locally.

13.2. 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.

13.3. An Equality Impact Assessment for the short breaks re-procurement has been completed and copies are appended to this report at **Appendix A.** The assessment concludes that there will be no adverse impact on individuals with protected characteristics as a result of the re-procurement. The recommissioned service will remain open to all groups regardless of protected characteristics.

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

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

13.4. The Lincolnshire Joint Strategic Needs Assessment (JSNA) is made up of 36 topics, under six theme areas. Under the Adult Health and Wellbeing topic, one of the themes is Learning Disabilities.

13.5. The next steps for this JSNA area include 'If people are to be enabled to remain in their own communities they need suitable accommodation with the appropriate level of support'. This service represents a critical support options for families and individuals.

13.6. Additionally the JSNA documents that the 'The Transforming Care Plan' sets out a new service model that puts an emphasis on enabling people to access health and social care services that are closer to home. The new short breaks provision will provide support options for adults with complex needs within Lincolnshire County Council's boundaries.

13.7. A Second topic within the Adult Health and Wellbeing theme area is Carers. The JSNA states that the 'carers who feel well informed and supported are more able to sustain their caring role. We will therefore continue to work with commissioned services to improve the quality of provision and ensure an appropriately skilled workforce.'

13.8. The short breaks service is a key part of many carer's packages of support enabling them to have a break from their caring role and the individuals they care for to have good quality support in a specialised setting staffed with a skilled and dedicated workforce.

Crime and Disorder

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

13.9. This service is unlikely to contribute to the furtherance of the section 17 matters.

14. Conclusion

14.1. There is a need to purchase and maintain some control over LD residential respite provision. This is important because we know that planned short breaks and emergency placements can be difficult to source in the 'spot purchase' residential market. Residential Providers often don't want to hold beds 'open' in case of emergency, individuals needs can be complex and challenging, and resulting placements can be expensive due short timescales to negotiate with limited alternatives available.

14.2. As LCC currently owns two specialist respite buildings, Swallow Lodge and Cedar House, including one in the north and one in the south of the county

an appropriate way forward would be to continue to use these properties for the purpose of planned short breaks and emergency respite provision and recommission the service on this basis. These contracts allow LCC to have guaranteed access to some emergency beds for learning disabilities, as well as bookable short breaks capacity which is important to ensure that we are able to meet the needs of service users.

14.3. The conclusion of the current contracts means a procurement process needs to commence in 2019. The focus of the procurement will be to establish quality service providers to offer a short breaks service at Swallow Lodge and Cedar House.

15. Legal Comments:

The Council has the power to enter into the contract proposed. The legal considerations to be taken into account in reaching a decision are dealt with in the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive Councillor.

16. Resource Comments:

The Emergency Placements and Short Breaks Service, currently provided by Making Space, is due to end on the 30 November 2019. The budget for the existing LD Respite provision is £1,468,658, of which £782,000 is allocated for Swallow Lodge and Cedar House. Proposed annual service costs for the new cost model (excluding 1:1 costs) total £756,533 if full occupancy is achieved.

This report seeks to present the case for the continued provision of this service via a procurement process within the same budgetary value. I can confirm that the Council has sufficient budget to fund the service. I can also confirm that current commissioning intentions and delegated approvals recommended within this report meet the criteria set out in the Council's published financial procedures.

17. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This proposed decision will be considered by the Adults and Community Wellbeing Scrutiny Committee on 3 July 2019 and the comments of the Committee will be reported to the Executive Councillor prior to her making her decision.

d) Have Risks and Impact Analysis been carried out?

Yes

e) Risks and Impact Analysis

Attached at Appendix A.

18. Appendices

These are listed below and attached to the report.	
Appendix A	Equality Impact Analysis

19. Background Papers

No Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report

This report was written by Carl Miller, who can be contacted on 01522 553673 or 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	Recommissioning of Swallow Lodge and Cedar House and Residential Respite Services	**Person / people completing analysis**	Linda Turnbull
Service Area	Swallow Lodge and Cedar House – Specialist Services Generic contract will include Learning Disability Services, Older Peoples Services, Physical disability services and mental health services	**Lead Officer**	Glen Garrod
Who is the decision maker?	Cllr Bradwell, following ACW Scrutiny Committee	**How was the Equality Impact Analysis undertaken?**	Desktop exercise
Date of meeting when decision will be made	04/07/2019	**Version control**	V0.1
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	Lincolnshire County Council (LCC) currently commissions short breaks through a combination of contracts, utilising council owned properties as well as through residential care contract arrangements. The two contracts that are utilising LCC properties, Swallow Lodge and Cedar House are contracts for specialised adult's services and they expire at the end of November 2019. There is a need to re-commission these services to ensure that LCC continue to have some dedicated emergency and short breaks provision for specialised services. It may be that there is a change in the service provider but it is envisaged that the service will deliver broadly the same provision as previously. More widely LCC has residential contracts that are currently used for respite provision. The residential contracts are not designed specifically for short breaks and it would therefore be beneficial to explore having more robust contract arrangements in place, which specify the respite requirements clearly and which deliver quality services for users and value for money for the Council. These agreements will enable users to have additional choice and flexibility in their respite provision and are in addition to the agreements that are already in place.

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	Lincolnshire County Council has a duty to assess anyone who may have eligible needs. If a person's needs are eligible and their outcomes require planned/unplanned respite which can't be met with some form of informal replacement care then we have a duty to meet that need. The service will be open to users of all ages, with an assessed need, within specialist services. The service is only available to adults aged 18 years and above, and those users who are aged under 18 years are funded by children's services. There is no upper age to users being able to access the service. No perceived positive impact. However the Council will place a requirement on the new service providers to offer an equal and accessible service in the re-procurement of the service, by clearly stipulating this in the service specification, which will be followed up through contract management. Therefore individuals with this protected characteristic should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.
Disability	The service will be open to all eligible users within specialist services. Users in other users groups, for example, adults with a physical disability may be able to utilise the services, if eligible. The service will be a specific service, that specialising in residential respite provision, or short breaks for adults with a learning disability. The service will be used for both planned and emergency respite provision and specifically designed for this user group, ensuring that the services specifically meet the needs of this client group. The buildings were purpose built, at the time for adults with a learning disability and consequently both buildings are fully wheelchair accessible with facilities, aimed specifically at supporting this user group. There is going to be planned work at Swallow Lodge. This will improve the accommodation on offer at the premises, including changing a Jack and Jill bathroom into ensuite bathrooms. Additionally it will create a specific unit for adults with more complex needs. This will enable more specialised support to be offered in a specially designed unit.

Gender reassignment	The services are open to all eligible users, regardless of their gender reassignment. No perceived positive impact. However the Council will place a requirement on the new service providers to offer an equal and accessible service in the re-procurement of the service, by clearly stipulating this in the service specification, which will be followed up through contract management. Therefore individuals with this protected characteristic should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic
Marriage and civil partnership	The services are open to all eligible users, regardless of their gender reassignment. No perceived positive impact. However the Council will place a requirement on the new service providers to offer an equal and accessible service in the re-procurement of the service, by clearly stipulating this in the service specification, which will be followed up through contract management. Therefore individuals with this protected characteristic should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.
Pregnancy and maternity	The services are open to all eligible users, regardless of their pregnancy or maternity status. No perceived positive impact. However the Council will place a requirement on the new service providers to offer an equal and accessible service in the re-procurement of the service, by clearly stipulating this in the service specification, which will be followed up through contract management. Therefore individuals with this protected characteristic should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.
Race	The services are open to all eligible users, regardless of their race. No perceived positive impact. However the Council will place a requirement on the new service providers to offer an equal and accessible service in the re-procurement of the service, by clearly stipulating this in the service specification, which will be followed up through contract management. Therefore individuals with this protected characteristic should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic
Religion or belief	The services are open to all eligible users, regardless of their religion or belief. There will be a requirement by the new service provider to offer a personalised service, that meets the individual requirements of that user, which would include meeting the individual's outcomes for religions or belief. This may include supporting religious celebrations or rituals or supporting any religious dietary requirements. No perceived positive impact. However the Council will place a requirement on the new service providers to offer an

	equal and accessible service in the re-procurement of the service, by clearly stipulating this in the service specification, which will be followed up through contract management. Therefore individuals with this protected characteristic should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.
Sex	The services are open to all eligible users, regardless of their sex. No perceived positive impact. However the Council will place a requirement on the new service providers to offer an equal and accessible service in the re-procurement of the service, by clearly stipulating this in the service specification, which will be followed up through contract management. Therefore individuals with this protected characteristic should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.
Sexual orientation	The services are open to all eligible users, regardless of their sex. No perceived positive impact. However the Council will place a requirement on the new service providers to offer an equal and accessible service in the re-procurement of the service, by clearly stipulating this in the service specification, which will be followed up through contract management. Therefore individuals with this protected characteristic should not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.

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.

Informal Carers (Sometimes referred to as unpaid carers).

Respite care is a period of temporary replacement care for a user, usually by an unpaid carer such as a friend or family member. Often this service is to give an informal carer a break from their caring role and to provide a meaningful activity for the service user. Under the Care Act 2014 all carers are entitled to a carer needs assessment and, where they are deemed to have an eligible level of need, they will be entitled to funded support and access to services from the Council as a right. In some cases the services will include some form of respite care.

Being able to take a short break is important for everyone, for people that have care needs it can support them meet outcomes such as:

- Developing and maintaining family and other personal relationships.
- Accessing and engaging in training or volunteering.
- Accessing facilities and services in the local community such as recreational activities.

For informal carers taking a short break can benefit their emotional well-being and can facilitate a sense of normality, freedom, peace of mind and relief. A Short break can also support them to continue in their caring role. Therefore the continuation of this service through a re-procurement will have a positive effect on informal carers in Lincolnshire.

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	The service will be open to all eligible adults with an assessed need, within specialist services. The service is only available to adults aged 18 years and above, and those users who are aged under 18 years are funded by children's services. There is no upper age to users being able to access the service. No perceived adverse impact.
Disability	The service is open to all eligible adults with disability, who have an assessed need as described under the Care Act 2014. No perceived adverse impact.
Gender reassignment	The service is open to all eligible adults with an assessed need regardless of their gender. No perceived adverse impact.
Marriage and civil partnership	The service is open to all eligible adults with an assessed need, regardless of their marriage or civil partnership status. No perceived adverse impact.
Pregnancy and maternity	The service is open to all eligible adults with an assessed need, regardless of their pregnancy or maternity status. No perceived adverse impact.

Race	The service is open to all eligible adults with an assessed need, regardless of their race. No perceived adverse impact. .
Religion or belief	The service is open to all eligible adults with an assessed need, regardless of their religion or belief. No perceived adverse impact
Sex	The service is open to all eligible adults with an assessed need, regardless of their sex. No perceived adverse impact.
Sexual orientation	The service is open to all eligible adults with an assessed need, regardless of their 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.
None

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
This EIA was undertaken as a desktop exercise by Linda Turnbull.

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

Age	N/A
Disability	N/A
Gender reassignment	N/A
Marriage and civil partnership	N/A
Pregnancy and maternity	N/A
Race	N/A
Religion or belief	N/A

Sex	N/A
Sexual orientation	N/A
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.	Yes
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?	The impact and benefits of the service will be monitored through contract management processes.

Further Details

Are you handling personal data?	No If yes, please give details.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
	None		

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
1.0	First draft	Linda Turnbull	18/04/2019	TBC	TBC

Examples of a Description:
'Version issued as part of procurement documentation'
'Issued following discussion with community groups'
'Issued following requirement for a service change; Issued following discussion with supplier'

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**03 July 2019**
Subject:	**Section 117 Joint Policy**

Summary:

This report invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the creation of the Section 117 Joint Policy for Lincolnshire County Council (LCC), Lincolnshire Clinical Commissioning Groups (CCGs) and Lincolnshire Partnership Foundation Trust (LPFT), which is due to be considered by Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services between 22 July – 2 August 2019.

This is a new multi-agency policy replacing the existing arrangements in the three individual organisations. The policy has been ratified for use by LPFT's Executive Board and is due to go through the CCG's appropriate Boards this month. The policy requires a decision from the Executive Councillor for its use across LCC for multi-agency working.

Actions Required:

The Committee is invited to

1) consider the attached report and to determine whether the Committee supports the recommendation(s) to the Executive Councillor as set out in the report.

2) agree any additional comments to be passed to the Executive Councillor in relation to this item.

1. Background

1.1 Section 117 (s.117) of the Mental Health Act (MHA) 1983 (as amended by the MHA 2007) provides a responsibility on Local Authorities and Clinical Commissioning Groups to provide/commission After-Care Services.

1.2 LCC, in partnership with the Lincolnshire CCGs, have been reviewing their approach to the funding of s.117 cases following negotiations in relation to the s.75 Agreement for Learning Disability Services. As a result LCC, the

Lincolnshire CCGs and Lincolnshire Partnership NHS Foundation Trust have been set an inter-agency requirement to review our s.117 policy provisions.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendation(s) in the report and whether it wishes to make any additional comments to the Executive Councillor.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

Yes

b) Risks and Impact Analysis

An Equality Impact Assessment was undertaken as part of the consultation of the policy. This is included in Appendix B to the Executive Councillor report.

4. Appendices

These are listed below and attached at the back of the report.	
Appendix 1	Executive Councillor Report - Section 117 Joint Policy

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 Heston Hassett, who can be contacted on 07557 169 892 or heston.hassett@lincolnshire.gov.uk.

Lincolnshire COUNTY COUNCIL
Working for a better future

Executive Councillor

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

Report to:	**Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services**
Date:	**22 July – 2 August 2019**
Subject:	**Section 117 Joint Policy**
Decision Reference:	**I018147**
Key decision?	**Yes**

Summary:

The purpose of this report is to seek Executive Councillor approval with regards to the creation of a ***s.117 Joint Policy*** (the Policy) for Lincolnshire County Council, Lincolnshire Clinical Commissioning Groups and Lincolnshire Partnership Foundation Trust. This is a new multi-agency policy replacing the existing arrangements in the three individual organisations.

This report sets out assurances that a robust co-production and engagement process has been followed to ensure that comments have been requested from a broad range of stakeholders and where appropriate acted upon in the creation of this joint policy.

Recommendation(s):

That the Executive Councillor approves the s.117 Joint Policy in the form attached at Appendix A.

Alternatives Considered:

1. Do nothing. This would not ensure that an appropriate policy was in place in Lincolnshire to deal with how it discharges its current functions under s.117 of the Mental Health Act 1983.
2. Develop a single agency LCC policy in relation to how it discharges its functions. This would not address how the relevant bodies, particularly the CCGs and the Council work together to discharge their joint responsibility under s.117 MHA 1983.

Reasons for Recommendation:

Putting in place a multi-agency policy will provide appropriate governance around how s.117 duties are discharged by the Council and the CCGs in Lincolnshire in

accordance with its joint statutory obligations under the Act. How those obligations are to be discharged between the two responsible bodies are not defined in the Act but should be the subject of clearly agreed local arrangements.

This multi-agency policy also includes the involvement and engagement of LPFT, both in its role as the Hospital Trust providing Mental Health services, and also as a provider of Social Care services to individuals in Lincolnshire whose primary needs are Mental Health needs delivered in accordance with an agreement under s.75 of National Health Service Act 2006 with the Council. A joint policy will help to provide clarity about how those joint arrangements are to operate locally in Lincolnshire to ensure that the needs of those individuals requiring after-care services are properly addressed.

1. Background

1.1 Section 117 (s.117) of the Mental Health Act 1983 "the MHA" (as amended by MHA 2007) imposes an enforceable duty on Local Authorities and Clinical Commissioning Groups to provide/commission After-Care Services, in cooperation with relevant voluntary agencies, for those patients of all ages who come within its scope. The duty applies to certain categories of mentally disordered patients who cease to be detained and then leave Hospital. Those categories are those patients that have been detained under s.3 (admission for treatment), s.37 (Hospital orders) and s.45A, 47 or 48 (transfer directions) of the MHA.

1.2 The Mental Health Act 1983; Code of Practice details after-care as follows;

"After-Care Services means services which have the purpose of meeting a need arising from or related to the person's mental disorder and reducing the risk of a deterioration of the patient's mental condition (and, accordingly reducing the risk of the patient requiring admission to hospital again for treatment for mental disorder)." Their ultimate aim is to maintain patients in the community, with as few restrictions as are necessary, wherever possible. CCGs and Local Authorities should interpret the definition of After-Care Services broadly. After-Care can encompass Healthcare, Social Care and Employment Services, Supported Accommodation and other services to meet the person's wider social, cultural and spiritual needs if these services meet a need that arises directly from or is related to the particular patient's mental disorder, and help to reduce the risk of a deterioration in the patient's mental condition.

1.3 The duty to provide those After-Care Services applies until such time as the Clinical Commissioning Groups and the Local Authority are satisfied that the person is no longer in need of such services. The services provided under s.117 are freestanding services i.e. the services are provided under this section alone and for which the Local Authority can levy no charge. Whilst the duty is a joint duty, it does not follow that the costs incurred in providing services under this section should be shared between the Authorities equally, irrespective of the nature of the service being provided. There is an expectation that both the

CCGs and the Local Authority will collaborate and plan together when providing or arranging to provide services under this section of the MHA.

1.4 Lincolnshire County Council (LCC) in partnership with the Lincolnshire CCGs (the CCGs) have been reviewing their approach to the provision of and funding of s.117 cases following negotiations in relation to the s75 Agreement for Learning Disability Services. Accordingly LCC, the Lincolnshire CCGs and Lincolnshire Partnership NHS Foundation Trust have come together to review how s.117 operates in Lincolnshire, the funding of these services and to create a joint multi-agency policy.

1.5 In September 2018 an Independent Specialist Project Manager was recruited hosted by Lincolnshire County Council to oversee the project which had 2 requirements:

- To create a Joint s.117 Policy
- To review the current funding arrangements of s.117 packages of care

1.6 A s.117 Project Board provides the internal governance and oversight to this work. The members of the Project Board represent senior managers and decision makers from each of the three partnership organisations. In addition to the Project Board, a policy group which contains operational staff from the three organisations have been key in the policy's creation and development.

1.7 The Project Board approved a draft text of the policy in January 2019 so that it could undergo a level of co-production and wider consultation via the Mental Health Partnership Board. This Board supports Mental Health service users and those organisations that provide Mental Health services across Lincolnshire to engage with each other and is hosted by Voiceability which is an Advocacy service for Lincolnshire.

1.8 **Co-Production**

1.8.1 A Co-Production event was held with service users in February 2019. This was to ensure that the format of the policy was appropriate and that service users felt sufficiently supported by the policy.

1.8.2 As a result of this event section 4.1 of the policy was created setting out the need for clinical staff to ensure that service users who are eligible for s.117 are reminded of their rights under s.117 routinely in hospital and in the community.

1.8.3 The group also identified that a s.117 factsheet (Rethink) would make the policy more understandable so this has been embedded in the policy.

1.8.4 The group also advised and approved the content of a short video explaining s.117 for the purposes of the wider consultation.

1.9 Mental Health Partnership Board (MHPB)

1.9.1 The policy was presented at the MHPB, which is hosted by Voiceability, in March 2019 where a brief explanatory video was used to assist attendees with regards to understanding s.117 of the Mental Health Act.

1.9.2 The MHPB was attended by service users as well as members from:

- Voiceability
- Lincolnshire Rural Community Network and Neighbourhood Teams
- Lincolnshire Partnership Foundation Trust
- Lincolnshire County Council
- Lincolnshire Commissioning Groups

1.9.3 The policy was also circulated electronically to the members of the MHPB in March and May as part of the consultation which ran until 31 May 2019.

1.10 Lincolnshire Partnership Foundation Trust

1.10.1 Whilst staff from LPFT have been involved in the development and creation of the policy, in order for the policy to be ratified by LPFT it had to go through their 'Multi-Agency Policy' governance process.

1.10.2 This meant that it went through a 2 week consultation period to all LPFT staff via a staff bulletin as well as sitting on the staff intranet for a period of 2 weeks. This was undertaken in April 2019 in preparation for the policy to go before LPFT's Quality Committee on 2 May 2019.

1.10.3 Lincolnshire Partnership Foundation Trust approved the policy at the Quality Committee on 2 May 2019 and will adopt the policy when all the partners to the policy have approved it.

1.11 Children's Services

1.11.1 Children's Services have also been directly involved in the consultation and development of the policy. As a result of this the policy incorporates specific considerations outlined in the MHA Code of Practice in relation to Children and Young People.

2. Legal Issues:

<u>Equality Act 2010</u>

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

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

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

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

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

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

* Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.

* Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.

* Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

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

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

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

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

- An Equality Impact Assessment (EIA) was also undertaken and was included in the engagement. A copy of the EIA is included in the Appendices to this report (Appendix B).
- In summary the policy sets out the requirement in line with the MHA Code of Practice that all assessments undertaken should be person centred and take into account all of an individual's protected characteristics when determining what s.117 after-care services should be provided.
- The policy also promotes and ensures that individuals who suffer from a mental disorder are supported through the s.117 assessment by providing them with relevant information at key events to allow them to make informed decisions about their s.117 After-Care.

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

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

The JSNA and JHWS have been considered in relation to this report and whilst there is a specific chapter on Mental Health in the JSNA there is no specific reference to Section 117 of the Mental Health Act.

Crime and Disorder

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

- The s.117 policy covers patients who have been convicted of a criminal offence (MHA s.45A, 47 or 48 patients) and determines aftercare when being released from prison is done to reassure the likelihood of re-offending is reduced.
- The policy ensures that all eligible patients' s.117 needs are assessed, identified and that services are provided to meet those needs. This includes needs to prevent the misuse of drugs, alcohol or other substance as well as any anti-social behaviour and to reduce them from occurring.

3. Conclusion

3.1 Section 117 (s.117) of the Mental Health Act 1983 (as amended 2007) imposes a free standing duty on Clinical Commissioning Groups (CCGs) and Local Authorities (LA's) to provide After-Care services free of charge.

3.2 The project group has come together to review the operation of s.117 duties in Lincolnshire. It has co-worked, co-produced and consulted with its partners and stakeholders in order to produce a multi-agency policy. The s.117 Joint Policy locally agreed arrangements between the relevant partnership organisations reflect the overarching legal requirements as set out in the Mental Health Act 1983 (amended 2007) and its associated Code of Practice.

3.3 The purpose of the policy is to:

- set out the joint agreement between the partner organisations and their obligations under s.117;
- ensure the consistency and quality of the delivery of s.117 services in Lincolnshire;
- set out the arrangements for commencing, reviewing, ending and reinstating s.117 After-Care;
- enable further detailed guidance and training, associated with this policy, to be developed jointly by the partnership organisations.

3.4 Whilst the policy sets out the overarching principles for the requirements on staff and the organisations delivering s.117 services this is done to benefit the individuals who are eligible to receive these services.

3.5 The individuals who will receive these services are a vulnerable group of the population of Lincolnshire where the severity of their Mental Health condition has meant that they have had to be compulsorily detained in Hospital in order to receive treatment.

3.6 Regularly reviewing and updating the After-Care needs of these individuals, as well as having a co-ordinated practice across the partnership organisations (as covered in the policy), will assist them in maintaining their independence and reduce the likelihood of them being re-admitted compulsorily to Hospital because of their Mental Health in the future.

3.7 A detailed set of Procedures and Guidance for Children's and Adults Services, will sit outside of the policy, developed separately and will be available for staff when the policy has been launched.

4. Legal Comments:

S.117 places an obligation on the Council together with the CCGs to provide/commission After-Care services to those who come within its scope.

The creation of a multi-agency policy will assist those individuals in understanding their rights to receive services under s.117 and will aid their understanding about how the respective bodies within the policy will discharge their functions to them. The creation of this policy will fulfil a need to have locally agreed arrangements in place to underpin the statutory duty in s.117.

A decision to adopt this policy is consistent with s.117 and is within the remit of the Executive Councillor.

5. Resource Comments:

Section 117 (s.117) of the Mental Health Act 1983 provides a responsibility on Local Authorities and Clinical Commissioning Groups to provide/commission After-Care Services. Lincolnshire County Council, in partnership with the Lincolnshire CCGs, have been reviewing their approach to the funding of s.117 cases following negotiations in relation to the s.75 Agreement for Learning Disability Services.

There are potential financial implications for services provided via s.117 where there are existing arrangements in place to share the cost of s.117 placements between Lincolnshire County Council and Lincolnshire NHS Partners. Funding arrangements for Learning Disability s.117 payments are administered via the existing s.75 arrangements and are currently shared equally. However there is a clause within the existing agreement where both parties have agreed to adhere to the result of the review of existing arrangements whereby any financial

adjustments that are required as a result of review will be back dated to 1 April 2018.

There are no such agreements in place for s.117 cases related to Older Adults and Working Age Adults with a Mental Health condition. The review of s.117 cases may result in a change to the proportion of costs paid by Lincolnshire County Council, however until the review is underway there are no means to establish what the potential financial impact to the Council will be, as such regular on-going updates to the Executive Councillor should be provided.

6. Consultation

Please see 1.8-1.11 of the main body of the report to see details of the engagement that has been undertaken and the bodies who have been consulted in relation to the s.117 Policy.

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The Adults and Community Wellbeing Scrutiny Committee is due to consider the report at its meeting on 3 July 2019 and the Children and Young People Scrutiny Committee is due to consider the report on 19 July 2019. Any comments from the Scrutiny Committees will be presented to the Executive Councillor.

d) Have Risks and Impact Analysis been carried out?

Yes

e) Risks and Impact Analysis

An Equality Impact Assessment was undertaken as part of the consultation of the policy. This is included in Appendix B to this report.

7. Appendices

These are listed below and attached to the back of the report	
Appendix A	s.117 Joint Policy Version 1.4.2 (Final)
Appendix B	Equality Impact Assessment

8. Background Papers

Document title	Where the document can be viewed
Mental Health Act 1983(amended 2007)	https://legislation.gov.uk/ukpga/2007/12/contents

National Health Service Act 2006	https://legislation.gov.uk/ukpga/2006/41/contents
The Care Act 2014	https://legislation.gov.uk/ukpga/2014/23/contents
Mental Capacity Act 2005	https://legislation.gov.uk/ukpga/2005/9/contents
Code of Practice: Mental Health Act 1983 (Published 2015)	https://www.gov.uk/government/publications/code-of-practice-mental-health-act-1983
Mental Health Act 1983: Reference Guide (Published 2105)	https://www.gov.uk/government/publications/mental-health-act-1983-reference-guide
The Care and Support and After-care (Choice of Accommodation) Regulations 2014 (SI 2014/2670)	https://legislation.gov.uk/uksi/2014/2670/contents/made
Equality For All: Mental Health Act: Code of Practice 2015: Equality Analysis	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/396171/mha-ea.pdf

This report was written by Heston Hassett, who can be contacted on 07557 169 892 or heston.hassett@lincolnshire.gov.uk.

This page is intentionally left blank

Section 117 Mental Health Act - Joint Policy

For South West Lincolnshire Clinical Commissioning Group (on behalf of South Lincolnshire CCG; Lincolnshire East CCG; Lincolnshire West CCG)

Lincolnshire County Council &

Lincolnshire Partnership NHS Foundation Trust

V1.4.2

Last Updated: 19th June 2019

Document Control

Policy Title	Section 117 Joint Policy
Version	1.4.2
Responsible Officer / Policy Author	Heston Hassett
Responsible Group	Section 117 Project Board
Date Issued	19th June 2019
Ratification Date	TBC
Review Date	TBC

Version History

Date	**Version Number**	**Revision Notes**	**Author**
23rd October 2018	V0.1	Creation HH	Heston Hassett
7th & 9th November 2018	V0.2	Incorporating comments from Policy group held on 31st October	HH & Policy Group
15th -30th Nov	V0.2.1	Amendments by way of consultation with Project board see Stakeholders ***'consultation outcomes of V0.2 doc'*** for details	Heston Hassett
19th Jan19	V1.0	Text approved by the s.117 Project Board	Heston Hassett
1st March 2019	V1.1	Amendment made as a result of coproduction	Heston Hassett
9th April 19	V1.2	s.117 Joint Care plan to sit in separate Procedures and guidance document	Heston Hassett
6th June 19	V1.4	Incorporates amendments as part of the consultation	Heston Hassett
19th June 19	v.1.4.2	Incorporates amendments from Legal LCC and Childrens Services	

Consultation

Date	**Version Number**	**Organisations in addition to Partnership Organisations**
27th February 19	V1.1	Service user group co-production event
7th March 19 -31st May	V1.1&1.2	Mental Health Partnership Board hosted by Voiceability

Contents

1.0 Introduction

1.1. Section 117 of the Mental Health Act 1983 (as amended 2007)

Section 117 (s.117) of the Mental Health Act 1983 (as amended 2007) imposes a free standing duty on clinical commissioning groups (CCGs) and local authorities (LA's), in co-operation with voluntary agencies, to provide or arrange for the provision of after-care to certain eligible patients. This duty arises once the patient ceases to be detained and then leaves hospital whether or not the individual leaves hospital immediately after they have ceased to be detained. The duty to provide this service applies until such time as the CCG and the LA are satisfied that the person concerned is no longer in need of such services.

1.1.1. Where s.117 after-care services are services which have both of the following purposes[1]

- meeting a need arising from or related to the patient's mental disorder[2] and
- reducing the risk of a deterioration of the patient's mental condition (and, accordingly, reducing the risk of the patient requiring admission to a hospital again for treatment for mental disorder.

Eligible patients cannot be charged[3] for s.117 after-care service. The ultimate aim is to maintain patients in the community, with as few restrictions as are necessary, wherever possible[4].

1.2. Section 117 Joint Policy

1.2.1 The policy is for the following partnership organisations to follow and refer to:

- Lincolnshire County Council (LCC)
- Lincolnshire Partnership NHS Foundation Trust (LPFT)
- South West Lincolnshire Clinical Commissioning Group(SWCCG) (on behalf of South Lincolnshire CCG; Lincolnshire East CCG; Lincolnshire West CCG) (SWCCG)

1.2.2 The purpose of the policy is to:

- how the organisations are to discharge its responsibility to individuals who are entitled to receive after-care services under s.117
- set out the joint agreement between the partner organisations and their obligations under s.117;
- ensure the consistency and quality of the delivery of s.117 in Lincolnshire;
- set out the arrangements for commencing, reviewing, ending and reinstating s.117 after-care
- enable further detailed guidance and training, associated with this policy, to be developed jointly by the partnership organisations

[1] S117(6) Mental Health Act 1983 (as amended 2007)

[2] With regards to accommodation it must relate to the mental disorder that triggered section 117 eligibility

[3] See 7.3 of this policy

[4] Mental Health Act Code of Practice 2015 – Para 33.3

2.0 Responsibilities

2.1 Local Authority and Clinical Commissioning Group after-care responsibilities

As a partnership LPFT, Lincolnshire CCGs and LCC are committed to the ongoing support and recovery of patients through the effective coordination of s.117 after care provision.

Through this partnership and commissioning approach LPFT, Lincolnshire CCGs and LCC are committed to ensuring that individuals receive the services to which they are entitled to under s.117 and those individuals who are not entitled or who no longer require such services have the entitlement reviewed and where appropriate ended.

3.0 Eligibility and Entitlement

3.1 Eligibility

A person will be eligible for section 117 after-care once they become subject to one of the qualifying sections of the Mental Health Act[5]:

- Section 3 – Admission for treatment (civil)
- Section 37- Power of courts to order hospital admission
- Section 45A – Power of the higher courts to direct hospital admission
- Section 47 – Removal to hospital of persons serving sentences of imprisonment
- Section 48 – Removal to hospital of other prisoner

Further information about these sections of the Mental Health Act can be accessed via the Department of Health website which has published an information leaflet for each here[6]

3.2 Entitlement

An eligible person will be entitled to s.117 after-care services in the event that they:

- are discharged from the qualifying section which makes them eligible for s.117 (regardless of whether or not they remain in hospital as a voluntary patient or leave hospital immediately after their detention ceases)
- go on section 17 leave
- become subject to a Community Treatment Order
- are patients that are released from prison having spent part of their sentence detained in hospital

3.3 Section 117 Eligibility List

A centralised list of s.117 eligibility for patients ordinarily resident[7] in Lincolnshire will be maintained and kept up-to-date by input from:

- **LPFT** , who will be responsible for providing information regarding patients who become subject to a qualifying section within LPFT sites
  LCC & **SWCCG**, who will be responsible for providing information regarding any patient who becomes subject to a qualifying section on any other site.
  The process and responsibilities for the management of the s.117 Eligibility are set out in the s.117 Procedures and Guidance Document

[5] Reference Guide - Mental Health Act 1983 (as amended 2007)

[6] https://webarchive.nationalarchives.gov.uk/20130123195144/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089275

[7] See 7.2.2 below

4.0 Individual S.117 After-care needs and Services

4.1 Supporting service user involvement and participation

After-care should start to be considered at the point of admission to ensure that the appropriate after-care services are identified in readiness for an individuals planned discharge from hospital or prison.

The 'Rethink S117 Factsheet'[8] (in place at the time) should therefore be provided to qualifying patients on admission and prior to discharge so that they are made aware of their entitlement to s.117 after-care on discharge. This should also be provided to patient in the community prior to any s.117 review. A copy of the Factsheet can be obtained here: Rethink S117 Factsheet[9]

Before commencing s.117 after-care planning consideration will be given as to who needs to be involved in assessing the s.117 needs of a patient. The patient must be present when the assessing staff are deciding the s.117 after-care plan. Where a patient does not wish to attend then this must be documented in the patient's records. In addition to the patient themselves, the care coordinator should actively consider the list of potential attendees contained within paragraph 34.12 of the Mental Health Code of Practice 2015. Service users can be supported by an advocate this is detailed in 7.5 of this policy below.

4.2 Assessing and Recording s.117 After-care

Chapters 33 and 34 of the Mental Health Act Code of Practice 2015 set out the requirements of planning after-care for eligible patients. In summary the care programme approach (CPA) is the framework which governs the planning[10] or care and assessing needs of mental health patients. This includes patients who are entitled to s.117 aftercare.

In addition to the patient themselves being present, the care coordinator should actively consider the list of potential attendees contained within paragraph 34.12 of the Mental Health Code of Practice 2015.

As staff are required to take a holistic approach when assessing after-care needs they must complete the s.117 After-care plan specifying what will be provided to meet an individual's s.117 need. This form and guidance on completing it are contained in the *Procedures and Guidance* annex of this policy.

Assessments of after-care needs should be conducted:

- prior to discharge

[8] Rethink Mental Health Factsheet

[9] https://www.rethink.org/living-with-mental-illness/mental-health-laws/section-117-aftercare?gclid=EAIaIQobChMIrdTl1ZnF4QIVirvtCh1YBgFKEAAYASAAEgLXk_D_BwE

[10] Para 33.14 - Mental Health Act code of Practice 2015

- prior to any Tribunal[11] or Hospital Managers review of detention
- as part of ongoing review in the community
- when considering ending someone's s.117 entitlement

The after-care assessment must be completed and recorded prior to the patient's discharge and made available to the patient and any relative/carer. This information should also be made available to the LA and CCG within 1 month of the person leaving hospital or prior to leaving hospital where there are complex or non-statutory/standard care need is identified which require funding.

The s.117 Assessment record referred to in 5.0 of this policy and more detailed guidance with regards the process is set out in the s.117 Procedures and Guidance Document.

Ongoing review in the community and when s.117 comes to an end
Staff responsible for reviewing s.117 aftercare needs have a duty that wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery[12] and independent living.

4.3 Section 117 in relation to Children and Young people (MHA CoP 19.111 and 19.118)

Prior to their discharge from hospital all children and young people should have an assessment of their needs, on which a care plan for their after-care is based. Whilst guidance set out in the MHA Code of Practice is applicable to individuals of all ages, in relation to children and young people additional factors will need to be considered. This may include ensuring that the after-care integrates with any existing provision made for looked after children and those with special educational needs or disabilities, as well as safeguarding vulnerable children. Whether or not section 117 of the Act applies, a child or young person who has been admitted to hospital for assessment and/or treatment of their mental disorder may be 'a child in need' for the purpose of section 17 of the Children Act 1989.

When a child or young person with a statement SEN, a learning difficulty assessment (LDA) or an education, health and care plan (EHC plan) is admitted to hospital under the Mental Health Act the local authority who maintains the plan should be informed, so that they can ensure that educational support continues to be provided. If necessary, the plan may be reviewed and amended to ensure targets and provisions remain appropriate. The local authority should also be involved in creating the discharge plan, so that the statement, LDA or EHC plan is revised as necessary to continue to reflect the child or young people educational, health and social care needs.

It must also be noted that where it is found that a child requires any support provided in order to meet s.117 needs, staff must ensure is done in line with the legal requirements of the Children's Act 1989 .

[11] First-Tier Tribunal (Mental Health)
[12] Least Restrictive Principle – MHA CoP

5.0 S.117 Clinical Process

(5.2 AND 5.3 BELOW ARE ONLY APPLICABLE TO ADULTS. FOR SPECIFIC GUIDANCE FOR CHILDREN AND YOUNG PEOPLE PLEASE SEE PROCEDURES AND GUIDANCE DOCUMENT)

5.1 Prior to leaving Hospital

Has the patient been detained under section 3, 37, 45A, 47 or 48 by LPFT, or is there evidence they have been detained elsewhere under one of these sections even if they are now informal?

Normal discharge planning procedures followed (as per Clinical Care Policy and guidance – **CPA process**). This must also be undertaken prior to any **First Tier Tribunal (Mental Health)** or **Hospital Managers** hearing.

CPA pre-discharge planning meeting undertaken and S117 Eligibility recorded on **S117 Assessment record**

Assessment of aftercare needs required in readiness for discharge undertaken. MDT/Lead Professional record this on **S117 Assessment record**

Where social care needs must be met the social care funding decision makers should be informed that the patient is section 117 eligible. Where health needs must be met there is no requirement to complete the Continuing Healthcare Checklist. However social care and health needs that arise as a result of physical health problems or disabilities are subject to the normal assessment, funding and charging arrangements must be indicated in the **S117 Assessment record**. See Chapter 33 of the Code of Practice for further details of services covered by section 117.

5.2 Whilst in the Community

Whilst the patient remains supported through CPA they will remain entitled to section 117 after-care for their needs arising as a result of mental disorder. The patient should have a CPA review every 6 months (or sooner where an individual's after-care needs or circumstance change) and a review of their s.117 needs will need to be completed indicating which S117 after-care needs are still required and an updated record of their needs maintained and recorded in the **S117 Assessment Record**

For patients receiving mental health services but not being supported through CPA then their need for section 117 aftercare should be examined at each MDT review (at least annually). Where a social care package is in place to meet S117 needs a review will take place at least annually (or sooner where an individual's after-care needs or circumstance change).

MDT/Lead professional assesses whether section 117 aftercare services are still required based on whether there are any remaining or new social care or health needs arising as a result of mental disorder. Where it is deemed appropriate for a patient to be discharged from the services of the Trust or Local Authority then the 'section 117 aftercare not required' route should be followed. The patient CANNOT have their S117 ended unless agreed by both the Local Authority and CCGs.

5.3 Ending / Reinstating S.117 after-care

MDT/ Lead Professional document on **S117 Assessment record** at every review.

Section 117 aftercare not required

MDT/ Lead Professional complete the **S117 Assessment record** and send with the **Review Summary, Care Plan** and relevant risk assessment to the S117 funding decision

MDT/Lead Professional returns **S117 Assessment record** to Local Authority and CCG of the discharge from s117 aftercare services to confirm ending of 117 entitlment.

Reinstating Section 117 aftercare

Where it is determined that someone who is eligible for s117 has had their entitlement ended entitlement can be reinstated by care coordinator/Social Worker

6.0 Commissioning/ Funding /Providing s.117 After-care

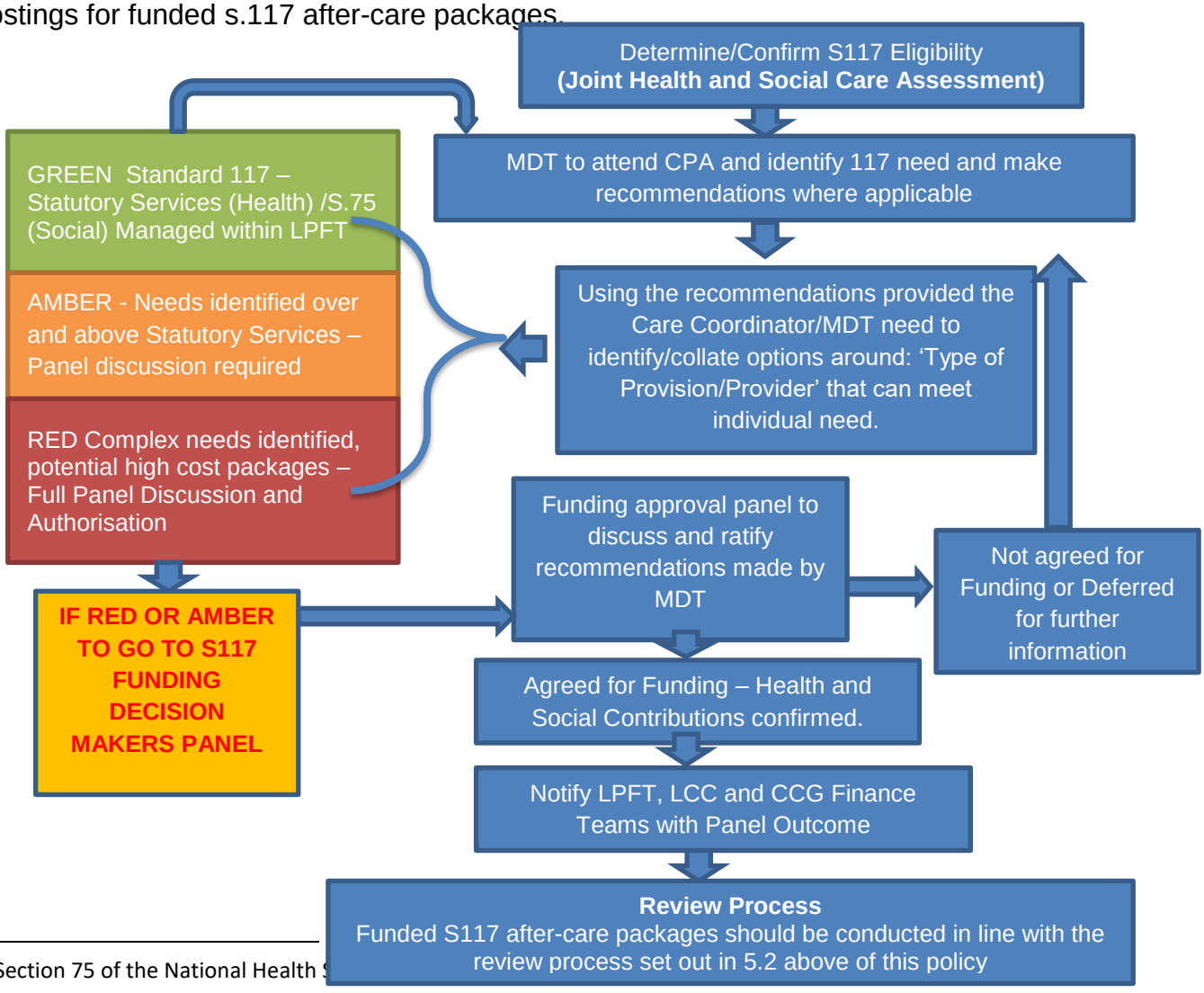
(The process set out below is only applicable for Adults. The process for Children's services is set out in the s.117 Procedures and Guidance Document)

6.1 Statutory health and standard Social Care

Eligible patients are entitled to after-care services which are determined as part of the assessment of their needs (see 4.0 above). Any statutory services required for mental **health** needs are commissioned for by the CCGs in Lincolnshire and any standard **social** care needs, for the individual's mental health condition, are commissioned by Lincolnshire County Council. The provider of these statutory/standard services is Lincolnshire Partnership NHS Foundation Trust where the patient falls within the s.75[13] agreement with LCC. Where the patient is not a s.75 patient the social care element will be provided or commissioned by LCC workers. Please also refer to locally agreed funding arrangements within each organisation.

6.2 Commissioning and Funding Pathway

Where funding is required for s.117 after-care each organisation should be represented during those discussions and have the opportunity to challenge any costings for funded s.117 after-care packages.



[13] Section 75 of the National Health S

7.0 Section 117 Associated guidance

7.1 S.117 Continuing Health Care Interface

(For further information see in addition Para 309-319 National Framework for NHS Continuing Health Care and NHS-funded Nursing Care (Oct 2018 Revised))

NHS Continuing Healthcare must not be used to meet s.117 needs[14].Where an individual is eligible for services under S.117 these must be provided under section 117 and not under NHS Continuing Healthcare. It is important for CCGs to be clear in each case whether the individual's needs (or in some cases which elements of the individual's needs) are being funded under section 117, NHS Continuing Healthcare or any other powers[15].

However, a person in receipt of after-care services under section 117 may also have or develop needs that do not arise from, or are not related to, their mental disorder and so do not fall within the scope of s.117 such as physical health needs. Whilst these are not s.117 needs they should be identified as part of the CPA process prior to the individual leaving hospital and where they trigger requirements of CHC the CCGs should be notified and the process around CHC engaged.

7.2 Identifying responsible Clinical Commissioning Group (CCG) and Local Authorities (LA)

The responsibility for the provision of s.117 after-care falls to the CCG and the LA as identified in s.117(3) MHA 1983. Section 117(3) of the MHA 1983 currently provides that the responsible CCG and the LA is that in whose area the patient was ordinarily resident immediately before being detained. If the patient has no ordinary residence then it is the CCG and LA in whose area the patient is resident immediately before being detained. If the patient had no such residence, responsibility defaults to the area he or she is sent to on discharge.

Since 1 April 2016 this position has been relatively clear and is as set out above. Neither GP registration (for CCG's) nor the usual deeming provisions around ordinary residence (LA's) apply. However, detentions resulting in s.117 entitlement prior to 1st April 2016 are more complex and may require legal advice.

The concept of ordinary residence now aligns the CCG and the LA. Where an individual has capacity to decide where to live ordinary residence "refers to a man's abode in a particular place or country which he has adopted voluntarily and for settled purposes as part of the regular order of his life for the time being, whether of short or long duration." This is known as the "Shah"[16] test.

Where an individual lacks capacity to make decisions about their care, the Cornwall case[17] provides the following assistance:
"adopt the Shah approach, but place no regard to the fact that the adult, by reason of their lack of capacity cannot be expected to live there voluntarily. This involves

[14] Para 315 – ibid

[15] Para 313 – National Framework for NHS Continuing Health Care and NHS-funded Nursing Care (Oct 2018 Revised)

[16] R v. Barnet London Borough Council ex parte Nilish Shah & others [1982] 2 AC 309

[17] R (on the application of Cornwall Council) v. Secretary of State for Health & Somerset County Council [2015] UKSC 46]

considering all the facts, such as the place of the person's physical presence, their purpose for living there, the person's connection with the area, their duration of residence there and the person's wishes and feelings (insofar as these are ascertainable and relevant) to establish whether the purpose of the residence has a sufficient degree of continuity to be described as settled, whether of long or short duration"

For patients discharged on or after 1 April 2016, the CCG fixed with the section 117 responsibility will retain it, even if the patient moves from one area to area.
The identity of the local authority responsible for s.117 aftercare is set out in s.117(3) this means the local authority which arranged for an AMHP to make an application under s.3 in relation to an individual has no bearing on the question of which local authority has responsibility to provide services under s.117 MHA 1983.

7.3 Charging for after-care services and Top Up Payments

An individual will **not** be charged for s.117 service, however **if** they are an adult with needs which fall outside of the s.117 they will undergo a financial assessment.

Where LCC is responsible for funding any accommodation needed in order to meet an individual's s.117 need then LCC cannot charge the individual. However, if an individual chooses alternative accommodation which is at a higher cost than the usual amount paid by LCC then the individual can enter into a written agreement[18] with LCC in order to pay the additional cost, known as a top up payment, to secure the accommodation[19].

7.4 Direct Payments and Personal Health Budgets

Direct payments can be made to discharge both the Council's and the CCG's obligations under s.117. An individual cannot be charged for services that are provided to a meet a s.117 need (see also 7.3 above) and this must be taken into consideration when calculating direct payments.

7.4.1 Social Care

Section 117 (2)(C) of the Mental Health Act 1983 allows for after-care services to include services provided to the patient in respect of a direct payment[1]. As outlined above after-care services must be identified as meeting a s.117 need and identify a social or joint health and social need.

7.4.2 Health Care

Personal Health Budgets for health care are monetary payments in lieu of services - made by CCGs to individuals (or to a representative or nominee on their behalf) to allow them to purchase the care and support they need to meet their health and wellbeing outcomes. A direct payments for healthcare is one of the ways of providing all or part of a personal health budget. There are essentially three ways for people to receive and manage their personal health budget: a direct payment; a notional budget; a third party budget.

[18] Regulation 5(3) of the Care and Support Aftercare (Choice of Accommodation) Regulations 2014 (SI 2014/2670)
[19] Regulation 4 (3)(b) - idib
[1] Sections 31-33 of the Care Act 2014

7.5 Advocacy

The statutory right to independent advocacy is an important additional safeguard for people who are subject to the Act. A patient can request an advocate from their nurse, care coordinator or lead professional.

Independent Mental Health Advocacy (IMHA)

People who are treated under the Mental Health Act have the right to independent mental health advocacy (IMHA). IMHA advocates have an enabling role; explaining to the person their rights under the Act and helping them to exercise their rights.

'Qualifying patients' for IMHA are:

- people detained under the Act (even if on leave of absence from the hospital), but excluding people who are detained under certain short term sections (4, 5, 135, and 136)
- conditionally discharged restricted patients
- people subject to Guardianship
- people subject to Supervised Community Treatment Orders (CTOs)

In supporting the person to prepare and fully participate in meetings, ward rounds or care reviews, an IMHA can help them understand the options for aftercare, how it will be provided and reviewed.

Once discharged from detention, a person will not continue to be eligible for an IMHA simply because they are receiving Section 117 aftercare, although some patients will qualify because, for example, they are under Guardianship or on SCT.

Independent Mental Capacity Advocacy (IMCA)

In certain circumstances, local authorities or NHS organisations will be responsible for instructing an Independent Mental Capacity Advocacy (IMCA) under provisions in the Mental Capacity Act (2005).

The role of the IMCA is to represent a person who lacks capacity and has no-one other than a professional to give an opinion about their best interests.

This may apply where a person who meets these criteria is being discharged from detention and a decision is needed about a move into long-term accommodation (for eight weeks or longer) or about a change of accommodation in circumstances where the person lacks capacity to make a decision and there is no one apart from a professional or paid carer for the authority to consult..

The duty to involve an IMCA does not apply if the person will be required to stay in accommodation under the Mental Health Act (1983).

Independent Advocacy under the Care Act (2014)

People who are receiving aftercare and do not retain a right to an IMHA may be eligible for advocacy under the Care Act (2014).

This may apply when the person's care and support needs are being assessed and during care and support planning or the subsequent review of a care and support plan (which may reach a decision that a person is no longer in need of aftercare).

In general terms, a person with assessed social care needs will be eligible for advocacy under the Care Act if they have substantial difficulty in being involved in the assessment or review of their needs and if there is no appropriate person to support their involvement.

7.6 Disputes

Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services.

Whilst all relevant services should work together to facilitate a timely, safe and supportive discharge from detention[20], in order to facilitate s.117 after-care disputes may arise. Any disputes that arise with regards to s.117, within the 3 organisations, are to be managed by each organisations local disputes policy.

7.7 Complaints

Where individuals express dissatisfaction with any aspect of their s.117 after-care then organisations should engage with them to resolve this. If however an individual wishes to make a formal complaint this should be done in line with each partnership organisations complaints procedure.

Organisation	**e-mail**
Lincolnshire County Council	CustomerRelationsTeam@lincolnshire.gov.uk
Lincolnshire Partnership Foundation Trust	PALS@lpft.nhs.uk
South West Lincolnshire CCG	LHNT.LincsPALS@nhs.net

8.0 Training

Staff Group	**Training Method**	**Frequency**
At introduction implementation phase of s.117 Policy		
Clinically registered staff responsible for s.117 delivery	e-learning & f2f demonstration	Within 3 months of policy being introduced
Non-Clinical staff with responsibility for Section 117	e-learning	Within 3 months of policy being introduced
Post introduction implementation phase of policy		
Clinically registered staff responsible for s.117 delivery	Via existing Level 1 MHA e-learning	Within 3 months of start employment with LPFT or LCC
	Via refresher MHA Training	Every 3 years
Non-Clinical staff with responsibility for s.s.117117	Via e-learning	Within 3 months of start employment with LPFT or LCC
	Via e-learning	Every 3 years

[20] Efficiency and Equity Principle – Mental Health Act Code of Practice 2015

This page is intentionally left blank

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	Section 117 Joint Policy	**Person / people completing analysis**	Heston Hassett
Service Area	Adult Care and Community Wellbeing Service Children and Young People's Service	**Lead Officer**	Heston Hassett
Who is the decision maker?	Cllr Bradwelll	**How was the Equality Impact Analysis undertaken?**	Analysis of Legislation and guidance Responses to engagement process
Date of meeting when decision will be made	22/07/2019	**Version control**	V1.0
Is this proposed change to an existing policy/service/project or is it new?	New	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Directly delivered

Describe the proposed change	A Joint Policy is being produced by Lincolnshire County Council, The Clinical Commissioning Groups within Lincolnshire and Lincolnshire Partnership Foundation Trust. The Policy reflects the requirements of section 117 of the Mental Health Act and the associated codes of practice in relation to the roles and responsibilities of the Local Authority and the Clinical Commissioning Groups. In essence it sets out the shared responsibilities of each organisation (which are already being delivered) in one joint policy. The Policy is in line with current UK legislation which meets the requirements of the MHA Code of Practice (CoP) specifically references the Equality Act and underwent an Equality Impact Assessment which can be found here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/396171/mha-ea.pdf

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 policy identifies the need for separate procedures and guidance for 'adults' and 'children & young' people to ensure that s.117 are age appropriate and that different relevant legislation for either children or adults services addressed.
Disability	Mental disorder is a recognised protected characteristic and this policy addresses aftercare needs for individuals in order to reduce the risk of their mental disorder deteriorating and to prevent them from being readmitted to hospital compulsorily under the MHA. In addition to this the policy promotes that those with a mental disorder are supported with regards to the information they receive around s.117 to ensure that they are able to make informed decisions.
Gender reassignment	The policy includes and promotes the requirements of MHA CoP to ensure that individuals have their needs assessed taking into account any requirements associated to any of their protected characteristics.
Marriage and civil partnership	The policy includes and promotes the requirements of MHA CoP to ensure that individuals have their needs assessed taking into account any requirements associated to any of their protected characteristics.
Pregnancy and maternity	The policy includes and promotes the requirements of MHA CoP to ensure that individuals have their needs assessed taking into account any requirements associated to any of their protected characteristics.
Race	The policy includes and promotes the requirements of MHA CoP to ensure that individuals have their needs assessed taking into account any requirements associated to any of their protected characteristics.
Religion or belief	The policy includes and promotes the requirements of MHA CoP to ensure that individuals have their needs assessed taking into account any requirements associated to any of their protected characteristics.

Sex	The policy includes and promotes the requirements of MHA CoP to ensure that individuals have their needs assessed taking into account any requirements associated to any of their protected characteristics.
Sexual orientation	The policy includes and promotes the requirements of MHA CoP to ensure that individuals have their needs assessed taking into account any requirements associated to any of their protected characteristics.

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.
Other positive impacts of having the s.117 policy are as follows: Eliminating discrimination - by ensuring all patients are aware they have access to Independent Mental Health Advocacy (IMHA) to assist them and that The S.117 where IMHA's are specialised in understanding the specific needs of particular (e.g Learning Disability or autism) so that s.117 can be communicated to them effectively. Advance of equality and opportunity - so the equal priority is given to physical health and social care services.

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
Disability	This piece of legislation is complex in order to assist service user understand it a leaflet is included in the policy. This may not be suitable for service users with Learning Disability (LD). In order to mitigate this an easy read leaflet is being developed which will be incorporated in the Procedures and Guidance along with training for LD staff to assist service users understand section 117 of the MHA.
Gender reassignment	'No perceived adverse
Marriage and civil partnership	'No perceived adverse
Pregnancy and maternity	'No perceived adverse

Race	'No perceived adverse
Religion or belief	'No perceived adverse
Sex	'No perceived adverse
Sexual orientation	'No perceived adverse

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.
N/A

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 Co production event was conducted with service users in the production of the policy. In addition to this there is engagement/ consultation ongoing amongst the 3 organisations which asks specifically which runs from March –May 19

- Do you think any group with a protected characteristic (age, race, gender reassignment, sex, sexual orientation, disability, marriage or civil partnership status, pregnancy or maternity status) will be affected by this policy? If so, how?

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

Age	None
Disability	None
Gender reassignment	None
Marriage and civil partnership	None
Pregnancy and maternity	None
Race	None
Religion or belief	None

Sex	None
Sexual orientation	None
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.	Yes
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?	

Further Details

Are you handling personal data?	Yes If yes, please give details. The S117 Joint Policy refers to the creation of an S117 Eligibility Master List. The Master List will support staff within the 3 partnership organisations to identify individuals who are eligible for S117 come under the scope of the policy and associated Procedures and Guidance.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
	Creation of Easy Read Leaflet for Learning Disability Service users	Heston Hassett	31st July 2019

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
N/A	N/A	N/A	N/A	N/A	N/A

Examples of a Description:
'Version issued as part of procurement documentation'
'Issued following discussion with community groups'
'Issued following requirement for a service change; Issued following discussion with supplier'

Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**03 July 2019**
Subject:	**Adult Care and Community Wellbeing Performance Report - Quarter 4 2018/19**

Summary:

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 4 2018/19.

A summary of performance against target for the year has been provided in Appendix A of this report.

A full analysis of each indicator over the year has been provided in Appendix B of this report.

Actions Required:

The Committee is requested to consider and comment on the performance of Adult Care & Community Wellbeing for Quarter 4.

1. Background

The report includes an overview of performance for a suite of measures designed to reflect the impact of the work of Adult Care and Community Wellbeing (AC & CW) across the five commissioning strategies:

- Community Wellbeing
- Safeguarding Adults
- Specialist Adult Services
- Carers, and
- Adult Frailty & Long Term Conditions.

As in previous performance reports to the Committee, a one-page summary has been provided as Appendix A to this report. This shows at a glance the status against target for each measure. For a selection of measures, there is a time delay in reporting, so the latest available figures have been included and the period they relate to clearly marked.

More detail, including indicator definitions and commentary on current performance from strategy owners is provided in Appendix B. For consistency and

comparability, the Council Business Plan measures have been largely based on Adult Social Care statutory datasets, which enables benchmarking of performance against other local authorities. Benchmarking information is also provided in this appendix.

Overall, 20 of the 26 measures in AC & CW are achieving or exceeding the agreed targets at the end of Quarter 4. Although there have been changes to some measures since the same period last year, this compares with 19 of 25 measures reported to be achieving or exceeding target in Quarter 4 of 2017/18.

Reporting by exception, the targets for six measures have not been achieved at the end of Quarter 4.

Within the Community Wellbeing commissioning strategy these relate to successful alcohol dependency treatments, chlamydia diagnoses and smoking cessation. Both the MECC and Housing related support measures reported on in Quarter 3 are now meeting, and indeed exceeding, their targets.

The percentage of alcohol users who left drug treatment successfully and did not re-present to treatment within six months has fallen slightly, to 32.4%. The data has a three month time lag. Work is being undertaken to compare Lincolnshire's performance with comparator areas in relation to contract size, number of clients and key outcomes. Re-presentation rates, a measure of people leaving services and remaining problem free, are low at 4.2% compared with a comparator area average of 7.6%. The provider continues to seek new and innovative ways to provide the service to maintain the good re-presentation rates and improve the successful completions but with high caseloads and limited resources this is difficult.

Data on chlamydia diagnoses per 100,000 15-24 year olds is published nationally six months in arrears so reflects performance in the second quarter of 2018/19. There have been changes in the provider's delivery model and the Sexual Health Services (LISH) have an action plan in place to improve their performance which includes partnership work and collaboration, including midwifery services, Addaction and school Immunisation services. The situation is being continually monitored. Relationships with sub-contracted General Practitioners and Pharmacies have been developed to improve and promote the chlamydia testing programme and are ongoing. Online self-testing remains very popular and has the highest positivity rate, indicating this service is well targeted. Overall, Lincolnshire is ranked fifth out of nine Local Authorities in the East Midlands Region. There is only one Local Authority in our Cipfa comparator group (Lancashire) that is meeting the national target. Positive test results are high, at 10.4% against a target of 8%, again suggesting the services are well targeted. Public Health England advise that the positivity rate should be the key indicator of quality.

The measure for people successfully supported to stop smoking has a three month time lag and so represents data to Quarter 3 of 2018/19. Although the provider only reached 65% of the Quarter 3 target, and 64% for the three quarters to date, there has been some improvement in the types of smokers supported. The number of pregnant women supported by the service has increased due to changes in staffing

and improved partnership working, with more sessions facilitated within antenatal clinics and in children's centres. There is more work to be done but the new Integrated Lifestyles Service will build on this when it takes over in July 2019. The service continues to target the most hardened smokers that need more support to help them to quit and to stay smoke free. The average Lincolnshire quit rate (at 4 weeks) for April to December 2018 was 48.5%, compared to a national (England) figure of 51.5%.

Within the Safeguarding Adults commissioning strategy, the new measure for the percentage of safeguarding concerns that lead to an enquiry was the only one which did not achieve target. The target of 50% was based on the limited data available for the first nine months of 2018/19 and it was agreed this would need to be kept under review once reporting began. The inclusion of the most recently available data has provided a figure of 43% at year end and, as this is the first year of reporting, this will become the baseline. The aim is to achieve a 2% increase per quarter in order to reach the target of 50% by March 2020. Work is currently being undertaken with providers and the Lincolnshire Safeguarding Adults Board which should positively impact on the referrals received.

Within the Adult Frailty and Long Term Conditions commissioning strategy, the measures for direct payments and reablement are not currently being achieved.

The percentage of clients in receipt of long term support who receive a direct payment has remained quite static during the year which has meant that the ambitious target of 40% has not been achieved. For clients aged 65 in particular, Lincolnshire still remains well above the national average, which was 18% last year, and current performance suggests that Lincolnshire would be in the upper quartile. Direct payments are promoted by fieldworkers for people taking a community package and this can be via a prepayment card, paid straight into their bank account or managed by our Direct Payment Support Service provider, Penderels Trust.

The percentage of people with a concluded episode of reablement who subsequently require no ongoing support or support of a lower level has dipped below the 95% target this quarter, however this still shows a slight increase from 87% in 2017/18 to 88% for the current year. Allied Healthcare went into administration during the year, which caused an unanticipated disruption whilst a replacement provider was urgently found. Consequently, there was reduced capacity in the service and recording was disrupted. Whilst the volume of people accessing reablement dipped, the quality of service appears to have been unaffected, with a similar proportion of people being diverted away from long term support compared to last year. Also, in Quarter 4 this measure was exclusively reported from Mosaic, whereas in the past there has been a reliance on the provider for data extracts which were difficult to match to LCC records. The reporting is therefore much more efficient from a single source, and is likely to be more robust.

All measures for the Specialist Adult Services and Carers commissioning strategies are achieving targets.

Please note that changes in reporting to committees are being implemented organisationally, with a new process beginning in Quarter 1 of 2019/20.

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Council Business Plan information shown in Appendix A.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Q4 Adult Care & Community Wellbeing Performance Summary
Appendix B	Adult Care & Community Wellbeing Q4

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 Katy Thomas, who can be contacted on 01522 550645 or katy.thomas@lincolnshire.gov.uk.

Appendix A: 2018/19 Q4 - Adult Care & Community Wellbeing Overview

		2017/18	2018/19			
		Actual	Q4 or as stated	Target	Trend vs. 2017/18	CBP Alert Tolerance: +/- 5% pts
Community Wellbeing						
31	% of alcohol users that left drug treatment successfully who do not re-present to treatment within 6 months **PHOF 2.15iii**	36%	**32%** Dec-18	40%	↓	Not achieved
33	% of people aged 40 to 74 offered and received an NHS health check **PHOF 2.22iv**	60%	**63%** Dec-18	55%	↑	Exceeds
34	Chlamydia diagnoses per 100,000 15-24 year old **PHOF 3.02**	2,232	**1,794** Sep-18	2,045	↓	Not Achieved
109	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	1,258	**1,126**	1,000	↓	Exceeds
110	Older people supported by the Wellbeing Service to improve their outcomes	96%	**96%** Dec-18	95%	↔	Achieved
111	People successfully supported to stop smoking	2,300	**1,545** Dec-18	2,400	↓	Not Achieved
112	People accessing Housing related support that are successfully supported to access and maintain their settled accommodation	-	**96%**	90%	-	Exceeds
113	Percentage of emergency & urgent deliveries & collections completed on time within ICES	-	**99%**	98%	-	Achieved
Safeguarding Adults						
28	% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate **SAC SG3a**	100%	**100%**	100%	↔	Achieved
116	Concluded enquiries where the desired outcomes were fully or partially achieved **SAC SG4a**	96%	**96%**	95%	↔	Achieved
130	% of Adult Safeguarding concerns that lead to a Safeguarding enquiry ****NEW FOR Q4**** **SAC SG1f**	-	**43%**	50%	-	Not achieved
Specialist Adult Services						
49	% of adults with a learning disability (or autism) who live in their own home or with their family **ASCOF 1G**	77%	**77%**	79%	↔	Achieved
51	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	52%	**51%**	48%	↔	Achieved
117	% of adults in contact with secondary mental health services living independently, with or without support **ASCOF 1H**	71%	**77%**	75%	↑	Achieved
118	% of adults with a learning disability in receipt of long term support who have been reviewed in the period	91%	**96%**	95%	↑	Achieved
119	% of adults aged 18 to 64 with a mental health need in receipt of long term support who have been reviewed in the period	78%	**98%**	95%	↑	Achieved
Carers						
56	% of carers who have been included or consulted in discussions about the person they care for **ASCOF 3C** ****SURVEY MEASURE****	58%	**68%**	71%	↑	Achieved
59	Number of carers (caring for Adults) supported in the last 12 months - above expressed as a rate per 100,000 population (18 to 64)	9,875 1,662	**10,324** **1,692**	10,550 1,730	↑	Achieved
120	Carers who reported they had as much social contact as they would like ****SURVEY MEASURE****	33%	**33%**	35%	↔	Achieved
121	Carers who have received a review of their needs in the last 12 months	92%	**89%**	85%	↓	Achieved
Adult Frailty & Long Term Conditions						
60	Permanent admissions to residential and nursing care homes, aged 65+ **ASCOF 2A(ii) numerator** ****Better Care Fund****	1,020	**1005**	1150	↔	Exceeds
63	% of clients in receipt of long term support who receive a direct payment **ASCOF 1C (2a)**	35%	**33%**	40%	↔	Not achieved
65	% of people in receipt of long term support who have been reviewed in the period	86%	**93%**	90%	↑	Achieved
122	% of requests for support for new clients, where the outcome was no support or support of a lower level **SALT STS001**	93%	**91%**	93%	↔	Achieved
123	People who report that services help them have control over their daily life ****SURVEY MEASURE****	92%	**91%**	95%	↔	Achieved
124	% of people with a concluded episode of reablement who subsequently require no ongoing support or support of a lower level **ASCOF 2D**	87%	**88%**	95%	↔	Not achieved

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Enhance the quality of life for people with care and support needs

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

A self-reported measure from the annual Adult Social Care client Survey (ASCS) which determines whether services help people to have control over their daily lives. This has replaced the Adult Social Care Outcomes Framework (ASCOF) measure from the same survey previously reported in the Council Business Plan which asked about general feeling about control, which is not an effective way to determine the impact of support provided. A higher percentage indicates a better performance.
Numerator: The number of people in the denominator answering 'Yes'.
Denominator: The number of people answering the question: 'Do care and support services help you in having control over your daily life?'
A higher percentage indicates a better performance.

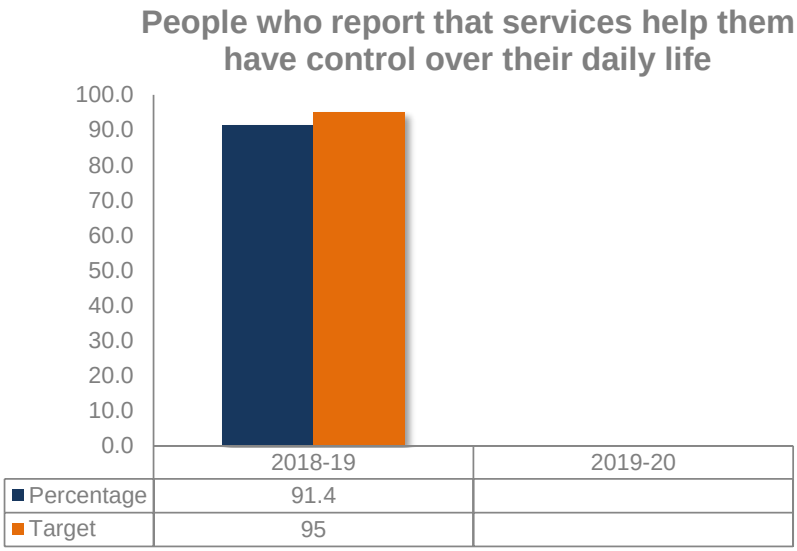
Achieved

91.4

Actual as at April 2018-March 2019

95

Target for April 2018-March 2019



About the latest performance

This is a new measure which is based on the Adult Social Care Survey. The percentage is based on a weighted measure and not actual respondents. 91.4% of the responses showed that people reported that services helped them have control over their daily life.

Further details

This is a new measure to the 2018-2019 Council Business Plan therefore historical information is not available.

About the target

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

About the target range

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

About benchmarking

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

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Delay and reduce the need for care and support

Permanent admissions to residential and nursing care homes aged 65+

The number of Lincolnshire County Council funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.
This is a Adult Social Care Outcomes Framework (ASCOF) 2a part 2 and reported in the Better Care Fund (BCF).
A smaller number of people permanently admitted to residential and nursing homes indicates a better performance.

Achieved

1,005

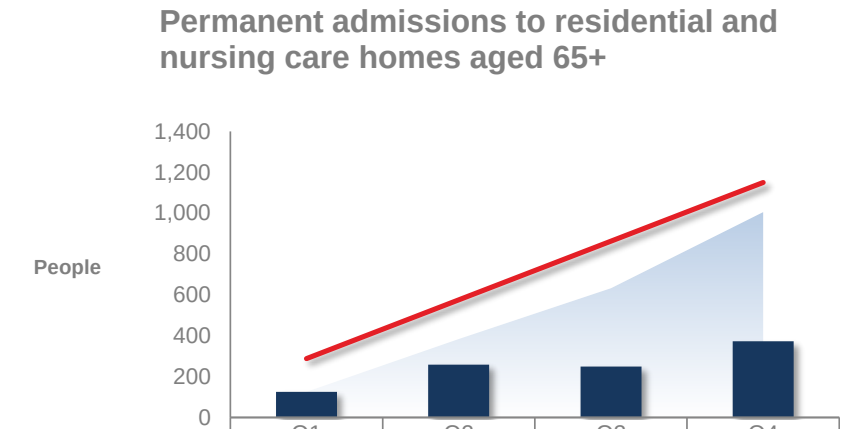
People

Cumulative Actual as at March 2019

1,150

People

Cumulative Target as at March 2019

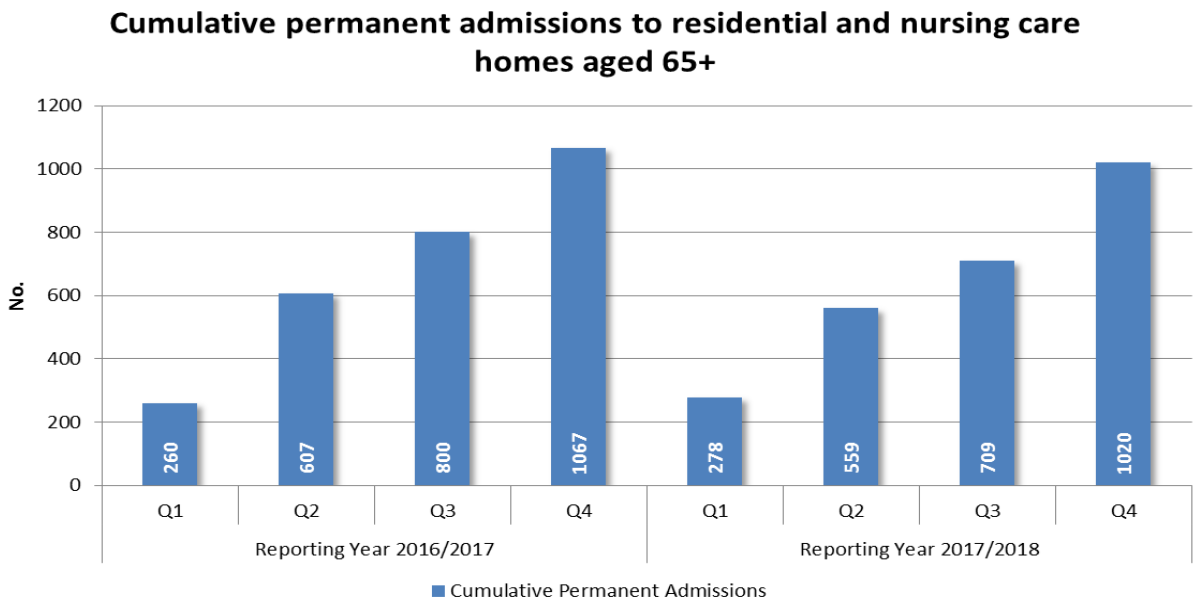


	Q1	Q2	Q3	Q4
Cumulative total	125	383	632	1,005
People	125	258	249	373
Target	288	575	863	1,150

About the latest performance

The number of new admissions to care homes has exceeded the target by 145 this year. Approximately 50% of new admissions are from new clients with the remaining transferring from existing community packages. New admissions into care homes have consistently decreased in the last two years (1,067 in 16/17; 1,020 in 17/18).

Further details



About the target

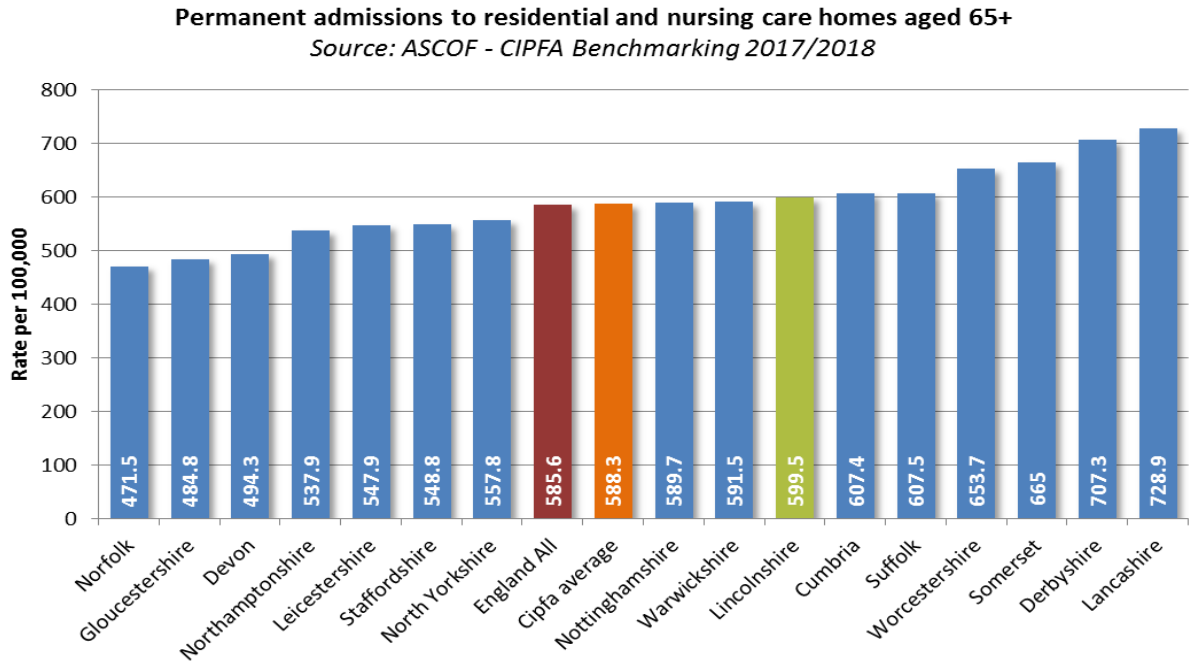
Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Enhance the quality of life for people with care and support needs

Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of users receiving direct or part direct payments.
Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.
A higher percentage of adults that receive a direct payment indicates a better performance.

Not achieved

32.7

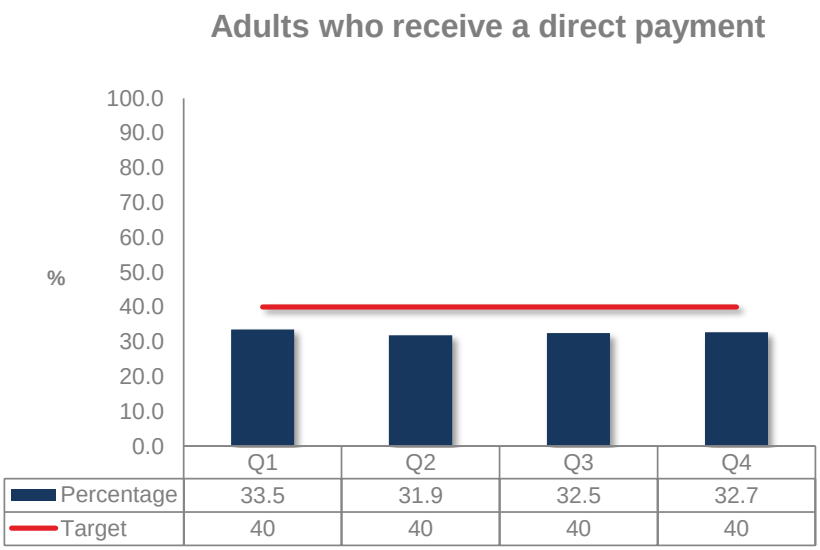
%

Actual as at Quarter 4 March 2019

40

%

Target for March 2019

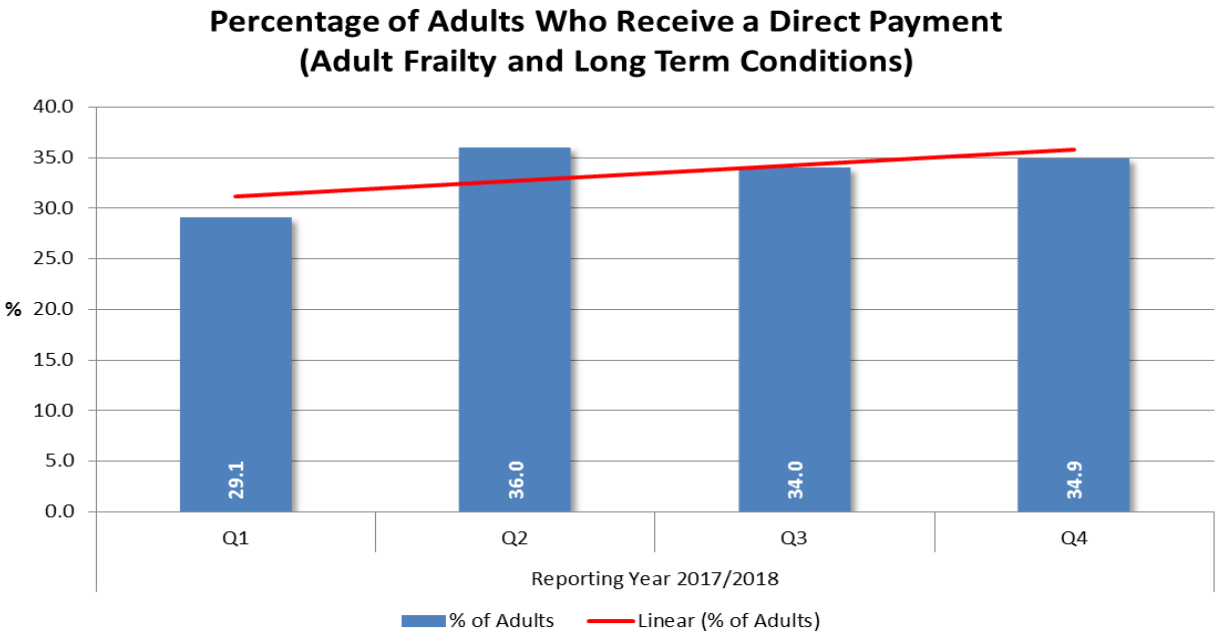


	Q1	Q2	Q3	Q4
Percentage	33.5	31.9	32.5	32.7
Target	40	40	40	40

About the latest performance

Performance for this measure has remained quite static during the year which has meant that the ambitious target of 40% has not been achieved; the Q4 out turn is 32.7%. For clients aged 65 in particular, Lincolnshire still remains well above the national average, which was 18% last year, indeed current performance suggests Lincolnshire would be in the upper quartile. Direct payments are promoted by fieldworkers for people taking a community package and this can be via a prepayment card, paid straight into their bank account or managed by our Direct Payment Support Service provider, Penderel's Trust.

Further details



About the target

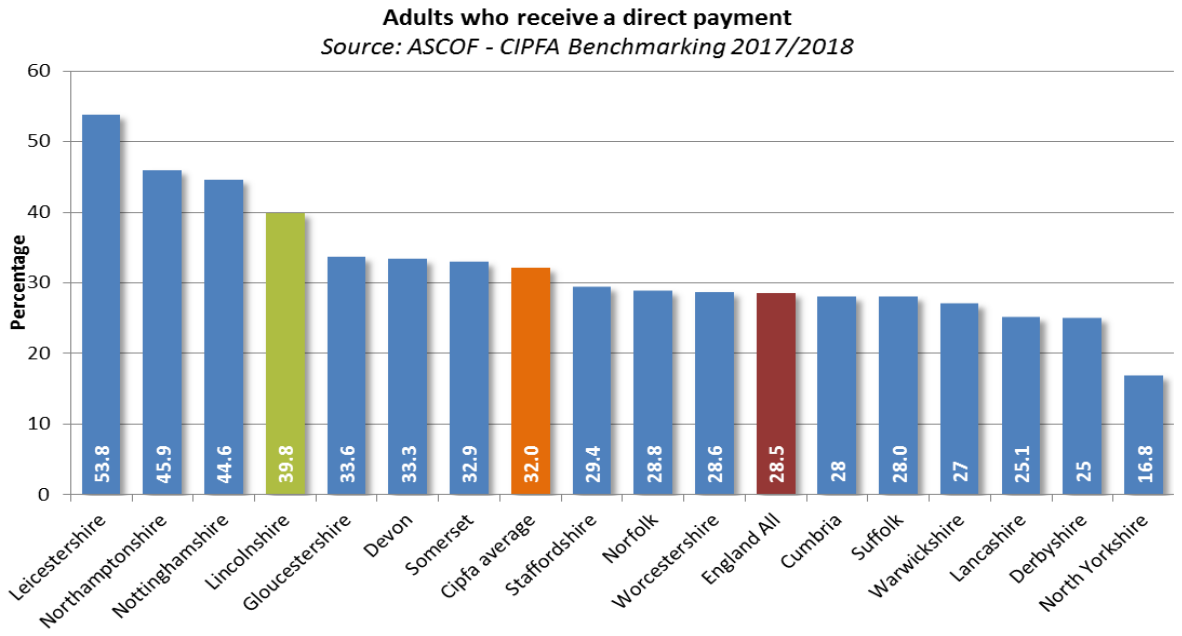
Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2017/18 we have set a revised target of 40% for the 2018/19 reporting year.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Ensure that people have a positive experience of care and support

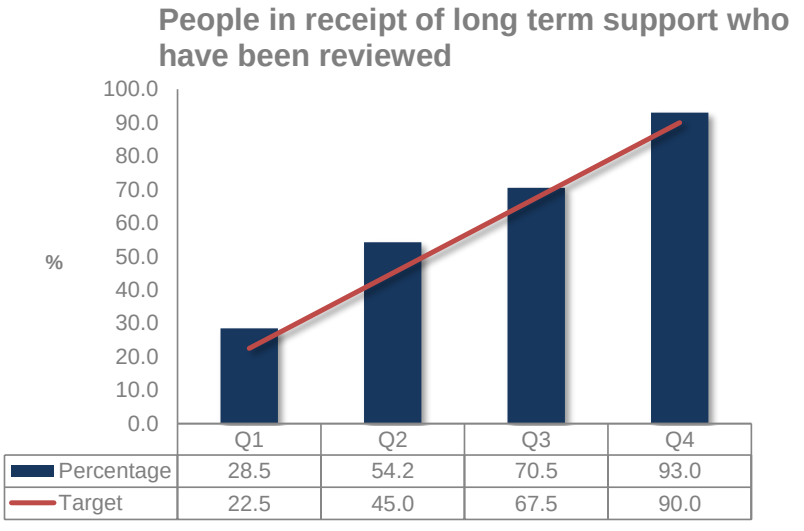
People in receipt of long term support who have been reviewed

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.
Numerator: For adults in the denominator, those that have received an assessment or review of their needs in the year.
Denominator: Number of current Adult Frailty and long term conditions (Older people and physical disability) service users receiving long term support in the community or in residential care for 12 months or more.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of people that have been reviewed indicates a better performance.

Achieved

93
%
Cumulative Actual as at March 2019

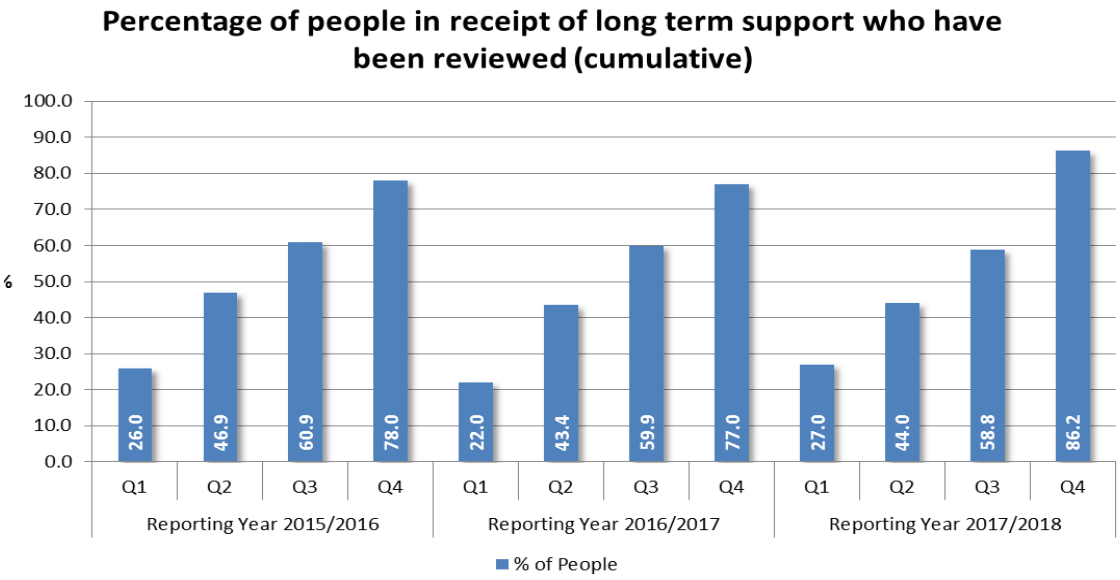
90
%
Cumulative Target as at March 2019



About the latest performance

This measure was achieved with 93% of reviews being completed by Adult Care teams during the year. The target was consistently achieved throughout the year which shows that review activity is being effectively planned and people are being reviewed as scheduled.

Further details



About the target

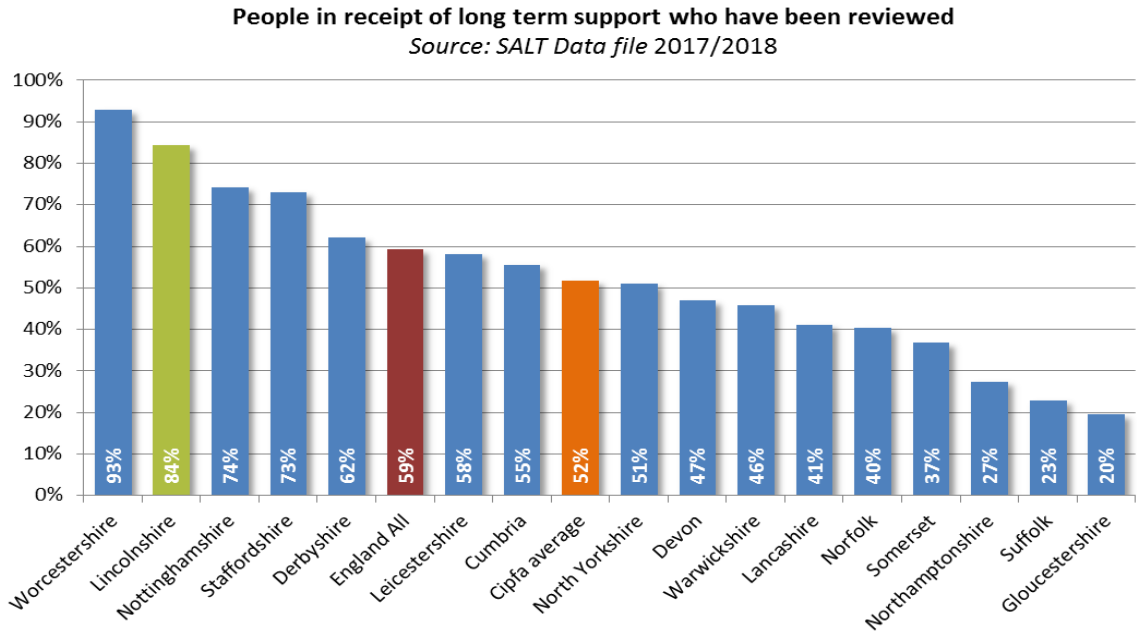
The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Delay and reduce the need for care and support

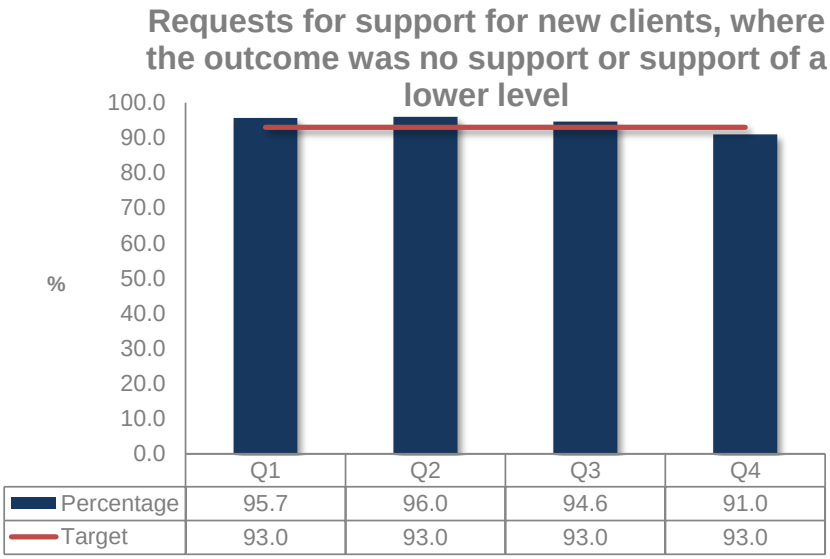
Requests for support for new clients, where the outcome was no support or support of a lower level

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

Achieved

91
%
Actual as at Quarter 4 March 2019

93
%
Target for March 2019



	Q1	Q2	Q3	Q4
Percentage	95.7	96.0	94.6	91.0
Target	93.0	93.0	93.0	93.0

About the latest performance

At 91%, this target was achieved within the tolerance range. This proportion of people diverted away from long term support is however at the lower end of what we would expect, as Adult Care and Community Wellbeing continue to invest in lower level preventative support such as reablement, the wellbeing service designed to delay dependency on funded long term support. Work continues to be done to improve our information and advice offer through various sources including the website and other communication mediums.

Further details

This is a new measure to the 2018-2019 Council Business Plan therefore historical information is not available.

About the target

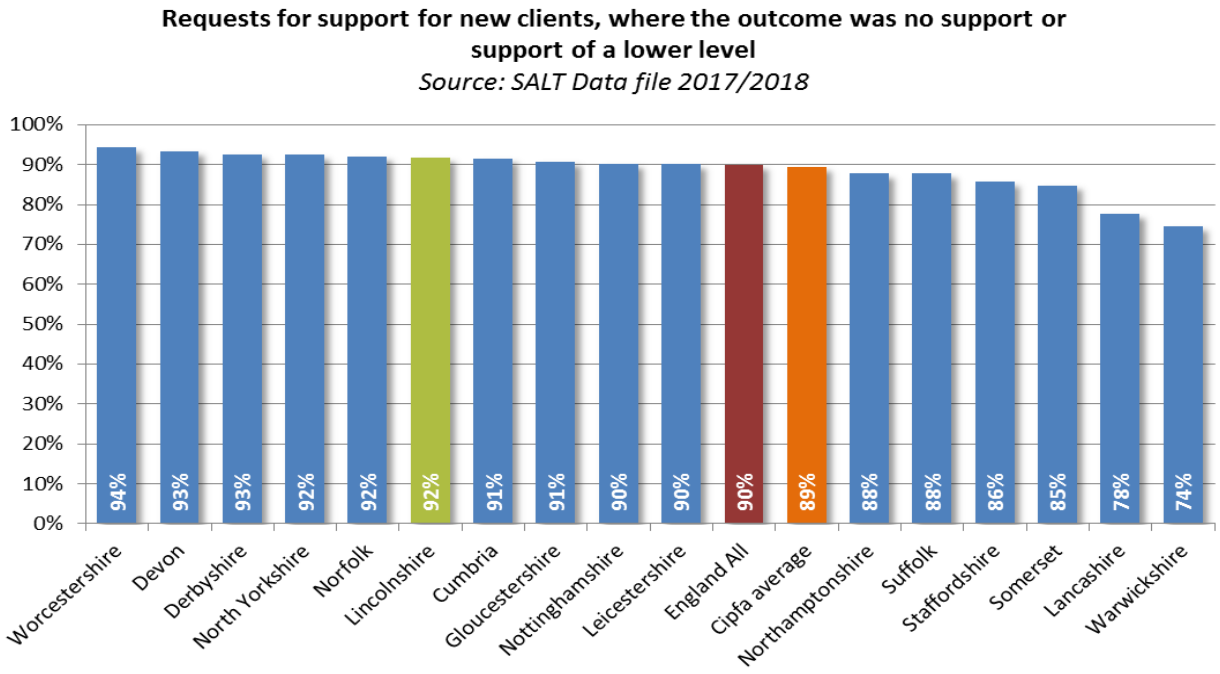
The target for this measure has been set to 93% which will maintain our current level of performance.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Delay and reduce the need for care and support

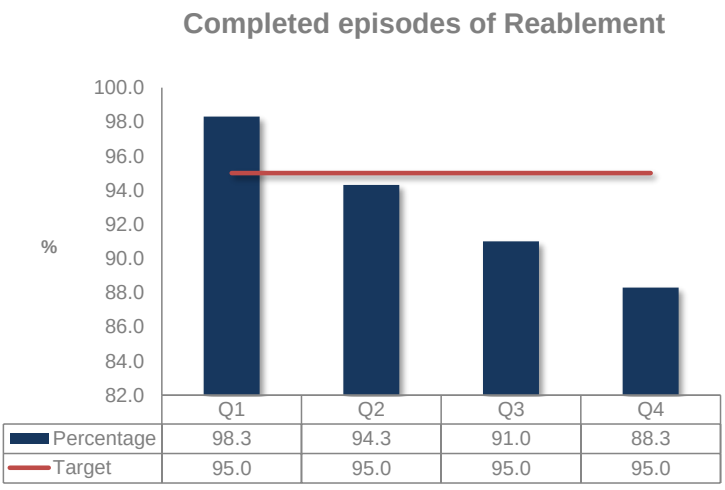
Completed episodes of Reablement

Reablement is an early intervention for vulnerable people to help them restore their independence, accessed before a formal assessment of need. This is a key part of demand management for Adult Care and Community Wellbeing. Positive outcomes for those people who use the service are a good measure of the effectiveness of the intervention and help to delay or reduce the need for longer term funded support from the authority. The measure is the annual ASCOF 2D measure, so is underpinned by national guidance for recording and reporting. A higher percentage of completed episodes of Reablement indicates a better performance.
Numerator: Of the episodes in the denominator, the number where the outcome to Reablement was: "Ongoing Low Level Support" or "Short Term Support (Other)" or "No Services Provided - Universal Services/Signposted to Other Services" or "No Services Provided - No identified needs".
Denominator: Number of new clients who had completed an episode of short-term support to maximise independence (aka Reablement) in the period. (SALT STS002a)

Not achieved

88.3
%
Actual as at Quarter 4 March 2019

95
%
Target for March 2019



	Q1	Q2	Q3	Q4
Percentage	98.3	94.3	91.0	88.3
Target	95.0	95.0	95.0	95.0

About the latest performance

Performance for this measure is below the target of 95% but encouragingly shows a slight increase from 87% in 2017/18 to 88% for the current year. Allied Healthcare went into administration during the year, which caused an unanticipated disruption, whilst a replacement provider was urgently found. Consequently, there was reduced capacity in the service and recording was disrupted. Whilst the volume of people accessing reablement dipped, the quality of service appears to be have been unaffected with a similar proportion of people being diverted away from long term support compared to last year. Also, in Quarter 4 this measure was exclusively reported from Mosaic, whereas in the past there has been a reliance on the provider for data extracts which were difficult to match to LCC records. The reporting is therefore much more efficient from a single source, and is likely to be more robust.

Further details

This is a new measure to the 2018-2019 Council Business Plan therefore historical information is not available.

About the target

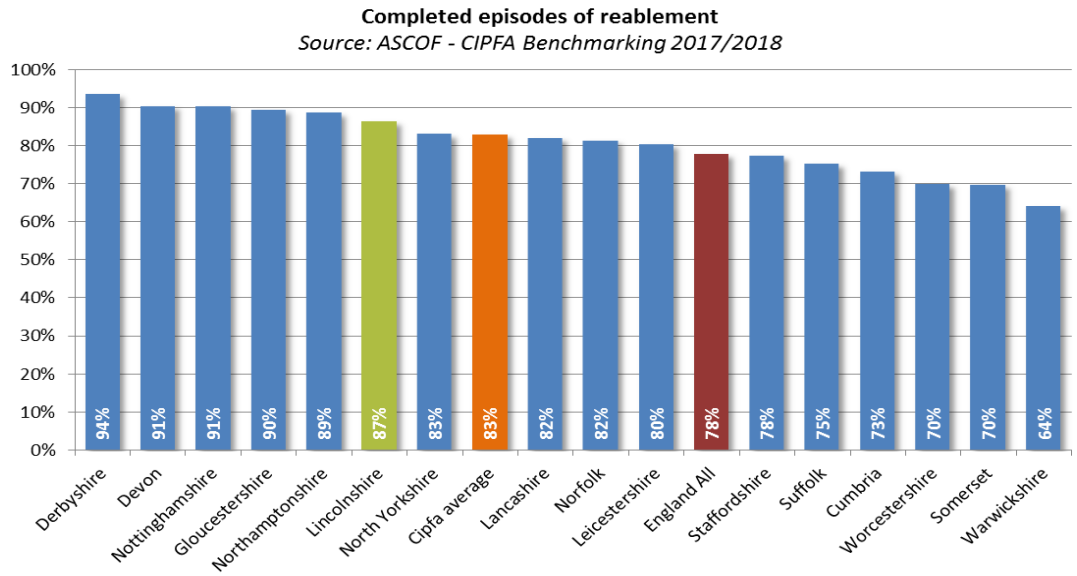
The target for this measure has been set to 95%, based on CIPFA comparator averages. Our aim is to maintain this level of performance.

About the target range

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

About benchmarking

Since this measure is an ASCOF measure, benchmarking is available each year in the Summer.



Lincolnshire COUNTY COUNCIL Working for a better future

Health and Wellbeing is improved

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

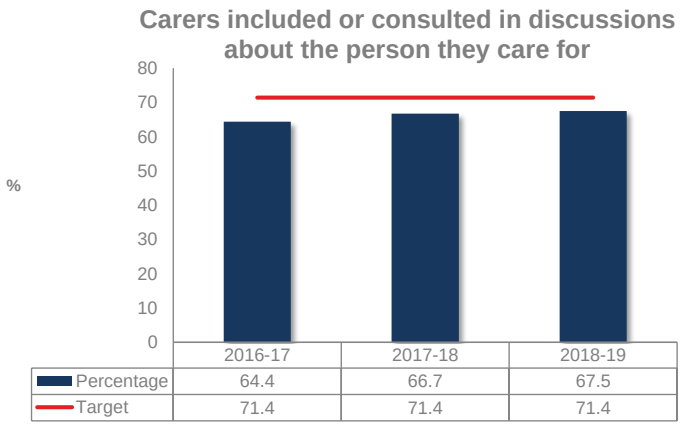
Carers included or consulted in discussions about the person they care for

This measures responses to the question in the Carers Survey "In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?", to which the following answers are possible:
* There have been no discussions that I am aware of in the last 12 months
* I always felt involved or consulted
* I usually felt involved or consulted
* I sometimes felt involved or consulted
* I never felt involved or consulted
Numerator: All those responding who choose the answer "I always felt involved or consulted" and "I usually felt involved or consulted".
Denominator: Total number who responded to the survey.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of carers who feel involved in the discussions about the person that they care for indicates a better performance.

Achieved

67.5
%
Actual as at March 2019

71.4
%
Target for March 2019



About the latest performance

The 2018/2019 statutory Survey of Adult Carers in England asks carers "where discussions have taken place about the support or services provided to the person you care for, do you feel that you were included or consulted as much as you wanted to be?". 67.5% of carer respondents felt that they were always or usually consulted. This is up 0.8% from the 2017/2018 non-statutory survey.
Both the numerator (all those responding who chose the answer "I always felt involved or consulted" and "I usually felt involved or consulted") and the denominator (total number who responded to the survey) are almost double the figures reported last year (222 of 329 carers in 2018/19 compared to 118 of 177 carers in 2017/18). The percentage of carers reporting that they were not aware of any discussions reduced from 42% in 2017/2108 to 27% in 2018/2019, indicating a higher level of engagement with both carers and the adults they care for.
The target is the England average taken from the 2016/2017 statutory SACE survey, the most recent for which we have comparative data.

Further details

Historical information is provided in the graph above, as this is an annual measure.

About the target

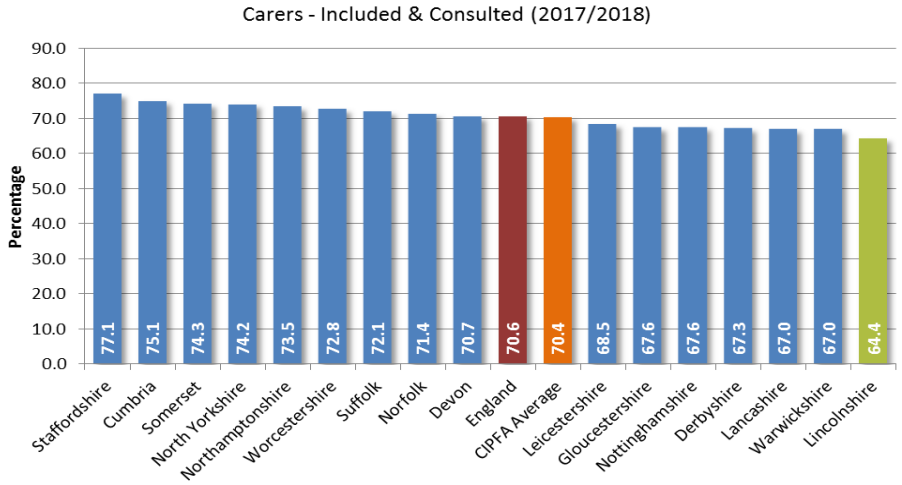
Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL Working for a better future

Health and Wellbeing is improved

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

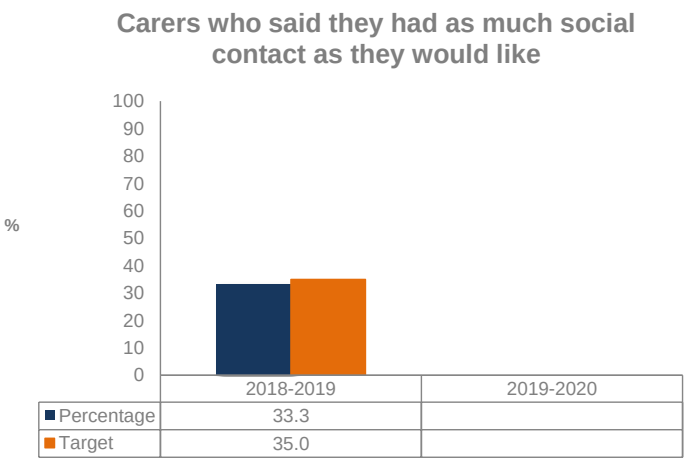
Carers who said they had as much social contact as they would like

There is a clear link between loneliness and poor mental and physical health. The vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family. This measure draws on self-reported levels of social contact in the statutory Survey of Adult Carers in England (SACE), as an indicator of social isolation.
Numerator: Of those carers that responded to the question, the number responding: 'I have as much social contact as I want'
Denominator: In the Survey of Adult Carers in England (SACE), the number of carers that responded to the question:
"By thinking about social contact you've had with people you like, which statement best describes your present social situation?"
- I have as much social contact as I want
- I have some social contact but not enough
- I have little social contact and I feel isolated
A higher percentage indicates a better performance.

Achieved

33.3
%
Actual as at March 2019

35.0
%
Target for March 2019



About the latest performance

There is a clear link between loneliness and poor mental and physical health. The vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family.
A third of carers responding to the Survey of Adult Carers in England reported that they had as much social contact as they wanted with people they like. This is a 0.1% increase on the result from the 2017/2018 non-statutory survey.
The target is the England average taken from the 2016/2017 statutory SACE survey, the most recent for which we have comparative data.

Further details

This is a new measure for the 2018-2019 Council Business Plan therefore historical information is not available.

About the target

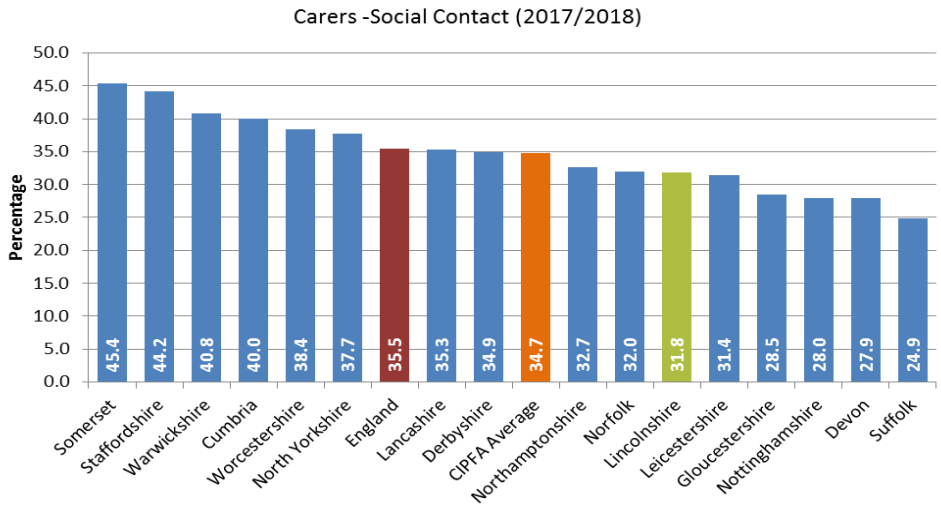
The target for this measure is set at 35%. This is based on the national average for 2016/17.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

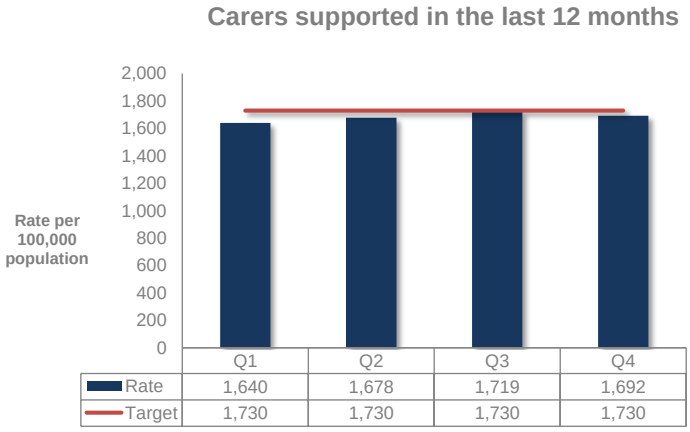
Carers supported in the last 12 months

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

Achieved

1,692
Rate per 100,000 population
Actual as at March 2019

1,730
Rate per 100,000 population
Target for March 2019



	Q1	Q2	Q3	Q4
Rate	1,640	1,678	1,719	1,692
Target	1,730	1,730	1,730	1,730

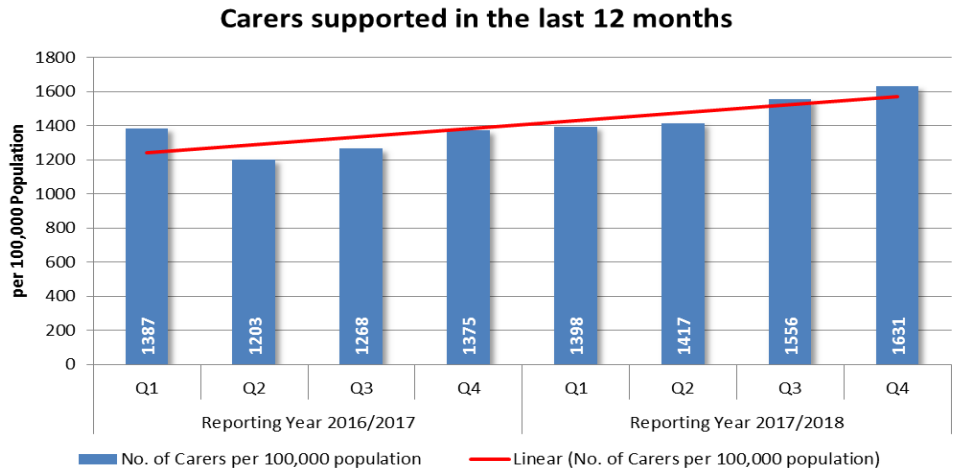
About the latest performance

In the 12 month period up to 31 March 2019 over ten thousand (10,324) carers of adults have been supported by the Carers Service and Adult Care. This is a slight decrease of 163 carers compared to the Quarter 3 figure, but is up 635 from the 2017/2018 year end figure. This measure does not include any data from Children's Services and as such does not include parent carers or young carers.
851 (8.2%) carers have received a Personal Budget as a Direct Payment.
486 (4.7%) cared-for adults have been provided with short term respite services to allow their carer to take a break.
8987 (87.0%) carers have received information and advice, including those supported by Carers FIRST's universal offer.

Quarter 3 comparisons:
104 fewer Personal Budgets (Direct Payments) were awarded (-10.9%)
176 fewer clients received short term respite on behalf of their carer -26.9%)
120 more carers received Information & Advice (+1.4%)

Further training in a strength-based approach to assessments has been rolled out across the Carers Service which places a greater emphasis on a collaborative process to identify and utilise carers' own strengths and capabilities, along with existing family and community networks. Maximising those strengths will enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing. This approach has led to an on-going reduction in the number of Personal Budgets awarded to carers across all Quarters of 2018/2019, resulting in a 24.3% (273) reduction compared to 2017/2018.
The strength-based approach has led to a decrease in LCC provided services, such as Personal Budgets and respite services alongside an increasing number of carers supported by Carers First's universal offer (Info & Advice).

Further details



About the target

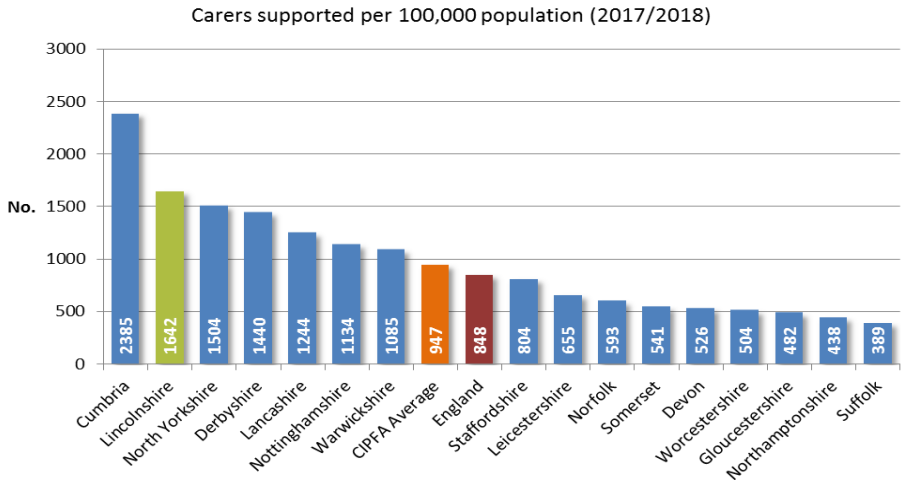
The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

Carers who have received a review of their needs

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

Achieved

89.3

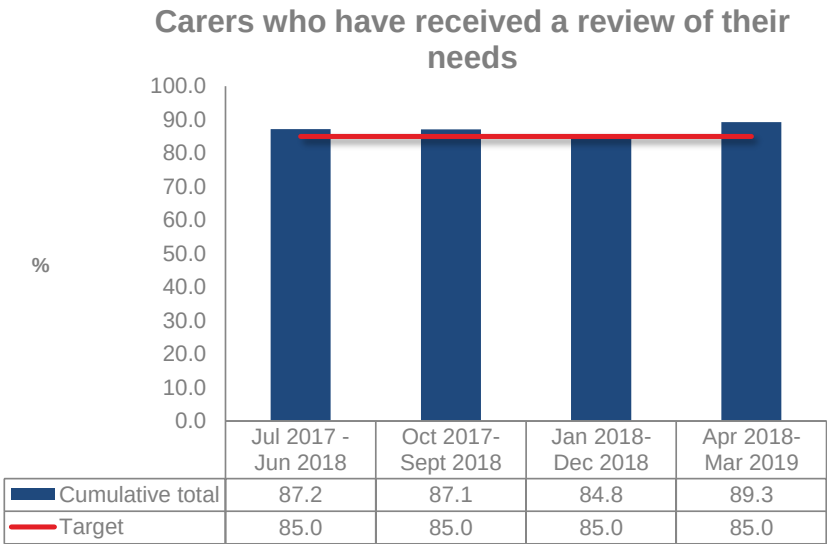
%

Actual as at April 2018-March 2019

85

%

Target for Apr 2018-Mar 2019



	Jul 2017 - Jun 2018	Oct 2017- Sept 2018	Jan 2018- Dec 2018	Apr 2018- Mar 2019
Cumulative total	87.2	87.1	84.8	89.3
Target	85.0	85.0	85.0	85.0

About the latest performance

This measure monitors whether carers, who were eligible for support under the Care Act 2014 and who received funded direct support, received their annual review of needs as per their entitlement. The measure is based on the carers table (LTS003) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting. Of the 851 carers who received funded direct support (Personal Budget as a Direct Payment), 760 (89.3%) received an assessment or review in the period. 679 (89.2%) of these were Carer's assessments/reviews performed by the Carers Service, whilst 82 (10.8%) were joint assessments/reviews undertaken by an Adult Care Practitioner.

Further details

This is a new measure for the 2018-2019 Council Business Plan therefore historical information is not available.

About the target

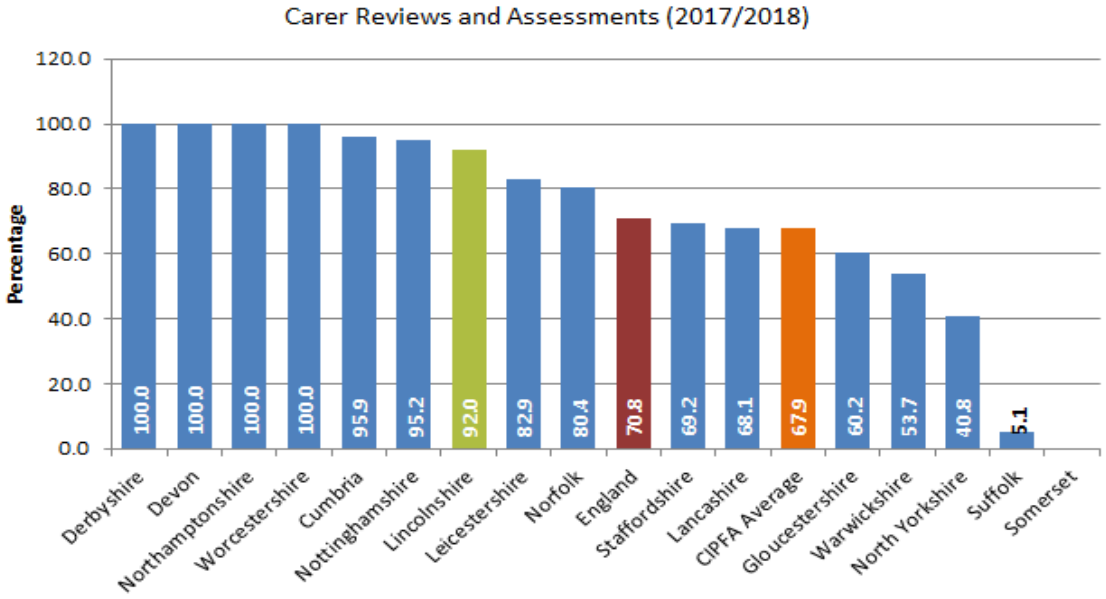
The target for this measure has been set to 85%. The baseline for this new measure is 70% and so this is an aspirational target.

About the target range

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

About benchmarking

Benchmarking is available for this measure from the SALT return on an annual basis.



No data for Somerset reviews

Health and Wellbeing is improved

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

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

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.
Individuals 'known to the council' are adults of working age with a learning disability who received long term support during the year.
'Living on their own or with family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.
Numerator: For adults in the denominator, those who were recorded as living in their own home or with their family.
Denominator: Adults aged 18 to 64 with a primary support reason of learning disability, who received long-term support during the year .
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of adults with learning disabilities living in their own home or with family indicates a better performance.

Achieved

76.8

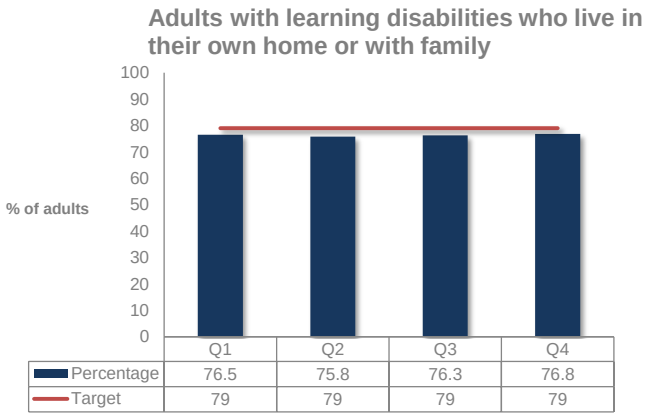
% of adults

Actual as at March 2019

79

% of adults

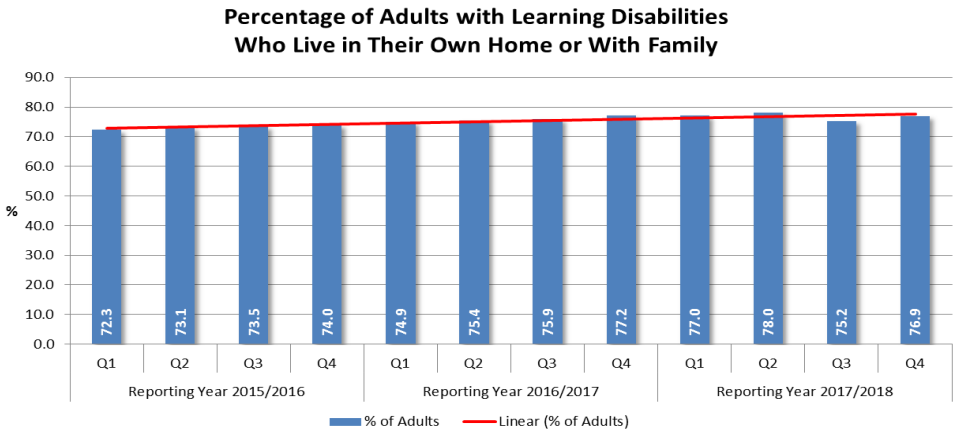
Target for March 2019



About the latest performance

2018/19 has an increased aspirational target of 79% (an increase of 3 percentage points on the 2017/18 target of 76%). Performance is within tolerance for this measure. Of the 424 service users who were identified as living in unsettled accommodation 98.6% are in either Residential or Nursing care. Recording and reporting of living arrangements has been improving throughout the year. Performance have been working closely with commissioning and operational teams to ensure that housing status is recorded correctly on MOSAIC. This has not resulted in the measure outcome changing to any great extent, but has led to increased confidence in the figures and a large reduction in 'unknown' results.

Further details



About the target

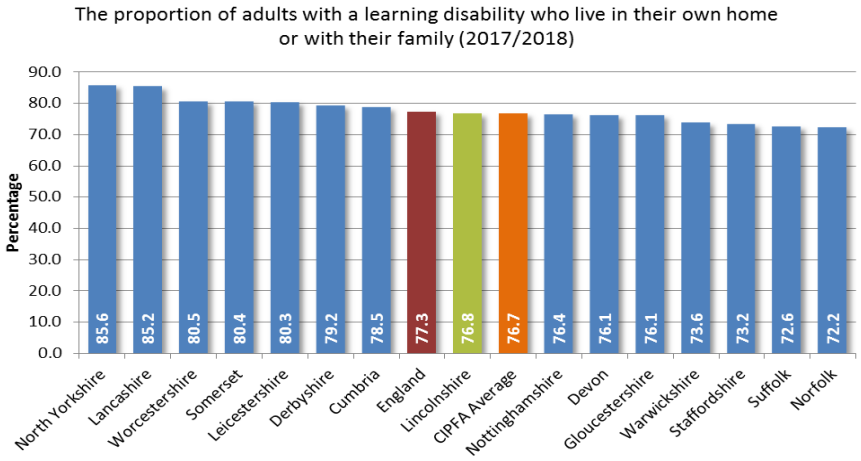
Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

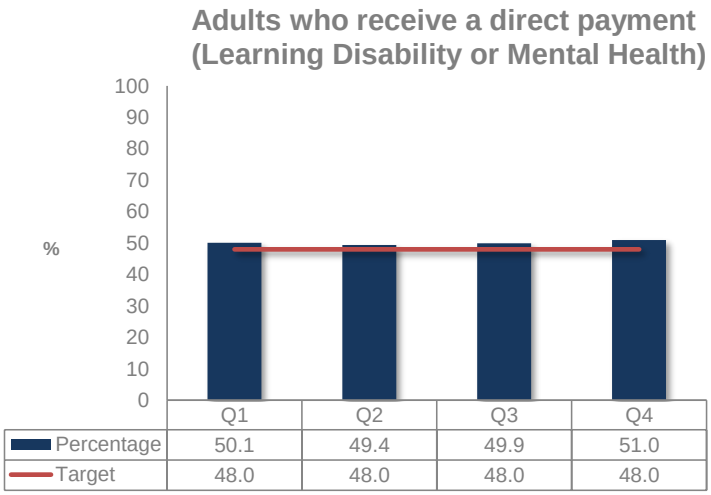
Adults who receive a direct payment (Learning Disability or Mental Health)

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

Achieved

51
%
Actual as at March 2019

48
%
Target for March 2019

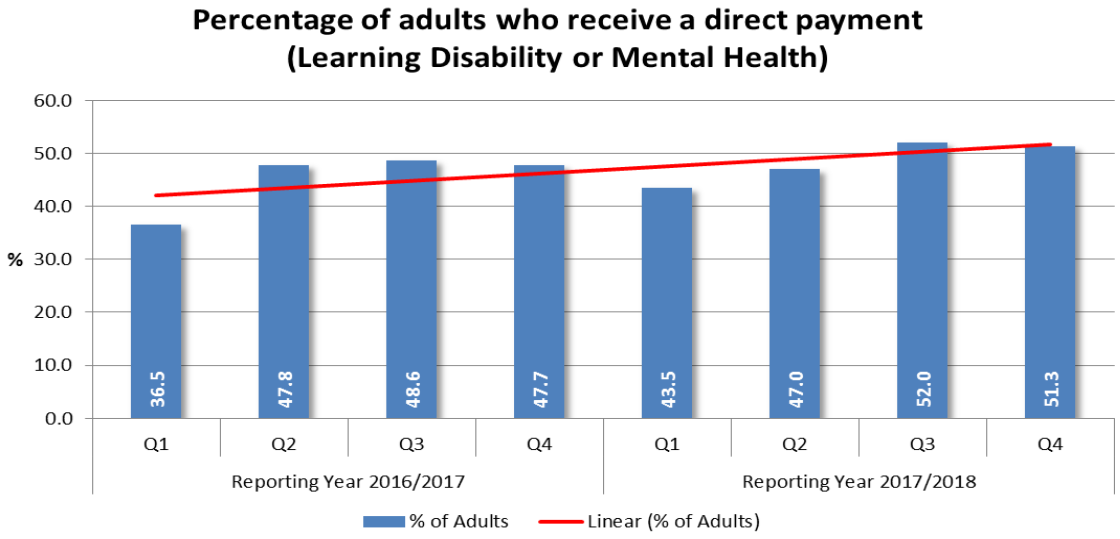


	Q1	Q2	Q3	Q4
Percentage	50.1	49.4	49.9	51.0
Target	48.0	48.0	48.0	48.0

About the latest performance

This measure has achieved the target for year end.
Looking at the cohorts individually:
Learning Disability – 42.6% (630) of clients in the community take their Personal Budget as a Direct Payment.
Mental Health – 95.0% (266) of clients in the community take their Personal Budget as a Direct Payment.
Direct Payments allow our clients to self-direct and purchase their own care leading to greater personalisation.

Further details



About the target

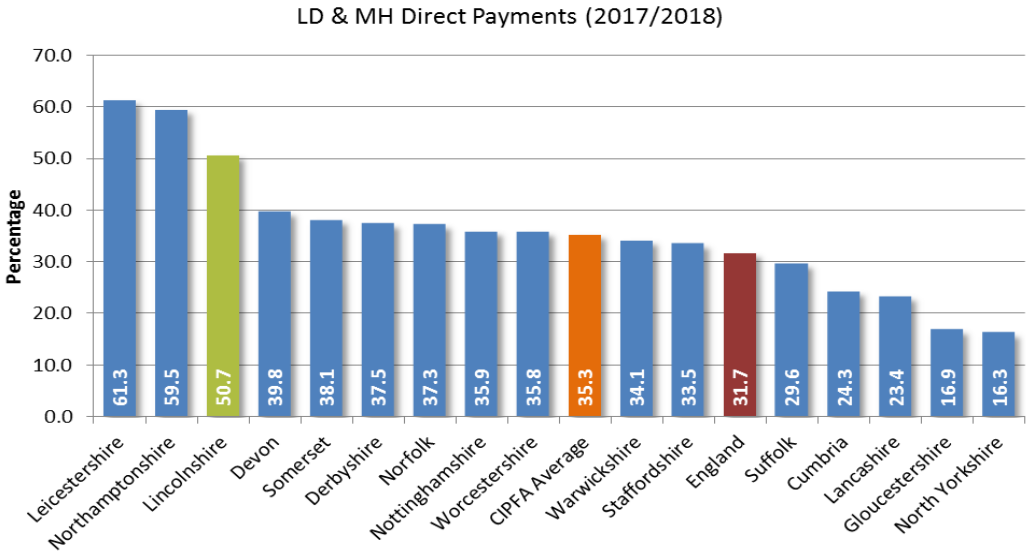
The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

Adults aged 18-64 with a mental health problem living independently

This measure has been adapted from an Adult Social Care Outcomes Framework national measure, ASCOF 1H, which identifies all mental health clients aged 18 to 69 in contact with secondary mental health services on the Care programme Approach (CPA) who are living independently. The measure to be reported in the Council Business Plan is a subset of the national measure - mental health clients aged 18 to 64 who are also receiving long term funded support from the authority. These clients are supported by the Lincolnshire Partnership Foundation Trust (LPFT) under a S75 agreement whereby the authority delegates responsibility of service provision to the mental health trust. This is a contract measure with the Trust and only these clients in the national measure can be influenced under the contract, making it more meaningful. Since this is a local measure, there will no longer be a 3 month time lag waiting for the official publication of the MHMDS (Mental Health Monthly Data Set) submission.

Achieved

76.8

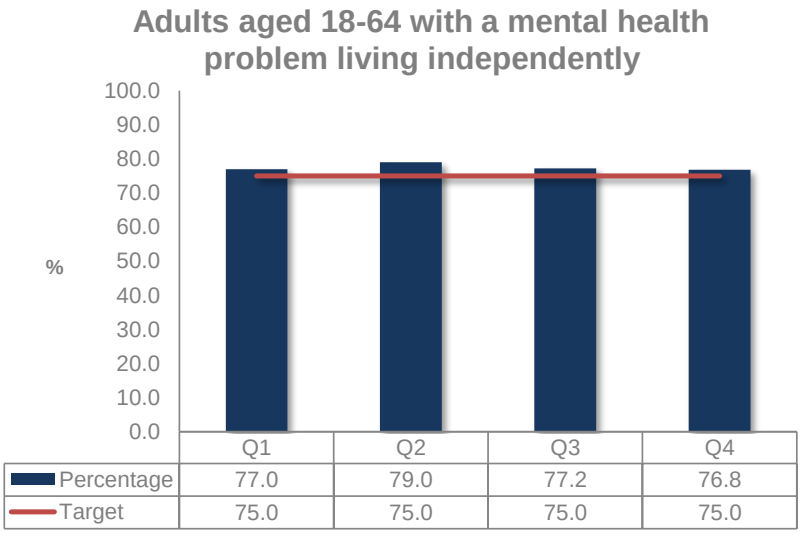
%

Actual as at March 2019

75

%

Target for March 2019



	Q1	Q2	Q3	Q4
Percentage	77.0	79.0	77.2	76.8
Target	75.0	75.0	75.0	75.0

About the latest performance

The Mental Health service continues to achieve this target, with a consistent position for the last eleven months. This indicates a significant number of those who are in receipt of long-term support are living independently. There is work being undertaken within the wider organisation around data quality to further improve this position where possible.

Further details

This is a new measure to the 2018-2019 Council Business Plan therefore historical information is not available.

About the target

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

About the target range

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

About benchmarking

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

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People have a positive experience of care

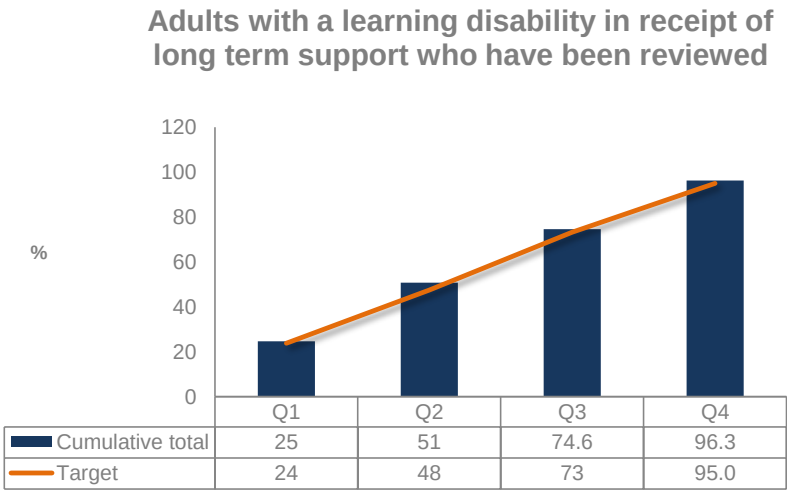
Adults with a learning disability in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a learning disability, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

Achieved

96.3
%
Cumulative Actual as at April 2018-March 2019

95
%
Target for April 2018-March 2019



	Q1	Q2	Q3	Q4
Cumulative total	25	51	74.6	96.3
Target	24	48	73	95.0

About the latest performance

This measure has changed for 2018/2019 and is reporting on Adults with a Learning Disability (LD) only. 1,795 reviews of Adults with a Learning Disability have been undertaken between 1 April 2018 and 31 March 2019. The denominator (1,863) is the number of current LD clients who were in receipt of long term support at 31 March 2018. This is the cohort of Adults with a Learning Disability who required a review of their support during the 2018/2019 financial year.
Improvements in recording, regular reporting, monitoring of the cohort of clients who require a review, Business Support access to Launchpad (allowing managers to closely track assessment activity at a team level) and a push by Locality Leads to avoid the end of year rush to review have all influenced this good performance.

Further details

This is new measure to the 2018-2019 Council Business Plan therefore historical information is not available.

About the target

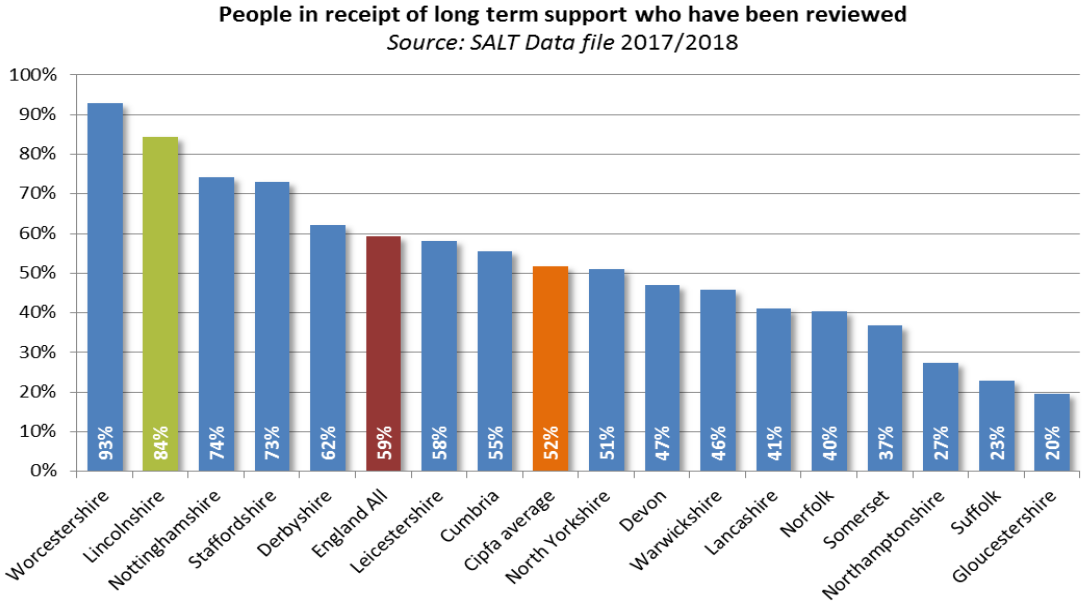
The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People have a positive experience of care

Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a mental health need, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.

Achieved

97.5

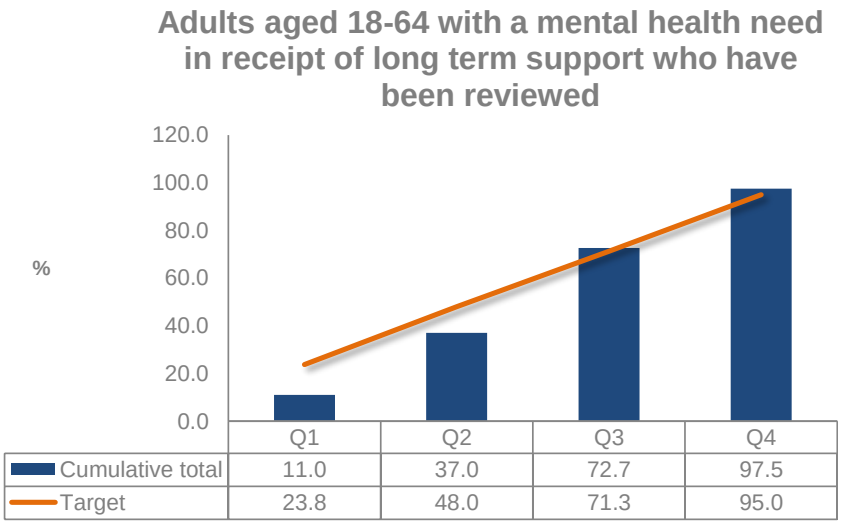
%

Cumulative Actual as at April 2018-March 2019

95

%

Target for April 2018-March 2019



About the latest performance

The Mental Health teams have been proactive and driven to meet the target, which has been exceeded. Planning is in place to help coordinate reviews for 2019-2020 to keep up the momentum.

Further details

This is a new measure to the 2018-2019 Council Business Plan therefore no historical information is available.

About the target

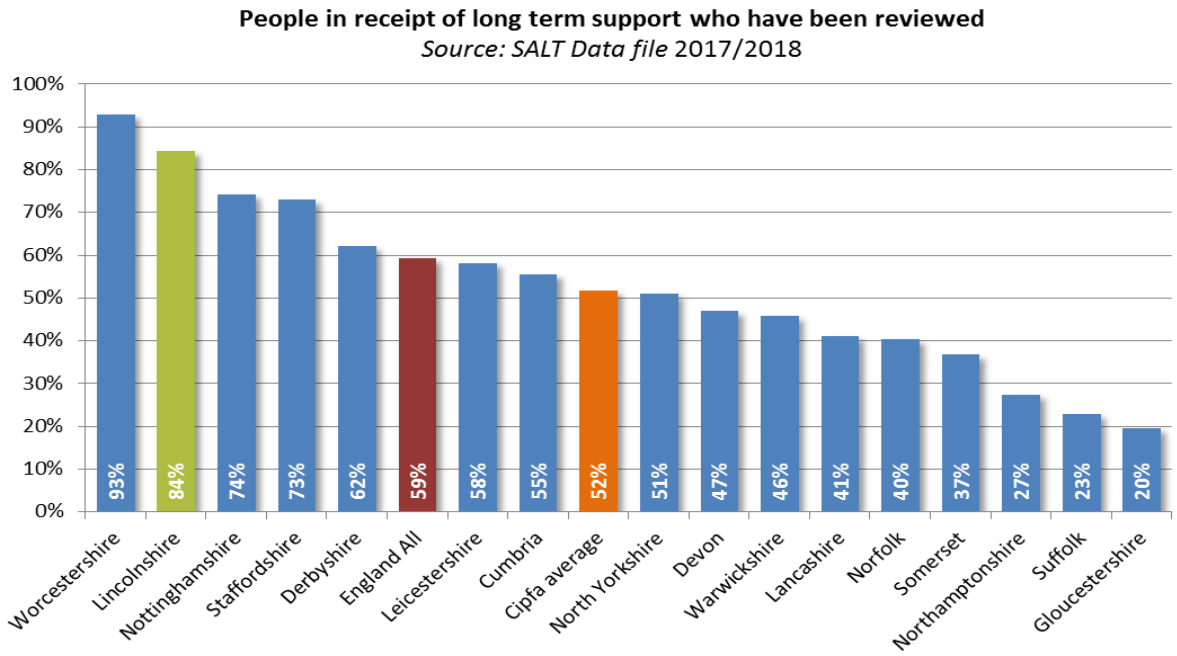
The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Communities are safe and protected

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

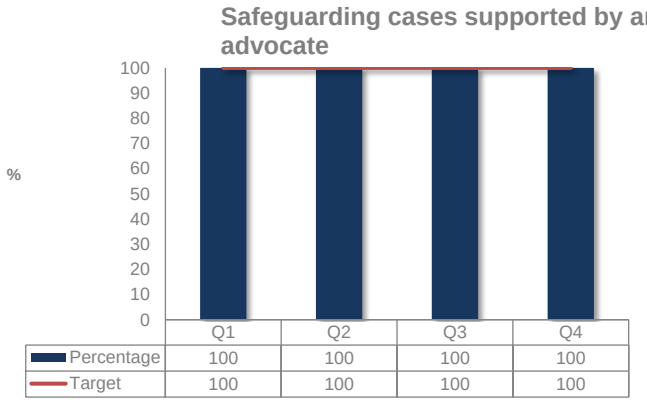
Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.
An advocate can include:-
* An Independent Mental Health Advocate (IMHA);
* An Independent Mental Capacity Advocate (IMCA); or
* Non-statutory advocate, family member or friends.
Numerator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend
Denominator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the period, where the person at risk lacks Mental Capacity
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of cases supported by an advocate indicates a better performance.

Achieved

100
%
Actual as at March 2019

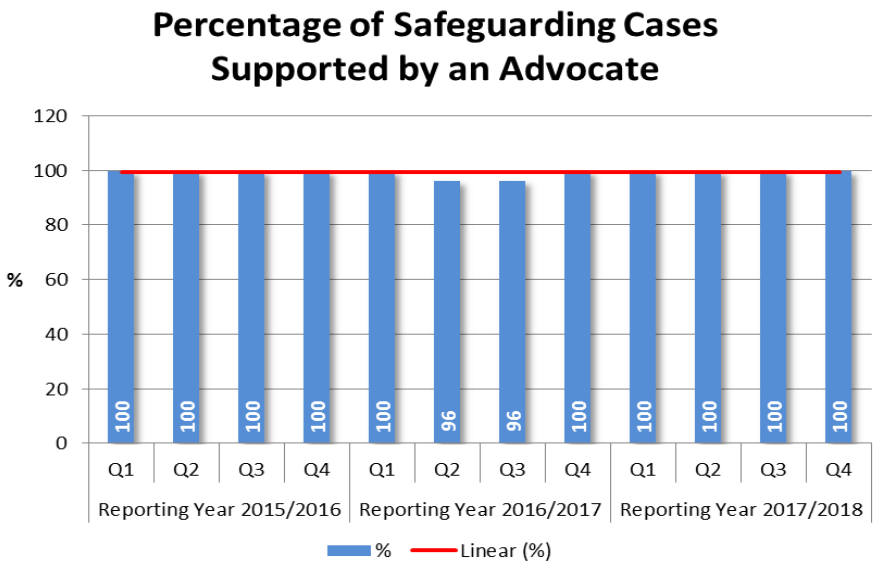
100
%
Target for March 2019

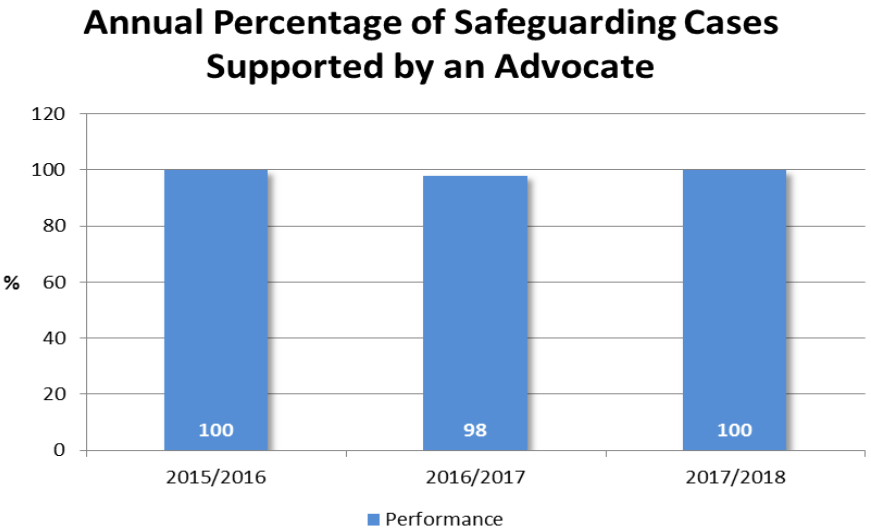


About the latest performance

Based on the available data, performance in this area continues to be strong. This measure demonstrates our commitment to ensuring that the voice of the service user is central to safeguarding activity, in accordance with the principles of Making Safeguarding Personal.

Further details





About the target

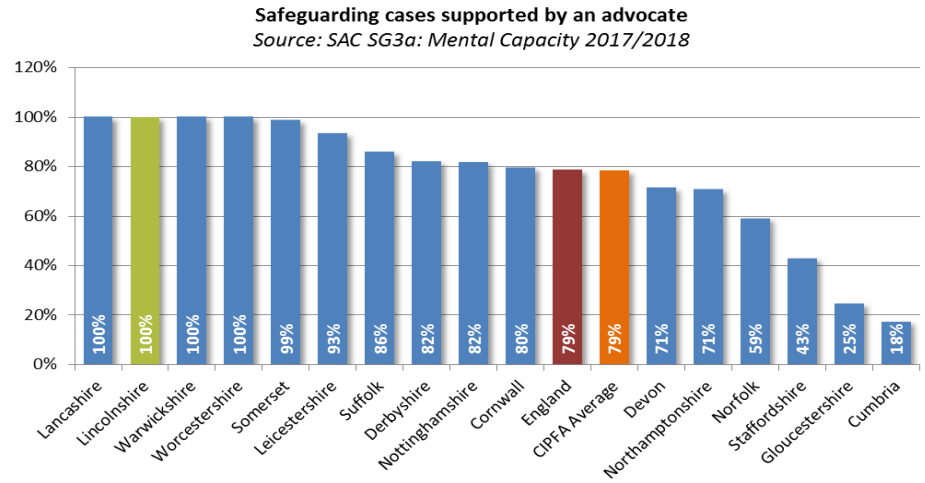
Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

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

About benchmarking

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



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Making safeguarding personal

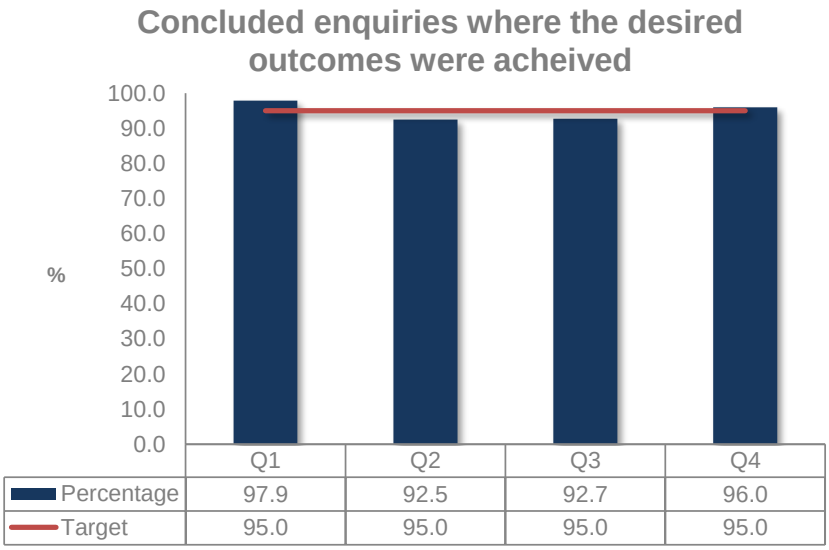
Concluded enquiries where the desired outcomes were achieved

This measure records the proportion of concluded enquiries ('Section 42' under the Care Act 2014 and other), where the desired outcomes were fully or partially achieved. This measure is a key element of the Making Safeguarding Personal (MSP) national agenda, and monitors the effectiveness of Safeguarding interventions where desired outcomes were expressed and met. The figures are taken directly from the Safeguarding Adults Collection, and is therefore underpinned by statutory guidance on recording and reporting.
Numerator: The number of concluded enquiries in the denominator where the person's desired outcome was fully or partially achieved.
Denominator: The total number of S42 safeguarding enquiries concluded in the period where the person or their representative was asked about and expressed their desired outcomes.
A higher percentage indicates a better performance.

Achieved

96
%
Actual as at March 2019

95
%
Target for March 2019



	Q1	Q2	Q3	Q4
Percentage	97.9	92.5	92.7	96.0
Target	95.0	95.0	95.0	95.0

About the latest performance

Performance in this area remains strong and evidences that 'Making Safeguarding Personal' is firmly embedded in practice.

Further details

This is a new measure to the 2018-2019 Council Business Plan therefore historical data is not available.

About the target

The target for this measure has been set to 95%. This comes from the CIPFA comparator group average for 2016/2017 based on incomplete voluntary submissions from Councils.

About the target range

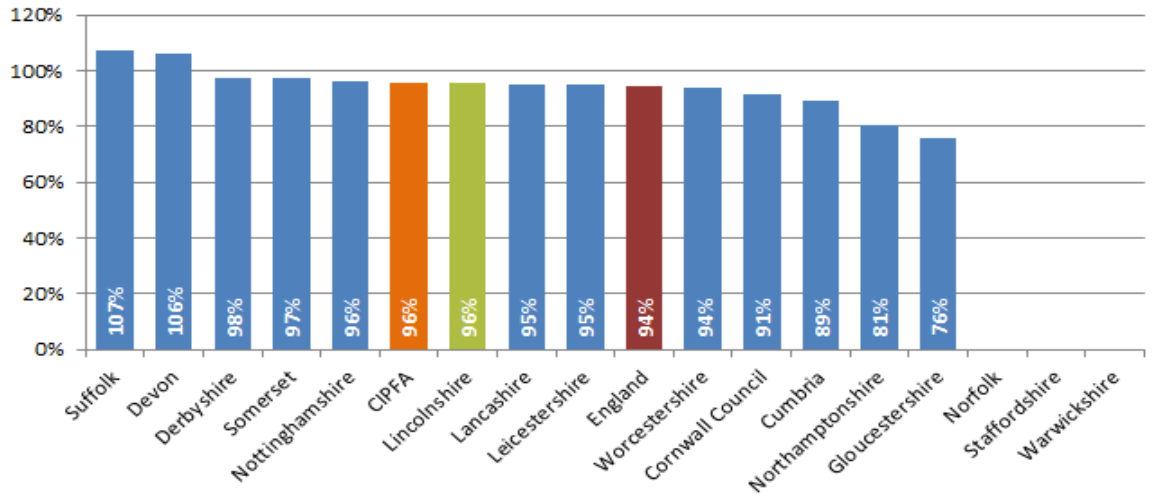
This measure has a target range of +/-5 percentage points.

About benchmarking

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

Safeguarding Enquiries concluded where the desired outcomes were fully / partially met

Source: SAC SG4a: Making Safeguarding Personal 2017/2018



Note:

3 Local Authorities did not submit any data in 2017/18

Lincolnshire COUNTY COUNCIL
Working for a better future

Communities are safe and protected

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

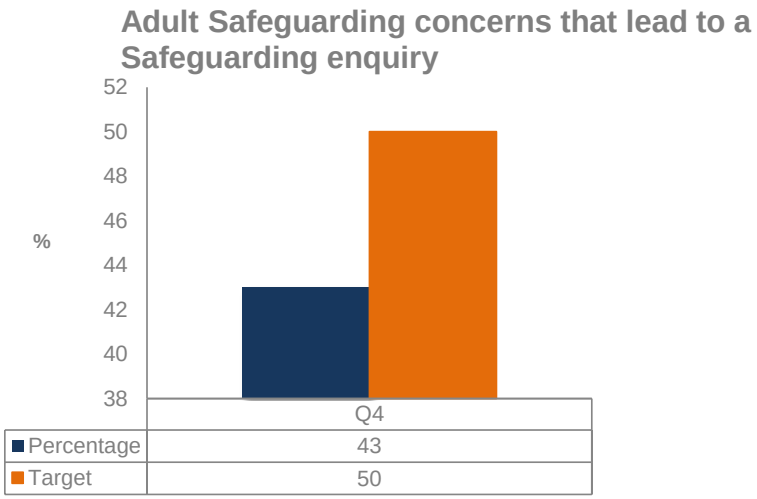
Adult Safeguarding concerns that lead to a Safeguarding enquiry

The LCC Safeguarding Service want to encourage providers, partners and professionals to submit concerns to the Local Authority only where appropriate, and to ensure these concerns have already been managed and considered within the remit of their organisations and only escalated to the authority as necessary. The Safeguarding Service would therefore expect a higher proportion of concerns progressing to an enquiry, with a corresponding reduction in concerns that do not warrant a full enquiry.

Not achieved

43
%
Actual as at March 2019

50
%
Target for March 2019



About the latest performance

The target of 50% was based on the limited data available for the first 9 months of 2018/19 and it was therefore agreed that this would need to be kept under review. The inclusion of the most recently available data has provided a figure of 43% at year end. As this is the first year of reporting 43% will be the baseline. The aim is to achieve a 2% increase per quarter in order to reach the target of 50% by March 2020. Work is currently being undertaken with Providers and the Lincolnshire Safeguarding Adults Board (LSAB) which should positively impact on the referrals received.

Further details

This is a new measure for the 2018-2019 Council Business Plan therefore historical information is not available.

About the target

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date. An increment of 5 percentage points for each subsequent year has been proposed, however this may need to be reviewed after a period of monitoring to determine whether this is realistic.

About the target range

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

About benchmarking

CIPFA Benchmarking 2017/18 - Although available it will not be provided due to significant variation in council SAC returns. To be treated with caution as councils operate and interpret the statutory reporting guidance very differently. As a consequence there is a review of the SAC return and the guidance to ensure the submissions from all LA's is robust and comparable.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are supported to live healthier lifestyles

Percentage of alcohol users that left specialist treatment successfully

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

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

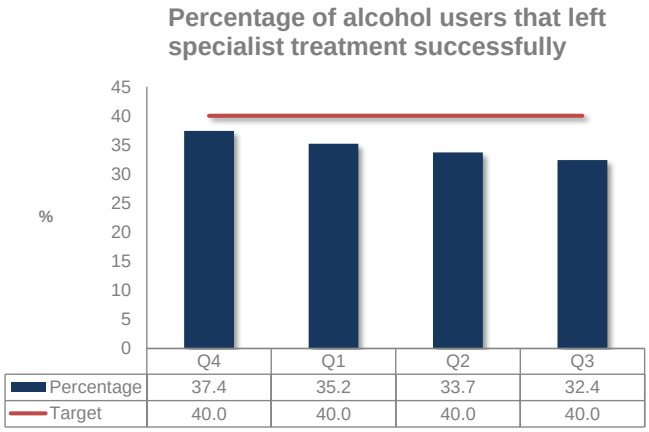
Denominator: Number of completions
National Drug Treatment Monitoring System (NDTMS)

A higher percentage of alcohol users that leave specialist treatment successfully indicates a better performance.

Not achieved

32.4
%
Actual as at Quarter 3 December 2018

40
%
Target for December 2018

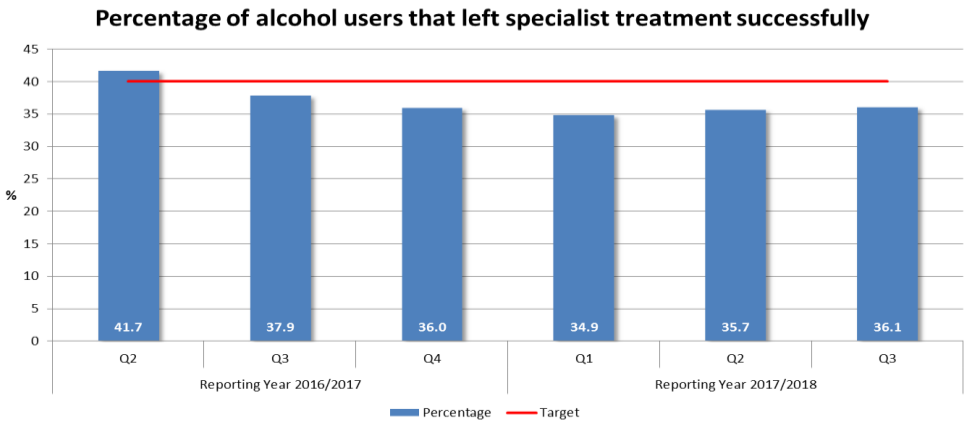


	Q4	Q1	Q2	Q3
Percentage	37.4	35.2	33.7	32.4
Target	40.0	40.0	40.0	40.0

About the latest performance

Performance for this report period is 32.4%, slightly below the previous quarter and 7.6 percentage points below target. Work is currently being undertaken to compare Lincolnshire's performance against our main comparator areas with regard to contract size, number of clients and key outcomes.
Current re-presentation rates to the service are very low at 4.2% compared with our main comparator areas average of 7.6%. Re-presentations are a good way to judge if people are leaving services and staying problem free in the long term, but to ensure these outcomes remain high it is paramount clients leave treatment when ready to do so and not before. The provider continues to seek new and innovative ways to provide the service to maintain the good re-presentation rates and improve the successful completions, but with high caseloads and limited resources this is difficult.

Further details



About the target

A target of 40% has been set to reflect the wording and definition of this measure.

About the target range

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

About benchmarking

Benchmarking data is not available for this measure.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

Peoples' health and wellbeing is improved

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

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Checks are important to identify early signs of poor health leading to opportunities for early interventions.
This measure tracks the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check, which is measured on a 5 year rolling cycle. So for example performance reported at Q2 2018/2019 is cumulative from April 2014 to 30th September 2018.

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

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

A higher percentage of people who were offered and received an NHS health check indicates a better performance.

Achieved

62.7

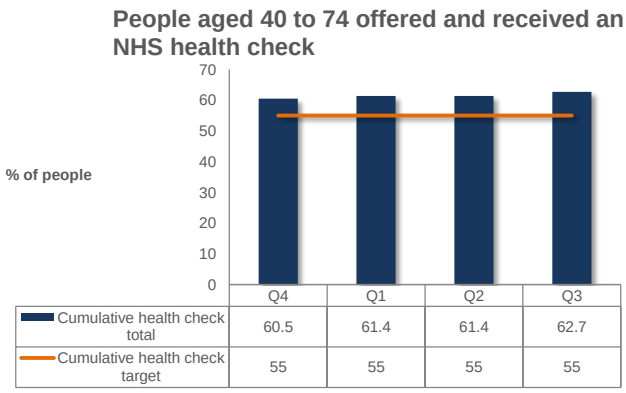
% of people

Actual as at Quarter 3 December 2018

55

% of people

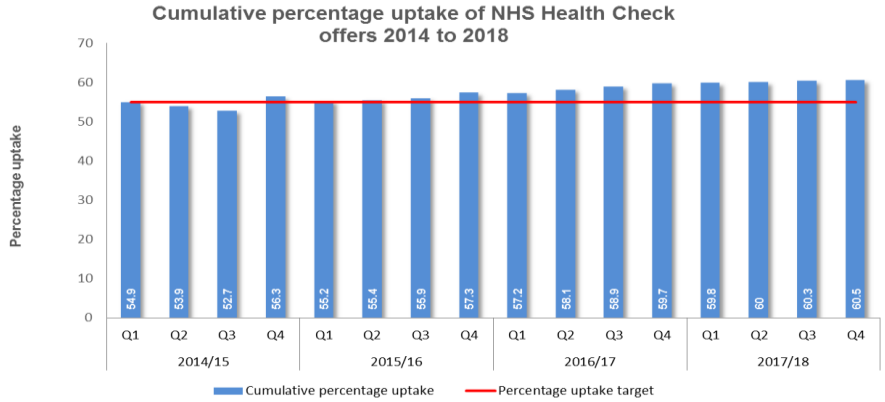
Target for December 2018



About the latest performance

The NHS Health check data for Quarter 3 has now been verified and published by Public Health England. We have exceeded our target and continue to perform better than the Regional and England averages. We are now ranked 14th out of 152 counties in England, up one from 15th from the last quarter. The cumulative figure of eligible people invited to a health check over the 5 year rolling period is 213,977; of those, a total of 134,208 individuals took up the offer of an NHS Health Check. People offered a health check is based on nationally provided information relating to the numbers in the population who are eligible for a health check. As this figure changes over time (because eligibility is based on age) the current percentage of the population offered a health check displays as over 100%.

Further details



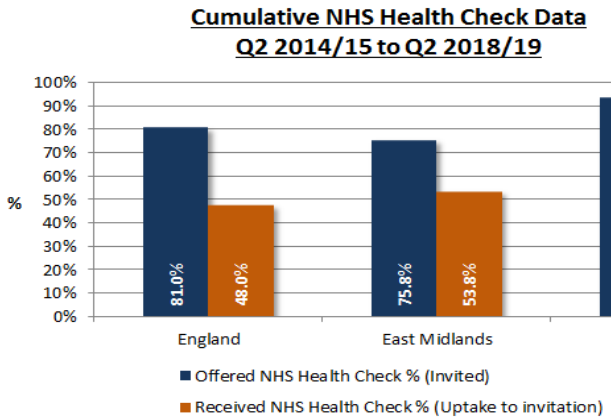
About the target

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

About the target range

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

About benchmarking



	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	81.0%	75.8%	93.9%
Received NHS Health Check % (Uptake to invitation)	48.0%	53.8%	61.4%

Health and Wellbeing is improved

Peoples' health and wellbeing is improved

Chlamydia diagnoses

Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence. Data is reported with a 6 month (2 quarter) lag. A higher rate of chlamydia diagnoses indicates a better performance.
Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia.
Detection Rate Indicator definition: All Chlamydia diagnoses in 15-24 year olds attending specialist and non-specialist sexual health services (SHSs), who are residents in England, expressed as a rate per 100,000 population.

Numerator: The number of people aged 15-24 diagnosed with chlamydia (http://www.chlamydiascreening.nhs.uk/ps/data.asp)
Denominator: Resident population aged 15-24 (Office of National Statistics)

Not achieved

1,794

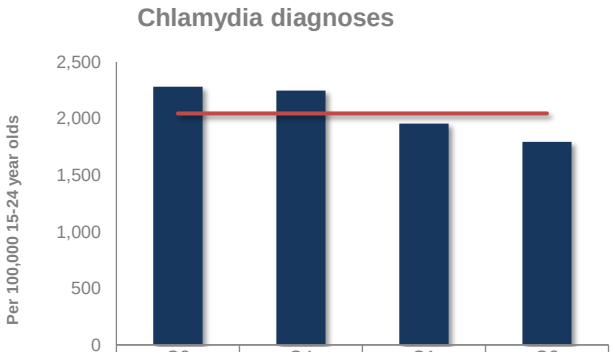
Per 100,000 15-24 year olds

Actual as at Quarter 2 September 2018

2,045

Per 100,000 15-24 year olds

Target for September 2018

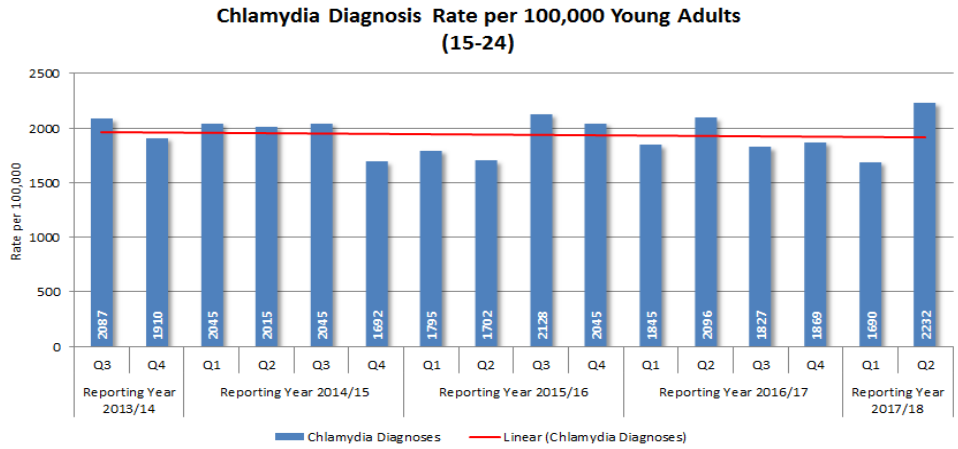


	Q3	Q4	Q1	Q2
Rate	2,281	2,247	1,955	1,794
Target	2,045	2,045	2,045	2,045

About the latest performance

The data is published nationally 6 months in arrears so reflects performance in the second quarter of 2018. The performance in this quarter did not meet the target. This was expected due to changes in the provider's delivery model. The Sexual Health Services (LISH) have an action plan in place to improve their performance which includes partnership work and collaboration, including midwifery services, Addaction and school immunisation services and the situation is being continually monitored. Online self-testing remains very popular and has the highest positivity rate, indicating this service is well targeted.
Lincolnshire is ranked 5th out of 9 Local Authorities in the East Midlands Region there is only one LA that is meeting the national target. Positive test results remain high at 10.4% (target 8%) suggesting the services remain well targeted. The Public Health England (PHE) Regional Advisor for Sexual Health has advised that the positivity rate should be the main quality indicator.
Relationships with sub-contracted General Practitioner's and Pharmacies have developed to improve and promote the chlamydia testing programme and are on-going.

Further details



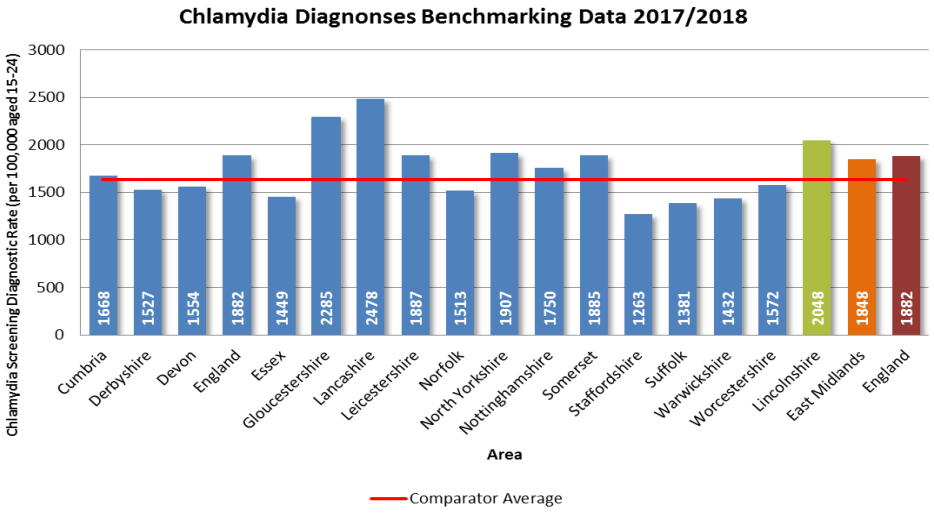
About the target

The target of 2,045 has been set in 2018/19 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if so, whether it is due to a general decline in chlamydia within the population at large.

About the target range

The target range for this measure is between 2004 and 2086, this is based on an expectation of fluctuation in performance across the year.

About benchmarking



Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

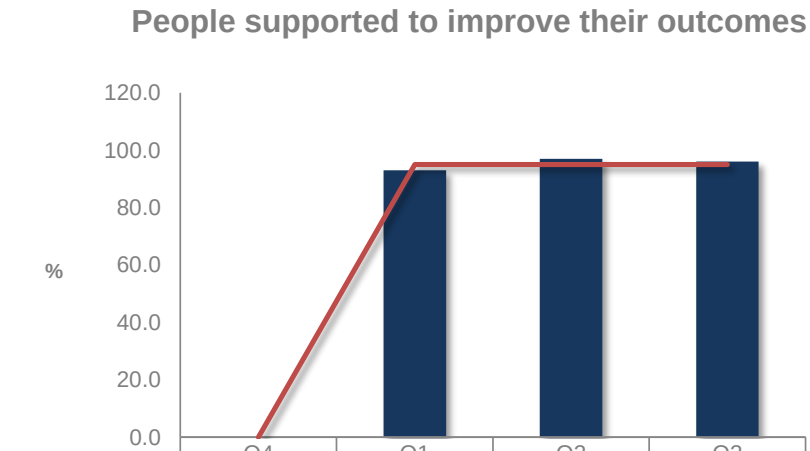
People supported to improve their outcomes

This measure identifies the percentage of people exiting the Wellbeing Service who demonstrated overall improvements across the outcomes they identified when entering the service. There are eight outcomes which the service focuses on and these are around supporting people to Manage Money, Participation, Social Contact, Physical Health, Mental Health and Wellbeing, Substance Misuse, Independence and Staying Safe. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.
Numerator: The number of service users exiting the service with a higher Exit Score than Entry Score
Denominator: The total number of service users exiting the service.
A higher percentage of people supported to improve their outcomes indicates a better performance.

Achieved

96
%
Actual as at Quarter 3 December 2018

95
%
Target for December 2018



	Q4	Q1	Q2	Q3
Percentage	0.0	93	97	96
Target	0	95	95	95

About the latest performance

The Wellbeing Service has maintained consistently good performance, which is determined by customers' overall improvement in their self-determined outcomes whilst engaged with the service. As an outcome focused service it is very encouraging that we are helping to improve people's outcomes (which can for example include support with managing money, improving physical health or reducing social isolation).

Further details

This is a new measure to the 2018-2019 Council Business Plan therefore historical data is not available.

About the target

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

About the target range

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

About benchmarking

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

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are supported to live healthier lifestyles

People supported to successfully quit smoking

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

Not achieved

1,545

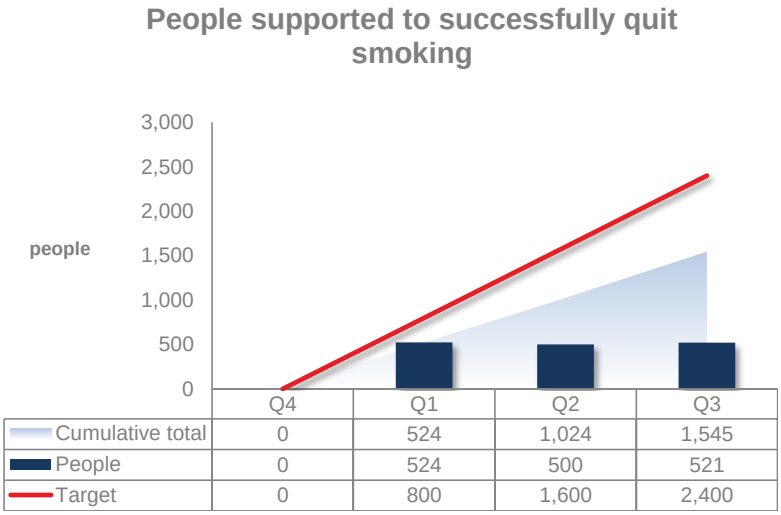
people

Actual as at Quarter 3 December 2018

2,400

people

Target for December 2018



	Q4	Q1	Q2	Q3
Cumulative total	0	524	1,024	1,545
People	0	524	500	521
Target	0	800	1,600	2,400

About the latest performance

The measure for people successfully supported to stop smoking has a three month time lag and so represents data to quarter three of 2018/19. Although the provider only reached 65% of the quarter 3 target (521 of 800 people), and 64% for the three quarters to date (1,545 of 2,400 people), there has been some improvement in the types of smokers supported. The number of pregnant women supported by the service has increased due to changes in staffing and improved partnership working, with more sessions facilitated within antenatal clinics and in children's centres. There is more work to be done but the new Integrated Lifestyles Service will build on this when it takes over in July 2019. The service continues to target the most hardened smokers that need more support to help them to quit and to stay smoke free. The average Lincolnshire quit rate (at 4 weeks) for April to December 2018 was 48.5% (Source NHS Digital), compared to a national (England) figure of 51.5%.

Further details

This is a new measure in the 2018-2019 Council Business Plan therefore historical data is not available.

About the target

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

About the target range

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

About benchmarking

Statistics on NHS Stop Smoking Services are published by NHS Digital on a quarterly basis. This provides details from all local authority areas which provide data returns and so allows for regular benchmarking of stop smoking services. In 2016/17 Lincolnshire performance was mid point amongst comparator areas (ranked 8th of 16). This equates to 2,300 successful quitters at a rate of 48% (of all those who set a quit date). This is slightly below the comparator average (50.1%) as well as England (50.7%) and the East Midlands (53.2%).

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

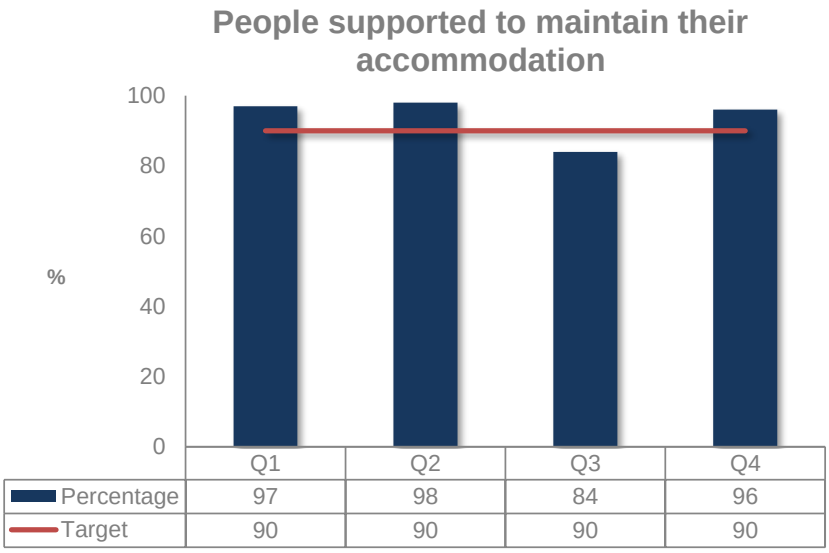
People supported to maintain their accommodation

This measure captures the overall improvement in outcomes achieved by people accessing housing related support services following on from their contact with the service. A individual will self-report improvements in self harm and reduction in medication, reduced dependency on substance misuse avoiding harm to others.
Numerator: Number of clients whose 'need' score has improved by at least 1 point.
Denominator: All needs highlighted by clients during their contact with services.

Achieved

96
%
Actual as at Quarter 4 March 2019

90
%
Target for March 2019



	Q1	Q2	Q3	Q4
Percentage	97	98	84	96
Target	90	90	90	90

About the latest performance

Housing Related Support Services have exceeded the target for people accessing their services. This means that 96% of service users, who identify that access to settled accommodation is a barrier to them living independently, are successfully supported to reduce this.

Further details

This is a new measure to the Council Business Plan 2018/2019, therefore historical data is not available.

About the target

Housing related support services help people to access and maintain accommodation in order to prevent them from needing more costly forms of support. This measure is crucial to ensure service quality, assessing needs highlighted versus needs met for all people accessing services. It also supports the Council to meet its Care Act responsibilities regarding prevention and supports wider Public Health Outcome Framework (PHOF) outcomes regarding housing. The target is aligned to the KPI in the provider's contract.

About the target range

This measure allows for no fluctutation against the target.

About benchmarking

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

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

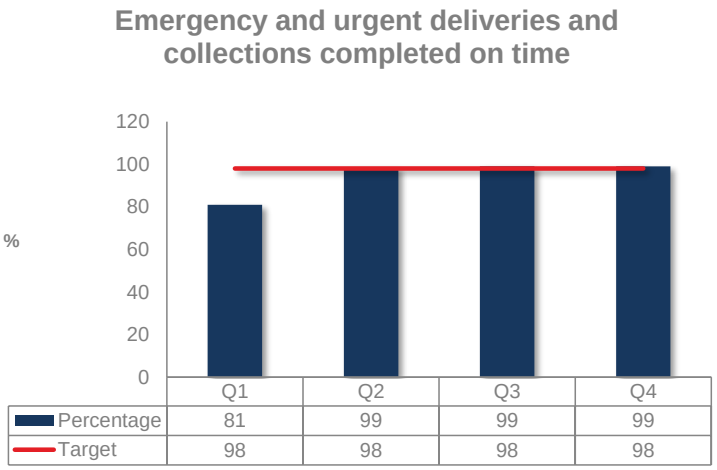
Emergency and urgent deliveries and collections completed on time

The delivery of emergency and urgent pieces of equipment is crucial as the situations within which these are requested will often involve individuals who require equipment in order to support discharge from hospital, prevent hospital admission or provide end of life care. In the event of the death of a service user, it is crucial to commence the process of collecting equipment quickly to ensure that, where possible, it can be recycled to support other users who may have need for it. Emergency deliveries and collections are defined as being undertaken within 4 hours of receipt of the authorised order. Urgent deliveries are within 24 hours and urgent collections are within 48 hours of receipt of the authorised order. The measure is an amalgamation of four KPIs within the Integrated Community Equipment Service contract which consist of: Number of emergency deliveries (within 4 hours); number of emergency collections (within 4 hours); number of urgent deliveries (within 24 hours) and; number of urgent collections (within 48 hours).
This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.
Numerator: Number of emergency deliveries and collections within 4 hours, number of urgent deliveries within 24 hours and number of urgent collections within 48 hours.
Denominator: Total number of emergency and urgent deliveries and collections.
A higher percentage indicates a better performance.

Achieved

99
%
Actual as at Quarter 4 March 2019

98
%
Target for March 2019



About the latest performance

The service provider has exceeded targets on Emergency and Same Day deliveries and collections. This has been due to the appointment of the new site manager at the depot and also having a full complement of staff to cater for increase in demand on the service.

Further details

This is new measure to the 2018-2019 Council Business Plan therefore historical data is not available.

About the target

This is a core commissioned service within the Community Wellbeing Commissioning Strategy and supports the Council to meet its Care Act responsibilities. Target is aligned to four KPIs within the Integrated Community Equipment Service contract.

About the target range

This measure allows for no fluctutation against the target.

About benchmarking

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

Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

Open Report on behalf of Glen Garrod, Executive Director Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**03 July 2019**
Subject:	**Adult Care & Community Wellbeing 2018/19 Final Budget Outturn**

Summary:

This report sets out the 2018/19 final budget outturn for Adult Care and Community Wellbeing (AC&CW). The Adult Care outturn is £212.963m, an under-spend of £2.019m (0.94%) against a budget of £214.982m.

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee is asked to note the final budget outturn for 2018/19.

1. Background

An analysis of the AC&CW budget and final outturn for 2018/19 is illustrated below and includes the impact of the Better Care Fund (BCF) costs being included in the budget for the first time.

	Net Expenditure £m	Budget £m	Variance £m
Older People/Physical Disability	105.303	107.836	-2.533
Infrastructure	6.082	6.690	-0.608
Total for Adult Frailties & Long Term Conditions	**111.385**	**114.526**	**-3.141**
Learning Disabilities	60.140	60.052	0.088
Mental Health	7.276	6.675	0.601
Total for Specialist Adult Services	**67.416**	**66.727**	**0.689**
Carers	2.483	2.519	-0.036
Safeguarding Adults	4.972	4.502	0.470
Community Wellbeing	26.707	26.708	-0.001
Total	**212.963**	**214.982**	**-2.019**

The report will look at each of these areas in turn.

2. Adult Frailty & Long Term Conditions (AF&LTC)

The Adult Frailty & Long Term Conditions strategy brings together Older People and Physical Disability services as well as hosting the budgets for back office functions. 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
Home Support
Direct Payments
Community Support
Extra Care Housing
Residential Care
Dementia Support Services
Assessment & Care Management Staffing

The 2018/19 outturn for the Older Persons/Physical Disabilities part of the Adult Frailty and Long Term Conditions service was £105.303m against a budget of £107.836m representing a £2.533m underspend.

Physical Disabilities

The Physical Disabilities service over the previous two financial years has started to see growing pressures in expenditure budgets however, due to income achieving £0.400m over target and an underspend of £0.207m in Residential budgets, actual outturn in 2018/19 was £13.738m which resulted in a £0.607m underspend.

Home Support continued to see growth and 2018/19 outturn was £0.291m overspent but underspends in Residential budgets offset this pressure.

Older People

The Older Person's service actual outturn was £1.926m underspent, actual spend was £90.802m.

For Assessment & Care Management Staffing, the outturn was on target with a spend of £14.119m. There has been considerable difficulty in recruiting across all areas of the county; a number of vacancies have had to be covered with agency staff that are at a higher cost to permanent staff.

Direct Payments expenditure which includes Penderels management fee stabilised in 2018/19 with only a small overspend of £0.055m. Home Support activity has seen some growth in year. However the overspend is attributed to two capacity payments and a budget transfer to Specialist Adult Services. The expenditure for 2018/19 was £21.812m which was £1.424m overspent.

Residential/Nursing and Block Beds – the outturn for these Residential based budgets for 2018/19 was £79.298m which is overspent by £0.960m. A number of former self funder cases came through in the last three months of 2018/19.

Block beds over spent by £0.090m due to the budget requiring an increase but the budget change window was missed in 2018/19; this will be changed in 2019/20. The number of days in Short Term Care reduced overall and the budget line was underspent by £0.415m.

Direct Payment service user income was £0.86m below target compared to £0.174m in 2017/18. However Direct Payment Audit income continued to exceed targets and was over target by the end of the financial year by £0.374m after an allowance for bad debt provision was made.

Fairer charging income had a considerable shortfall of £1.149m in 2017/18. This shortfall reduced in 2018/19 to £0.872m.

Income was over target by the end of the financial year, the target was £4.2m, and income achieved was £8.2m. This was due to additional income in Direct Payment Audits and property debt.

Infrastructure

The infrastructure budget currently includes expenditure in relation to the Director, along with Policy and Service Development, Performance, Quality, Carers, Brokerage and Safeguarding. Infrastructure outturn was underspent by £0.607m on a budget of £6.690m.

There were underspends within the Performance Intelligence team, Operations and Quality Assurance as they all had staff vacancies during the year and some underspends in contracts such as the Sensory Impairment Contract.

3. Specialist Adult 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
- Transport
- Assessment and Care Management and Social Work Service
- Section 75 agreement with Lincolnshire Partnership Foundation Trust (LPFT) for Mental Health Services

The budget for this commissioning strategy is £66.727m. The final outturn was an overspend of £0.689m.

a) Learning Disabilities Service

The Adult Learning Disability service is administered via a Section 75 agreement between the Council and NHS commissioners in Lincolnshire. This is funded via a combination of Council funding, CCG (Clinical Commissioning Group) contributions and BCF income.

The Learning Disability Service finished with a small overspend of £88k. Within the Learning Disability service there has been an increase in the number of complex cases entering the service for both Supported Living and Residential placements. Pressures on demand have also been seen in Direct Payments.

Supported Living costs have also been affected by increases in the cost of waking night services following guidance from Her Majesty's Revenue and Customs (HMRC) that employees should be paid National Living Wage (NLW) for sleep in shifts, however this has been covered by additional funding from the Better Care Fund (BCF).

Direct Payments outturn was £10.713m.The new packages for the year are 81 at a cost of £0.666m and an average weekly cost of £162.53. There were 114 increases to existing packages in 2018/19 at a cost of £0.492m.

Community supported living services outturn was £28.245m. The cost of new packages is £1.921m and there have also been increases to existing packages during the year at a cost of £0.492m.

Residential services outturn for long term and short term care was £31.863m. The long term residential cost of new packages was £1.548m and there were also increases to existing packages of £0.042m.

Income continues to increase especially with respect to direct payment refunds and increases in residential service contributions. The element of Health Care costs have also increased this year which has meant that the Council has invoiced the CCGs for a further £2.155m on top of the £11.9m already invoiced through the Section 75 agreement.

The Mental Health Service outturn was overspent by £0.601m, due to a significant increase in the number of service users presenting with increasingly complex needs driven largely by inpatient discharges. A considerable amount of partnership work has been done this year between the Council and LPFT to ensure that any higher than average cost placements were challenged and endorsed before they were agreed. Alongside this, work has been done to look at all high cost packages to ensure Continuing Health Care (CHC) has been applied where applicable.

A considerable amount of partnership work has been done this year between the Council and LPFT to ensure that any higher than average cost placements were challenged and endorsed before they were agreed; this will continue into the new financial year.

4. Community Wellbeing

The current budget for Community Wellbeing is £26.708m and the service ended 2018/19 on target.

Services are delivered as part of the Council's statutory obligation to improve the public health of local populations as per the conditions of the Public Health Grant. In addition there also a number of non-statutory services which the Council deliver.

Community Wellbeing services include:

- Health Improvement Prevention & Self-Management
- Public Health Statutory Services
- Wellbeing Service
- Sexual Health
- Housing Related Service
- Prevention & Treatment of Substance Misuse

The outturn was produced via a combination of overspends and underspends within the wellbeing services including Integrated Community Equipment Service (£0.444m). This was mostly offset by a number of underspends within Smoking Cessation contracts (£0.178m) and Sexual Health Prescribing contracts (£0.180m). Both underspends were due to reductions in activity within both areas.

There were also a number of staff vacancies across the service; however posts have started to be filled and will continue to do so in the new financial year.

5. 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 strategy 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 2018/19 with an under-spend of £0.037m against a budget of £2.519m. This is due to the Carers First Contract which delivers services for Lincolnshire being underspent.

6. 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 an adult's wellbeing is being promoted.

The final outturn for Safeguarding Adults was £4.972m, an overspend of £0.470m on a budget of £4.502m.

The majority of the overspend relates to the 2013 Cheshire West ruling regarding Deprivation of Liberty Safeguards (DOLS). Excellent progress has been made in 2018/19 with the historical backlog of applications resolved and all new applications and reviews being progressed when received.

7. Better Care Fund

The Lincolnshire Better Care Fund (BCF) is a framework agreement between Lincolnshire County Council and the Lincolnshire Clinical Commissioning Groups (CCGs) and looks to pool funds from those organisations to help support the national and local objective of closer integration between the Council and the CCGs.

The total pooled amount in 2018/19 was £232.123m which included £50.466m that was allocated to the Lincolnshire BCF from the Department of Health and Social Care.

Lincolnshire's fund is one of the largest in the country and includes pooled budgets for Learning Disabilities, Children and Adolescence Mental Health Services (CAMHS) and Community Equipment plus 'aligned' Mental Health funds from the County Council and the four CCGs.

In addition to the continuation of existing pooled funds, there are a number of other funding streams these increases result from:

- Inflationary increases in CCG funding and as a result, in the CCG funding for the Protection of Adult Care Services.

- Improved BCF (iBCF) funding that was announced by the Chancellor in November 2015 and March 2017 totalled £23.858m in 2018/19 and will increase to £33.250m in 2019/20 including £3.368m of Winter Pressures funding for 2019/20.

There is a requirement to ensure that the funding has a positive impact on performance in the areas of Delayed Transfers of Care, Non-Elective Admissions, Residential Admissions and positive outcomes following Reablement. These have been reflected in our plans.

8. Capital

Capital investment within Adult Care and Community Wellbeing is mostly delivered via capital reserve. AC & CW spent just under £69,000 on capital expenditure in 2018/19.

The majority of spend was against the on-going modernisation programme taking place across the remaining in house day care centres that the Council operate, with £20,000 being used to pay for dilapidation costs on one particular day centre (Warwick Road) that the Council handed back to the landlord last year.

A further £7,534 was utilised as part of a Government initiative to install efficient heating systems in the homes of vulnerable people. Funding for this initiative was provided via a grant.

Capital expenditure within AC & CW during 2019/20 is once again expected to be minimal, as the bulk of the modernisation work on the day centres has now been completed.

9. Conclusion

The Adult Care outturn is £212.963m, an underspend of £2.019m (0.94%) against a budget of £214.982m.

10. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

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 Emma Farley, who can be contacted on 01522 554235 or emma.farley@lincolnshire.gov.uk.

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

Open Report on behalf of Andrew Crookham Executive Director - Resources

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**03 July 2019**
Subject:	**Adults and Community Wellbeing Scrutiny Committee Work Programme**

Summary:

The Committee is requested to consider its work programme.

Actions Required:

To review, consider and comment on the work programme; and highlight any activity which could be considered for inclusion in the work programme.

1. Current Items

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

3 July 2019 – 10.00am	
Item	*Contributor(s)*
Extra Care Housing *(Executive Decision 9 July* 2019)	Kevin Kendall, Assistant Director County Property
Short Breaks and Emergency Placements Service Re-procurement *(Executive Councillor Decision Between 4 and 5 July 2019)*	Carl Miller, Commercial and Procurement Manager – People Services
Section 117 Joint Policy *(Executive Councillor Decision Between 22 July and 2 August 2019)*	Heston Hassett, Section 117 Specialist Project Manager, Specialist Adult Services

3 July 2019 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Performance Report - Quarter 4 2018/19	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care & Community Wellbeing 2018/19 Final Budget Outturn	Head of Finance, Adult Care and Community Wellbeing

2. Future Items

Set out below are the meeting dates for the remainder of 2019, with a list of items allocated or provisionally allocated to a particular date. The items in the published forward plan of executive decisions within the remit of this Committee are listed in Appendix A.

4 September 2019 – 10.00am	
Item	*Contributor(s)*
Homes for Independence Strategy	Kevin Kendall, Assistant Director County Property Semantha Neal, Head of Prevention and Early Intervention
Lincolnshire Homeless Strategy	Semantha Neal, Head of Prevention and Early Intervention Alison Timmins, City of Lincoln Council
Housing Related Support Recommissioning	Semantha Neal, Head of Prevention and Early Intervention Alina Hackney, Senior Strategic Commercial and Procurement Manager
Rural and Coastal Communities in Lincolnshire	Derek Ward, Director of Public Health
Annual Report of the Director of Public Health	Derek Ward, Director of Public Health
Integrated Lifestyle Support Service – Verbal Update	Derek Ward, Director of Public Health

9 October 2019 – 10.00am	
Item	*Contributor(s)*
Direct Payments Support Service *(Executive Councillor Decision Between 9 and 15 October 2019)*	Alexander Craig, Commercial and Procurement Manager – People Services
Advocacy Services – Re-Procurement Options *(Executive Councillor Decision – date to be advised)*	Marie Kaempfe-Rice, Senior Commercial and Procurement Officer

27 November 2019 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Budget 2019/20	Head of Finance, Adult Care and Community Wellbeing

15 January 2020 – 10.00am	
Item	*Contributor(s)*
Adult Care and Community Wellbeing Budget Proposals 2020-21	Head of Finance, Adult Care and Community Wellbeing

26 February 2020 – 10.00am	
Item	*Contributor(s)*

1 April 2020 – 10.00am	
Item	*Contributor(s)*

The following list of items has been previously suggested by the Committee, or an update has been previously requested: -

- National Carers Strategy
- Joint Commissioning Arrangements
- Alcohol Harm and Substance Misuse Services
- Day Opportunities
- Managed Care Network for Mental Health (C*onsidered 11 April 2018)*
- Care Quality Commission Update (C*onsidered 29 November 2017)*
- Adult Safeguarding Commissioning Strategy – Refresh due in 2019 (C*onsidered 5 September 2018)*
- Adult Frailty and Long Term Conditions Commissioning Strategy – Refresh due in 2019 (C*onsidered 10 October 2018)*
- Wellbeing Commissioning Strategy – Refresh due in 2019
- All Commissioning Strategies – Annual Summary
- Future Funding of Adult Social Care

3. Previously Considered Items

The items previously considered by the Committee are listed in Appendix B.

4. Conclusion

Members of the Committee are invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

5. Consultation – Not applicable

6. Appendices – These are listed below and set out at the conclusion of this report.

Appendix A	Forward Plan – Items Relevant to the Remit of the Adults and Community Wellbeing Scrutiny Committee
Appendix B	Adults and Community Wellbeing Scrutiny Committee – Previously Considered Items

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

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

APPENDIX A

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

From 1 July 2019

DEC REF	MATTERS FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICER(S) FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	DIVISIONS AFFECTED
I017762	Extra Care Housing	9 July 2019	Executive	Adults and Community Wellbeing Scrutiny Committee	County Property Officer Tel: 01522 553726 Email: Kevin.Kendall@lincolnshire.gov.uk	All
I017423	Short Breaks Provision in Lincolnshire	Between 4 July 2019 and 5 July 2019	Executive Councillor: Adult Care, Health and Children's Services	Commercial Team - People Services; Adult and Community Wellbeing Departmental Management Team; Adults and Community Wellbeing Scrutiny Committee	Commercial and Procurement Manager Tel: 01522 553673 Email: Carl.Miller@lincolnshire	All
I018147 New!	Section 117 Joint Policy	Between 22 July 2019 and 2 August	Executive Councillor: Adult Care, Health and	Service Users - (co-production), Voiceability, Lincolnshire Mental Health Partnership Board, Lincolnshire Rural	S 117 Specialist Project Manager Tel - 07557169892 heston.hassett@lincolnshire.gov.uk	All

DEC REF	MATTERS FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICER(S) FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	DIVISIONS AFFECTED
		2019	Children's Services	Community Networks and Neighbourhood Teams, South West Lincolnshire Clinical Commissioning Group Staff representing Children's Services, Adult, Older Adult and Learning Disability service user groups, Lincolnshire County Council Staff representing Children's Services, Adult, Older Adult, and Learning Disability service user groups, Lincolnshire Partnership Foundation Trust Staff where the S117 Joint Policy was approved by their Quality Committee on the 2nd May 2019, Adults and Community Wellbeing Scrutiny Committee, Children and Young People Scrutiny Committee.		

APPENDIX B

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
PREVIOUSLY CONSIDERED ITEMS

	2017				2018								2019					
KEY ✓ = Item Considered	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr	22 May	3 July	4 Sept
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135	135	210	185	130	170	190	135		
Adult Care and Community Wellbeing Corporate Items																		
Autism Strategy															✓			
Better Care Fund		✓																
Budget Items			✓		✓				✓		✓		✓	✓				
Care Quality Commission				✓														
Commercial Team																✓		
Contract Management					✓													
Integrated Community Care															✓			
Introduction	✓																	
IT Updates					✓							✓						
Joint Strategic Needs Assessment	✓																	
Local Account				✓														
NHS Long Term Plan														✓				
Quarterly Performance		✓	✓	✓			✓		✓	✓		✓		✓				
Strategic Market Support Partner			✓															
Winter Planning										✓						✓		
Adult Frailty, Long Term Conditions and Physical Disability																		
Assessment and Re-ablement															✓			
Care and Support for Older People – Green Paper												✓				✓		
Commissioning Strategy											✓							
Dementia Items											✓				✓			
Homecare Customer Survey									✓									
Residential Care / Residential Care with Nursing - Fees						✓			✓									
Review Performance									✓									
Adult Safeguarding																		
Commissioning Strategy										✓								
Safeguarding Scrutiny Sub Group				✓		✓		✓		✓								
Carers																		
Commissioning Strategy											✓							
Community Wellbeing																		
Director of Public Health Report								✓										
Director of Public Health Role								✓										
Domestic Abuse Services			✓															
Healthwatch Procurement								✓										
NHS Health Check Programme							✓											

KEY ✓ = Item Considered	2017				2018								2019					
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr	22 May	3 July	4 Sept
Sexual Health Services													✓					
Stop Smoking Service					✓													
Wellbeing Commissioning Strategy											✓							
Wellbeing Service												✓						
Housing Related Activities																		
Extra Care Housing						✓												
Memorandum of Understanding															✓			
Supported Housing						✓												
Specialist Adult Services																		
Commissioning Strategy										✓								
Managed Care Network Mental Health							✓											
Shared Lives							✓											