County Offices
Newland
Lincoln
LN1 1YL

16 April 2024

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 24 April 2024 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Chief Executive

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

Councillors C E H Marfleet (Chairman), A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE, S R Parkin, M A Whittington and T V Young

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 24 APRIL 2024

Item	Title	Pages
1	**Apologies for Absence/Replacement Members**	
2	**Declarations of Members' Interests**	
3	**Minutes of the meeting held on 28 February 2024**	5 - 12
4	**Announcements/Updates**	
5	**Intermediate Care: Review of Winter 2023/24 (Adult Frailty and Long Term Conditions)** *(To receive a report from Andrea Kingdom, Head of Service – Hospital Services, and Julie Davidson, Assistant Director – Adult Frailty and Long Term Conditions, which provides a review of winter 2023/24 and explores the actions to be undertaken moving forward in preparation for winter 2024/25)*	13 - 44
6	**NHS Health Checks Recommissioning** *(To receive a report from Carl Miller, Senior Strategic Commercial & Procurement Manager and Andy Fox, Consultant in Public Health, which invites the Committee to consider a report on NHS Health Checks Recommissioning, which is due to be considered by the Executive on 8 May 2024. The views of the Committee will be reported to the Executive as part of its consideration of this report)*	45 - 86
7	**Externally Commissioned Buildings Based Day Care Re-Procurement** *(To receive a report by Carl Miller, Senior Strategic Commercial & Procurement Manager and Justin Hackney, Assistant Director – Adult Care and Community Wellbeing, which invites the Committee to consider a report on Externally Commissioned Buildings Based Day Care Re-Procurement, which is due to be considered by the Executive on 8 May 2024. The views of the Committee will be reported to the Executive as part of its consideration of this report)*	87 - 120
8	**Healthwatch Lincolnshire Recommissioning** *(To receive a report from Carl Miller, Senior Strategic Commercial & Procurement Manager, and Anne-Marie Scott, Assistant Director – Prevention & Early Intervention, which invites the Committee to consider a report on the Healthwatch Lincolnshire Recommissioning, which is due to be considered by the Executive on 4 June 2024. The views of the Committee will be reported to the Executive as part of its consideration of this report)*	121 - 144

9 **Adults and Community Wellbeing Scrutiny Committee Work Programme** 145 - 154

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

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

- Business of the meeting
- Any special arrangements

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing Agenda for Adults and Community Wellbeing Scrutiny Committee on Wednesday, 24th April, 2024, 10.00 am (moderngov.co.uk)

All papers for council meetings are available on: https://www.lincolnshire.gov.uk/council-business/search-committee-records

ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
28 FEBRUARY 2024

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE, S R Parkin, M A Whittington and M D Boles.

Councillors: C Matthews (Executive Support Councillor NHS Liaison, Integrated Care System, Registration and Coroners) and E J Sneath (Executive Support Councillor for Adult Care and Public Health) attended the meeting as observers.

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Martin Samuels (Executive Director - Adult Care and Community Wellbeing), Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Katrina Cope (Senior Democratic Services Officer), Andy Fox (Public Health Consultant), Alina Hackney (Senior Strategic Commercial and Procurement Manager - People Services), Justin Hackney (Assistant Director, Specialist Adult Services), Caroline Jackson (Head of Corporate Performance), Anne-Marie Scott (Assistant Director - Prevention and Early Intervention), Professor Derek Ward (Director of Public Health), Rachel West (Contract Manager) and Lisa Loy (Programme Manager – Public Health) and Julie Davidson (Interim Assistant Director Frailty & Long-Term Conditions).

55 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor T V Young.

It was reported that, under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990 that Councillor M D Boles had been appointed as the replacement member for Councillor T V Young, for this meeting only.

An apology for absence was also received from Councillor W Bowkett, Executive Councillor for Adult Care and Public Health.

56 DECLARATIONS OF MEMBERS' INTERESTS

No declarations of members' interests were received at this point in the proceedings.

57 MINUTES OF THE MEETING HELD ON 17 JANUARY 2024

RESOLVED

That the minutes of the Adults and Community Wellbeing Scrutiny Committee meeting held on 17 January 2024 be approved and signed by the Chairman as a correct record.

58 ANNOUNCEMENTS/UPDATES

The Chairman advised the Committee that due to commitments of some of the presenters at other meetings, there would be a change in the order of the agenda. Item 8 Integrated Lifestyle Service Contract Extension would now be the first main item of business, followed by the remaining items of business in the order listed in the agenda.

The Committee noted that Glen Garrod was due to retire during the month of April.

The Executive Support Councillor for Adult Care and Public Health extended her thanks to the Adult Care team for all their hard work over the weekend, helping to maintain services during the junior doctor's strike.

This was echoed by the Executive Director of Adult Care and Community Wellbeing; he extended his thanks to NHS staff and adult social care staff who were working very hard in difficult circumstances to make sure that people were receiving a good service.

59 INTEGRATED LIFESTYLE SERVICE CONTRACT EXTENSION

Consideration was given to a report from Andy Fox, Consultant in Public Health, which invited the Committee to consider and comment on proposals for an extension to the Integrated Lifestyle Support Service as detailed in the Executive report at Appendix A, prior to consideration by the Executive at its meeting on 5 March 2024.

The Consultant in Public Health highlighted that Integrated Lifestyle Support was a key component of Lincolnshire's developing Integrated Care System, to prevent ill-health, address inequalities, and reduce demand on health and care services.

It was highlighted that the Executive report sought authorization for an exception to the Council's Contract Regulations for a 12-month extension to the Integrated Lifestyle Service contract plus three elements of additional delivery with the current provider until 30 June 2025. It was noted that extending the contract would enable a robust commissioning process to take place, which would consider whether additional elements (Child & Family Weight Management, Falls Prevention, Employee Wellbeing) should be included in any future model.

During consideration of this item, the Committee raised the following comments, which were not directly relevant to the proposal before the Executive on 5 March 2024, but were

in relation to the development of the future contract that would be effective from 1 July 2025:

- The Committee welcomed the inclusion of a pilot Child and Family Weight Management Service into the contract which started in July 2022, and would strongly support the development of this element continuing in the future contract, as supporting children to be healthy benefited the parents and the wider family also;
- The Committee extended support to the retention of the self-referral route in the future contract, along with GP referrals. It was felt that this should be linked to promotion on the website, and potentially be referring to the Wellbeing Service brand; and the importance of harnessing and developing the motivation of individuals accessing the services. The Committee also saw the benefit of the contract review considering the treatment pathways in detail, and in future recognises the importance of rationalisation and flexibility. This might be pilot services being included by contract variations, for example, NHS weight loss treatments;
- Existing service provision was offered in 19 locations, which the Committee supported. A similar geographical distribution would be the Committee's preference for the new contract. Allied to this, was the importance of all activities offered by individuals and local organisations being held in local venues, for example village and community halls, as a means of supporting increased exercise and activity throughout the county. It was noted that these recreational activities in turn provided social benefits and employment opportunities, and the Committee suggested that start-up funding should be explored;
- The Committee was mindful that extra funding could be very useful in supporting the development of services, justified by an evidence base which demonstrated that public health interventions were almost always cost saving. It was noted that it was possible that there could be requirement for extra funding to be directed to public health activity, as part of the shift away from funding the treatment of historic NHS services to the funding of services supporting prevention;
- The Committee acknowledged the importance of the Employee Challenge, aimed at Lincolnshire County Council and associated NHS staff, as this modest investment was believed to be cost effective and value for money. The Committee requested that consideration should be given to developing an offer for other employers in Lincolnshire, so that their staff could also benefit, say, through the Greater Lincolnshire Enterprise Partnership;
- The Committee welcomed the deep-dive overview of the service, so that any gaps or overlaps with other providers could be examined;
- The Committee requested additional information on the number of clients completing each pathway; number of self-referrals as a proportion of all referrals; and the number of unique clients. This would be included in the Committee's Statement to the Executive; and
- The Committee supported the five recommendations to the Executive.

RESOLVED

1. That unanimous support be given to the five recommendations as detailed in the Executive report on page 47 of the report pack.

2. That the Committee's comments as detailed above be passed to the Executive.

60 INTRODUCTION TO THE LINCOLNSHIRE CARERS SERVICE

Consideration was given to a report from the Anne-Marie Scott, Assistant Director – Prevention and Early Intervention, which provided the Committee with an introduction to the Lincolnshire Carers Service which had been re-commissioned in October 2022. It was noted that the service provided a single point of access for unpaid carers to seek advice, support and guidance through a universal offer and receive further support where eligible. Details relating to the extent and range of service available were detailed within the report presented.

It was highlighted that the Lincolnshire Carers Service supported the Council's legal obligations under the Care Act 2014, to promote the wellbeing of unpaid carers and to prevent, reduce and delay the onset of need.

It was noted further that in its first year, the service had demonstrated positive outcomes and received excellent customer feedback.

It was highlighted that data from the annual Survey of Adult Carers in England had indicated that in Lincolnshire, most of the carers who had responded were retired, spending 100 hours a week in their caring role. As such, it was felt that those accessing the Lincolnshire Carers service were carers who were spending a large proportion of their time caring and may require more support to balance their caring role with their own wellbeing.

In conclusion, the Committee noted that by intervening early and providing access to information, advice, practical and emotional help and financial support, carers could have a life of their own while effectively maintaining their caring responsibilities.

During consideration of this item, the following comments were noted:

- Some concern was expressed that the number of carers supported in the last 12 months had still not been met, despite all the good work highlighted in the report. The Committee was advised that the measure in question shown in the performance report to be considered later on in the agenda was not just a measure of the Lincolnshire Carers Service, it was a measure for the broader services that were offered to carers, including children's as well. It was reported that the performance indicator would be reviewed for the next financial year to ensure that the definition and target was appropriate, and some benchmarking would be undertaken to see how performance compared to other authorities;

- That the service needed to be promoted better. It was reported that the service was primarily promoted through the Council's website, the Connect to Support website, County News and by adult social care colleagues. The Committee noted that a carer's hub had recently opened at Pilgrim Hospital, Boston, which focused on those coming to hospital to support somebody, so that there was somewhere they could go for help and advice. It was suggested that a reference card detailing the range of services available to a carer would be useful for elected members to have and be able to pass on to those in their communities who came to them for guidance;.
- It was highlighted that nationally it could take up to two years for an individual to identify themselves as a carer, as they saw what they were doing as part of their responsibility. It was highlighted that the Carers Delivery Group was trying to strengthen the message out to council employees through the Staff Carers network, and that the system was making progress, but there was recognition that there was more to be done to make sure carers were a priority. A suggestion was put forward to have an elected member 'Champion Carer';
- One member requested clarification concerning the calculation behind the nominal value of labour for unpaid care in Lincolnshire. Officers agreed to provide this information to the member following the meeting;
- Thanks were extended to carers in recognition of the valuable service they provided;
- An explanation was provided as to how a carer accessed the service and that the initial conversation, they had with an advisor was a strength conversation, identifying what they would like to achieve and how they could achieve it. It was noted that this was reflected in the small numbers that then went forward to have a formal carer's assessment, as their needs had been met from the initial conversation;
- Confirmation was provided that if an individual stopped being a carer, they could still access the service, as there was help and support for carers who were bereaved and support for former carers. It was also highlighted that other commissioned services such as the Wellbeing Service could be accessed if needed; and
- The importance of carers having access to respite care and for carers to know what was available to them in their local communities, an example given was a local football club offering free admission to carers. Officers agreed to take the suggestion back to the Lincolnshire Carers Service to explore further.

The Chairman on behalf of the Committee extended his thanks to the presenters.

RESOLVED

That the role of all carers of all ages in Lincolnshire be recognised as a benefit, not only to the individual they care for, but to the local community as a whole.

61 RESIDENTIAL CARE AND RESIDENTIAL WITH NURSING CARE USUAL COSTS

Consideration was given to a report from Alina Hackney, Head of Commercial Services and Pam Clipson, Head of Finance – Adult Care and Community Wellbeing, which invited the Committee to comment on the Usual Costs for residential care and residential nursing care,

prior to consideration by the Executive at its 5 March 2024 meeting. A copy of the Executive report was attached at Appendix A to the report from the Committee to consider.

It was reported that on 1 March 2023, the Executive had approved the setting of Usual Costs (Also referred to as Expected Costs) for residential accommodation for a one-year period to 31 March 2024.

Table 1 in paragraph 2.6 of the report provided details of the proposed rates for 2024/25 compared to 2023/24 for Older People, Mental Health and Physical Disabilities; Table 2 provided details of the current and proposed rates for Learning Disabilities; and Table 3 provided the current and proposed rates for residential 1:1 for the Committee to consider. It was noted that the 2024-25 rates further built on the 2023-24 rates established following a market assessment carried out in 2021, uplifted to reflect the increase in the national living wage and forecast inflationary increase.

In conclusion, the Committee was advised that the proposed Usual Costs represented an appropriate rate to enable the continued viability of the residential care market in Lincolnshire and the continued provision of choice of good quality care for the residents of Lincolnshire.

Note: Councillor T A Carter declared a non-pecuniary interest as a Trustee at a residential home receiving payment.

During consideration of this item, the Committee made the following comments:

- The Committee extended their strong support to the seven recommendations to the Executive;
- Congratulations were extended to the Team involved in the detailed work on the calculation of the proposed rates;
- The Committee believed that the overall proposals represented a fair price for the services;
- The Committee welcomed the hardship process, as a mechanism to support residential care homes in financial difficulty; and
- The Committee looked forward to the in-depth review of the existing framework and requested a further item on its agenda later in the year, as part of the procurement arrangements on how the new framework was developing.

(Note: Councillor M D Boles left the meeting at 12:17pm)

The Chairman on behalf of the Committee extended his thanks to the presenters.

RESOLVED

1. That support be extended to the seven recommendations to the Executive as detailed on page 3 to 4 of the report pack.

2. That the comments detailed above be passed on to the Executive.

62 SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE FRAMEWORK 2023-24 QUARTER 3

The Committee considered a report from Caroline Jackson, Head of Corporate Performance, which invited consideration of the Service Level Performance against the Corporate Performance Framework 2023-24 for Quarter 3 which related to the Adult Care and Community Wellbeing directorate, details of which were provided on pages 21 to 42 of the report pack.

The Committee noted that the overall picture for the performance indicators for Quarter 3 was that 94% of the measures had either exceeded or were achieving their target.

(Note Councillor T A Carter left the meeting at 12.55pm)

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

- Some concern was expressed regarding the Carers Supported in the last 12 months target not being reached, and to the target being reviewed. Reassurance was provided that there would be a clear rationale for any change, which would include service delivery and benchmarking and that any changes made to this indicator would be brought to the Committee's attention;
- The Committee noted that Lincolnshire was a low spender per head of population, and that the performance measures highlighted that Lincolnshire provided a quality service at an economical rate, and this had been echoed by the Care Quality Commission inspection in the previous year;
- Clarification was provided that with regard to PI 65 People in receipt of long-term support who have been reviewed. It was reported that people were entitled to an annual review each year, and that it was anticipated that all the reviews would be completed by the end of the year. Confirmation was also provided that this was an accumulative measure;
- PI 158 For Adults discharged from hospital, the percentage who remain at home 91 days after discharge. Praise was extended to the partnership working with NHS colleagues;
- PI 173 Proportion of adults with a learning disability who live in their own home or with their family. The Committee noted that if the adult in this measure passed away, help would be provided to the family through the care and support offer. Officers agreed to investigate this further; and
- PI 122 requests for support for new clients aged 65 plus, where the outcome was no support or support of a lower level. The Committee was advised that this measure was a standard measure across the country. It was noted that a large majority of people who contacted adult social care for support, were happy with the advice and guidance they received at that time to deal with the issues they had. It was noted

further that the service during the next twelve months would monitor how many people come back to service, so this measure also acted as a quality check.

The Chairman extended his thanks on behalf of the Committee to the presenter.

RESOLVED

That the performance of Adult Care and Community Wellbeing be recognised for its performance during Quarter 3 with 17 of the 18 indicators meeting or exceeding their target.

63 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which invited the Committee to consider and comment on the contents of its work programme.

The Health Scrutiny Officer briefed the Committee on the items for consideration at the 24 April 2024 meeting.

During consideration of this item, reference was made to the Residential Care Contract being considered at the October 2024 meeting.

RESOLVED

That the work programme presented on pages 43 to 46 of the report pack be noted, subject to the inclusion of the suggestions put forward by the Committee above.

The meeting closed at 1.15 pm.

Open Report on behalf of Martin Samuels Executive Director - Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**24 April 2024**
Subject:	Intermediate Care: Review of Winter 2023/24 (Adult Frailty and Long Term Conditions)

Summary:

This report provides a review of Winter 2023/24 and explores the actions to be undertaken moving forward and in preparation for Winter 2024/25.

Actions Required:

To note outcomes and successes of the services in place over Winter 2023/24

1. Background

The Winter of 2023/24 has been extremely challenging across the Lincolnshire System including Adult Social Care with a significant impact being felt due to both Consultant and Junior Doctors Industrial Action. However, a joined-up approach between the hospital social work teams and area teams led to a continuous flow of discharges from acute and community hospital settings and a focus was placed upon admission avoidance ensuring Lincolnshire residents remained either in their own homes or alternate settings preventing the potential for long waits in the emergency department (ED).

In September 2023 as per the request from the Department of Health and Social Care (DHSC) the Lincolnshire System agreed to focus on four specific High Impact Interventions to ensure the services offered to Lincolnshire residents were seamless and maximised independence. The areas agreed to focus upon were Intermediate Care, Virtual Wards, Acute Respiratory Infection and Frailty. As committee were advised in October 2023, the DHSC also requested an additional three priority areas to be addressed: System Single Point of Access, Hospital Discharge Processes (timely discharge) and High Intensity Users (High Volume Service User).

In support of the System, Adult Social Care fully engaged with partners to achieve positive outcomes from the identified areas for specific focus and from an Adult Social Care perspective a high level of success was achieved, especially in relation to the High Impact Intervention of supporting Hospital Discharge Processes (timely discharge). Through the utilisation of services such as Active Recovery Beds, Home Based Reablement, St Barnabas Community Care Nurse Specialists and working in partnership with the voluntary sector, Adult Social Care have successfully navigated through the Winter of 2023/24.

2. Review of Winter Services.

Active Recovery Beds

Active Recovery Beds (ARB) continue to promote and maximise independence. However, during Winter there has been a slight drop in the number of people leaving the service with no ongoing support. It has been recognised that the identified needs of people in hospital have been higher, which reflects a national picture of admissions to hospital reflecting high acuity. Despite pressures from the hospitals, Adult Social Care have continued to monitor all referrals for ARB's to ensure that those transferred to ARB's are appropriate and meet the ethos of recovery through active engagement and participation. Appendix A. provides the ARB information for the month of February 2024. (Appendix A).

Moving forward ARB'S will remain in place with funding from both LCC and the Integrated Care Board (ICB) and work with LCC Commercial Team is currently underway to ensure the right number of beds, in the right places, are available throughout 2024/25 to promote and maximise independence for Lincolnshire residents.

Hospital Discharge Reablement Service

The Home Based Reablement Service (HBRS) offers the opportunity for Lincolnshire residents to maximise their level of independence from completely independent, through to a reduction in packages of care. Given our practice model and philosophy HBRS is always the hospital teams first consideration for supporting discharges home. Appendix B demonstrates there has been a steady increase from 383 in March 2023 to 572 in January 2024. Of those referrals 98.2% of referrals were accepted into the service. Moving forward, work will be undertaken with health colleagues to reduce the number of failed starts of which a third related to the resident not being ready for discharge from the ward for reasons such as transport and medication not available. (Appendix B).

We are though mindful of the change in the level of enduring need for support that is being seen in our performance data regarding rehabilitation outcomes. Whilst we always work towards maximising potential our focus on choice and supporting people, where possible and safe, to return to their own home the level of acuity of need is inevitably impacting on long term demands for support. We will continue to monitor this activity and work with the provider to ensure that we are optimising outcomes for individuals. In the longer term we may review this indicator in tandem with others regarding discharge routes.

HBRS also support discharges from ED to residents' home and offer support for up to 48 hours. This service is especially effective for residents who may have fallen and lost

confidence in returning straight home. Over the past four months this service has supported 209 residents of which 75 (36%) did not need any further service after 48 hours and 26 (12%) continued to be supported by HBRS for more than 48 hours thus almost half of the residents supported by this service regained their independence and left the ED in a timely manner. Evidence highlights that the longer someone remains in an ED the more likely they are to be admitted thus this is a vital service to keep in place for Winter 2024/5.

St Barnabas Community Care Nurse Specialist

St Barnabas Community Care Nurse Specialists (CCNS) continue to offer support to people in the last 12 months of their life. Supporting them and their families to have difficult conversations at distressing times the CCNS ensures that a person centred- Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) is in place, so that people are not automatically brought to hospital when their wish may be to remain at home.. In addition, the CCNS supports ASC staff to challenge health colleagues, particularly in relation to fast-track funding, so that the correct funding streams are applied. This year the ASC team at Lincoln County Hospital welcomed CCNS Alice Lee into the team.

Integrated Therapies

Integrated therapies have played a crucial part in Hospital Discharge Processes (timely discharges which was another agreed area of focus as a High Impact Intervention). Throughout the Winter a Lincolnshire County Council Occupational Therapist participated in daily discharge hubs and liaised directly with health professionals to enable safe and timely discharges. An example being a health OT discussing discharge options and direct referrals for moving and handling assessments which are more appropriate to be undertaken in the person's own home, rather than in a hospital setting. This collaboration has had a positive impact upon people and for Prime Providers who are able to be in attendance when the moving and handling plan is designed.

Hospital Avoidance Response Team

The Hospital Avoidance Response Team (HART) consists of both ASC and LCHS staff working together within ED or the Discharge Lounge to facilitate discharge using the response team provided by Age UK staff. In addition, the HART service can bridge gaps between the date the resident is ready to leave hospital and the date the Prime Provider is able to commence packages of care. Whilst this service has been beneficial, the increase in capacity provided by HBRS and quicker responses from Prime Providers, this service has not been utilised to the same degree as previous Winters but in turn that has led to more capacity for the Urgent Community Response team led by Lincolnshire Community Health NHS Service (LCHS).

Community Connector Scheme

The Community Connector scheme provided by Age UK and based with the ASC teams at Lincoln County Hospital and Pilgrim Hospital Boston offer advice and guidance to Lincolnshire Residents regarding benefits and other services available in the community. Referrals can be accepted from across the System and of the 1171 referrals in 2023/24, almost 30% came directly from the ASC hospital teams. In addition, the Community

Connectors complete the applications for the Hospital Discharge Home Recovery Scheme (HDHRS) fund as described below. (Appendix C).

Hospital Discharge Home Recovery Scheme

As noted, applications for this fund are completed by Community Care Connectors based within the ASC teams at Lincoln County Hospital and Pilgrim Hospital Boston. The funds are used to support hospital discharge by undertaking tasks such as arranging for deep cleans to properties that could otherwise prevent a discharge home or for equipment outside the statutory obligations to improve a resident's quality of life. Over the last 12 months, minus the grant value, this has averaged a bed saving cost for both health and social care of an estimated £565,593. (Appendix C).

Lincolnshire Intermediate Care

At the end of October 2023 and in discussions with the ICB it was agreed to 'pause' the Intermediate Care project and to take time to reflect on what had been achieved and to have time to identify exactly what was needed to meet the current needs and future needs of Lincolnshire residents. The introduction of the 'group model' (alignment of LCHS with ULHT) and Industrial Actions by Consultants and Junior Doctors significantly impacted upon a relaunch but the project was relaunched in March 2024, jointly led by Julie Davidson (Interim Assistant Director ASC) and Rebecca Neno (Interim Assistant Director Urgent and Emergency Care) as joint Senior Responsible Officers. The implementation of this framework is starting to move at pace, with work being completed on Demand and Capacity to identify which services are needed now and in the future. The project will focus not just on population needs but upon listening to Lincolnshire residents through public engagement.

Care Transfer Hub

The third priority in the Intermediate Care Framework, the Care Transfer Hub was not paused over the Winter and continues to promote a joined up, fully integrated approach to discharge and flow. A team manager for the hub has recently been appointed by United Lincolnshire Hospitals Trust but the manager will be line managed by Catherine Paterson (ASC Area Manger for Hospital Social Work Teams). The integrated ownership and responsibility of the care transfer hub is however being closely monitored so that it does not get subsumed into the new 'group' model being designed by health colleagues as this will diminish the trusted assessor model and strengths-based approach which the integrated team utilises to ensure the most appropriate service, that promotes independence, is provided to all Lincolnshire residents.

3. Other Areas of Priority as agreed by the System:

Frailty

ASC have fully participated in the design and implementations of the Lincolnshire Older People's Strategy and recently supported the System when visited by the DHSC to discuss Lincolnshire's strategy. ASC are a member of the Frailty Strategy Board. This joined up

approach was recognised by the DHSC as evidence of best practice taking place in Lincolnshire.

Acute Respiratory Infection

The Hospital Trust are extremely well supported by LCC Public Health colleagues who provide weekly updates of trends and areas of concern. Fortunately, over the Winter the concerns regarding Acute Respiratory Infection did not impact as it might have. However, ASC had planned through the use of the services mentioned above to be able to support the System and most importantly Lincolnshire resident to remain well and at home.

System Single Point of Access

This service is now live and provides an opportunity for professional staff to discuss residents before agreeing the next steps and to ensure residents are not unnecessarily transferred to ED. Still in its early stages, commentary is that the service is successfully ensuring the wellbeing and safety of residents.

High Intensity Users (High Volume Service User)

This work will remain ongoing throughout the year and not just over the Winter months. ASC have throughout the Winter and will continue, through the coming year to support the System and work with residents to provide the right services, at the right time, in the right place.

4. Conclusion

Winter 2023/24 has been a challenge but one that ASC has met and surpassed with the utilisation of the schemes described above. All these schemes support ASC to ensure timely discharge with a Home First approach, with transfers to long term Care Home settings reserved for those for whom home is no longer an appropriate setting to ensure identified outcomes are achieved.

Throughout the coming months and the Winter of 2024/25, for which planning is already being considered, the hospital teams will continue to deliver positive outcomes for Lincolnshire residents through efficient and effective support of timely discharges that maximises and promotes independent living with support to have a safe and meaningful life.

5. Consultation

a) Risks and Impact Analysis

N/A

6. Appendices

These are listed below and attached at the back of the report	
Appendix A	Active Recovery Beds Data (Provided by Commercial Team)
Appendix B	Hospital Discharge Reablement Service (Provided by Commercial Team)
Appendix C	Community Connectors and HDHRS

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 Andrea Kingdom, Head of Service – Hospitals and Special Projects who can be contacted on 01522 573109 or andrea.kingdom@lincolnshire.gov.uk.

Commercial Team - People Services

Active Recovery Beds Activity Report

Context:

The purpose of this report is to monitor activity under the LCC commissioned Active Recovery Beds contracts, through which beds are block purchased to support patient flow and facilitate care for individuals that are ready to be discharged from Hospital, yet not ready to return to their former home or level of independence.

Homes signed up to the contract will support a patient's transfer to the most appropriate setting and will include an element of bed-based reablement that cannot be provided within a person's own home for a short period of time. The core principle and focus of the service is to enable those with complex needs to maximise independence and resume living at home safely, in a time efficient manner, and where possible, with a reduced package of care.

Service started on 12th December 2022.

Data Refresh Rate: Report is refreshed monthly during the final working week of the month

Source Data: Activity data submitted from the Hospital Discharge Team

Audience: Heads of Service; Health Colleagues; Contract Management

Description: To display key trends and data summaries of contract activity

Last Refresh: March 2024

Instruction

Select a recovery setting to filter to that location. Untick all boxes to show information on all locations.

Commissioned Active Recovery Beds:

Home Name	Beds Commissioned
Apple Trees	16
Harrington House	12
Meadows Park Care Home	10
Monson Care Home	10
Skirbeck Court	10
Homer Lodge	4
Martin Hall	4
White Gables	4
Total	**70**

Select Location

All

Activity Report
Active Recovery Beds

All

Occupancy Summary

Please Read:
Occupancy information is based on a snapshot taken on Monday of the last full week of the month. Average, shortest and longest stays; and admissions and discharges are calculated based on current data. Current data will be up to the date on the top right of the page.

Reporting up to:
03 March 2024

Latest Month

63
Admissions

71
Discharges

Average Length of Stay (Nights) - Discharges Since Service Start

23

Maximum Stay: 28 (+19.57%)

15.16
Avg. Length of Stay (Nights) of those currently in ARB

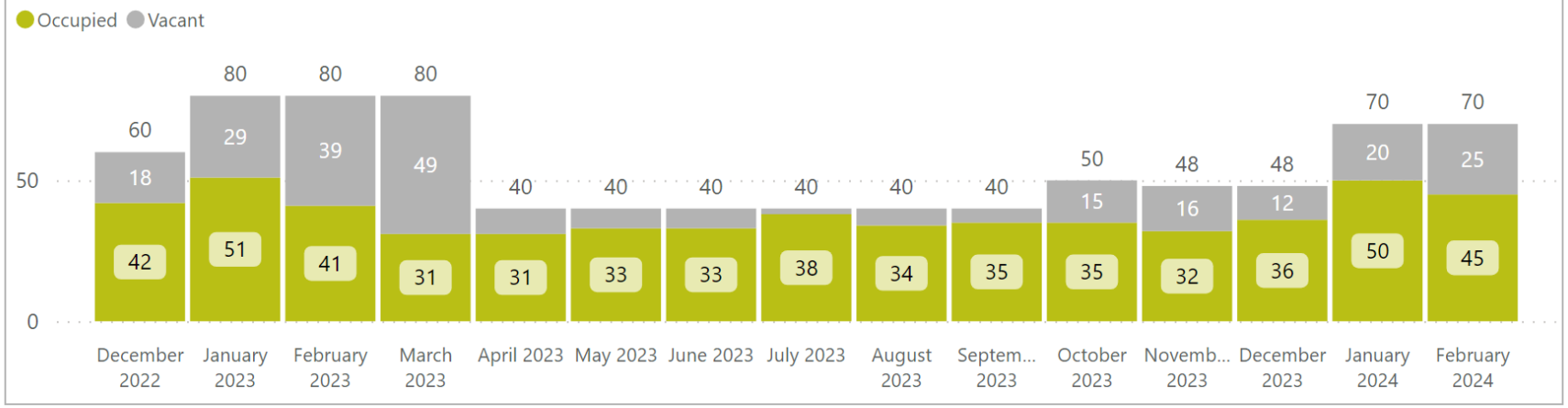
29
Longest Stay (Nights) of current occupants

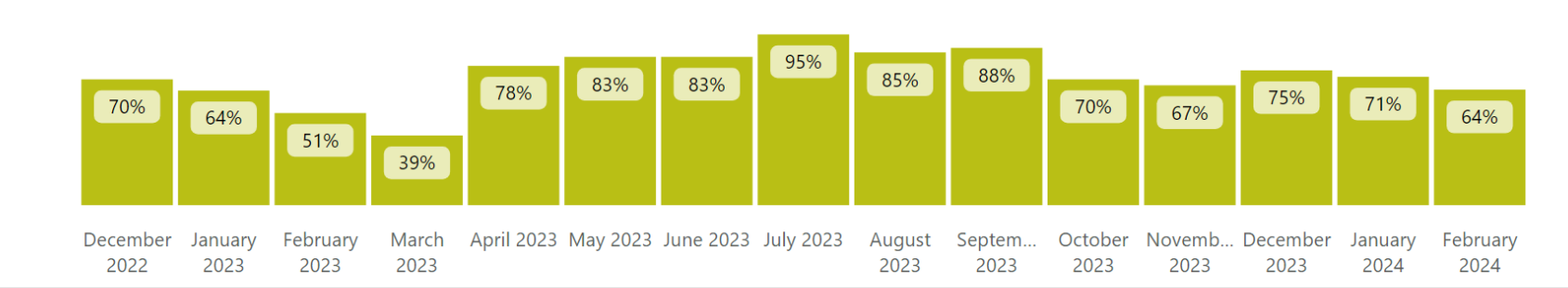
1
Individuals currently in beds for longer than 28 days

Latest Occupancy by Home

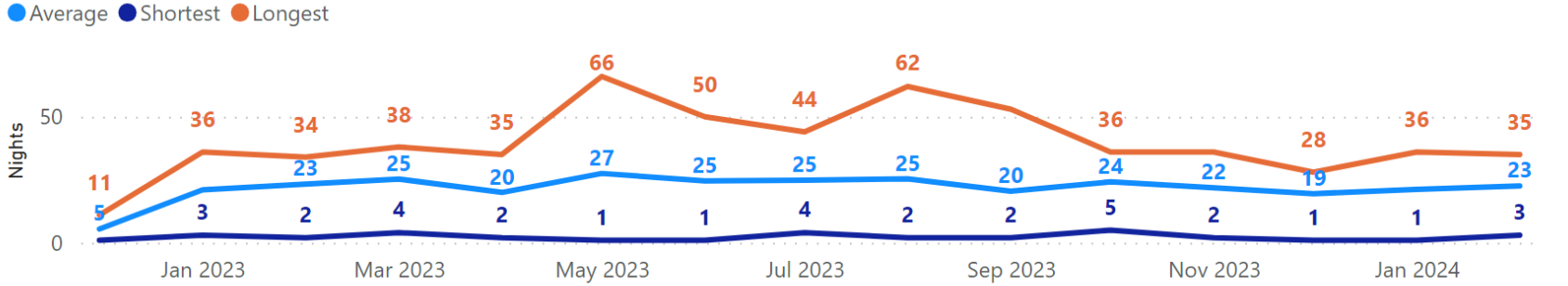
Home Name	Occupancy %	Vacant Beds
White Gables	50%	2
Skirbeck Court	30%	7
Monson Care Home	90%	1
Meadows Park Care Home	80%	2
Martin Hall	100%	0
Homer Lodge	25%	3
Harrington House	67%	4
Apple Trees	63%	6

Occupied vs. Vacant Beds - Monthly Snapshot





Average, Shortest and Longest Stays by Month



Activity Report
Active Recovery Beds

All

Outcomes Summary

Reporting up to:
03 March 2024

Please Read:
The below summaries are calculated based on the current view of those discharged from ARB. Those returning home includes packages of reablement, home care and no formal care.

Last 6 Months

63%
Home

19%
Residential

15%
Hospital

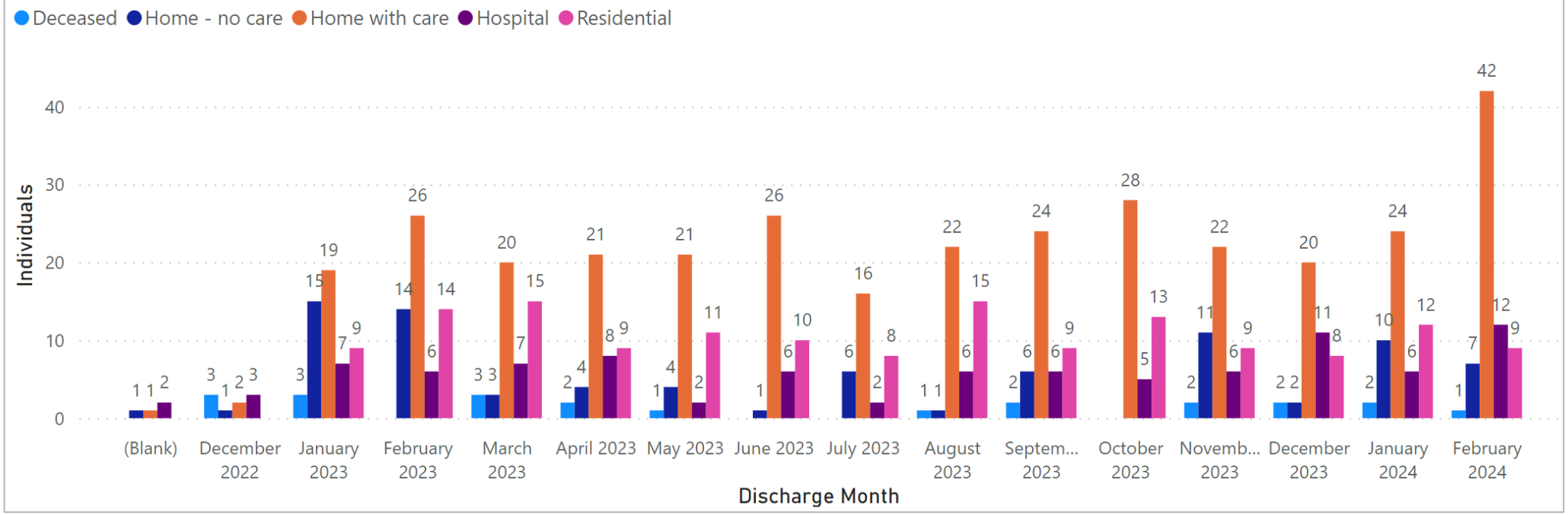
Latest Month

69%
Home

13%
Residential

17%
Hospital

Outcomes of those Discharged from ARB



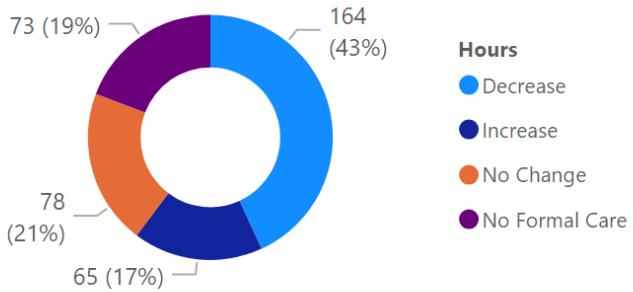
Changes to Needs of Those Returning Home

Since Service Start

1652
Home Care Hours Saved

Latest Month

217
Home Care Hours Saved

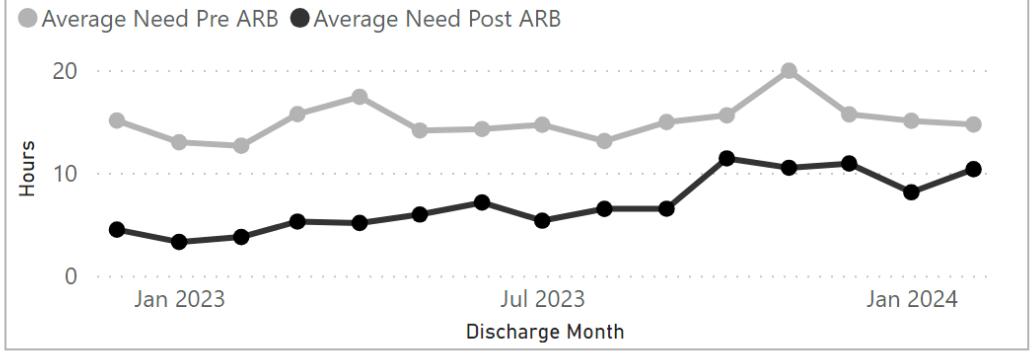


Average Home Care Need - Since Service Start

14.20
Before ARB (hours)

9.03
After ARB (hours)

Average Home Care Need Before and After ARB



Activity Report
Active Recovery Beds

All

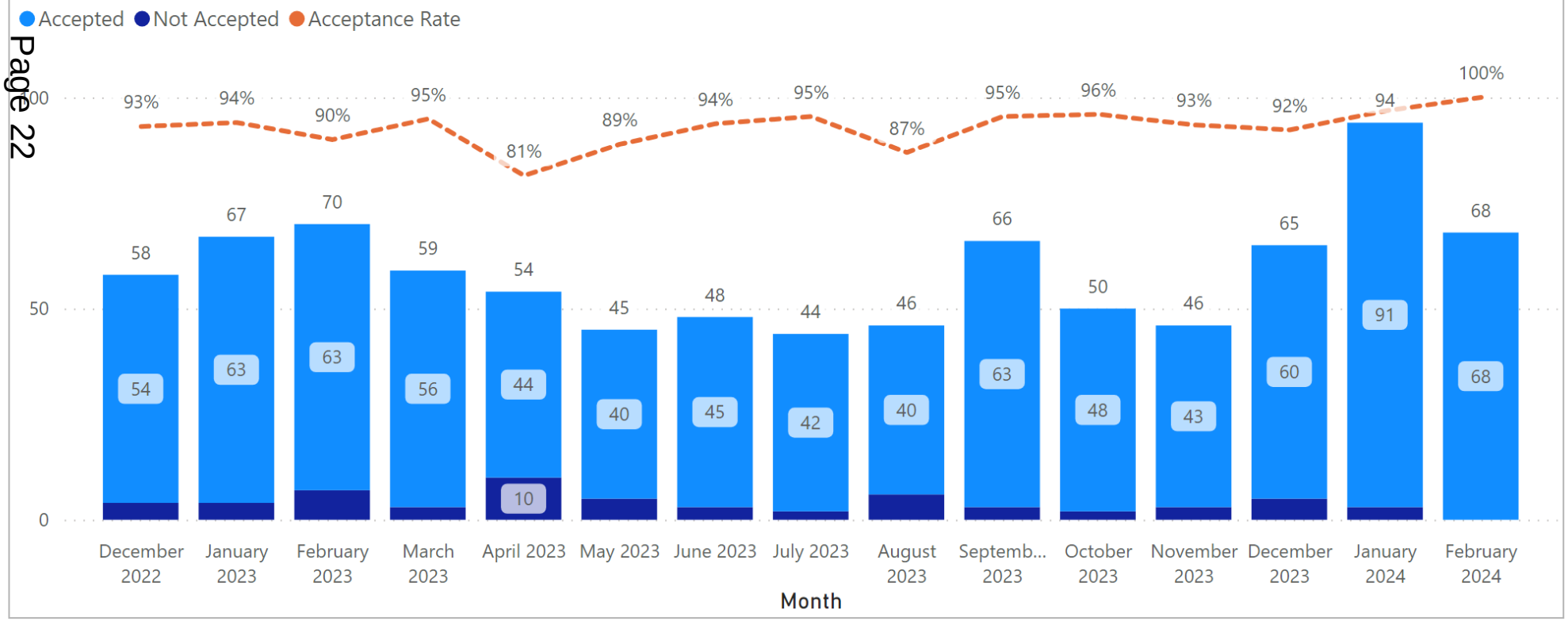
Referrals Profile

Please Read:
Based on the current data as recorded by LCC Hospital Teams. Those individuals shown as 'Not Accepted' are those not accepted within the same month. As data is taken on the last Monday of each month, data for the current month will be incomplete until the following month's report. Individuals may be referred and admitted multiple times in the same month - admissions are counted as many times as actual, but 'Not Accepted' and referrals will only be counted once per month. 'Accepted' includes those which failed to start.

Reporting up to:
03 March 2024

Individuals Referred	Individuals Referred	Individuals Accepted	Individuals Referred	Individuals Accepted
825	375	96%	70	100%
Since Service Start	Last 6 Months	Last 6 Months	Latest Month	Latest Month

Referrals vs Individuals Accepted



Page 22

Referral Source

- [ ] Hospital
- [ ] Other

Referral Sources Since Service Start

Referral Source	Total
Lincoln County Hospital	282
Boston Pilgrim Hospital	192
Grantham District Hospital	134
Peterborough	117
Community	114
Grimsby/Scunthorpe	58
East Midlands Ambulance Service	44
Other	27
Queen Elizabeth Hospital	3
Total	**971**

Activity Report
Active Recovery Beds

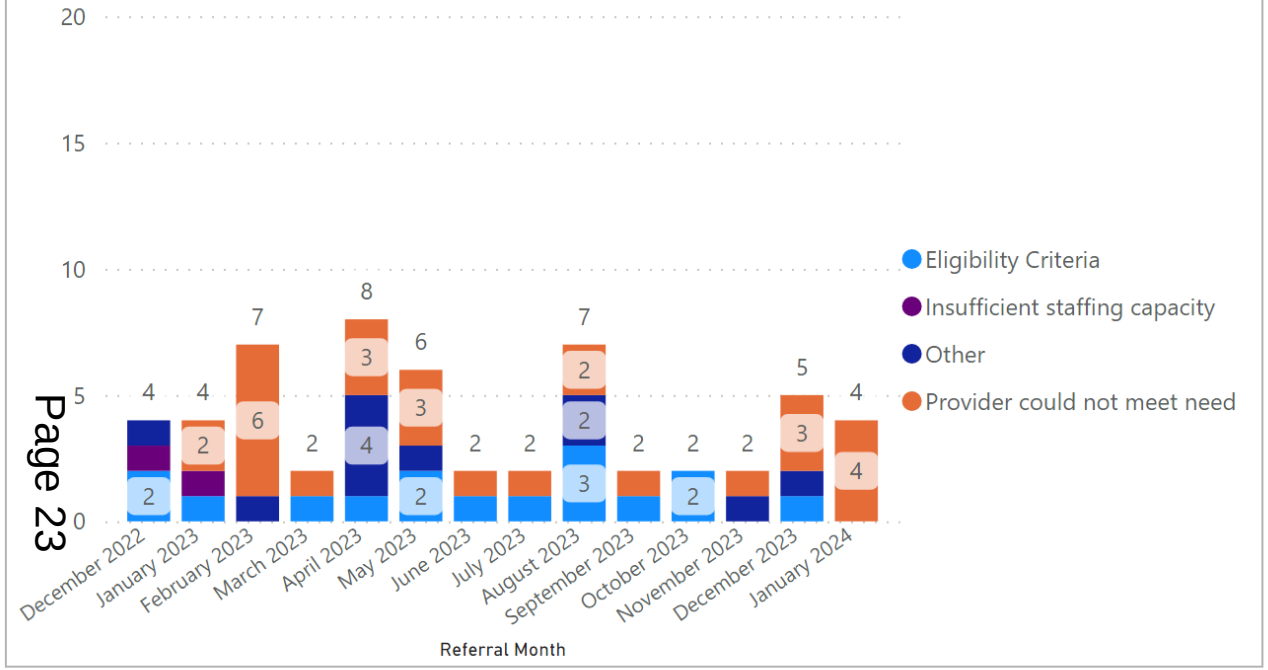
All

Referrals Profile

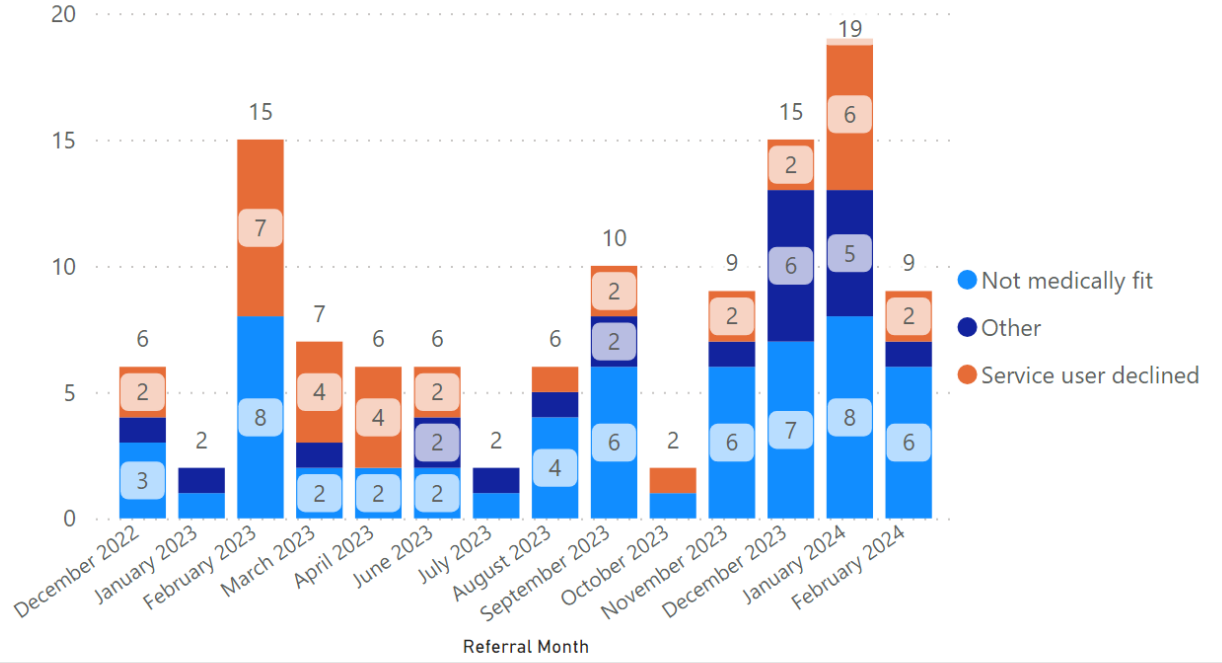
Please Read:
The following summary shows referrals that were either not accepted by the provider, or were accepted but did not start. 'Declined Referrals' exclude those that were later accepted. All 'Failed starts' are included regardless of whether they were later accepted.

Reporting up to:
03 March 2024

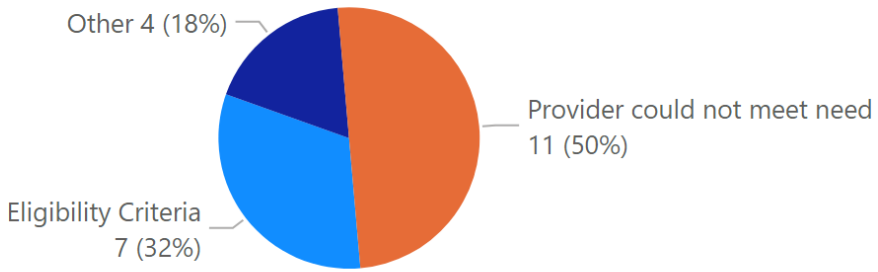
Declined Referrals



Failed Starts

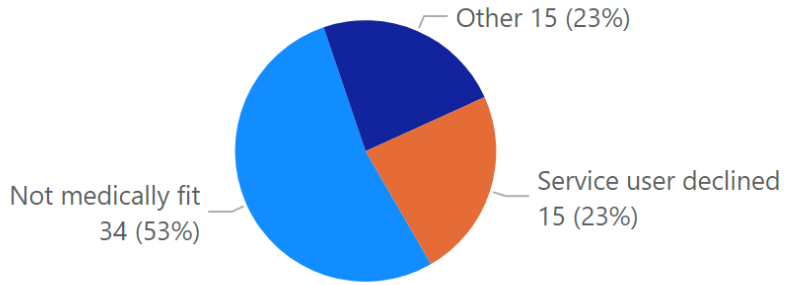


Last 6 Months



*Percentage of all declined referrals, not all referrals

Last 6 Months



*Percentage of all failed starts, not all referrals

Activity Report
Active Recovery Beds

LOT 2 Transitional Care Bed Occupancy

Please Read:
The following summary is based upon occupancy data provided weekly by LCHS in relation to LOT 2 of the Transitional Care and Reablement Beds contract.

Reporting up to:
01/03/2024

LOT 2 Commissioned Residential Beds

Home Name	Commissioned Residential Beds	Available Residential Beds	Occupied Residential Beds	Vacant Residential Beds
Harrington House (Bourne)	2	2	2	0
Homer Lodge Care Centre (Lincoln)	10	10	10	0
Kings Court Nursing Home (Grantham)	4	4	3	1
Madeira House Care Home (Louth)	2	2	2	0
Martin Hall Nursing Home (Martin by Timberland)	12	12	10	2
Southernwood House (Spalding)	2	2	2	0

LOT 2 Commissioned Nursing Beds

Home Name	Commissioned Nursing Beds	Available Nursing Beds	Occupied Nursing Beds	Vacant Nursing Beds
Grosvenor Hall Care Home (Lincoln)	9	9	7	2
Holbeach and East Elloe Hospital Trust (Holbeach)	6	6	6	0

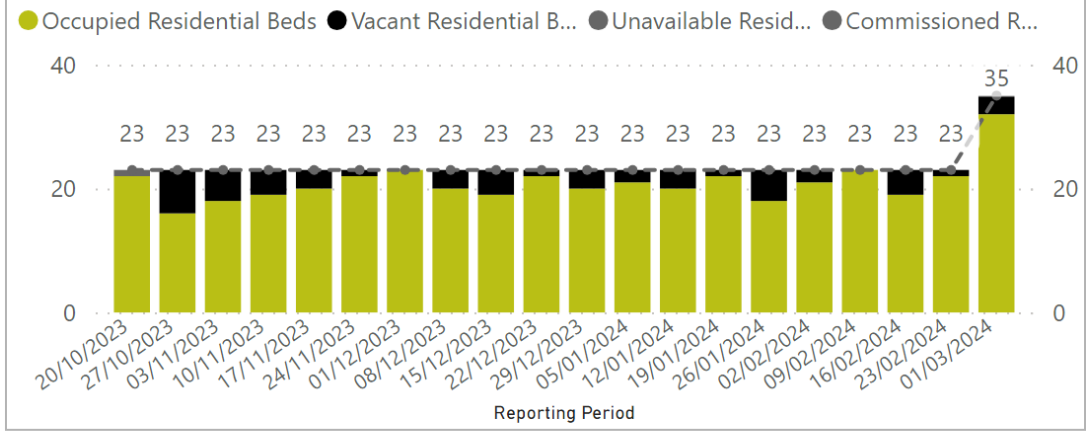
35
Commissioned Residential Beds

35
Available Residential Beds

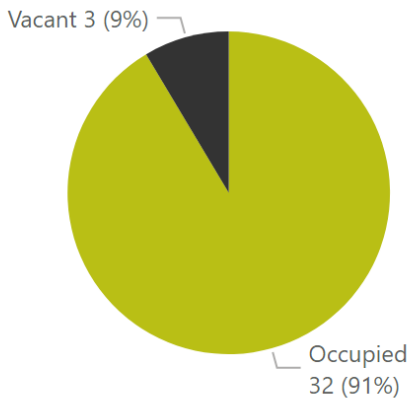
15
Commissioned Nursing Beds

15
Available Nursing Beds

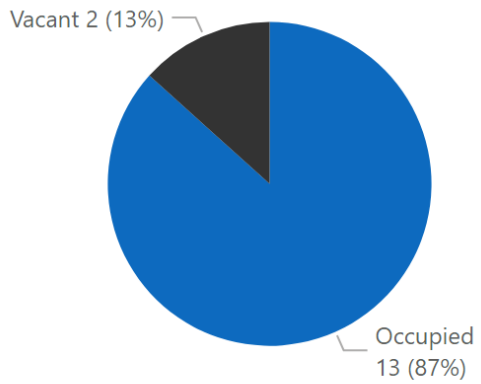
Residential Bed Occupancy Trends



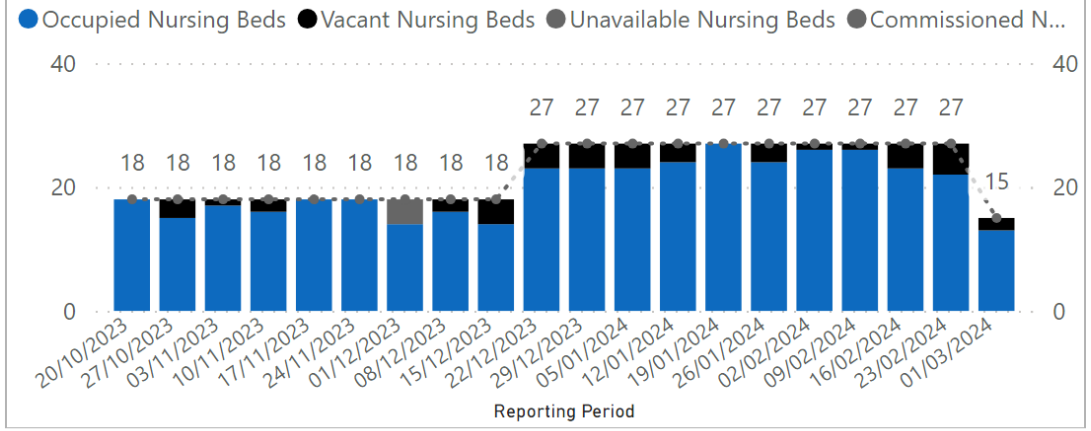
Latest Occupancy - Residential Beds



Latest Occupancy - Nursing Beds



Nursing Bed Occupancy Trends



Microsoft | Power BI

HBRS MONTHLY REPORT

View in Power BI

Last data refresh:
3/8/2024 11:36:40 AM UTC

Downloaded at:
3/8/2024 11:39:18 AM UTC

Commercial Team - People Services

Home Based Reablement Service Monthly Report

Source data:	Home Based Reablement Service Provider Submitted Data: • CRM-Lead Referral data export from People Planner • Service Location data export from People Planner • Invoice Data from People Planner **PLEASE NOTE: The data contained within this report is based upon provider submitted data and will not match the data collated from Mosaic for the annual SALT return.**
Data refresh rate:	Monthly
Directorate: **Service Area/Team**: **Contact details**: **Audience:**	Commercial Commercial Team - People Services CommercialTeamPeopleServices@lincolnshire.gov.uk Divisional Leadership Team (DLT)
Report Created: **Report Last Modified:**	March 2024 covering **February 2024** 08/03/2024
Description:	Monthly high level operational update relating to the number of referrals and activity through the Home Based Reablement Service.

For more information and guidance on Accessibility please read the details provided on the following SharePoint page:
Accessibility Standards

February 2024

Referral Activity from HOSPITAL SITES ONLY

Please Read - Hospital Referrals: This page summarises the number of referrals into the reablement service, as logged by Libertas on their core system. This includes all referrals logged as originated from Hospital sites only and is not limited to sites belonging to ULHT i.e. this includes hospital throughput from those bordering Lincolnshire such as, Peterborough City Hospital.

Reablement (R)

No. of Referrals from Hospital	No. Individuals Referred from Hospital	No. Individuals Accepted	% Individuals Accepted
572	390	383	98.2%

Homecare Contingency Support (HCS)

No. Referrals from Hospital	No. Individuals referred from Hospital	No. Individuals Accepted	% Individuals Accepted
0	0	0	0.0%

Totals

572
Referrals

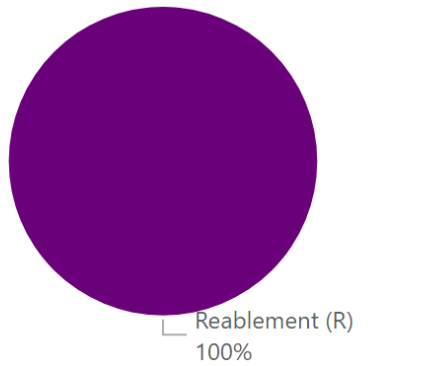
390
Individuals Referred

383
Individuals Accepted

98.2%
% Individuals Accepted

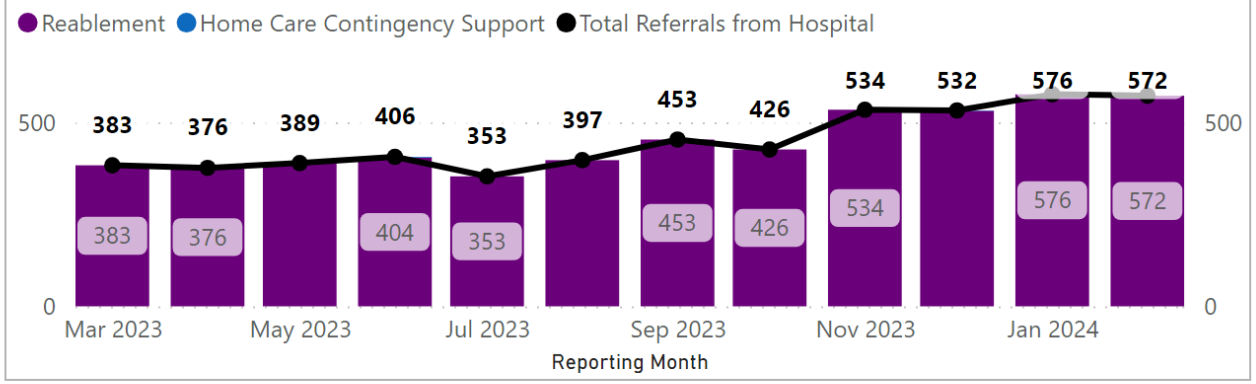
1.8%
% Individuals Declined

Hospital Referrals by Reason Type

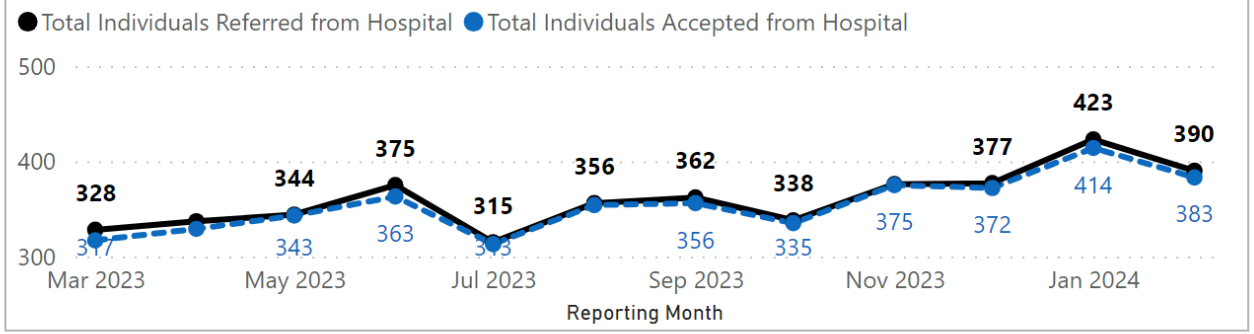


Place Holder: Referrals declined by reason to be added once data source established.

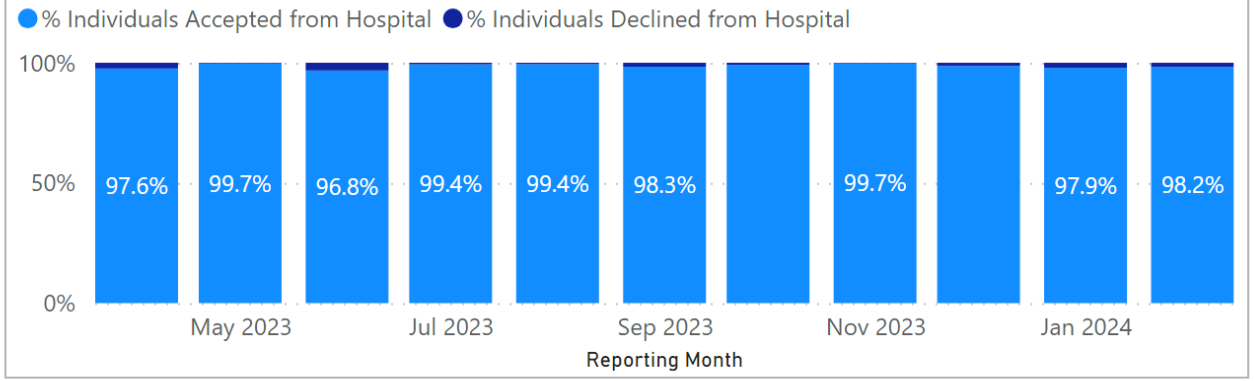
Referrals from Hospital



Individuals Referred from Hospital vs. Accepted (Reablement & HCS)



Individuals Referred from Hospital: Accepted vs. Declined (Reablement & HCS)



February 2024 Referral Activity from COMMUNITY ONLY

Please Read - Community Referrals: This page summarises the number of referrals into the reablement service, as logged by Libertas on their core system. This includes all referrals logged as originated from within the Community and excludes any referrals originating from Hospital sites.

Reablement (R)

No. Community Referrals	No. Individuals Referred	No. Individuals Accepted	% Individuals Accepted
184	113	60	53.1%

Homecare Contingency Support (HCS)

No. Community Referrals	No. Individuals Referred	No. Individuals Accepted	% Individuals Accepted
0	0	0	0.0%

Totals

184
Referrals

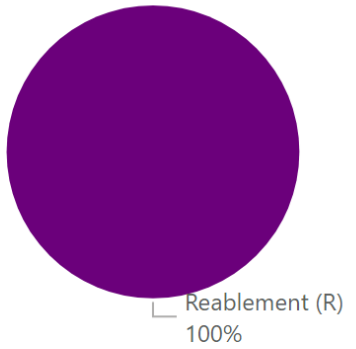
113
Individuals Referred

60
Individuals Accepted

53.1%
% Individuals Accepted

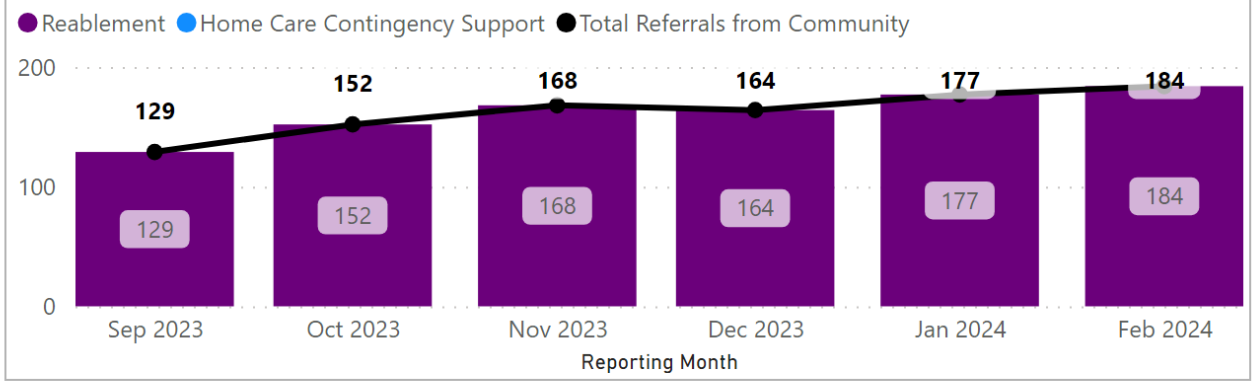
46.9%
% Individuals Declined

Community Referrals by Reason Type

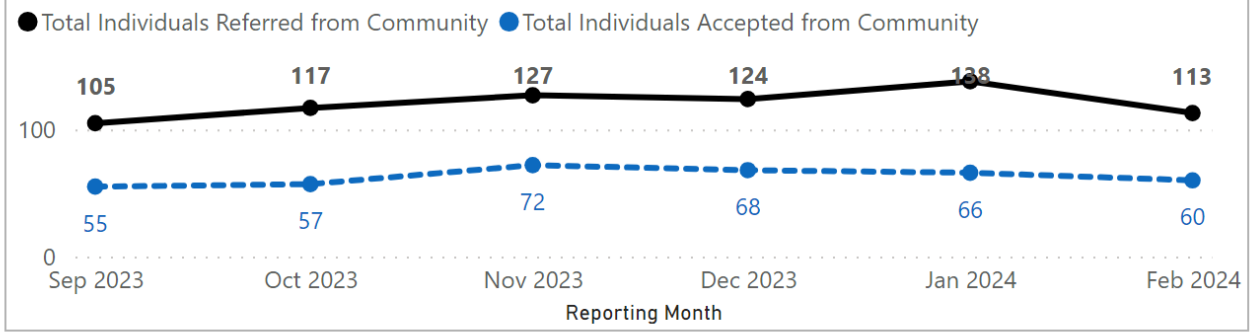


Place Holder: Referrals declined by reason to be added once data source established.

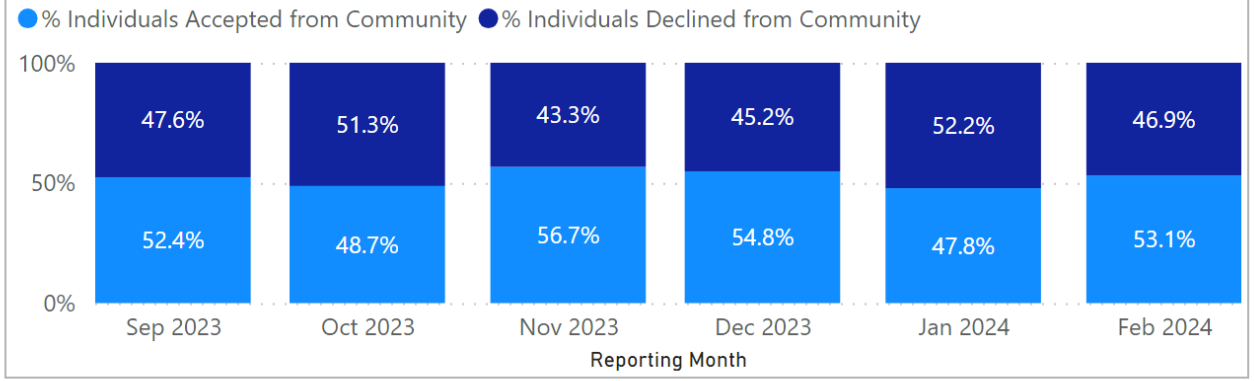
Community Referrals



Individuals Referred from the Community vs. Accepted (Reablement & HCS)



Individuals Referred from the Community : Accepted vs. Declined



February 2024 Service Uptake and Utilisation: New and Current Service Users

Please Read: This page summarises the number of current service users supported by Libertas as per the last update received, along with the number of new cases started and the number of cases terminated each month (excludes failed starts)

The pie chart provided shows the percentage of current service users supported receiving Reablement vs Home Care.

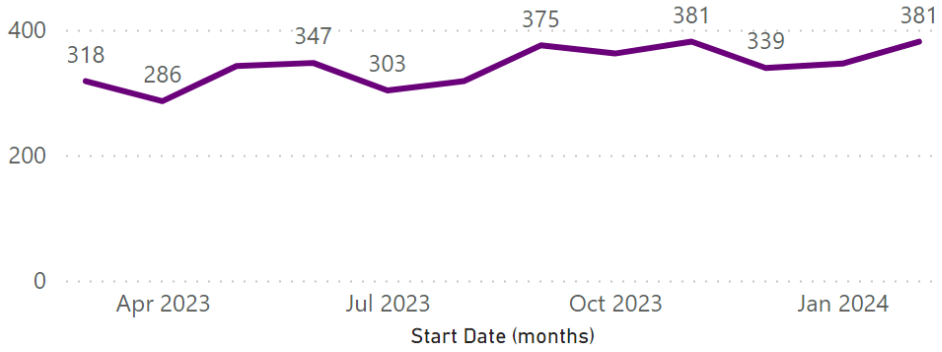
Current Number Service Users Supported

Homecare Contingency Support (HCS)	Extended Transfers of Care (ETOC)	Reablement (R)	Total
1	58	303	**362**

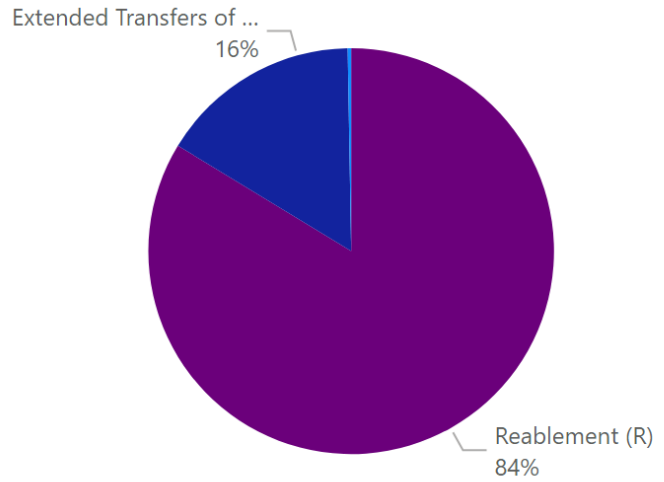
New Service Users in Latest Reporting Month

Service Reason	No. of Service Users
Reablement (R)	368
Extended Transfers of Care (ETOC)	13
Total	**381**

New Service Users by Month and Service Reason Type



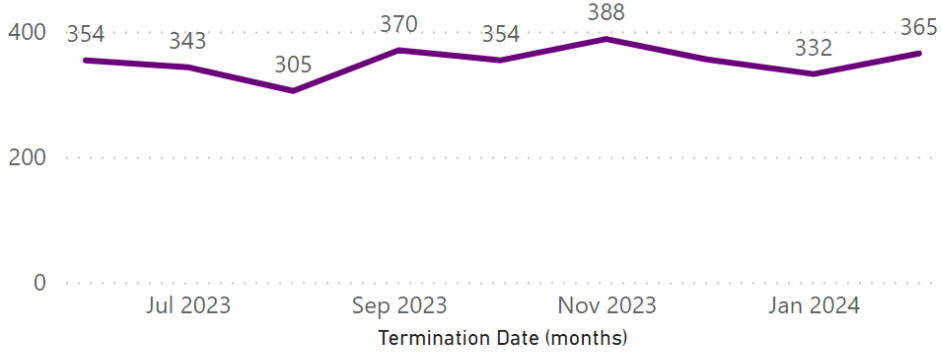
Current Service Users Supported



Services Ending in Latest Reporting Month

Translated	No. of Service Users
Reablement (R)	316
Extended Transfers of Care (ETOC)	49
Total	**365**

Service Users Leaving by Month and Service Reason Type



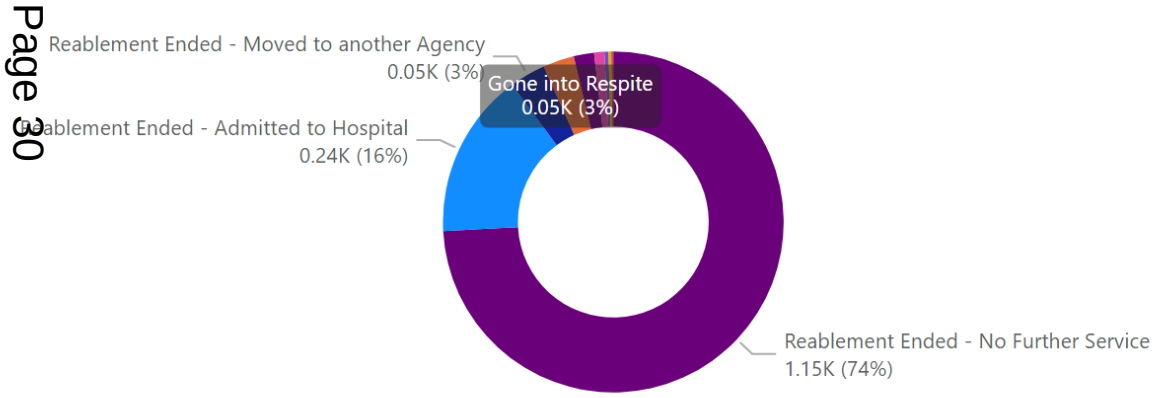
February 2024 Services Terminated

Please Read: This page provides a summary of all of the services that came to an end (were terminated) within the reporting period specified. The definitions used are based upon the system definitions applied by Libertas and do not match with the SALT return definitions.

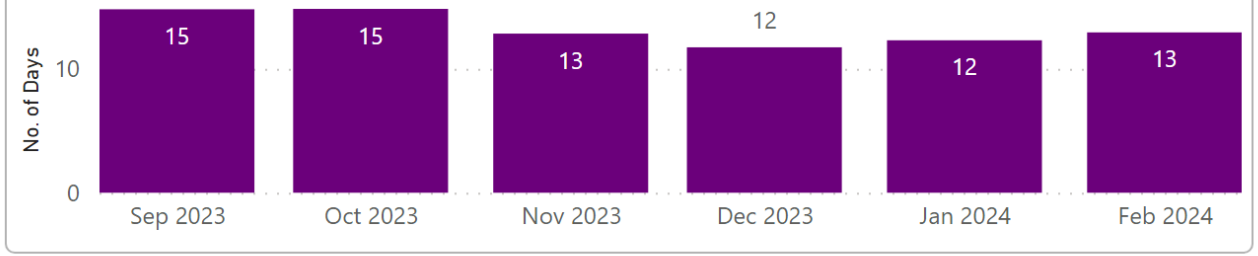
The number of services terminated where the reason is 'Reablement Ended - No Ongoing Service' are those where no ongoing service is identified at the time of termination. Service users counted under this reason may have gone into alternative services at a later date.

The average length of service in days is based upon service end date regardless of the reason for the service ending, therefore, services ending early will also be included.

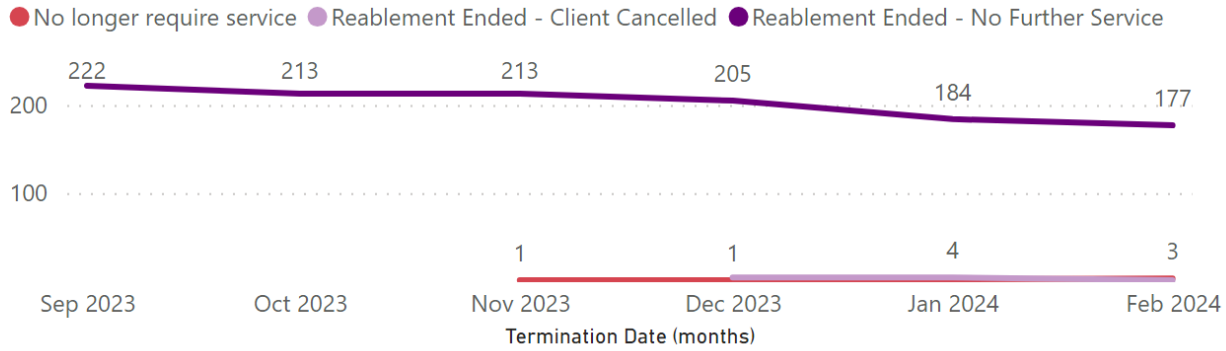
Services Terminated (last 6 months) by Reason



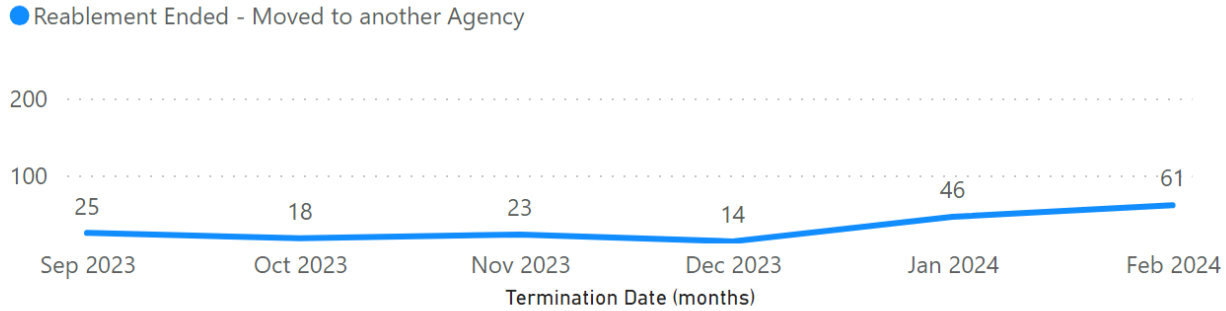
Average Length of Service in days (Reablement Only) - Based on Date Terminated



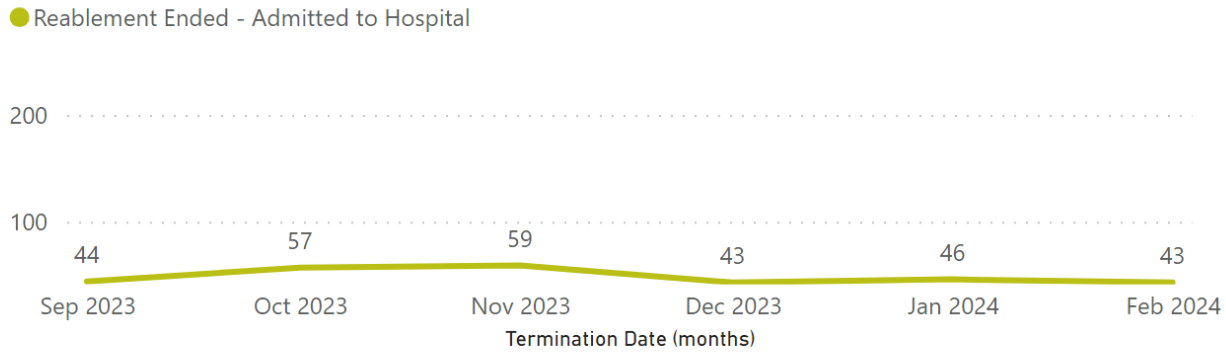
Reablement Ended - No Ongoing Service at Time of Termination



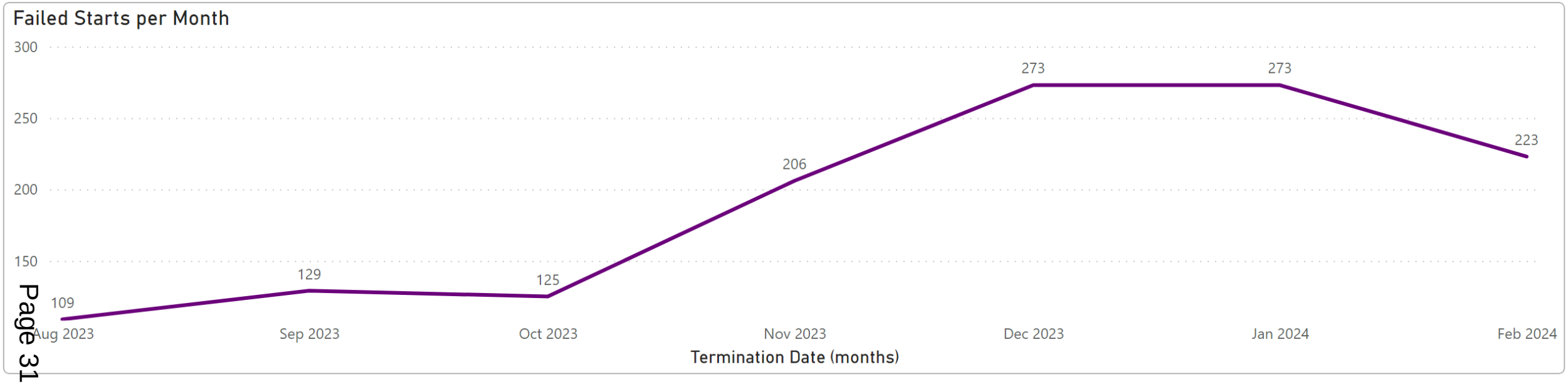
Reablement Ended - Moved to Another Service (all service types including residential and home care)



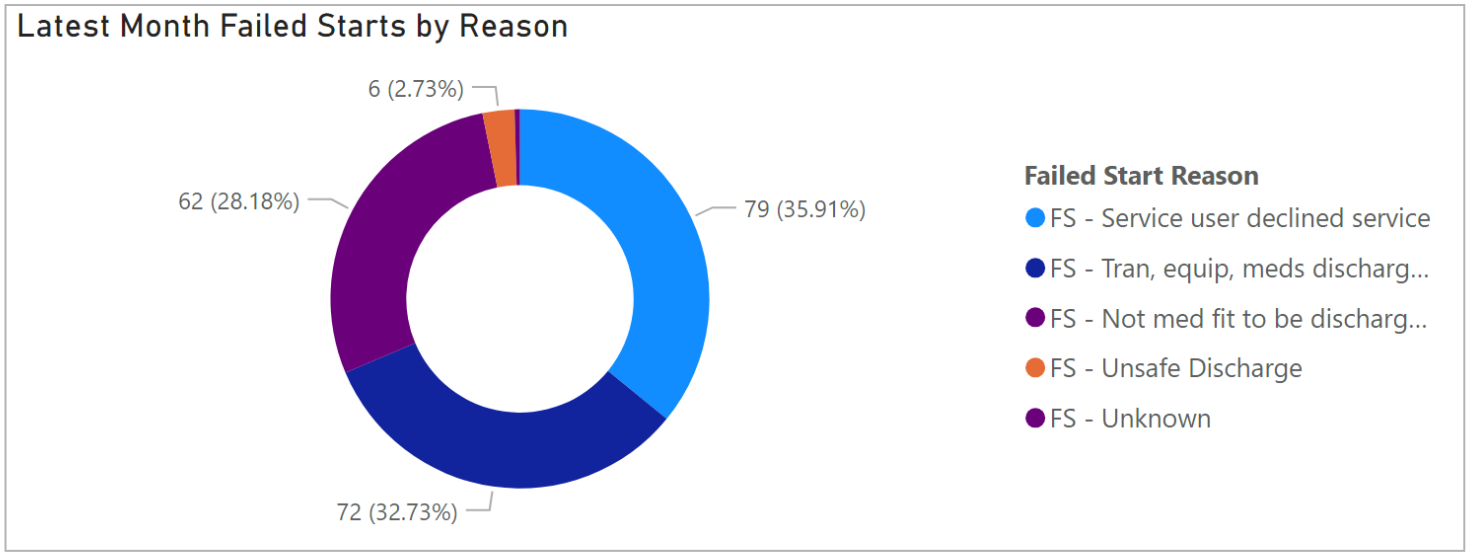
Reablement Ended - Admitted to Hospital



February 2024 Failed Starts



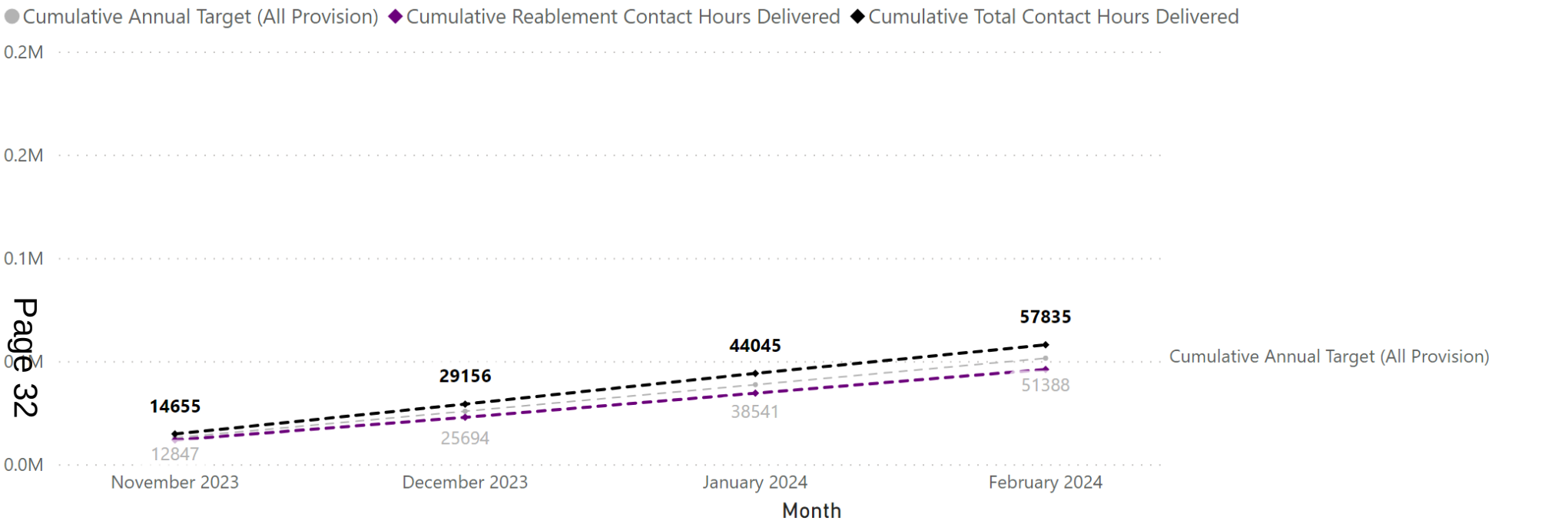
Please Note: The number of failed starts detailed above includes all services picked up by Libertas that subsequently failed to start; this is not just those that failed to start following hospital referral as previously assumed. The reason and source is not readily available from system data and is currently being captured manually. Work is required to standardise the capture of reason and source prior to including within this report.



February 2024

Invoiced Activity: Delivered Hours

Total Hours Delivered per Month (Contract Year 4)



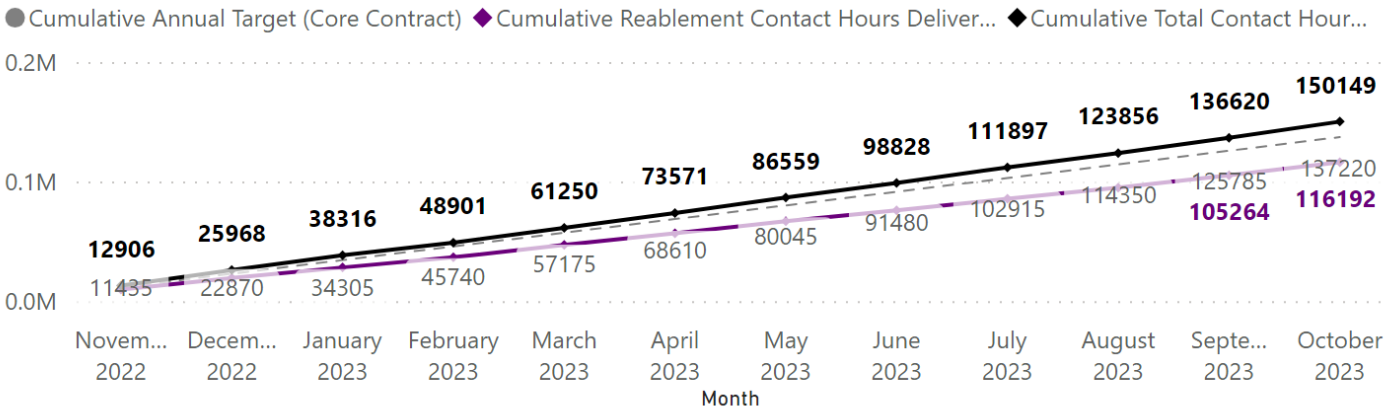
Hours Delivered by Service Reason - Latest Reporting Month

11528
Reablement Hours Delive...

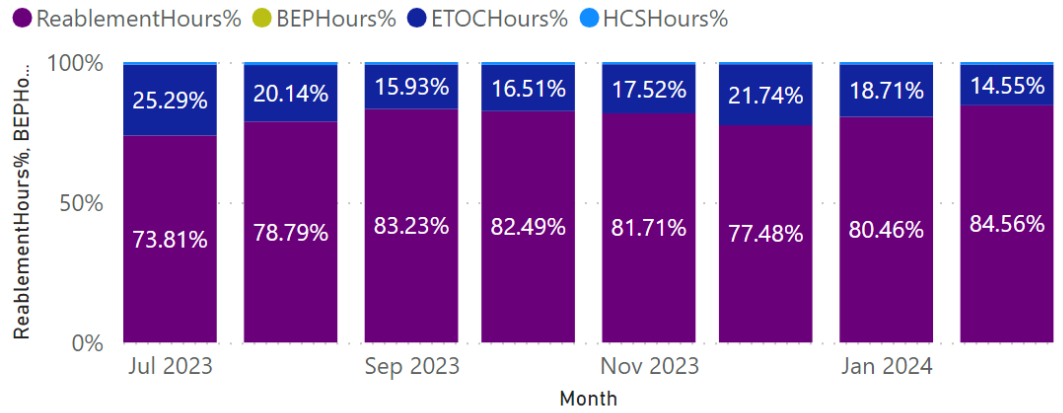
2105
ETOC Hours Delivered

156
HCS Hours Delivered

Total Hours Delivered per Month (Contract Year 3)



Hours Delivered Split by Service Reason



Community Connectors

REPORTING PERIOD JANUARY 2022 – DECEMBER 2023

PREPARED BY S KELLITT

Table of Contents

Introduction

Working in partnership with health and social care providers, the Community Connector service provides a single point of access for clinicians, social care practitioners and patients at Lincolnshire County and Boston Pilgrim hospitals in order to assist with patient flow, facilitating timely discharge and help to avoid unnecessary hospital admission.

Community Connectors are based at both Lincoln County and Boston Pilgrim hospitals, five days a week to facilitate signposting and referring to appropriate services along with offering impartial information and advice to patients and their carers, at what can often be a distressing and confusing time.

Community Connectors support with patient discharge or avoiding unnecessary hospital admission when a patient has been declared medically fit. The coordinators encourage patients and their carers to make informed choices about their health and wellbeing, guiding, signposting or referring them into the services they may need in order to support them to remain as independent as possible.

The Community Connectors Service enables Adult Social Care and clinical teams to refer patients for information and guidance with their non-clinical needs, relieving pressure on the system and increasing patient flow within the hospitals.

Strong links have been developed and maintained with professionals across the system, and a direct pathway is established for accepting referrals for patients who are deemed medically fit for discharge or where, with input from a Community Connector, admission can be avoided.

Not all patients are eligible for support from Adult Social Care; we are able to support and assist these patients and their families or carers. The Community Connector will spend time with the patient and their carer to help them understand their options and facilitate preventative measures. This effectively reduces the risk of further deterioration in the home environment, reducing the likelihood of either readmission or social care intervention becoming necessary.

In January 2022 Community Connectors integrated the accepting of referrals for Hospital Discharge Home Recovery Scheme grants (HDHRS). Subsequently in October 2022 the Community Based Home Recovery Scheme (CBHRS) was introduced in collaboration with the Neighbourhood Teams in order to avoid unnecessary admission from community settings. This scheme offers a grant of up to £1200 with up to 6 weeks of support for those patients medically fit for discharge, where environmental factors in their home may prevent the discharge taking place.

Both of these services are currently funded until 31st March 2024

Overview of Reporting Period

January 2023 – December 2023

This report offers an overview of the period January to December 2023.

As the service has evolved, reporting data collection has increased to demonstrate the value of the service to both the patients and to the system itself.

Where available comparative data sets have been included in this report, however much of the value to individuals and colleagues is demonstrated within the patient stories and feedback received from colleagues within the system.

Key Performance Indicators

Measure 1

Referrals Received

	January to December 2022	January to December 2023	% + Change
Referrals Received	885	1171	**32%**
Ward Visits	861	1178	**37%**
Referrals made	955	1269	**33%**
Signposts made	188	407	**116%**
Patients Age 60+	90%	94%	**4%**

Measure 2

Referrals made on behalf of patients

This data demonstrated an increase in referrals by site.

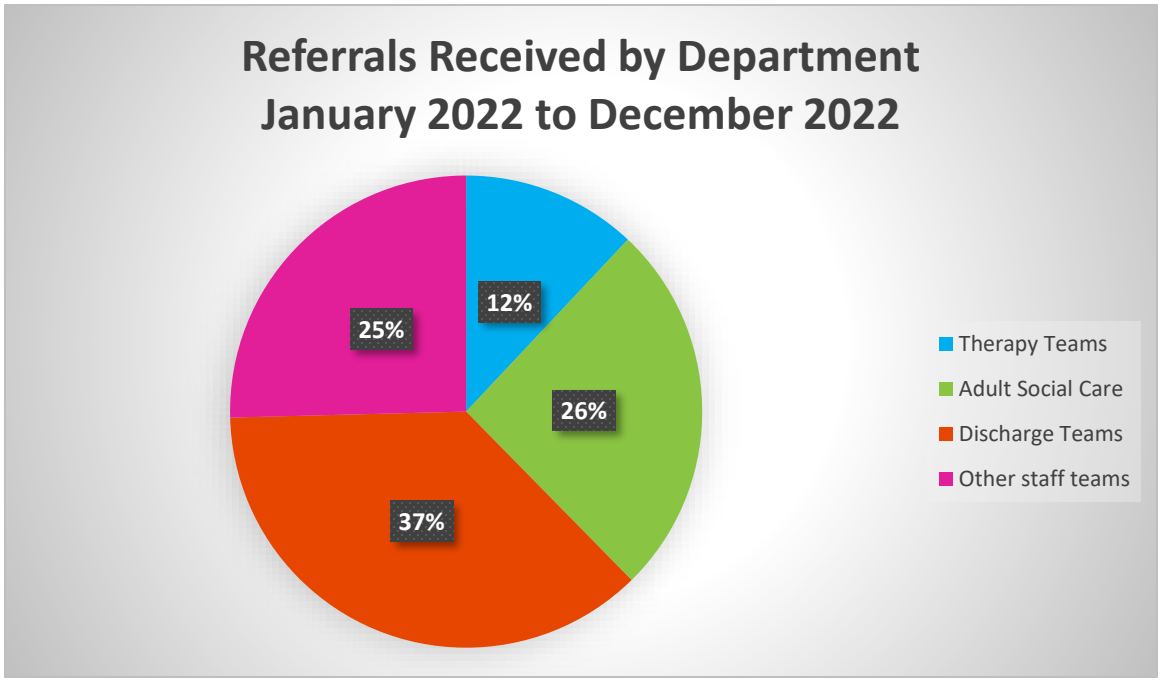
74.6 % increase in referrals from Boston Pilgrim

42.9% increase in referrals from Lincoln County

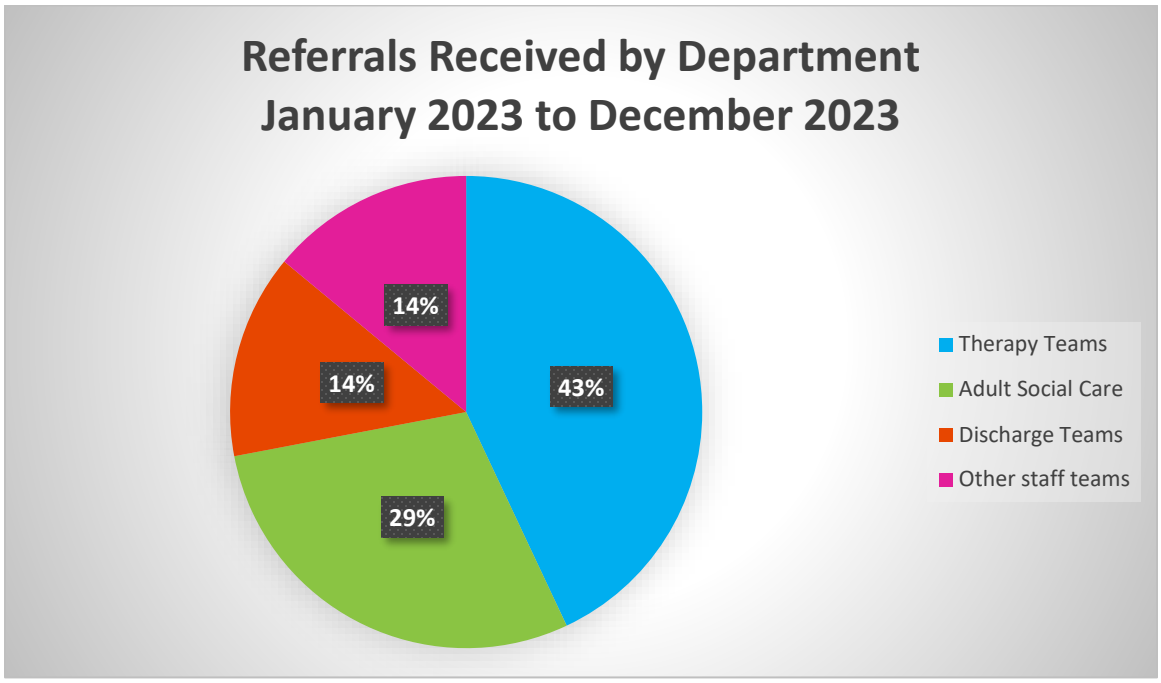
	2022		2023	
Referrals by site	Boston	Lincoln	Boston	Lincoln
	276	609	482	689
Total	**885**		**1171**	

Measure 3

Incoming Referrals Received by Department



Across 2023 therapy teams increased their referrals significantly from the previous year, closely followed by the discharge teams. Adult Social Care also increased referrals, with almost 30% being received through this direct route.



Observations

Measure 1 demonstrates a **32%** increase in referrals received from the year January to December 2022.

This is due to continued awareness raising across health and social care colleagues, as well as increased reliance on the support offered by the service, and consistency of the service with a wider use of the Community Connector team to support with patient flow.

Measure 2 demonstrates the increase in referrals by site, with Boston Pilgrim increasing requests by 74% and Lincoln County increased by 42.9%.

Measure 3 demonstrates the departments referring into the service, and confirms the consistency of their use of the established referral pathway to support patient flow, further reduce unnecessary hospital readmission and support patients to return to their own homes.

Our Impact

Impact on people

It is commonly recognised that home is the best place to recover and as an organisation we subscribe to the Home First Partnership as part of our commitment to the health and wellbeing of people across Lincolnshire.

The positive impact on the health and wellbeing of those referred into the Community Connector service is evident due to the team offering a personalised and creative approach, believing that the work we do is All About People. This approach is adopted for every referral received where the benefits of supporting social care staff and clinical teams to empower patients to safely return to their own home to recover from their condition is of paramount importance.

The impact of the time spent by the team with patients is significant, and reflected in the anecdotal evidence we gather either on site, or as a result of follow up calls made several weeks after discharge.

Improved wellbeing:

"Everything you've done for me - something good's come out of it and it's made such a difference to me and my life. You've pulled together all these services and it's all worked out really well. It makes me feel really positive knowing there is something (a service like yours) that is able to support people like you have me."

Increased independence:

Mr P explained how grateful he was to get up and moving again after we sourced a wheelchair for him. "I've always been independent and I just felt stuck. The first thing I did when I saw it was get in it and go outside"

Avoided readmission and improved wellbeing:

I called Gerry some weeks after she had been discharged. She informed me that she had been doing really well since she had come home.

She was "ever so grateful" for the food that we were able to get for her, as she knew she wouldn't have eaten for a few days post discharge otherwise. She said she often felt lonely on the ward, as she didn't have a single visitor, other than myself, for the 5 weeks that she was in hospital. She was very grateful for the time I spent with her on the ward as it helped improve her mood and motivation.

Impact on the wider Health and Care System

The service is widely respected and utilised by the health and care system, with reliance on the support of the Community Connector team as they are now considered to be intrinsic members of the hospital team. Based onsite within the adult social care offices, they are actively improving both patient flow, and the staff and patient experience.

A bed day cost of £483 was provided by Dr Anne-Louise Schokker (LCHS Medical Director Virtual Wards). Although we believe our calculation to be a significant underestimate, if we assume that each referral we have supported has led to a minimum of one day's bed saving for patients either avoiding admission, transferring to a social care bed, or being supported with timely discharge, we can confidently estimate the financial impact on the system would be a saving of

£565,593

over the 12 months January to December 2023. This figure does not include the referrals subsequently referred to the HDHRS funding, where a minimum of 7 bed days is estimated for a successfully supported discharge.

A financial impact cannot accurately be calculated and attributed to the level of support offered to both social care and clinical staff who are able to refer patients to the team for their non-clinical needs in order to achieve a timely discharge or admission. Anecdotal evidence however received by the Community Connectors on a regular basis is documented below:

George Esworthy, Doctor, Shuttleworth Ward "I would like to take the time to inform you of the truly unique and vital services offered by the Age UK team with Lincoln County Hospital.

Being able to offer patients more time than the clinical staff are unable to allows many of their concerns to be addressed and helps to put them at ease as well as identifying key areas where support is required. Furthermore, the service also extends to prepping for discharge and organising additional support/contacts within the community to further aid rehabilitation and a return to normal life, these are services that would otherwise not be fully considered as they do not always form a normal part of our discharge planning.

This service has become a real strength of our department and something that we and our patients have come to rely on."

LCH WARD STAFF "I can't believe you've managed to encourage the patient to receive the support she needs; she was adamant she was only going home with an air mattress".

LCH ADULT SOCIAL CARE – "Thank you so much for helping us with this referral, at least we know she can go home now".

LCH Adult Social Care and Ward staff thanked the team for supporting them with a complex referral, and for spending time on the ward making individual and joint visits to speak with the patient. "The Community Connectors managed to engage well with the patient, who felt he could open up and discuss his discharge. This is something the ward were finding difficult". A Consultant visiting the same patient also thanked the Community Connector for spending time which made his work much easier.

Occupational Therapist – thanked the team for their fast response and support offered to a patient pending discharge

LCH Adult Social Care "We would be lost without you"

Boston Pilgrim Occupational Therapist "It is a great pleasure to work with you as usual, you are always being resourceful and a great help".

Boston Pilgrim Mujidat Agboola Occupational Therapist Integrated Surgery Team

Age UK is a very valued service in the discharge to assess model which we use when discharging patients. The support offered is more than helpful and prevents hospital readmissions also ensuring safe discharges.

I have worked closely with Abbie on a couple of complex discharges, I have lost count of how many.

Whenever we have complex cases on the wards, I always run to Abbie and she always has the answers to ease discharging planning. I can confidently say this service is very helpful to the team.

It would be a nightmare if this is stopped. We can only ask for more nothing less please. Thank you

Estimated Return on Investment

Contract Value	£135,222
Savings to NHS/Social Care	£565,593
Return on investment	**£430,371**

Service Delivery

Successes and Accomplishments

Over this period the service has increase its impact with a 32% increase in accepted referrals, and has become further entrenched within the NHS/Social care environment, with the team being relied upon to deliver both supported discharge, admission avoidance, and financial and practical support for patients returning to their own homes through HDHRS and CBHRS. A small team of 4 full time equivalent staff has led to a significant number of successful discharges/admission avoidances and alleviated added pressure on adult social care.

We are fortunate to have an established and experienced team who are all dedicated to the role and fully commit to supporting patients in ways which help them maintain or regain their independence and reduce their reliance on Lincolnshire's health and social care system.

Challenges and Barriers

Due to the short-term nature of the contract, staff resources can be difficult to maintain and as each funding period approaches its end, experienced team members are forced to consider alternative

employment. This can lead to resignations, generally in the last quarter of service delivery, making it almost impossible to refill vacancies which have been previously held by valuable colleagues. Although we understand this is the nature of short term funding, longer term commitments with the intention to continue the funding advised at the earliest opportunity would without doubt significantly reduce the risk of talented staff losses.

The service has incorporated delivery of the HDHRS/CBHRS grant scheme, with a separate funding stream which does not include staffing costs. Without the Community Connector service, we would be unable to deliver the grant scheme as we would not have the staff onsite to accept referrals and carry out the work necessary to purchase services and equipment to support discharge or avoid admission from community settings.

Future Focus

To maintain these services funding is necessary from 1st April 2024. This commitment will allow us to continue to support health and social care professionals achieve timely discharge and admission avoidance through Community Connectors. Should the grant funding be made available for HDHRS and CBHRS, the team would be well placed to continue to facilitate the promotion and delivery of the HDHRS/CBHRS grant funding.

In order to deliver this service for the financial years 2024/2025 and 2025/2026, investment is required to continue to deliver 166 hours of Community Connector presence on the Lincoln County and Boston Pilgrim hospital sites.

The cost to deliver this contract with the staffing levels below would be:

2024/2025 £166,684

2025/2026 £172,307

Community Connector	Lincoln County	Boston Pilgrim
Service Manager	35 hours	
Coordinator		35 hours
Coordinator		20 hours
Coordinator/Administrator	28 hours	
Coordinator	28 hours	
Coordinator	20 hours	
Total Weekly Hours	**166**	

Patient Stories

GEORGE

George is 66 years old and was admitted to Lincoln County Hospital suffering with confusion and poor mobility which had resulted in multiple falls at home. George had high blood pressure, osteoarthritis, hydrocephalus and confusion. Concerns were raised by EMAS on admission due to self-neglect and unhygienic living conditions.

Referred to Community Connectors by Adult Social Care, George was medically optimised, but concerns were raised about the state of his property. George would need support with cleaning and de-cluttering to make his home safe to return home to. George was offered a package of care but refused, explaining that his son cared for him at home.

Adult Social Care visited George on the ward, he was suffering with some confusion and at times became agitated, but agreed to accept support and understood that he needed help in the home. Our Community Connector went to visit George, and offered to support with the clean by applying for the HDHRS grant. George consented, but asked that we contact his son who lived with and cared for him. During one visit George broke down, he was worried about his son and admitted that they were struggling and the situation at home was out of control. He was reassured that he would be offered support.

We made several attempts to contact George's son, eventually getting in touch and whilst speaking with Matt, it became clear that the family were struggling. Matt explained that he lived with his father in the family home which was a council flat. They had lived there for 16 years, and when they first moved in the property had some damage which was never resolved. The toilet was broken and there was mold in the property. In addition, Matt's mum had been a smoker and the walls to the property had discolored over the years. Matt said that he had cared for his parents, and his mum had died approximately 1 year ago. Matt was struggling to cope with the loss of his mum. He explained that whilst caring for her, at times he had struggled to keep the home clean, and the property had deteriorated.

Matt is a young man in his 20's. He worked full time and was independent, but after losing his mum, struggled to care for his father and continue to work. He explained that George repeatedly fell when Matt was out at work, which clearly worried him. He said he felt responsible and worried that his dad would fall whilst he was away from the home, so eventually he stopped working and has now used up all his savings and has no income. Matt also mentioned that he had struggled with the state of the property and this had negatively affected his mental health. Matt rarely goes out of the house, he has very few clothes, and focusses on caring for his father. Our Community Connector spent a long-time discussing how they could support them, but Matt initially struggled with the idea that anyone would enter the property to clean as he was concerned about the transfer of germs. Matt said that his health had deteriorated, he mentioned that his legs were sore and weeping, and he was struggling to cope and felt that he needed support. He explained that he knew what he needed to do but wasn't sure where to start, and was happy to accept any help we could offer. Matt was very low in mood and the Community Connector grew concerned about him during the conversation.

Following the phone call, the Community Connector immediately raised concerns about Matt with Adult Social Care, and the two teams continued to work together from that point. Matt was immediately contacted and urged to speak to his GP and an appointment arranged. An urgent referral was made to the mental health team, and both Matt and George were referred to Wellbeing Lincs for support once George returned home.

Matt was also referred to Carers First and a request was made to complete an urgent benefits check. It was clear that George and Matt needed both practical and emotional support. Housing was also contacted and made aware of the concerns in the property which would need immediate attention.

The HDHRS grant of £631.44 was awarded by the panel and the clean went ahead. During the process our Community Connector Team continued to work alongside Adult Social Care, maintaining regular contact with both George and Matt. The cleaning team also made additional calls to reassure Matt prior to the clean, and talked him through the process, allowing Matt to stay in control of the situation during the day of the clean.

Immediately after the clean George was discharged home. Community Connectors contacted Matt shortly after George was discharged. Matt explained that George had initially struggled, but was slowly recovering and had recently managed to get out of the flat and walk to the shops by himself. Matt said that he was still struggling to cope in the home but his health had improved. The Community Connector continued to offer support.

Community Connectors organised support to continue to clean the property via Discharge Buddies, a commissioned service delivered by AUKLSL where a need is identified for further ongoing, time limited support can also be offered such as de-cluttering and housework to avoid trips and falls, life-style support, accompanied attendance at future appointments and support with essential tasks for daily living.

In addition to the referrals already made, Matt and George said that they would like new beds/bedding, once the cleaning was complete. The Community Connector continued to support and obtained prices for furniture, which the family could now afford as they had not had to fund the clean.

The Community Connector liaised between the family and the furniture supplier. Matt was also interested in decorating some of the rooms in the flat. Again, the Community Connector obtained quotes and this work was planned.

Community Connectors supported George by providing the HDHRS grant and by organising the clean. George's discharge was not delayed and he was able to return home. George was able to return home to a much cleaner and de-cluttered home which would also reduce the risk of falling.

In addition, the support offered to Matt prevented his health from deteriorating further, which could potentially avoid a further hospital admission. The support offered to the family has made a positive difference to their home environment and their wellbeing, offering both practical and emotional support, as well as a financial review to make sure they are receiving all the benefits they are entitled to.

Matt is receiving the support he needs in order to provide ongoing care and support to his dad.

Matt and George continue to be grateful for the support offered to them.

The outcome of the intervention by the Community Connector team was a bed saving of 7 days which amounted to a saving of £3,381.

PHILLIP

Phillip is 80 years old with a medical history of type 2 diabetes, hypertension, high cholesterol, prostate cancer and atrial fibrillation. He was referred to the Community Connector Team by an Occupational Therapist, requesting support with a Telecare referral. Initially this appeared to be a straight forward referral, and the team visited him on the ward the same day. They spent some time talking to Phillip, who explained that he had fallen whilst at home and had spent 18 hours on the floor, unable to call for help.

It was only when he was discovered by a family friend, that he received medical attention and was admitted into hospital. This was clearly distressing for him and he was very nervous about returning home.

Phillip explained that his wife had died 12 days ago, he was visibly upset and just wanted to go home so that he could continue to plan her funeral. The referrer had expressed concerns about the risk of further falls and asked us to encourage the patient and support with his discharge. With Phillip's consent we immediately made an urgent referral for Telecare, and a lifeline was fitted the same week prior to his discharge. Knowing that he would be safe and have support in place, Phillip was much more confident to return home. After some discussion he agreed to support from Discharge Buddies, a commissioned service delivered by AUKLSL where a need is identified for further ongoing, time limited support such as de-cluttering and housework, to avoid trips and falls, life-style support, and support with essential tasks for daily living. Shopping and cleaning were arranged through this fund, to allow some recovery time and enable him to concentrate on planning his wife's funeral.

Although this was a straight forward referral it demonstrates the difference the Community Connector Team have on people's lives, and the support offered providing reassurance both to the patient and the ward staff when planning to discharge patients. The OT thanked the Community Connector Team for their quick response and support offered to help Phillip avoid readmission.

END

Open Report on behalf of Martin Samuels, Executive Director - Adult Care and Community Wellbeing

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**24 April 2024**
Subject:	**NHS Health Checks Recommissioning**

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the recommissioning and procurement of the Council's NHS Health Check service. The decision is due to be considered by the Executive on 8 May 2024. The views of the Scrutiny Committee will be reported to the Executive as part of its consideration of this item.

Actions Required:

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

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

1. Background

The Executive is due to consider a report entitled NHS Health Check Recommissioning on 8th May 2024. The full report to the Executive is attached at Appendix A to this report.

2. Conclusion

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

3. Consultation

a) Risks and Impact Analysis

A copy of the Equality Impact Assessment is attached at the end of Appendix C.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Report to the Executive – NHS Health Checks

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 and Andy Fox, who can be contacted on carl.miller@lincolnshire.gov.uk and andy.fox@lincolnshire.gov.uk.

Open Report on behalf of Martin Samuels,
Executive Director - Adult Care and Community Wellbeing

Report to:	**Executive**
Date:	**08 May 2024**
Subject:	**NHS Health Checks Recommissioning**
Decision Reference:	**I032102**
Key decision?	**Yes**

Summary:

The NHS Health Check programme seeks to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment, and management of the major risk factors for cardiovascular disease (CVD).

Lincolnshire County Council (LCC) has a statutory responsibility to make arrangements for eligible people (aged 40 to 74 years) to be offered an NHS Health Check every 5 years.

LCC currently holds contracts with 78 General Practices (GPs) across the county to deliver NHS Health Checks to their eligible patient population. These arrangements cover 80 of the 82 practice areas across Lincolnshire. The current contracts commenced on 1st September 2018 for an initial period of 4 years and 7 months to 31st March 2023. Further extensions have been approved and utilised with all contracts now ending on 30th September 2024, requiring new arrangements to be in place from 1st October 2024.

A recommissioning project commenced in 2023 with officers across public health and commercial teams working together to review the current arrangements, national guidance, best practice, benchmarking and undertake engagement with GPs and the public. The key findings from these activities are set out within this report including the resulting recommendations for a future model for the NHS Health Check programme in Lincolnshire and the procurement approach to best secure this model from 1st October 2024.

This report presents the case for recommissioning NHS Health Checks utilising the Most Suitable Provider (MSP) Process under the Health Care Services (Provider Selection Regime) Regulations 2023 which came into force on 1st January 2024. This report sets out the reasons for the recommended model being that of service delivery through GP Practices throughout Lincolnshire, with support from the Integrated Lifestyle Service provider in any areas not covered by a GP Practice wishing to deliver the service following the proposed re-procurement. This is in line with the findings of the recent service review and is subject to the final outcome of the MSP Process.

Recommendation(s):

That the Executive:

1) Approves the re-commissioning and re-procurement of the NHS Health Checks Service for all eligible residents of Lincolnshire, based on the recommended service model set out in this report:

2) Approves the use of the Most Suitable Provider Process under the Health Care Services (Provider Selection Regime) Regulations 2023 in order to determine the award of contracts due to commence on the 1st October 2024 with a total value of £590,269 per annum and for a period of 5 years with option to extend for five 1 year periods ;
And

3) Delegates to the Executive Director for Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care and Public Health, the authority to take all decisions necessary under the Provider Selection Regime to deliver the recommendations above including the award and entering into the final contracts for the NHS Health Checks Service and any other documentation necessary to deliver the re-commissioning of the Health Checks Service.

Alternatives Considered:

1. **Recommission the service on a like for like basis without any improvements**
   - Whilst the review indicated the current services performed well as a whole, when compared nationally, there are still areas of the county where invite and uptake is low and the recent service review highlights ways this could be improved. These have been incorporated into the recommended model set out in this report.
   - NHS Health Check guidance outlines the requirement for local authorities to continually seek to improve the uptake of NHS Health Checks in their area.

   For the above reasons this alternative is not recommended.

2. **Do nothing – no longer commission an NHS Health Check Programme**
   Delivery of the NHS Health Check programme is a statutory responsibility for LCC, and therefore this is not a legal or viable option.

3. **Recommission the service utilising an alternative route under the Provider Selection Regime**
   As set out in this report, the alternative routes available to councils under the PSR are either not legally applicable to this service or are not considered to offer the most effective means of re-procuring the NHS Health Checks service. As such, these alternatives are not recommended.

Reasons for Recommendation:

The future procurement of the NHS Health Check Programme services falls within the scope of the new NHS Provider Selection Regime (PSR) under Health Care Services (Provider Selection Regime) Regulations 2023. The circumstances of the programme requirements in Lincolnshire will enable the Council to benefit from the new flexibilities in the selection of a proportionate contract award procedure available under PSR for the reasons set out in the report.

As set out in the report, the Council is legally bound to offer the NHS Health Check service as a statutory service to eligible residents, and use of the MSP process, as recommended in the report, will support the efficient continuity of the service after 30 September 2024.

Taking into account likely providers and based on all relevant information currently available, the Council is of the view that it is likely to be able to identify the most suitable provider; GP Practice providers are considered the most suitable to deliver the NHS Health Checks Service to their patient populations because they have the premises, qualifications, staff, and access to patient records that are required to effectively deliver the service. This is supported by the benchmarking carried out, which demonstrates that 100% of councils surveyed use GP Practices as their primary delivery providers for NHS Health Checks services.

The GP Practice model is currently considered to be in the main working well. In recent years the COVID-19 pandemic and subsequent recovery have had a significant impact on the NHS Health Check programme. Data published by OHID suggests that Lincolnshire compares well to England for uptake; whilst there is also scope for improving the invite levels. This report outlines recommendations for a new like for like service provision with some specification and work programme improvements focused on impact of the health check, the quality/user experience and uptake levels of health checks.

There is no other known provider or group of providers who could deliver the service across the entire county of Lincolnshire from the required start date.

The report also sets out further detailed reasons as to why the GP Practice model aligns well with the Key Criteria for selection, required under the use of the MSP procurement process.

If the recommended MSP procurement route does result in any gaps in the service offer to residents, these would be filled by identifying a suitable community provider, following a competitive process (e.g. the future Integrated Lifestyle Service re-procurement). This approach is also evidenced within the benchmarking exercise undertaken (where half of the councils surveyed supplement the GP Practice as prime provider model by using one or more community providers).

The National Guidance for the NHS Health Check programme sets out the local decisions that can be made in relation to service design. This includes where the checks are delivered, how the checks will be delivered and the remuneration. Informed by the

findings from the recommissioning activities, use of the GP Practice model enables all the service requirements to be delivered by the same GP providers, including invitation, assessment, advice/follow up and referral/signposting to appropriate services.

The recommended contract term and extensions options detailed in the report are designed to create maximum future flexibility to accommodate potential national changes to the NHS Health Checks system, balanced with budget certainty for the Council and income information for providers.

1. Background

1.1. Current arrangements

1.1.1. The NHS Health Check programme seeks to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment, and management of the major risk factors for cardiovascular disease (CVD).

1.1.2. In Lincolnshire, the Council currently holds contracts with 78 General Practices (GPs) across the county to deliver NHS Health Checks to their eligible patient population. These arrangements cover 80 of the 82 GP practice areas in Lincolnshire. The current contracts commenced on 1st September 2018 for an initial period to 31st March 2023. Further extensions have been approved and utilised with all contracts now ending on 30th September 2024, requiring new arrangements to be in place from 1st October 2024.

1.1.3. The existing contractual arrangement with GPs requires them to deliver the key components of the NHS Health Check, namely invitation, risk assessment, cardiovascular disease risk awareness and risk management. Any additional testing or clinical follow up remains the responsibility for primary care, however patients are to be provided with relevant lifestyle information, advice, and onward referral/signposting. People with certain conditions, for example, diabetes, hypertension, and stroke are ineligible for NHS Health Checks.

1.1.4. The Office for Health Improvement and Disparities (OHID) estimate that the total eligible Lincolnshire population for the NHS Health Check programme for 2019-2024 is currently 227,449. Each contracted GP has an annual and monthly invitation target based on their patient population. Practices are currently paid according to activity, with a set cost per invite, per completed health check and incremental annual bonus payments available to incentivise delivery.

1.1.5. In 2021 OHID published a review of NHS Health Checks with recommendations to make improvements to the programme, including the inclusion of a digital offer model, broadening the scope of eligible ages and conditions, and improving participation with those most likely to benefit from the intervention. There are currently no timescales for the implementation of these

recommendations into the national guidance although exploration of a digital offer has begun in some areas of the country.

1.2. Legal Duty

1.2.1. The Council has a statutory duty under the Local Authorities Regulations 2013 to arrange for eligible people (aged 40 to 74 years) within the local authority area of Lincolnshire to be offered an NHS Health Check every 5 years.

1.2.2. National guidance outlines the delivery requirements such as the risk factors covered by the health check and the need to continuously improve the percentage of eligible individuals having an NHS Health Check. There is local flexibility on some aspects of the programme, for example how individuals are identified and invited to attend an NHS Health Check and the location they are delivered from.

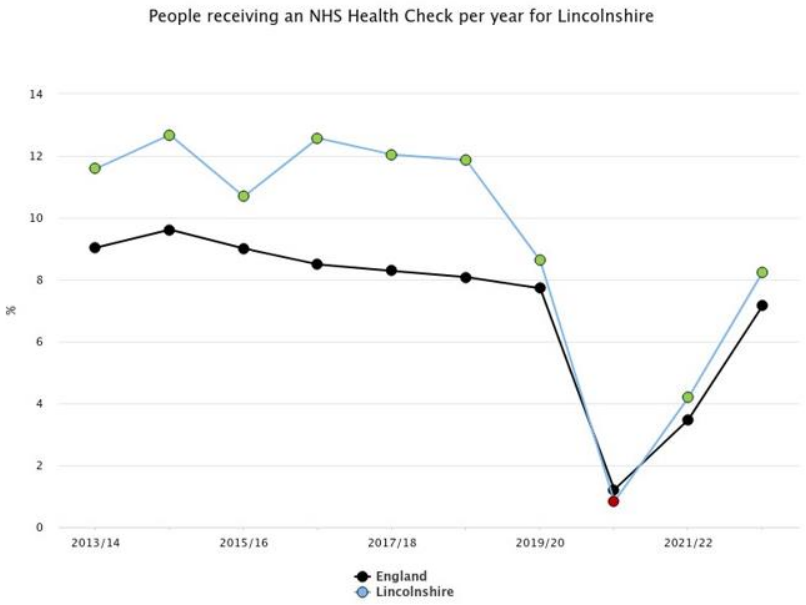
1.3. Review of Current Programme

1.3.1. A review of the current health check programme was undertaken to inform the future provision. This included a review of contractual arrangements with GPs, a literature review, benchmarking with other local authorities, engagement with GPs and a public survey. Key findings were:

1.3.2. **Review of the current service:**

1.3.2.1. The current arrangements with GPs are mostly working well. However, in recent years the COVID-19 pandemic and the recovery from it, has had a significant impact on the delivery of the NHS Health Check programme. However, nationally published data from OHID suggests Lincolnshire is consistently achieving positive levels of uptake for those invited for an NHS Health Check and this data is included in Appendix B. Yet, there remains a need to improve invitation levels, and there is an aspiration to improve the reach, delivery, and experience of residents receiving an NHS Health Check whilst facilitating smooth onward referral for those who may benefit from lifestyle advice and support.

1.3.2.2. Whilst the OHID data for Lincolnshire remains encouraging, activity over recent years has been significantly impacted by the pandemic. The graph below illustrates the dramatic impact on the programme nationally and in Lincolnshire from 2019/20. All non-urgent primary care interventions all but ceased during periods of lockdown and the programme was officially halted whilst GPs supported the COVID-19 vaccine rollout campaign. The Council implemented an average payment mechanism at the outset of the pandemic for activity-based services, linked to pre-pandemic delivery to maintain financial support to service providers. This payment approach continued until 1st October 2021 when activity-based payments for NHS Health Checks resumed.



1.3.2.3. Whilst Lincolnshire continues to maintain strong performance compared to the East Midlands and England for eligible residents taking up an NHS Health Check invite, a full recovery to pre-pandemic delivery volumes for completed health checks has yet to be realised. The last full year of data (2022/23) saw 75% of pre-pandemic activity levels achieved for completed NHS Health Checks. At the end of Q3 in 2023/24 completed NHS Health Checks were 20% higher than at the same point in 2022/23 as volumes continue to recover.

1.3.2.4. A key expectation of the service requirement for GPs is to provide advice, follow up and onward referral/ signposting following the outcome of individual's assessment. Intelligence from the NHS Health Check Support Service provides insight into outcomes at programme and practice level. This facilitates targeted support to GPs surrounding onward referrals and can guide commissioning interventions regarding lifestyle services. Improved harnessing of this data is key to future integrated support and oversight of GPs and PCNs within the new arrangements. Examples of outcomes for 2022/23 are included in Appendix B.

1.3.3. **Literature Review Key Findings**

1.3.3.1. To inform the development of the new service a literature review was undertaken in August 2022. The key findings were:

- Changing invitation methods such as inviting people by phone, or when they are at a GP surgery for another reason, have increased uptake, as have text message invitations (Public Health England: Findings from the 2019/20 Delivery Survey, 2020).
- GPs are the most common provider of NHS Health Checks commissioned by Local Authorities (LAs) with 93% of LAs (104) commissioning GPs to deliver at least some checks. In addition, community outreach providers are used by 27% of the LAs who responded, and pharmacy providers are used by 19% of LAs (Public Health England: Findings from the 2019/20 Delivery Survey (2020).

- More of a focus is required in relation to follow up, onward referral and support for lifestyle and behaviour change, which are fundamental aspects of the programme's intended outcomes (OHID- Preventing illness and improving health for all: a review of the NHS Health Check programme and recommendations, December 2021).
- The 2021 NHS Health Check Review suggests moving away from the current stand-alone service to a model that incorporates health and wellbeing practitioners that have the skills and competencies in behaviour change and lifestyle intervention.
- Public Health England: Findings from the 2019/20 Delivery Survey found that most providers are paid between £21.00 and £40.00 per NHS Health Check. For GP providers, 74% of local authorities pay between £21.00 and £40.00 per check, and 19% of GP providers pay £20 or less.

1.3.4. ***Benchmarking***

1.3.4.1. Benchmarking was carried out in two phases: A survey that 21 other LAs responded to, and further detailed discussion with four local authorities. Some of the key findings for this report are:

- GPs are the 'back bone' for the delivery of the NHS Health Check. All local authority commissioners stated that GPs underpinned their service. Community providers were used to fill the gaps, for example if a GP practice opted out of health check delivery, or a practice was struggling with capacity. Other providers were used to target health checks at population groups to address health inequalities.
- The relationship between the commissioner, community provider and the GPs are thought to be fundamental in the successful delivery of the NHS Health Check programme.
- Most GP practices were paid an activity-based payment on number of completed health checks, or enhanced payment for target population groups. Two commissioners paid GPs a block rate (one contracted a GP Federation).
- Most commissioners did not pay their provider separately for invitations sent, most GPs were paid per completed check only. The payment per health check completed ranged from £18 to £34. Many had complicated payment mechanisms paying additional rates for targeted groups or reaching target volumes.
- Of the 18 responders that gave us their pricing, 14 paid less than £25 for each NHS Health Check completed with 8 of those enhancing the payment in some way.
- Community providers were usually paid a block payment; however, the NHS Health Checks were often part of a much wider lifestyle service, so costs were difficult to break down.
- Text message primers and reminders were used in some areas. Some commissioners found hard-to-reach groups responded better to text

messages than letters. Most providers were required to send 2 or 3 reminders to none-responders.

1.3.5. ***Engagement***

1.3.5.1. An engagement exercise was completed with both GP providers and the public. 21 surveys were completed by providers and a further 8 in depth face to face meetings took place. There were 82 responses to the public survey which was hosted on Let's Talk Lincolnshire. 47 of the responders had their NHS Health Check and 35 responders were invited but did not attend their NHS Health Check. The key findings were:

- The provider survey showed a mixed response regarding the current payment mechanism. Some providers were happy with it, whilst others said the amount was not enough/ not viable. High performing Practices who regularly met targets for bonus payments, fed back that they happy with the current payment mechanism.
- Practices identify eligible population via the NHS Health Check Support Service and send out invites based on their capacity to carry out these appointments.
- The national letter template is still the most used method of inviting people (first invite). However, this process is shifting more towards text messages, utilising a communication platform which enables text message invites to be sent along with a link for patients to book their own appointment online. The communication platforms are becoming widely adopted across Lincolnshire and have resulted in a greater uptake in patients booking their appointment.
- Respondents who did not take up the offer of a health check stated that it was because they had forgotten to book their health check. The majority also stated that they did not receive any information about the health check with their invitation.
- The overarching feedback from providers and service users was for NHS Health Checks to remain as an 'in person' delivered service.

1.4. Future Delivery

1.4.1. The National Guidance for the NHS Health Check programme will continue to underpin the delivery of NHS Health Checks in Lincolnshire. In line with the Council's ability to locally determine elements of our service design and informed by the findings of the recommissioning activities.

1.4.2. Subject to the final outcome of the Most Suitable Provider Process, it is proposed to continue to use the GP Practice model as the main method for delivery of the NHS Health Checks service. As set out in this report, there is a very small number of gaps in the existing service, and under the proposed recommissioning, these would be filled by identifying a suitable community

provider, following a competitive process (e.g. the future Integrated Lifestyle Service re-procurement).

1.4.3. To maximise the benefits of the NHS Health Check programme, and to support LCC to deliver its statutory responsibilities of 'continually improving the percentage of eligible individuals having an NHS Health Check', both Public Health and Commercial Services will use the learning from this recommissioning exercise to work with GP providers to increase invitations sent, health checks completed, and impact. This will include:

- Supporting practices to adopt invite methods that are suitable for their population and, whichever method is used, include patient information about the NHS Health Check.
- Ensuring that everyone who has an NHS Health Check is supported to understand what their CVD risk means for them and to consider how and what changes might help them reduce their risk.
- Ensuring that the NHS Health Check programme is effectively linked with other public health commissioned services, for example, the Integrated Lifestyle Service, to ensure people are supported with for example, stopping smoking and weight management interventions.
- Strengthening performance management at Primary Care Network level to have a stronger emphasis on targets for inviting their eligible population.

1.5. Commercial Model Overview

1.5.1. It is envisaged that delivery will be by individual Lincolnshire GP Practices, with the aspiration of full coverage across the county with all 82 practices commissioned to deliver NHS Health Checks to their eligible populations. The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR Regulations) came into effect on 1 January 2024 and from this date, should be used by local authorities and health authorities to procure health care services in England. As such, the re-procurement of the Council's NHS Health Checks Services will need to be undertaken in compliance with PSR Regulations. Following analysis of the options, and with reference to the "Key Criteria" set out in the PSR Regulations and based on the rationale set out in the Legal Issues within this report, it is proposed that the Council utilises the Most Suitable Provider (MSP) Process for the re-procurement of the NHS Health Check Service.

1.5.2. The PSR Regulations outline essential "Key Criteria" for making decisions about provider selection and are crucial when following the Most Suitable Provider Process. They include: Quality and Innovation, Value, Integration Collaboration and Service Sustainability, Improving Access, Reducing Health Inequalities and Facilitating Choice and Social Value. The application of the principles should be meticulously recorded and detailed records kept to ensure transparency, accountability, and consistency in the Provider Selection Process. Further detail is provided below at paragraph 2.1.3.

1.5.3. The contract term will be a period of up to 10 years, consisting of an initial period of 5 years with options to extend for up to an additional 5 years on an annual extension basis, thus offering maximum flexibility in opting to take any or all of the proposed extensions (i.e. 1+1+1+1+1). This matches the invitations cycle for the wider programme and gives certainty of the delivery mechanism aligned to this. There is no indication from the commissioning review work undertaken to date that the known proposed changes to the national priorities and strategies influencing NHS Health Checks would preclude an initial 5-year term. Indeed, the specification will seek to future proof provision as much as possible to signal to Provider(s) the likely developments during the contract term e.g. digital advancements and changes to the age parameters of eligible parties and/or conditions included in scope.

1.5.4. Payment will remain activity based, with payment for invites kept at the current level of £2.10 per invite sent and an increase to the payment per completed Health Check of 3.7% to £21 (from £20.26). The current incentivisation element of the payment mechanism is to be retained, with additional payments made to GPs who achieve 60% (£1.50), 65% (£2.50), and 70% (£3.50) uptake.

1.6. Demand and Financial modelling

1.6.1. The current budget for NHS Health Checks is £0.590m per annum. The programme is funded from the Public Health Ring Fenced Grant that the Council receives from the Department of Health and Social Care. The annual budget includes the individual contracts with General Practices and the NHS Health Check Support Service delivered by TCR Nottingham Ltd (£39,279 in 2022-23) to facilitate the data collection requirements for and from practices.

1.6.2. The contracts with GPs are activity based which results in the annual costs having the potential to be very variable, influenced mainly by the uptake that is achieved. Financial modelling has been undertaken based on the demand forecasting included in Appendix C and the proposed payment mechanism. The projected annual cost of the NHS Health Check Programme (excluding the Support Service costs) in the event of estimated population and uptake increases are set out in the table below:

Year	*Year*	*Estimated eligible population*	*Estimated number of invites sent based on population and invite increases*	*Estimated Health checks completed based on population and uptake increases*	*Estimated Cost of NHS Health Check Programme*
0	*2023-24 - BASELINE*	***227,449***	*34,045*	*20,504*	*£532,835*
1	*2024-25*	***227,092***	*34,771*	*21,519*	*£557,197*
2	*2025-26*	***227,986***	*35,744*	*22,689*	*£585,565*
3	*2026-27*	***229,106***	*36,570*	*23,770*	*£635,404*
4	*2027-28*	***230,552***	*41,198*	*28,838*	*£793,062*
5	*2028-29*	***232,090***	*41,469*	*29,028*	*£798,278*

1.6.3. The demand and financial modelling are aspirational, based on the Council working with providers to increase invites and uptake as part of its statutory duty. As most of the changes outlined are programme changes (as opposed to changes to the specification or contract with the provider) it is within the Council's control to accelerate and reduce the programme of work proposed for working with providers accordingly to manage demand.

1.6.4. Should the planned activity to increase the volumes of NHS Health Checks be successful, the Public Health Grant will be used to manage the financial impact.

1.7. Risks and dependencies

1.7.1. The national NHS Health Check programme has been the subject of a review published in 2021 containing recommendations with uncertain implementation timescales. Recent policy papers linked to the forthcoming Major Conditions Strategy may also have implications for the NHS Health Check Programme, as such the service may be subject to nationally instigated change during the lifetime of the new contracts. The development of the service specification will ensure any mandated outputs from system changes surrounding NHS Health Checks can be reflected within the scope of the contracts to be established during the contract term.

1.7.2. As health care services, the NHS Health Check service will need to be procured in line with the new PSR Regulations This will be the first procurement undertaken by the Council under the scope of that legislation, so it will be necessary to ensure that the statutory guidance is followed carefully to mitigate any risks relating to the management of the process.

1.7.3. Procurement exercises with GPs can be particularly challenging due to the volume of practices to establish arrangements with and the capacity of some practices to complete the required assurance documentation to execute the contracts in a timely manner. An engagement plan has been established to mitigate this as much as possible.

1.7.4. In continuing to deliver the NHS Health Check programme via GPs, there remains the inherent risk that should demands on primary care be diverted in response to national or local health emergencies or priorities (as was in the case during the pandemic) delivery of health checks may be negatively impacted.

1.7.5. Subject to the final outcome of the Provider Selection Regime Process, the planned procurement route is intended to secure Health Check delivery through GP practices county wide. Should this not prove possible it will be necessary to identify a suitable community provider to fill those gaps. Due to the close links with the Council's commissioned Integrated Lifestyle Support (ILS) service, which supports the management of the major risk factors for cardiovascular disease, it is proposed that Health Check provision in any areas without GP coverage will be included in scope of the forthcoming ILS service re-

procurement. This creates a timescale dependency and imperative to conclude procurement of the NHS Health Check programme prior to the commencement of the ILS service procurement in November 2024.

2. Legal Issues

2.1. Procurement Implications

As stated above, the PSR Regulations came into effect on 1st January 2024 and replace the previous 2015 Public Contracts Regulations 2015 in situations where local authorities and health authorities are procuring health care services.

Healthcare is defined as all forms of healthcare provided for individuals, whether relating to physical or mental health, which fall within one or more of the codes specified in Schedule 1 of the PSR Regulations.

The purpose of the PSR Regulations is to introduce a flexible and proportionate process for deciding who should provide healthcare services, to provide a framework that allows collaboration to flourish across systems, and to ensure that decisions are made in the best interests of patients and service users.

2.1.1. Procurement processes under PSR

Within the PSR Regulations , the following contract award processes are available to local authorities and health authorities:

Direct Award Processes (A, B, and C). These involve awarding contracts directly to providers when there is limited or no reason to seek to change from the existing provider; or to assess providers against one another, because:

- the existing provider is the only provider that can deliver the healthcare services (direct award process A)
- patients have a choice of providers, and the number of providers is not restricted by the relevant authority (direct award process B)
- the existing provider is satisfying its existing contract, will likely satisfy the new contract to a sufficient standard, and the proposed contracting arrangements are not changing considerably (direct award process C)

Most Suitable Provider Process: This involves awarding a contract to providers without running a competitive process, because the authority can identify the most suitable provider. This is expected to be used for the procurement of a new service, or where an existing service is ending and is to be replaced (in circumstances where direct Awards A and B do not apply).

Competitive Process. This involves running a competitive process to award a contract. This process can be used in circumstances other than where Direct Awards A and B apply and must be used if setting up a contract framework under the PSR. Following the set-up of a specific framework, individual contracts for the services governed by that can be awarded to providers selected for that framework without recourse to further competition.

2.1.2. Use of Most Suitable Provider Process

The Most Suitable Provider (MSP) Process is proposed for the re-procurement of the NHS Health Check Programme. The MSP process allows the Council to procure the service using a direct award to the provider(s) which the Council deems most suitable, following consideration of the Key Criteria set out by the PSR legislation.

Use of the MSP will enable changes in the scope of the services, identified as beneficial to the future model for NHS Health Checks in Lincolnshire, including the increase to the duration of the contracts (from the original 4 years and 7 months to a 5 + 5-year model), which would not have been permissible under other PSR direct award processes.

Other PSR processes have been considered and deemed unsuitable for use for the NHS Health Check re-procurement. These are Direct Awards Process A, Process B and Process C, and a competitive process.

- In the case of Direct Award A, this is because that option applies only where there is only one service provider, which is not the case for NHS Health Checks.
- In the case of Direct Award B, this is because that option applies only where the number of providers is not restricted by the authority, which is not the case for NHS Health Checks.
- In the case of Direct Award C, this is because whilst the existing providers are satisfying the terms of the current contract, the proposed new contract would constitute 'considerable' change under the PSR legislation, which would render Direct Award C process unavailable.

The reasons for not selecting the competitive tender route include:

- Taking into account likely providers and based on all relevant information currently available, the Council is of the view that it is likely to be able to identify the most suitable provider; GP practice providers are considered the most suitable to deliver the NHS Health Checks Service to their patient populations because they have the premises, qualifications, staff and access to patient records that are required to effectively deliver the service.
- This is supported by the benchmarking carried out, which demonstrates that 100% of those councils surveyed use GP practices as their primary delivery providers.
- There is no other known provider or group of providers who could deliver the service across the entire county of Lincolnshire from the required start date.
- If the MSP procurement route does result in any gaps in service to elements of the Lincolnshire population, then these can be filled by identifying a suitable community provider, following a competitive process (e.g. the future ILS re-procurement). This approach is also supported by the benchmarking exercise (where half of the councils surveyed supplement the GP practice as prime provider by using one or more community providers).

- As set out in the report, the Council is legally bound to offer the NHS Health Check service as a statutory service to eligible residents, and use of the MSP process will support the efficient continuity of the service after 30 September 2024.

2.1.3. Key Criteria considerations

As referred to above, use of any PSR award procedure (other than mandatory direct award) must be made with reference to the Key Criteria set out under the PSR regulations.

In recommending the MSP as a suitable route to procure NHS Health Check services and in therefore reaching the conclusion that the Council is likely to be able to identify the most suitable provider, taking into account all relevant information available , it is necessary to consider each of the Key Criteria.

There are 5 key criteria which are mandated to be used to determine the Most Suitable Provider under the PSR legislation. These can be weighted proportionately according to their importance in best reaching the desired service outcome. The Key Criteria and their proposed determined weightings are set out below together with the rationale as to how GP Practices can be considered the Most Suitable Provider pending the formal detailed assessment of the key Criteria later on in the MSP Process:

1. **Quality and innovation (25%):**
   NHS registered GP Practices are required to have a specialist medical qualification or training in General Practice and be registered with the General Medical Council on the GP Register. GPs are expected to adhere to the professional standards for doctors and apply these standards in their day-to-day practice. GPs are registered with and assessed by the Care Quality Commission (CQC). They are bound by legislation relating to the services they provide and how they are delivered. They have access to the latest guidance and best practice. GP providers have the premises, qualifications, trained staff, and access to patient records that are required to effectively deliver the NHS Health Checks service. On the information currently available, these aspects make them the most suitable provider as they can offer the full service in one setting, which is often familiar to patients. NHS patient records can be easily accessed by GP practices to ensure a holistic approach to patient care. GP practices can also more readily arrange onward appointments (where required as a result of the NHS Health Checks service) in more specialist medical settings or with different clinical staff (often within the practice itself). In addition, the recent service review on the current model (utilising GP practices as the service providers) has found the system to be working well.

2. **Value (25%):**
   GPs are seen to offer good value for money in delivering the NHS Health Checks. In the benchmarking exercise there was some evidence that community

providers were more expensive options for delivering the NHS Health Check service. This is due to GPs having all equipment, premises, and access to patient records available at no extra cost. GP providers can benefit from the healthcare infrastructure that already exists. This includes services like blood transport to the testing location. In addition, early identification via the NHS Health Check service of cardiovascular risk and lifestyle choice-related health conditions will reduce spend for expensive and invasive intervention in the future.

3. **Integration, collaboration, and service sustainability (15%):**
   The recommended use of NHS GP practices as the most suitable provider supports integrated working between councils and the NHS. NHS GPs are backed by government finance to provide their medical services; therefore, the risk of financial failure is considerably reduced. They are not reliant on an income stream directly from service users to maintain their viability. GPs are integrated within the National Health Service and the infrastructure that surrounds it. GP practices are used to working closely and collaboratively with other clinical and healthcare services and the NHS, and so are well placed to deliver or arrange for additional care which may be diagnosed from an individual's NHS Health Check. The NHS Health Check assesses risk of future cardiovascular disease, but also lifestyle choices such as drinking, smoking and weight. It is proposed the NHS Health Check service will in future link more closely with the Integrated Lifestyle Support Service (ILS) who will provide the lifestyle support follow-up. With an eligible individual's NHS Health Check due every 5 years, the service is sustainable, whilst the use of GP practices as the most suitable provider continues the current service model in Lincolnshire. As such, on the information currently available and pending the formal assessment of the Key Criteria within the MSP Process, awarding the proposed new NHS Health Checks contract to GP practices as the most suitable providers best supports sustainability by delivering continuity of service for residents.

4. **Improving access, reducing health inequalities and facilitating choice (25%):**
   The NHS Health Check is offered to every eligible patient registered with a GP in Lincolnshire. Residents are not bound to register with their nearest GP practice and can change provider if they wish to do so. Health inequalities are reduced through the NHS Health Check being offered to all eligible GP registered Lincolnshire residents. Whilst it is highly unlikely that all those eligible for the NHS Health Check will attend to undergo this, the use of GP practices to deliver the service ensures that appropriate patients can be contacted as part of wider healthcare communication and practices, which would not be the case with other providers. The wide selection of GP practices with whom the Council currently contracts results in broad coverage of the county area, whilst GP practices operate accessibility policies which ensures their premises are suitable for patients with varied needs to easily access when attending appointments. The NHS Health Check runs alongside an NHS Health Check Support Service delivered by TCR Nottingham Ltd. Through contract management with providers of the health check and the support service, the Council can be assured that the NHS Health Check is offered to all eligible individuals.

5. **Social value (10%):**
   The NHS Health Checks service, whilst a legal requirement for the Council to provide, does deliver social value, through the use of local services for delivery. Using NHS GP providers will ensure that local services are utilised and remain relevant to community they serve. In addition, the economic wellbeing of the eligible population may be increased, and patients from rural areas will not have to travel to urban areas to receive the service. Its primary aim of early identification of cardiovascular disease and its broader aim of improving residents' overall health will also help to deliver wider social value to Lincolnshire residents.

   If the MSP process is approved as the re-procurement route, basic selection criteria will also be established as part of the contract with potential providers. These will include essential aspects such as the ability to provide suitable staff, equipment and premises to operate the NHS Health Checks service effectively and in line with the Council's requirements.

2.1.4. *MSP Process*

Subject to the recommendations of this report being approved, the Council would follow the required steps contained in the PSR Regulations and related statutory guidance to further the MSP process. This would include the following steps:-

i) publication of a Notice of Intention to inform the market of the proposed use of the Most Suitable Provider process to re-procure the service;
ii) the identification of, and gathering of information from, potential providers who respond to the Notice of Intention (who may be GP Practices or other interested providers);
iii) no less than 14 days after publication of the Notice of Intention, the assessment of such providers (including GP Practices and others) as may respond as to their suitability to deliver the service, utilising the Key Criteria and the basic selection criteria;
iv) a delegated decision prior to publication of the Notice to Award, by the Executive Director for Adult Care and Community Wellbeing in consultation as per the recommendation in this report, based on the assessment of suitability in consideration of the key criteria and basic selection criteria of providers who respond;
v) publication of the Notice to Award, followed by an 8-day standstill period for any representations from providers, prior to entering into any contract with the successful providers;
vi) publication of the Contract Award notice and entry into the contracts with the successful providers.

2.2. 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.

The Equality Act duty has been considered in preparing this report. An Equality Impact Analysis has been carried out and can be found in Appendix D. The analysis was a desktop review informed by the commissioning activity which included engagement with the public and service providers. The NHS Health Check is a nationally directed programme. The programme adheres to the national guidance. As this is a continuation of service, with no reduction in provision planned, we are confident that there will be no negative impact on people with

protected characteristics. Positive impact has been identified as a result of improvements made to increase invites and uptake.

2.3. Joint Strategic Needs Assessment (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 and Wellbeing Strategy (JHWS) in coming to a decision.

Lincolnshire's JSNA identifies the ageing population of Lincolnshire and healthy behaviours (in particular, people being overweight and inactive) as a significant challenge facing the County as a whole and the demand for health and care services. It identifies interventions which should be implemented to both prevent poor health and slow the loss of health and independence people experience as they age.

Lincolnshire JHWS aims to inform and influence decisions about health and social care services in Lincolnshire so that they are focused on the needs of the people who use them and tackle the factors that affect the population's health and wellbeing. The priorities include healthy weight and physical activity.

The themes of the Strategy are:

- Embed prevention across all health and care services;
- Develop joined up intelligence and research opportunities to improve health and wellbeing;
- Support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to work with others to support and improve their health and wellbeing;
- Harness digital technology to provide people with tools that will support prevention and self-care;
- Ensure safeguarding is embedded throughout the JHWS.

NHS Health Checks are a core contributor to the addressing of the needs identified within the 'Age Well' and 'Live Well' area of the JSNA and contributes significantly to the embedding of prevention, technology-based prevention and care development and safeguarding into the Lincolnshire system.

2.4. 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 service does not directly contribute to section 17 duties.

3. Conclusion

The NHS Health Check programme provides a key preventative function to identify those at risk of premature death and disability from cardiovascular disease, diabetes, and abnormal cholesterol whilst addressing health inequalities. The Council has a statutory duty to make arrangements for eligible people within Lincolnshire to be offered an NHS Health Check every 5 years and 'continually improve the percentage of eligible individuals having an NHS Health Check'.

A recommissioning project has examined the current arrangements with GPs across Lincolnshire to fulfil this duty. The current contracts and mechanisms in place with GPs are in the main, working well, albeit in recent years the COVID-19 pandemic and the recovery from it, has had a significant impact on the NHS Health Check programme. Data published by OHID suggests that Lincolnshire compares well to England for uptake; there is scope for improving the invite levels. The project has also explored system drivers and relevant literature and undertaken benchmarking and engagement to inform future provision beyond these arrangement from October 2024.

Taking the findings into account, this report outlines recommendations for a new like for like service provision with some specification and work programme improvements focused on impact of the health check, the quality/user experience of the NHS Health Check, and uptake of the health check.

The future procurement of the NHS Health Check Programme services falls within the scope of the new Provider Selection Regime (PSR) procurement Regulations, and the particular circumstances of the programme requirements in Lincolnshire will enable the Council to benefit from the new flexibilities in the selection of a proportionate contract award procedure available under PSR for the reasons set out in the report

4. Legal Comments:

The proposal to procure the NHS Health Checks Service as detailed in this report is within the Council's powers and by virtue of The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 (as amended) and is an executive function and therefore within the remit of the Executive to consider and determine.

5. Resource Comments:

The budget for health checks is £0.590m per annum. Should the planned activity to increase the volumes of health checks be successful, the Public Health Grant will be used to cover the financial impact articulated in section 1.6 of this report.

6. Consultation

a) Has Local Member Been Consulted?

Not applicable

b) Has Executive Councillor Been Consulted?

Yes.

c) Scrutiny Comments

This report will be considered by the Adults and Community Wellbeing Scrutiny Committee on 24 April 2024. The comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

See body of report and Appendix C Equality Impact Assessment

6. Appendices

These are listed below and attached at the end of the report:	
Appendix A	Lincolnshire NHS Health Check Published Data Summary
Appendix B	Demand Modelling Information
Appendix C	Equality Impact Assessment

7. Background Papers

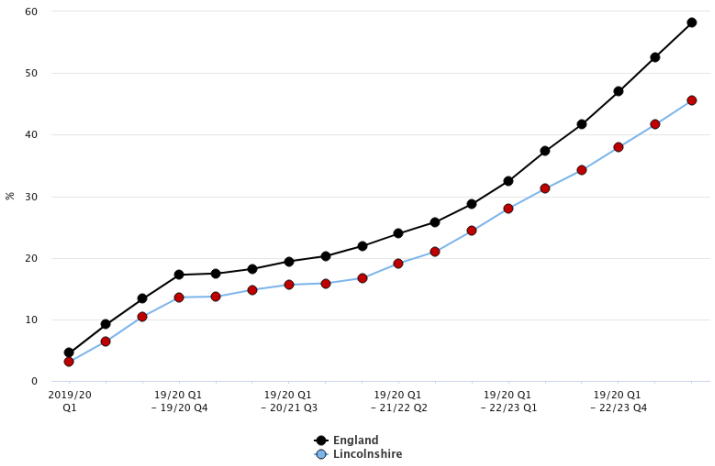
No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Andy Fox and Carl Miller, who can be contacted on andy.fox@lincolnshire.gov.uk or carl.miller@lincolnshire.gov.uk

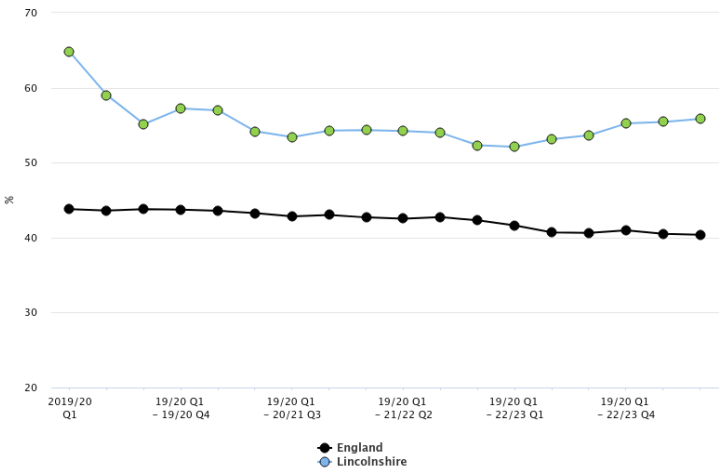
Appendix A: Lincolnshire NHS Health Check Published Data Summary (Source: [Public Health Outcomes Framework - OHID (phe.org.uk))](#)

	2019/20 Q1 – 2023/24 Q2		
	Lincolnshire	East Midlands	England
Invited for an NHS Health Check % (of eligible population)	45.5%	46.5%	58.2%
Uptake % (of those offered)	55.8%	48.8%	40.4%

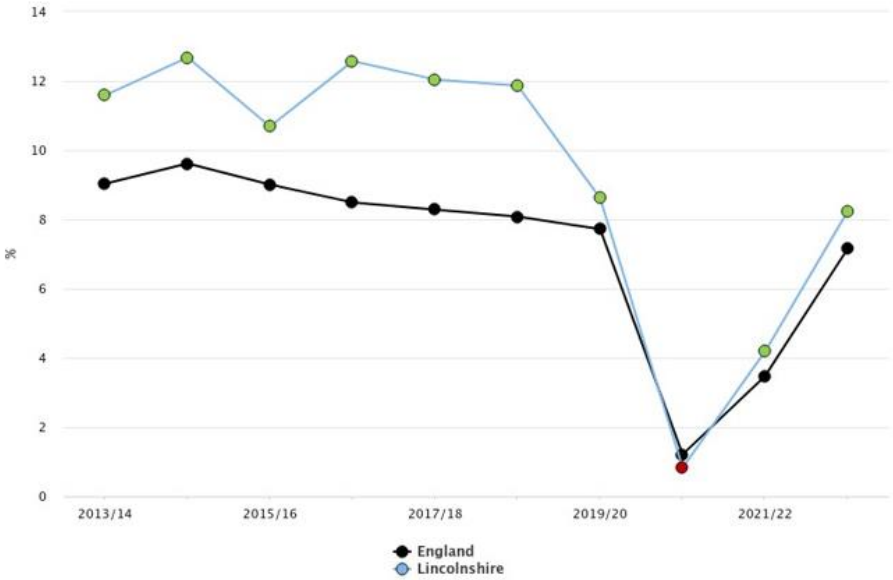
People invited for an NHS Health Check for Lincolnshire



People taking up an NHS Health Check invite for Lincolnshire



People receiving an NHS Health Check per year for Lincolnshire



Appendix B: Demand Modeling Information

Current programme delivery data from 2023/24 has been used as a baseline to support demand modelling calculations. At the time of writing, 2023/24 Q4 data was not available so an estimate has been made using an average of Q1, 2 and 3 data. Nomis population projections have been applied to OHIDs formular for calculating the eligible population to estimate the eligible population for future contract years.
These can be seen in column 3 on Table 2 below.

	2023/24 OHID Estimated Eligible Pop	***Number Invited (of 1/5 of eligible population)***	***55% Uptake CBP Target***	***60% Uptake (1st bonus Payment)***	***65% Uptake (2nd bonus Payment)***	***70% Uptake (3rd bonus Payment)***	***75% Uptake- National Aspiration***	***100% Uptake***
100% Invited *(1/5 of eligible population). Statutory responsibility*	*227,449*	*45,490*	*25,019*	*27,294*	*29,568*	*31,843*	*34,117*	*45,490*
Only 75% Invited *(of 1/5 of eligible population)*		*34,117*	*18,764*	*20,470*	*22,176*	*23,881*	*25,587*	*34,117*
Only 80% Invited *(of 1/5 of eligible population)*		*36,392*	*20,016*	*21,835*	*23,655*	*25,474*	*27,294*	*36,392*
Only 90% Invited *(of 1/5 of eligible population)*		*40,941*	*22,2517*	*24,564*	*26,611*	*28,658*	*30,705*	*40,941*

Table 1: Projections for invitations and uptake volumes following proposed programme changes

The figures highlighted:

- In yellow are the current volumes to the nearest 5% (actuals are slightly lower)
- In orange are what we could aim to achieve by the end of year 2 of the new contract (realised in year 3)
- in blue outline what we could aim to achieve by the end of year 3 (realised in year 4).

Table 2 shows how both the population forecasts and estimates of how the proposed model/programme changes could affect demand for each year of the future contract. An even increase in invites and uptake has been applied between the baseline year and year 3 (in orange) of the contract.

Year	***Year***	***Estimated eligible population***	***Estimated number of Invites sent based on population increases***	***Estimated Health checks completed based on population increases***
0	*2023-24 - BASELINE*	***227,449***	*34,045*	*20,504*
1	*2024-25*	***227,092***	*34,771*	*21,519*
2	*2025-26*	***227,986***	*35,744*	*22,689*
3	*2026-27*	***229,106***	*36,570*	*23,770*
4	*2027-28*	***230,552***	*41,198*	*28,838*
5	*2028-29*	***232,090***	*41,469*	*29,028*

Table 2: Projections for eligible populations for the next 5 years

Appendix C: 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.

Title of the policy / project / service being considered	Re-commissioning of NHS Health Check programme	**Person / people completing analysis**	Kate Cooper
Service Area	Public Health	**Lead Officer**	Andy Fox
Who is the decision maker?	Cllr Bowkett	**How was the Equality Impact Analysis undertaken?**	This analysis has been a desktop review. It has been informed by the work that has been carried out to inform the next stages of the NHS Health Check Programme and has involved engagement with the public and service providers.
Date of meeting when decision will be made	08/05/2024	**Version control**	0.4
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?**	Re-commissioned
Describe the proposed change	The NHS Health Check is a prevention programme which aims to reduce the chance of a heart attack, stroke or developing some form of dementia in people aged 40-74 years. In 2022/23, approximately 31,000 people were invited for an NHS Health Check in Lincolnshire and nearly 19,000 people received one. Lincolnshire County Council (LCC) commissions Lincolnshire General practices to deliver NHS Health Checks to their patient population. The current service ends on the 30/06/2024 and Commercial Services are currently working with the GPs to extend their individual contracts until 30/09/24. This EIA is about the re-commissioning of the services, with a service start date of the 01/10/2024. Public Health England: NHS Health Checks Best practice guidance for commissioners and providers (Updated March 2020) outlines legislative delivery requirements that provide an important framework for what must be included as a core part of the		

	NHS Health Check. This framework ensures that there is uniformity and scale of provision across England while also providing the flexibility to enable some local decisions on aspects including: • Extension of the programme- for example a wider age range. • How the service is promoted locally. • How individuals will be invited- for example via text message. • How practitioners will communicate CVD risk to Service Users. As part of the recommissioning work these local decisions will be considered in the proposed way, moving forward.] **Proposed Changes** • It is recognised there are current gaps in provision, addressing these gaps will be explored via a range of opportunities, for example, possible collaboration amongst General Practices/Primary Care Networks and using the LCC commissioned Integrated Lifestyle Service. • To maximise the benefits of the NHS Health Check programme, and to support LCC to deliver its statutory responsibilities of 'continually improving the percentage of eligible individuals having an NHS Health Check', both Public Health and Commercial Services will use the learning from this recommissioning exercise to work with GP providers to increase invitations sent, health checks completed, and impact. This will include: • Supporting practices to adopt invite methods that are suitable for their population and, whichever method is used, include patient information about the NHS Health Check. • Ensuring that everyone who has an NHS Health Check is supported to understand what their CVD risk means for them and to consider how and what changes might help them reduce their risk. • Ensuring that the NHS Health Check programme is effectively linked with other public health commissioned services, for example, the Integrated Lifestyle Service, to ensure people are supported with for example, stopping smoking and weight management interventions. • Strengthening performance management at PCN level to have a stronger emphasis on targets for inviting their eligible population.

[Background Information]

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 public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. The proposed changes to the NHS Health Check programme in Lincolnshire will continue to ensure eligible people aged 40-74 years are offered an NHS Healthy Check. It will aim to maximise delivery and increase uptake of Health Checks across Lincolnshire for all, ensuring that engagement is high and improving for all age groups offers the best outcomes for all. This increases the opportunity to detect otherwise undiagnosed underlying disease and help patients to reduce their cardiovascular (CVD) risk and improve lifestyles. OHID released a report (A summary of analyses and evidence on the current NHS Health Check programme report (2021)) in 2021 that highlighted the likelihood of attending an NHS Health Check increases with age. As outlined above, we will work with providers to ensure that invite methods are suitable for the population and therefore result in an increase in younger people having health checks. For example, adopting communication platforms whilst still maintaining traditional methods (which we have some evidence our aging population still prefer).
Disability	The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. There are a number of other health checks that target specific population groups, including people with a Severe Mental Illness (SMI) and Learning Disability (LD). These checks differ from the NHS Health Check both in scope, target audience and frequency. Patients who are eligible for those checks are also eligible for the NHS Health Check (provided they are not excluded, based on the usual NHS Health Check exclusion criteria).
Gender reassignment	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Heath Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.

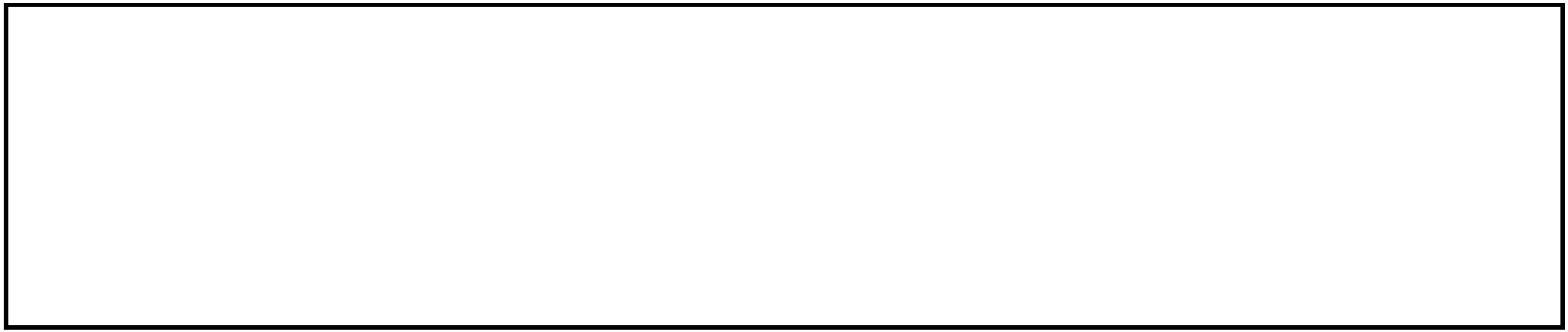
Marriage and civil partnership	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.
Pregnancy and maternity	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.
Race	The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible. The NHS Health Check best practice guidance outlines that the diabetes risk threshold that is measured during an NHS Health Check should be tailored to ethnicity. People from Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity categories should have a blood glucose test for diabetes when their Body Mass Index (BMI) is equal to or greater than 27.5. This is triggered at a higher BMI for other ethnicities. The risk of developing diabetes for people from Indian, Pakistani, Bangladeshi, Other Asian and Chinese ethnicity groups is greater at a lower BMI. The software support service, TCR, record ethnicity and this will be something that LCC will continue to monitor. These are statutory delivery requirements so we will not be changing this differentiation as part of the commissioning exercise.
Religion or belief	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.

Sex	The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible. OHID released a report (A summary of analyses and evidence on the current NHS Health Check programme report (2021)) in 2021 that highlighted that women are more likely to attend their NHS Health Check than men. As outlined above, we will work with providers to ensure that invite methods are suitable for the population and therefore result in an increase in men having health checks.
Sexual orientation	No positive impact. The public sector equality duty (2022) recognises that equality of opportunity cannot be achieved simply by treating everyone the same. Active consideration should be given locally with regard to both access to, and delivery of, the NHS Health Check for everyone but specifically in respect of those who share one of the nine protected characteristics. The NHS Health Check regulations state that people aged 40 – 74 years who do not have specific conditions, for example, coronary heart disease, diabetes, stroke are eligible for a check. All people with will continue to be invited for an NHS Health Check, if they are eligible.

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.

Health Inequalities

Uptake is lowest for both men and women in the more deprived quintiles (quintile 1) and increases in the more affluent quintiles. Source, TCR 2023-24.
The Expert Scientific and Clinical Advisory Panel (ESCAP) report also highlights some evidence that shows people from more affluent communities being more likely to take up and NHS Health Check. Considering the report accompanied by our own data within Lincolnshire, it is essential that we continue to prioritise health inequalities by addressing the current gaps that will support those people with the greatest health need to accept their invitation. Addressing these gaps will be explored via a range of opportunities, for example, possible collaboration amongst General Practices/Primary Care Networks and using the LCC commissioned Integrated Lifestyle Service. Other proposed changes will include information about the NHS Health Check attached to invites that people can understand.



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'*.

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.

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 engagement@lincolnshire.gov.uk

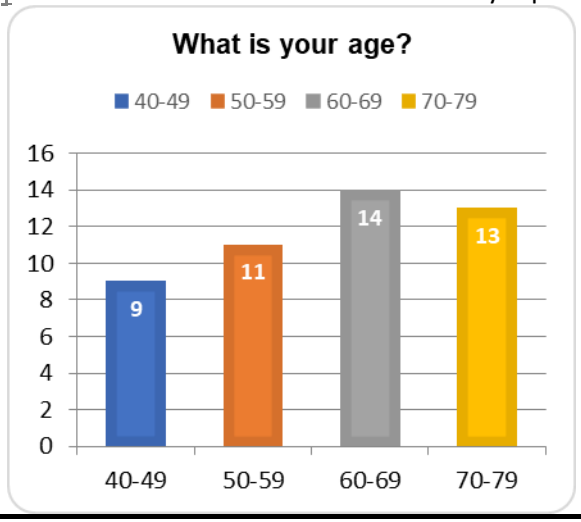
State clearly what (if any) consultation or engagement activity took place by stating who you involved when compiling this EIA under the protected characteristics. Include organisations you invited and organisations who attended, the date(s) they were involved and method of involvement i.e. Equality 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.

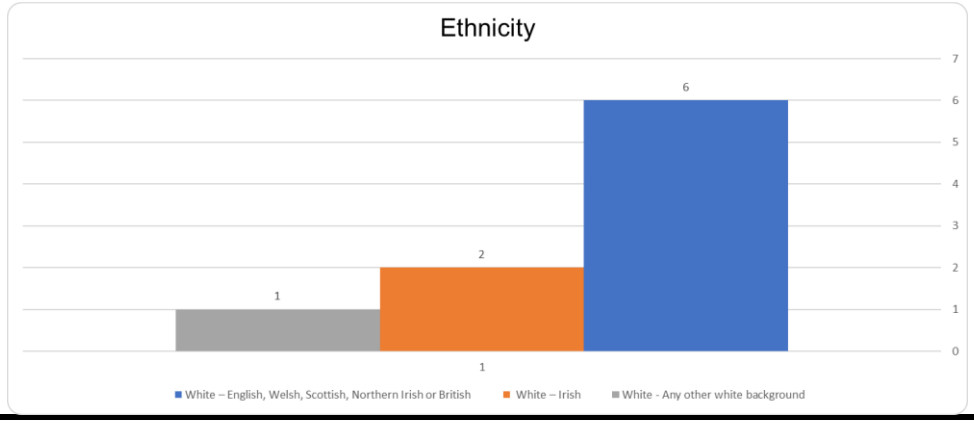
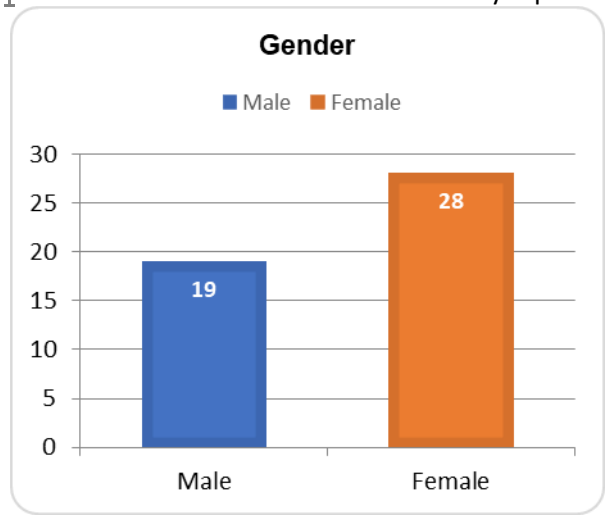
Objective(s) of the EIA consultation/engagement activity

Engagement has taken place with service users, non-service users and service providers to:

- Assess the quality of the NHS Health Check Programme.
- Understand how aware local people are of the Programme.
- Understand the potential barriers for people attending their NHS Health Check.
- Understand the potential barriers for providers delivering the NHS Health Check Programme.
- Identify key recommendations on how to improve the programme.
- Inform the development of future service specifications.

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

Age	Information from the Service User survey report. 
Disability	Not asked.
Gender reassignment	Not asked.
Marriage and civil partnership	Not asked.
Pregnancy and maternity	Not asked.

Race	Information from the Service User survey report. Not all respondents provided information on their ethnicity. 
Religion or belief	Not asked.
Sex	Information from the Service User survey report. 

Sexual orientation	Not asked.
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.	The NHS Health Check is a nationally directed programme. The programme adheres to the national guidance. As this is a continuation of service, with no reduction in provision planned, we are confident that the information received from our engagement activity is sufficient.
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?	No change to implement at this time.

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**
	No action required	Andy Fox	

Version	**Description**	**Created/amended by**	**Date created/amended**	**Approved by**	**Date approved**
	Version issued as part of procurement documentation.	Kate Cooper	22/03/2024		

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Open Report on behalf of Martin Samuels, Executive Director - Adult Care and Community Wellbeing

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**24 April 2024**
Subject:	**Externally Commissioned Buildings Based Day Care Re-Procurement**

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the recommissioning and procurement of externally commissioned Buildings Based Day Care Services. The decision is due to be considered by the Executive on 8 May 2024. The views of the Scrutiny Committee will be reported to the Executive, as part of its consideration of this item.

Recommendation(s):

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

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

1. Background

The Executive is due to consider a report entitled Buildings Based Day Care Recommissioning on the 8 May 2024. The full report to the Executive is attached at Appendix A to this report.

2. Conclusion

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

3. Consultation

Risks and Impact Analysis

3.1 The potential risks and mitigations are set out in paragraph six of the Executive Report.

3.2 The Leader of the Council and the Executive Councillor for Adult Care and Public Health have been consulted.

3.3 A copy of the Equality Impact Assessment is attached as an appendix to the Executive report forming Appendix A of this report.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Report to the Executive – Buildings Based Day Care Recommissioning

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 carl.miller@lincolnshire.gov.uk

Open Report on behalf of Martin Samuels, Executive Director - Adult Care and Community Wellbeing

Report to:	**Executive**
Date:	**08 May 2024**
Subject:	**Externally Commissioned Buildings Based Day Care Re-Procurement**
Decision Reference:	**I032396**
Key decision?	**Yes**

Summary:
This report relates to the Council's externally commissioned and contracted Buildings Based Day Care services, for which there are currently 26 provider contracts, ending on 31 August 2024. With no further extensions available under the terms of those contracts, a recommissioning and procurement exercise is necessary to ensure continuity of support for service users beyond this date.

A review of the Council's model for externally commissioned services has been undertaken which highlighted potential for a future model to be inclusive of more community outreach provision, as well as greater alignment with the Councils in-house day care services, which have evolved significantly over recent years. Plans are being taken forward to establish a programme group that will have oversight of a wider review of the Council's Day Services provision, inclusive of both in-house and externally commissioned provision to determine future requirements and the most suitable delivery mechanism(s). The SRO for the programme group will be the Assistant Director for Specialist Adult Services.

However, it will not be practical to determine how a future iteration of the daycare service may best align with the desires for balanced community outreach and buildings-based daycare provision by both the Council and third-party providers prior to the end of the current contracts. There is also a need to understand how day services provision will align with other services that support families with care needs, e.g. respite and short breaks, Shared Lives, carers support services and equipment and digital initiatives.

As such, it is recommended that externally commissioned building-based day services are recommissioned and procured on a broadly like for like basis from the end of the existing contracts for an interim period of 2 years effective from 1 September 2024. This will allow for further scoping and alignment work to be effected during the 2-year period in order to best determine the route to commission and procure daycare services in the longer term.

This paper seeks the support of the Executive to progress with the procurement of externally commissioned buildings-based day care services for a period of two years effective from 1 September 2024, resulting in an Open Select List of approved providers under the Public Contract Regulations 2015's 'light' touch regime, whilst an in-depth review of in-house and externally commissioned day care services is undertaken, and future delivery strategy is developed.

Recommendation(s):

That the Executive:

1. Approves the undertaking of a procurement process to establish an Open Select List of providers for Buildings-based Day Care Services with contracts to approved providers to be awarded for membership of the List for a 2-year period effective from 1 September 2024, to allow for a wider review of in-house and externally commissioned day care services to be completed and the development of the most effective future day care strategy.

2. Delegates to the Executive Director for Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care and Public Health, the authority to take all decisions necessary to deliver the procurement of the Open Select List including the award of final form contracts to Approved Providers for membership of the Open Select List.

Alternatives Considered:

1. Extending existing contracts with current providers.

   Continuing with the current providers in this way is not considered to be a viable solution. There is no provision to extend within the current contracts and new agreements would constitute exceptions to normal tendering routes for which there is no clear justification. In accordance with local and national procurement regulations, contracts need to be let in a fair, transparent and non-discriminatory manner.

2. Cease commissioning of externally provided Buildings Based Day Care Services in Lincolnshire

   As set out in this report, Lincolnshire County Council has a statutory duty to meet the needs of eligible adults under the Care Act 2014. 226 users currently choose to meet their social care needs through externally commissioned and provided day care services.

   These services support unpaid carers and the Council's prevention duties, and align with the Council's 'home first' principles. Without them, existing service users would need to be supported in a different way. Relying on alternative services would cause substantial disruption for the people currently supported by these

services and for their informal carers. Such reliance would also limit the choice of services available for Lincolnshire residents, and be less cost effective because of lost opportunities for shared support.

Externally commissioned Day Care services are highly regarded by service users and stakeholders. Feedback from user engagement in the service review, stated that people enjoyed life skills and other activities that promote independence at day centres. As well as the impact on the Council's statutory duties, ceasing the provision would be unpopular and could lead to damage to the Council's reputation. Therefore, this option is not recommended.

Reasons for Recommendation:

Lincolnshire County Council has a statutory duty to meet the needs of eligible adults under The Care Act 2014. Many people choose to meet their social care needs through externally commissioned day care services. The proposal is to continue an appropriate contract solution for building based day care services for eligible people, including all user groups, within Lincolnshire. The solution will enable a variety of providers to deliver services, offering choice in the market for users, whilst offering the Council consistency, control and oversight of service quality, delivery, and costs. A two-year contract will allow exploration of further scoping and alignment work to be effected during the period in order to best determine the route to commission and procure day care services in the longer term.

1. The existing contract arrangements have reached the end of their term and cannot be extended further. There is therefore a legal and contractual imperative to undertake a procurement exercise to establish a new contract mechanism for delivery of these services.

2. The recommendation addresses and supports statutory requirements under the Care Act 2014 to provide personalised and outcome focused service for individuals.

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

1. Background

1.1 Summary of Existing Arrangements

Day care services aim to facilitate meaningful activities for adults that help to maximise their independence. The opportunities may include volunteering, support into employment, learning and training for life skills, as well as an opportunity for socialisation and to make friends. Day services also provide valuable respite for unpaid carers which helps to sustain family relationships and to enable unpaid carers to go to work and or complete other daily activities. To meet these needs, the

Council utilises both in-house day services provision, and externally commissioned and contracted day care services.

1.2 In financial year 2023-24, 226 people are supported through the 26 current provider contracts for externally commissioned and contracted buildings-based day care services. For context, within the Council's in-house day services provision, across the 12 locations, 290 people are currently supported (i.e. attend one or more sessions every week), and a further 50 people regularly drop in to join sessions.

1.2 The current externally commissioned and contracted arrangements are inclusive of services for working age adults and older people and are structured as an Open Select List (OSL), established in November 2018 under the Light Touch Procedure of the Public Contracts Regulations 2015.

1.3 An OSL is a flexible framework approach which aims to ensure that the market can remain dynamic by periodically giving new providers to opportunity to join. This supports choice and accessibility of services and enables the Council to be confident that all providers are suitably qualified based on consistent application of LCC requirements and policies.

1.4 <u>Contract and Pricing Structure</u>
The introduction of the Open Select List in 2018 enabled a council-wide consistent approach to externally commissioned day care inclusive of all client groups. It brought consistency in session times, day rates, rates for 1:1 support and a more consistent approach to inclusion of food, transport, and other services within the provision.

1.5 Ceiling rates were established according to broad categories of support, with providers able to submit prices up to but not exceeding those levels. The model has two rates as shown below at 1.2. These distinguish between the different levels of needs whilst still ensuring consistency and control of costs within day care. Rate 1 is modelled based on a staffing ratio of 6:1 where service users are assessed to have a Higher Dependency (HD) need, including individuals with learning disabilities, physical disabilities, and older people with higher needs (where additional support is required, e.g., dementia). Rate 2 is based on a staffing ratio of 8:1, where service users are assessed to have a lower level of need (typically for older adults). A 1:1 rate is also used where users are assessed as needing one to one support for specific tasks or activities, or throughout their support session.

1.6 The existing contracts deliver services through the following maximum rates (2023/24)

- Rate 1 – Learning Disability, Physical Disability, Mental Health and Older People with higher needs - £68.59 per day.
- Rate 2 – Older People - £50.53 per day
- 1:1 Rate - £13.11 per hour.

- Maximum Daily Support Rate - the maximum payment for 1 full day session irrespective of the amount of 1:1 support required of £134.05 per day. This is equivalent to purchasing 1:1 support in the community through the Community Supported Living (CSL) contract (£19.15 x 7 hours).

1.7 Contract rates are subject to annual review and uplift recognising inflationary cost pressures. An 8% uplift of rates for financial year 2024-25 was approved by the Executive on 5 March 2024 (consistent with inflationary uplifts proposed for other community-based services).

1.8 Demand and Expenditure

LCC's current spend profile is as follows on commissioned day services:

	OP Spend	OP Clients	PD Spend	PD Clients	LD/MH Spend	LD/MH Clients	Total Spend	Total Clients
2019/20	£316,550	114	£120,290	14	£1,979,813	185	£2,416,653	313
2020/21	£117,742	47	£109,764	10	£1,789,583	180	£2,017,089	237
2021/22	£28,579	15	£77,906	11	£1,623,005	167	£1,729,491	193
2022/23	£27,340	16	£126,000	11	£1,904,601	172	£2,057,941	199
2023/24	£79,294	26	£187,491	10	£2,297,000	190	£2,563,785	226

Table 1: Spend on Commissioned Day Services for the last five years. Data for 23/24 is anticipated spend.

1.9 As illustrated in table 1, externally commissioned day services were heavily impacted by the Covid-19 pandemic with many buildings-based day services forced to close temporarily or severely limit the provision they offered during the height of the pandemic because national legislation prevented people mixing and enforced social distancing. Those services that operate as a dedicated day services facilities, primarily LD services, found it easier to reopen. Those operating in premises where day services were co-located with other services, typically older adults' services within residential care homes, found it very difficult to reopen whilst covid restrictions remained in place.

1.10 Between 2018-2020 expenditure remained fairly static. In the 2020-21 financial year, delivery activity dramatically reduced, however the Council took the decision to protect the market from the impact of immediate cessation of activity by sustaining payments based on average, historical delivery activity. As a result, expenditure also remained fairly static in 2020/21. However, in FY 2021/22, the support payments ceased and expenditure on OP and PD services did reduce significantly, for reasons including:

- The majority of OP/PD services were operating from residential care settings. These services took longer to reopen following the covid pandemic, and some took the decision not to reopen their day care provision at all.

- A proportion of services users attending provision prior to the pandemic, in particular in the Older Persons client group, had unfortunately passed away and/or their needs changed during the pandemic.

- Stakeholders reported a reluctance by some people to reengage with community activities following the covid-19 pandemic.

1.11 Utilisation of services by the LD client group was not significantly impacted beyond the duration of the pandemic. Expenditure, and thus demand for services in the and OP and PD client groups have also begun to increase over the last two years, showing indications that demand for and availability of services for those cohorts is beginning to re-emerge following covid disruption.

2. Proposed Model

2.1 Commissioning review

Work on the broader recommissioning of day care options remains ongoing. A project team was established in January 2022. The scope of work undertaken by the project team includes a best practice and literature review, benchmarking of approaches with other local authorities, stakeholder engagement (including people we support, their families and carers and social work practitioners), and market engagement to help inform the development of future services.

2.2 The review work concluded that the contracting model generally functions well, and that people enjoy accessing building-based services, in particular life skills and other activities that promote independence such as volunteering opportunities. It also identified opportunities requiring future strategic development. In particular, consideration should be given to the potential for updating the way in which Day Opportunities operate, making the services more of a community hub, providing access to opportunities for community in-reach and/or out-reach support, and the potential for closer alignment with the operating model for in-house provision. This was a driver in determining the need for a more fundamental review inclusive of both in-house and contracted day services provision, hence the current proposal for an interim like for like re-procurement to ensure continuity of service whilst the more inclusive review is completed and any recommendations arising from it are enacted.

2.3 The existing review work also identified several themes that can be addressed as part of the proposed interim re-procurement without necessitating any fundamental changes to the model, including:

i. Greater flexibility in access times (including evenings and weekends) would benefit users.

ii. Rate constraints through the current pricing mechanism for packages requiring high levels of 1:1 and 2:1 support are impacting the viability and attractiveness of those packages.

2.4 Pricing Approach

Providers' feedback raised no concerns regarding the core pricing structure of two ceiling rates inclusive of buildings operating costs and variable staffing expectations according to general needs of the client group, plus 1:1 support for individuals assessed as requiring it. It is therefore recommended that the core pricing structure remain unchanged in the proposed interim model. A breakdown of the cost model

is given in Appendix B. Annual rate reviews and inflationary uplifts would continue, commencing at the start of each financial year and consistent with uplifts for other community-based services.

2.5 Feedback from providers did highlight an issue around the current maximum Daily Rate approach. An update to this in the proposed interim procurement will support the attractiveness of the contract opportunity and maximise participation in the forthcoming procurement process.

- The maximum daily rate is applied under the current Day Care OSL payment mechanism in situations where the cost of the day care support for an individual (the sum of the daily rate plus 1:1 support rate) would exceed the alternative cost of supporting the individual in the community, on the principle that building-based day support costs should not exceed community-based support costs.
- For larger support packages, where a high proportion of 1:1 support is required, feedback has been that this is becoming unsustainable because it does not take account of the overheads associated with operating the building, such as rent, utilities, buildings insurance etc, costs which have increased significantly over the last two years. When providers are supporting an individual in their own home through the CSL contract, none of these buildings-related overheads fall on the care and support provider. Some providers have indicated that they are considering no longer accepting clients who require full 1:1 in day centres and may consider handing back existing packages if this is not addressed.
- In recognition of this, it is proposed to offer a supplementary Buildings allowance payment enhancement for those packages where the maximum daily rate is applied (i.e. full 1:1 or 2:1 support). The value of this allowance is taken from the existing cost model and represents the land and buildings costs elements that would otherwise have been allocated as part of the daily rate and for 2024-25 would total £8.79 (£1.95 land plus £6.84 buildings).
- The overall cost implication of adopting this approach, based on client group to whom this would apply at as February 2024 is as follows:
    - 34 LD users were at the capped rate for day care receiving 123.5 days of day care per week.
    - 4 OP/PD users receive support at the capped rate for a total of 18 days of day care per week.
    - Total additional cost £64,676.82 per annum.
- It is recommended that the supplementary Buildings Allowance element be added to the provider costs during the interim re-procurement. This will address the concern that providers have raised, should help to secure continuity of support for the existing cohort of affected service users, will maximise the attractiveness of the tender opportunity, and ultimately choice for potential future service users.

2.6 <u>Specification</u>

The specification is designed to ensure an appropriate and consistent level of service across all commissioned day services, accounting for differing levels of support tailored to a service user's individual needs. It sets minimum expectations for service delivery and minimum standards for buildings to ensure that high quality services are delivered in a safe environment. Services are currently structured around weekday full and half day sessions only. However, user engagement feedback

indicated that this does not always reflect the way people might want to receive services. As a result, and in order to enable a more flexible service moving forward, it is proposed that more variable and flexible sessional times can be introduced as part of the proposed interim re-procurement, whose specification will be updated to take account of this. This would include evening and weekend sessions where providers can offer them. As part of the specification review, the contract management approach will also be reviewed and updated to ensure it remains suitable, proportionate and manageable, supporting providers to consistently deliver the service levels to the required standard.

2.7 Contract and performance management

Providers will be managed within a robust, intelligence driven contract management approach. This will be centralised around a risk and prioritisation matrix to support oversight and drive engagement with Providers. This will involve the following:

- Analysis of quarterly submitted management information to monitor themes and trends in service utilisation and staffing.
- Themes from incidents and feedback including notifiable incidences, safeguarding referrals, complaints, and poor practice concerns.
- Annual KPIs and Contract Reviews including user and carer satisfaction surveys.

2.8 A number of day centres have settings co-located with other services. For example, residential and Community Supported Living Services (CSL). Where services co-exist, contract management will review services together.

2.9 Costs and budget

Day Opportunities constitute an element of preventative services that enable people to maximise and maintain their independence and which help to sustain informal care arrangements for longer. They represent a lower cost than alternative more intensive support solutions.

2.10 There is an established budget within the Council Adult Social Care department for externally commissioned day services, amounting to £2,810,000 per annum across all client groups for financial year 2024-25.

2.11 The existing capped pricing structure described at paragraph 1.6 of this report has been developed by the Council to bring consistency and control to costs, is considered to offer value for money and is proposed to remain, subject to an amendment to the Maximum Daily Rate to incorporate the Buildings Allowance, as proposed at paragraph 2.5.

2.12 The £0.065m impact of the proposal described at paragraph 2.5 of this report will be supported within existing budgets.

2.13 A further review of the pricing structure and approach will be undertaken over the lifetime of the proposed interim two-year contract to ensure these remain fit for purpose as part of any future recommissioned model for the wider day care services.

3. Risks and Dependencies

3.1 Sustainability of Rates

There is a residual risk that the level of rates may impact the attractiveness of the procurement. In the event that existing providers do not apply to join the new OSL, managing the continuity of any existing packages of care will be a priority during the mobilisation period, and may be managed either through direct payments, where appropriate, or by the facilitation of spot contracts so that support for affected service users is not impacted.

3.2 In addition, the payment mechanism for the new contracts will incorporate the option for the council to offer annual inflationary increases during the contract term. The proposed rates have been reached with the incorporation of the agreed inflationary increase awarded by the Council as part of its wider 2024-25 financial year budget-setting. As such the rates are believed to reflect the current market pressures whilst still being affordable to the Council.

3.2 Provider Engagement

Historically the quality of tender responses from the external day care provider market has been relatively low. This market segment includes many smaller providers with limited experience in and resources to support participation in local government tender processes. This will be mitigated with the use of a simplified and proportionate tender response expectations, and the provision of a support session(s) for providers guide them through the tendering process with an aim to improve the quality and completeness of tender submissions.

4. Timescales and Next Steps

4.1 If the proposed interim re-procurement as set out in this report is approved by the Executive, an open tender process will be initiated in spring 2024, including provider engagement session(s). Appendix C gives further details about the procurement timelines. Subject to successful bids being received, new contracts for the proposed interim service will be awarded in late July, with a transition and mobilisation period during July and August 2024 leading to a contract commencement date of 1st September 2024.

4.2 The recommended new contract term of 2 years with effect from 1 September 2024 will ensure adequate time is allowed to complete the commissioning review of the buildings-based daycare service, and to effect a future procurement based on the outcomes of such review. In the event that any future service adopts a different model to that currently employed, the proposed timeframe also allows for appropriate mobilisation of any new model. The proposed new contracts following on from the proposed procurement in this report can also include scope to adopt any future new model of service delivery should that be deemed beneficial in future.

5. Public Services Social Value Act

5.1. In January 2013 the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how

in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

5.2. Ways will be explored of securing social value through the way the procurement is structured. The nature of the Open Select List contracting model will ensure a role for local small to medium-sized enterprises (SMEs) in the delivery of the services where they can demonstrate that they meet the Council's minimum expectations for service quality and delivery approach through the tender process. Additionally, tender evaluation methodologies will incentivise the delivery of a skilled and trained workforce.

5.3. Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice and delivery approaches adopted elsewhere have been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

6. 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.

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

An Equality Impact Assessment has been completed for the day care service reprocurement which addresses the risk of adverse impact on service users. This can be found at Appendix A.

A new contract mechanism may result in current providers either not being successful following the procurement process, or in providers choosing to no longer contract with the Council. In the event that existing providers do not apply to join the new OSL, or are not successful, managing the continuity of any existing packages of care will be a priority during the mobilisation period, and may be managed either through direct payments, where appropriate, or by the facilitation of spot contracts so that support for affected service users is not impacted.

Joint Strategic Needs Assessment (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 and Wellbeing Strategy (JHWS) in coming to a decision.

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 Joint Health and Wellbeing Strategy for Lincolnshire (Refreshed November 2022) common aims include the need for the Joint Health and Wellbeing Strategy to:

- have a strong focus on prevention and early intervention;
- ensure a focus on issues and needs which will require partnership and collective action across a range of organisations to deliver;
- deliver transformational change through shifting the health and care system towards preventing rather than treating ill health and disability;
- focus on tackling inequalities and equitable provision of services that support and promote health and wellbeing

The Health and Wellbeing Board has also identified the following overarching themes for the Joint Health and Wellbeing Strategy. These are to:

- embed prevention across all health and care services;
- develop joined up intelligence and research opportunities to improve health and wellbeing;
- support people working in Lincolnshire through workplace wellbeing and support them to recognise opportunities to work with others to support and improve their health and wellbeing;
- harness digital technology to provide people with tools that will support prevention and self-care;
- Ensure safeguarding is embedded throughout the Joint Health and Wellbeing Strategy.

Externally commissioned day care services contribute towards embedding of the principle of prevention across all health and care services because supporting informal carers allows people to live in the community for longer and reduces the need for residential care. Ensuring that such services are contract managed effectively by the Council (as where they are commissioned under a council contract) also contributes towards embedding of safeguarding into the Lincolnshire care system.

Carers are identified as one of the most important health and wellbeing issues facing the county in the Joint Health and Wellbeing Strategy for Lincolnshire. Externally commissioned day services contribute towards supporting carers by enabling them to have regular scheduled breaks from their caring role, improving their overall wellbeing.

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 service does not directly contribute to section 17 duties.

7. Conclusion

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

7.2 As set out in this report, undertaking an interim re-procurement process on a like for like basis at this point will establish an appropriate contract mechanism ensuring continuity of care whilst the wider service is improved following in-depth review. It is proposed that the method of delivery will incorporate the successful elements of the existing arrangements to offer choice and flexibility whilst delivering improvements through the recommended financial and operational outcomes from the existing review and ensuring that continuity of care for existing users is maintained wherever possible. The new contracts for membership of the Select List will be let by a competitive tender process to ensure that day care providers meet approved quality criteria. The inclusion of ceiling pricing mechanisms in the proposed re-procurement will ensure that they deliver value for money for the services commissioned. The process for subsequently awarding Individual Form of Agreements to Approved Providers is to be as it is currently: by way of direct award or further competition based on pre-determined criteria (further particularised as necessary) with the Service User choice and need being of prime importance.

8. Legal Comments:

The proposal to procure an Open Select List as detailed in this report is within the Council's powers and by virtue of The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 (as amended), is an executive function and within the remit of the Executive to consider and determine.

9. Resource Comments:

There is an established budget for externally commissioned day services at £2,810,000 across all client groups for 2024-25.

The existing capped pricing structure has been developed by the Council to bring consistency and control to costs, is considered to offer value for money and is proposed to remain, subject to an amendment to the Maximum Daily Rate described in this report.

The £0.065m impact of the proposal will be supported within existing budgets.

10. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on 24 April 2024 and the comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

Addressed in the body of the report and in the Equality Impact Assessment attached at Appendix A.

11. Appendices

These are listed below and attached at the back of the report:	
Appendix A	Equality Impact Assessment
Appendix B	LCC Day Care Cost Model
Appendix C	Procurement Timelines

12. Background Papers

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

Document title	Where the document can be viewed
The Care Act 2014	Care Act 2014 (legislation.gov.uk)

This report was written by Carl Miller, who can be contacted on carl.miller@lincolnshire.gov.uk

Appendix A: Equality Impact Analysis
Day Care Recommissioning

Purpose

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 evolves on proposals for a:

- project
- service change
- policy
- commissioning of a service
- decommissioning of a service

You must take into account any:

- consultation feedback
- significant changes to the proposals
- data to support impacts of the 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. 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. 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

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 ask simple questions:

- who might be affected by this decision?
- which protected characteristics might be affected?
- how might they be affected?

These questions will help you consider the extent to which you already have evidence, information and data. It will show 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 decide where the balance of advantage or disadvantage lies. If an adverse impact is unavoidable, then it must be clearly justified and recorded as such. An explanation must be stated 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

Details	Response
Title of the policy, project or service being considered	Buildings Based Day Care Re-Procurement
Service area	Commercial Team/Adult Social Care
Person or people completing the analysis	Commercial Team
Lead officer	Justin Hackney
Who is the decision maker?	Executive
How was the Equality Impact Analysis undertaken?	Desktop exercise. Alongside engagement activity being undertaken with the service development team A pre-market engagement activity was also undertaken with existing and potential new providers and Quality Assurance Team.
Date of meeting when decision will be made	8 May 2024
Is this a proposed change to an existing policy, service, project or is it new?	Existing service that is being re-procured.
Version control	V0.2
Is it LCC directly delivered, commissioned, recommissioned, or decommissioned?	LCC Recommissioned Service
Describe the proposed change	Lincolnshire County Council has an Open Select List (OSL) for Buildings Based Day Services. These contracts end on 31 August 2024. The Commercial Team are requesting permission to re-commission these services. The recommendation is to re-procure on a like for like basis for two years. This is an interim solution, pending the outcome of a wider review. The review work, to date identified several themes that can be addressed as part of the interim re-procurement without necessitating any fundamental changes to the model, including:

Details	Response
	i. Greater flexibility in access times (including evenings and weekends) would benefit users. *ii.* Rate constraints through the current pricing mechanism for packages requiring high levels of 1:1 and 2:1 support are impacting the viability and attractiveness of those packages.

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, consider the impacts the proposed changes may have on people:

- without protected characteristics
- and 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.

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 on the protected characteristics for our workforce on our website. Managers can obtain workforce profile data by the protected characteristics for their specific areas using Business World.

Positive impacts

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

Protected characteristic	Response
Age	The reopening of the Building Based Day Care (BBDC) Open Select List (OSL) will allow new day service providers onto the Council contracted list. This may be beneficial to specific ages of users groups. For example, younger adults may benefit from day care providers of who may have links to education provision, which would provide an improved transition for these users. An increased range of provision will provide a wider range of opportunities, for example, providers who are more specialised at supporting young adults with disabilities into paid or voluntary work, as part of their day opportunities. Additionally, the re-procurement may be beneficial to older adults, the over 65s age group. Spend on commissioned buildings-based day care in OP/PD services declined significantly, following the covid-19 global pandemic. New contractual arrangements, will hopefully attract new applications from providers looking to specifically support this client group, potentially resulting in increased choice
Disability	The reopening of the Buildings Based Day Care Open Select List will hopefully widen the choice of services for people with disabilities. There is no proposal for a reduction in service. The re-procurement exercise for new contracts will hopefully offer users more choice and flexibility in the types of service they are able to offer. A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery will ensure that all service users receive good quality inclusive services.
Gender reassignment	No positive impact A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery will ensure that all service users receive good quality inclusive services. Therefore, individuals within this protected characteristic should not have barriers in accessing day services should they need it and therefore stand to benefit from it to the same extent and the in the same way was other eligible service users without a protected characteristic.

Protected characteristic	Response
Marriage and civil partnership	No positive impact A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery will ensure that all service users receive good quality inclusive services. Therefore, individuals within this protected characteristic should not have barriers in accessing day services should they need it and therefore stand to benefit from it to the same extent and the in the same way was other eligible service users without a protected characteristic.
Pregnancy and maternity	No positive impact] A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery will ensure that all service users receive good quality inclusive services. Therefore, individuals within this protected characteristic should not have barriers in accessing day services should they need it and therefore stand to benefit from it to the same extent and the in the same way was other eligible service users without a protected characteristic.
Race	No positive impact A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery will ensure that all service users receive good quality inclusive services. Therefore, individuals within this protected characteristic should not have barriers in accessing day services should they need it and therefore stand to benefit from it to the same extent and the in the same way was other eligible service users without a protected characteristic.
Religion or belief	A re-procurement of day care, will be open to all potential day care providers. This could include applications from religious groups, and therefore would potentially improve the variety of day opportunities that support peoples religious beliefs. A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery will ensure that all service users receive good quality inclusive services. Therefore individuals within this protected characteristic should not have barriers in accessing day services should they need it and therefore stand to benefit from it to the same extent and the in the same way was other eligible service users without a protected characteristic.

Protected characteristic	Response
Sex	No positive impact A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery will ensure that all service users receive good quality inclusive services. Therefore, individuals within this protected characteristic should not have barriers in accessing day services should they need it and therefore stand to benefit from it to the same extent and the in the same way was other eligible service users without a protected characteristic.
Sexual orientation	No positive impact A clear contract with a detailed service specification with clear outcomes and performance measures, including equality monitoring, subject to robust contract management against delivery will ensure that all service users receive good quality inclusive services. Therefore, individuals within this protected characteristic should not have barriers in accessing day services should they need it and therefore stand to benefit from it to the same extent and the in the same way was other eligible service users 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.

Positive impacts
Informal or unpaid carers are a group that are not specifically covered by the protected characteristics in the Equality Act 2010. However unpaid carers are a group that Lincolnshire County Council have a responsibility to provide services for under the Care Act. Many services users accessing day services, recieve support with socialisation and activities of their own choice. However, in doing so, this can also give the main carer a break from their careering role. The re-procurement of day care will widen the commissioning opportunities available. This therefore will be beneficial to informal/unpaid carers.

Adverse or 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'*.

Protected characteristic	Response
Age	'No mitigating action identified'
Disability	'No mitigating action identified'
Gender reassignment	'No mitigating action identified'
Marriage and civil partnership	'No mitigating action identified'
Pregnancy and maternity	'No mitigating action identified'
Race	'No mitigating action identified'
Religion or belief	'No mitigating action identified'
Sex	'No mitigating action identified'
Sexual orientation	'No mitigating action identified'

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.

Negative impacts
We have spot contracts in place for a small number of buildings based day care packages. These contracts are for a time limited amount of time and there is a need for these providers to join the OSL. There may be a negative impact on users if the provider who currently delivers their day services is not successful in meeting the minimum standards in order to gain a place on the ultimate contract mechanism, or their current provider chooses to not participate in the procurement process because they do not like an aspect or aspects of the process or of the updated contract mechanism. These users would be offered a direct payment, if they wished to remain with the same provider. These users could include people with any of the protected characteristic. If providers were not willing to enter into a contract due to an issue with rates then the council would look to maintain the existing rates with the providers for these service users to minimise any service user disruption but would not look to make any new placements with these providers. Procurement processes leading to a new contract mechanism may result in current providers either not being accepted, or choosing not to contract with the Council based on an objection to the new form of contract. Users will either be offered the opportunity to remain with the same provider through use of a direct payment, or to change providers. A change of provider will impact on persons with a protected characteristic arising out of the location of services and/or employment impact on staff delivering the service. The staff employed by the current provider will be affected by the termination of the current agreement. Mitigating factors will relate to the legal protections that will be in place through TUPE and general employment laws. The contract that will be entered into will also contain clauses requiring the contractor to comply with the Equality Act.

Stakeholders

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

You must evidence here who you involved in gathering your evidence about:

- benefits
- adverse impacts
- 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. You can contact them at engagement@lincolnshire.gov.uk

State clearly what (if any) consultation or engagement activity took place. Include:

- who you involved when compiling this EIA under the protected characteristics
- any organisations you invited and organisations who attended
- the date(s) any organisation was involved and method of involvement such as:
    - EIA 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 or engaged with.

Objective(s) of the EIA consultation or engagement activity
The Service development team consulted existing service users and providers as part of the day care service review. This was done a face-to-face basis and the information was used to inform the service review. This review was used to inform the new service model. All existing day care providers were invited to a individuals Teams meeting to feedback on the existing day care contract. This information was used to inform the further development of services and the new service model. The objective of the engagement activity was to identify the most appropriate new service model.

Who was involved in the EIA consultation or engagement activity?

Detail any findings identified by the protected characteristic.

Protected characteristic	Response
Age	Users consulted were not asked details of their protected characteristics.
Disability	Users consulted were not asked details of their protected characteristics.
Gender reassignment	Users consulted were not asked details of their protected characteristics.
Marriage and civil partnership	Users consulted were not asked details of their protected characteristics.
Pregnancy and maternity	Users consulted were not asked details of their protected characteristics.
Race	Users consulted were not asked details of their protected characteristics.
Religion or belief	Users consulted were not asked details of their protected characteristics.
Sex	Users consulted were not asked details of their protected characteristics.
Sexual orientation	Users consulted were not asked details of their protected characteristics.
Are you confident that everyone who should have been involved in producing this version of the Equality	

Protected characteristic	Response
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.	
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?	Through service user engagement conducted by the providers which will be built into the contract.

Further details

Personal data	Response
Are you handling personal data?	Yes
If yes, please give details	Names of users attending existing day services were collated as part of the day care project. The providers will handle personal data and will comply with the data protection legislation.

Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	N/A	N/A	N/A

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
V0.1	Version 0.2.	Linda Turnbull	27.03.2024		

APPENDIX B

Breakdown of Day Care Rates

			23/24	24/25
Hourly Payroll Cost		**Note**		
Basic Salary		**1**	10.42	11.44
Employer NI		**2**	1.03	1.13
Employer Pension cost		**3**	0.33	0.36
Holiday Pay		**4**	1.88	2.06
Estimated Sick Pay Cost		**5**	0.24	0.24
Hourly Payroll Cost	**Sub Total 1**		**13.90**	**15.23**
Overhead Hourly Rate				
Uniform,PPE,medical supplies etc.		**6**	0.10	0.12
Training		**7**	0.80	0.85
Recruitment cost		**8**	0.08	0.11
Establishment costs		**9**	1.12	1.15
Volunteer Costs		**10**	0.50	0.55
Transport		**11**	3.30	3.42
Meals		**12**	1.92	2.10
Activity Costs		**13**	11.00	11.10
Management costs		**14**	1.95	1.97
Total Overheads	**Sub Total 2**		**20.77**	**21.37**
Land		**18**	1.95	1.95
Buildings		**19**	6.84	6.84
Total Capital Costs	**Sub Total 3**		**8.79**	**8.79**
OPERATING MARGIN				
Operating Margin %		**15**	6.00%	**6.00%**
Operating Margin £	**Sub Total 4**		**2.61**	**2.72**
Tota Cost Per Hour			46.07	48.11
Total Cost per Day		**16**	414.61	433.02
Cost Per Session (HD)		**17**	**68.59**	**74.08**
Cost Per Session (Std)		**22**	**50.53**	**54.57**
Additional 1:1 Hourly Rate		**20**	**13.11**	**14.16**
Maximum Day Rate		**21**	**134.05**	**144.90**

Note	Notes
1	Composite rate to reflect age range of workers within a care setting
2	Based on a worker on minimum wage at 37 hours per week, the 4 weekly cost to the employer for NI contributions.
3	Regulations require a minimum 2% contribution of an employee's gross pay.
4	Based on generating the costs of 28 days (5.6 weeks) statutory holiday entitlement over a year (52 weeks). This was an under-estimate. The costs of statutory holiday pay can only be earned while the employee is actually working and is therefore 52 weeks less the 5.6 weeks that the worker takes as leave. The calculation for holiday pay expressed as a percentage should therefore be (5.6 ÷ 46.4) × 100 or 12.07%. For more information on holiday pay see: www.gov.uk/holiday-entitlement-rights.for holiday pay
5	Mean sick days per year in the domiciliary care sector is 7 to the nearest day, Table 6.9 , Pg 31 State of the adult Social Care Workforce 2012, NMDS. Cost as a per hour fraction of replacing the member of staff with a comparable member is £0.18 per hour.
6	There is no available data on the costs of uniform and PPE clothing available for the day care market therefore the amount calculated as a per week cost for the residential framework has been used divided by the number of working hours per week. Includes uniform & medical supplies
7	Based on the NMDS SC Briefing 2 - Skills for care cost of training a care worker
8	There is no available data on the costs of recruitment available for the domiciliary care market therefore the amount calculated as a per week cost for the residential framework has been used divided by the number of working hours per week.
9	Establishment costs based on residential model divided by working hours per week (includes Utilities, Insurance, registration fee and cleaning costs)
10	Volunteer costs based on last available costs within Unit Cost of Health & Social Care Report in 2010
11	Transport costs based on last available costs within Unit Cost of Health & Social Care Report in 2010
12	Meal costs based on last available costs within Unit Cost of Health & Social Care Report in 2010
13	There is no available data on activity costs within the day setting. The calculation of is therefore based on the unit cost of an additional member of staff set weighted on the same basis
14	Staff numbers taken from Local Authority Area Profile - Lincolnshire.
15	Operating margin as per residential model which is set at 6%
16	Total hourly cost per member of staff is then multiplied by 9 to get a total cost per day on basis that centres will be open from 9am to 6pm each day but that sessions may start at different times
17	Total daily cost per member of staff is then divided by 6 to which represents a cost per day on the basis that there is a staff to service user ration of 1:6. This represents the value of care provided in cases where there is a requirement for support to those with high level need.
18	Land costs associated with local authority day care provision as described in 2015 Unit Cost of Health & Social Care publication.
19	Building costs associated with local authority day care provision as described in 2015 Unit Cost of Health & Social Care publication.
20	Additional 1:1 hour calculated using lines 1 to 8 adding additional 6% for profit
21	The maximum cost we would for Day Care plus 1:1 hours on the basis that alternative homecare/CSL provision could sought for the same cost.
22	Total daily cost per member of staff is then divided by 8 to which represents a cost per day on the basis that there is a staff to service user ration of 1:8. This represents the standard rate for care provided in general terms which does not require any specialist support

APPENDIX C

Detailed Timeline

Activity	Start	End	Duration	
Scoping			0	
Develop Commercial Model	01/01/24	26/03/24	85	
Develop Specification	02/02/24	01/05/24	89	
Develop Financial Model	02/02/24	27/02/24	25	
Procurement Pack Gateway	01/03/24	24/04/24	54	
Draft Contract Notice	24/04/24	25/04/24	1	
Procurement Pack Sign Off	25/04/24	09/05/24	14	
Issue Contract Notice & ITT	09/05/24	10/05/24	1	
Bidding Period	09/05/24	08/06/24	30	
Evaluation	08/06/24	26/06/24	18	
Write evaluation report	27/06/24	31/06/2024	5	
Delegated Decision	31/06/2024	05/07/24	5	
Draft Letters	31/06/2024	07/07/24	7	
Standstill	08/07/24	18/07/24	10	
Transition	18/07/24	27/08/24	40	
Go Live	31/08/24	01/09/24	1	
Exec DLT	05/03/24	06/03/24	1	
CCB	26/03/24	27/03/24	1	
Adults Scrutiny	24/04/24	25/04/24	1	
Exec	08/05/24	09/05/24	1	
TOTAL DURATION	01/01/24	31/08/24	243	243 days

Open Report on behalf of Martin Samuels, Executive Director - Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**24 April 2024**
Subject:	**Healthwatch Lincolnshire Recommissioning**

Summary:

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the commissioning and procurement of Healthwatch Lincolnshire, which is due to be considered by the Executive on 4 June 2024. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of their consideration of this item.

Actions Required:

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

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

1. Background

The Executive is due to consider a report entitled Healthwatch Lincolnshire Re-Commissioning on 4 June 2024. The full report to the Executive is attached at Appendix A to this report.

2. Conclusion

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

3. Consultation

a) Risks and Impact Analysis

A copy of the Equality Impact Assessment is attached at Appendix A.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Report to the Executive – Healthwatch Lincolnshire Recommissioning

5. Background Papers

This report was written by Theo Jarratt, who can be contacted on Theo.Jarratt@lincolnshire.gov.uk.

Open Report on behalf of Martin Samuels, Executive Director of Adult Care and Community Wellbeing

Report to:	**Executive**
Date:	**04 June 2024**
Subject:	**Healthwatch Lincolnshire Recommissioning**
Decision Reference:	**I032481**
Key decision?	**Yes**

Summary:

The Lincolnshire Healthwatch service aims to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided, playing a key role in ensuring provision is continuously improving and the views of Lincolnshire residents are championed. There is evidence that the work of Healthwatch has influenced both local and national health and care services for the good.

Under the Health and Social Care Act 2012, upper tier English authorities have a legal duty to continuously commission an independent organisation to deliver the Healthwatch service in their area. However, the act allows flexibility for councils to choose the commissioning route that offers the best value for money in their communities.

Lincolnshire County Council currently commissions the delivery of the local Healthwatch service through a Grant Funding Agreement (GFA) with HWLincs. The existing agreement for the Lincolnshire Healthwatch Service has been in place since 2019 and expires on 30th September 2024 with no further extensions available.

It is proposed that a competitive procurement should be undertaken for services contract to be awarded to the successful provider for the Lincolnshire Healthwatch Service to start on 1st October 2024.

To support decision making about the future scope, commissioning, and procurement of these services a comprehensive review of the current agreement has been undertaken. The review included learning from service delivery, performance against target measures and an analysis of current demand intelligence. The review findings have been considered alongside current legislation, national guidance, the results of a market engagement and a desktop benchmarking exercise to inform the proposed commissioning approach.

The current model performs well, and effective elements will be retained in addition to some changes and refinements to the model, which are reflected in the recommendation, including:

- A longer initial contract term of 5.5 years, with a further two years optional extension. The additional half year on the initial period aligns the agreement to Healthwatch England, LCC and NHS planning periods.
- Introduction of a strong liaison forum for the Council and NHS organisations to work together with the provider to inform the Healthwatch workplan – whilst retaining the independence of the service.

This report provides a summary of the current service, statutory responsibilities and re-commissioning work to date. It outlines the future budget and proposed delivery model options and seeks approval from the Executive to procure a new agreement commencing 1st October 2024.

Recommendation(s):

That the Executive:

1. Approves a procurement to be undertaken for a Provider to deliver a local Healthwatch Service, with the new service commencing on 1 October 2024 for a period of five years and six months with the possibility of a further two-year extension at the initial annual cost of £310,000.

2. Delegates to the Executive Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for NHS Liaison, Community Engagement, Registration and Coroners the authority to take all decisions necessary to deliver the procurement up to and including the award and entering into the final contract for the local Healthwatch Service and any other documentation necessary to deliver the procurement.

Alternatives Considered:

1. <u>Commissioning at a lower budget</u>
   To commission a local Healthwatch service solely using the DHSC Local Reform and Community Voices Grant funding, currently £198,454 per year. DHSC guidance suggests that the grant provides one element of funding and that to secure an effective local Healthwatch, additional funds from Council core budgets are needed. The market engagement identified that the current budget allocation of £299,600 is not sustainable if it remains static. Therefore, a reduced budget would present a risk of the Council being unable to fulfil its statutory requirements and threaten the ability to secure a suitable provider. Where a change in funding levels could result in a significant shift in the effectiveness of local Healthwatch, local authorities should consider their obligations to consult members of the public and other key stakeholders.

2. To deliver the core statutory activities plus additional functions
   The proposed budget is considered sufficient to fund the revised model. Further funding, and hence a higher budget would be required for additional functions. However, an enhanced model with additional functions may run a risk of encroaching on other commissioned and directly provided services which are established to engage effectively with people who use health and care services.

3. To do nothing
   Lincolnshire County Council has a statutory responsibility under the Health and Social Care Act 2012 to commission a local Healthwatch service in its area. Failing to do so would leave the Council in breach of its legal duties.

These alternatives have been considered unsuitable in delivering the required outcomes of the service.

Reasons for Recommendation:

1. The option will ensure the Council is able to meet its statutory duties under the Health and Social Care Act 2012, while maximising the grant funds provided for Healthwatch from DHSE and ensuring competition in the commissioning exercise. The grant funding level will enable the provider to ensure the needs of people across the county are heard.
2. The current agreement is coming to an end on 30 September 2024 and all available extension options have been utilised. The Council therefore needs to commence procurement to facilitate both the bidding process and a mobilisation period that is sufficient to allow potential new entrants to the market to mobilise effectively and commence the new service in October 2024.
3. Competitive Market – The market engagement and previous recommissioning demonstrate that there is a competitive market for this service.
4. Independence - A level of independence from the local authority is required for the provider to satisfactorily discharge its legal functions. Following legal advice, appropriate drafting can be incorporated into the contract to allow the provider to maintain and protect their independence, whilst also ensuring LCC will be able to continue monitoring the service with appropriate performance indicators, quarterly reports and other suitable management and oversight measures.
5. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

1. Background

1.1. Healthwatch Lincolnshire was established in October 2013 when the service became a statutory responsibility of the Council under the Health and Social Care Act 2012. The Council must make arrangements with a corporate body that is a social enterprise to deliver an effective service.

1.2. Healthwatch Lincolnshire is an independent service which gives citizens and communities (whether current users of health and care services or not) a stronger voice to influence and challenge how health and social care services are provided within their locality. It also gathers peoples' views and experiences of the local health and social care system. It is a member of the Integrated Care Partnership, as part of the Integrated Care System, and Health and Wellbeing Board. Local Healthwatch organisations are overseen by the national body, Healthwatch England.

1.3. The service can help commissioners and service providers to be more responsive to what matters to people who use care and health services, as taking account of their views supports the design and delivery of services around local needs. The local service also engages with Healthwatch England to ensure that local views are heard in national policy development.

2. Current Service Summary

2.1. The current local service has been delivered by HWLincs under the brand of Healthwatch Lincolnshire since 1st October 2019 and expires on 30th September 2024.

2.2. The focus of the service is on the statutory activities that Local Healthwatch organisations are required to undertake:

a. Promoting and supporting the involvement of people in the commissioning, the provision, and scrutiny of local care services.
b. Enabling people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
c. Obtaining the views of people regarding their need for, and experiences of, local care services and importantly to make these views known to those responsible for commissioning, providing, managing, or scrutinising local care services and to Healthwatch England.
d. Making reports and recommendations about how local care services could or ought to be improved. These are usually directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
e. Providing advice and information about access to local care services so people can make choices about local care services.
f. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved and sharing these views with Healthwatch England.
g. Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to conduct special reviews or investigations (or, where the circumstances justify doing so, making recommendations direct to CQC); and to make recommendations to Healthwatch England to publish reports about issues.
h. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

2.3. The local service is independent and impartial, giving a voice to people who may not wish to engage directly with the council or health services to have their views known. It works with statutory organisations to obtain responses to queries or complaints raised and supports improvements as a result. It has a structured connection with the Care Quality Commission (CQC) and adds intelligence to the inspection of regulated health and care services.

2.4. In Lincolnshire, over the last year the service has:

- Supported 3,600 people to find the right services through its signposting service.
- Provided service user views on the pharmacy needs assessment, ensuring local people's views influence provision of pharmacy services across the county.
- Worked with the Council and NHS organisations on a review of cost-of-living pressures.
- Gained insight into how well Health and Care Services are delivering the Accessible Information Standard (AIS)
- Engaged with the public to review NHS Dental access across the county, resulting in Healthwatch England using the findings to influence changes to 111 support to those needing dental care.
- Engaged on a large-scale mental health services review.
- Reviewed A&E access in the County to influence future ICB investment plans.

2.5. The service has been delivered via a Grant Funding Agreement (GFA) since the requirement to provide a local Healthwatch service was established in 2013. This has supported the service to be independent and scrutinise LCC, amongst other bodes, in respect of health and social care service delivery. However, it is important going forward the LCC has protections within a services contract to drive performance through key performance indicators and other suitable management and oversight measures whilst at the same time maintaining the provider's independence via appropriate contract drafting such as conflict of interest processes.

2.6. Local Healthwatch services are delivered across the country. Although limited, the last procurement evidenced interest from providers in other areas. To ensure that the service was awarded to the provider that offered the best value for money in Lincolnshire, during the last recommissioning process a further competitive process was conducted. The GFA was awarded to the highest scoring bidder.

3. Service Review

3.1. The service has been reviewed over the last six months. The benchmarking, engagement, service review, demand and financial modelling have now been completed and conclusions from this work have informed the proposed future delivery model.

3.2. The Lincolnshire Healthwatch Service has performed well overall and throughout the contract term since its inception in 2019 and has established a stronger presence in the

community by engaging with members of the public, CQC, LCC Adult Care, NHS Lincolnshire and Healthwatch England while fulfilling their statutory duties.

3.3. Performance and service operations were impacted by the pandemic and ensuing restrictions. This necessitated an adapted delivery, a risk-based approach to working and changing to meet different service demands. Because of this, Key Performance Indicators (KPIs) results from 2019-2020 to 2020-2021 might not be a fair representation of the service demand and delivery. However, even during that time of changes, the service remained as low risk, and it has not been necessary to instigate any improvement plans, or performance measures throughout the life of the grant agreement.

3.4. There are currently five KPIs associated with the service. The KPIs include measures of the number of people signposted to health or social care services or provided with information, the number of people sharing their views and experiences on health and social care in Lincolnshire, the number of people reached through social media engagement, website or distribution lists and the number of volunteering hours provided to the service from the local community. All targets are currently being achieved and the majority of the KPIs have returned to or are exceeding target levels following the disruption of the pandemic.

3.5. Current performance against KPIs for the incumbent provider:

Number of people sharing their views & experiences with Healthwatch Lincolnshire on Health and Social Care	**Quarter 1** Oct–Dec 2023	**Quarter 2** Jan–Mar 2023	**Quarter 3** Apr–Jun 2023	**Quarter 4** Jul–Sept 2023	**Total**
Annual target - 1500	387	1781	343	201	2712
					Exceeding Target

Number of people provided with information and signposting	**Quarter 1** Oct–Dec 2023	**Quarter 2** Jan–Mar 2023	**Quarter 3** Apr–Jun 2023	**Quarter 4** Jul–Sept 2023	**Total**
Annual target - 1428	1327	951	1022	899	4199
					Exceeding Target

Volunteer hours	**Quarter 1** Oct–Dec 2023	**Quarter 2** Jan–Mar 2023	**Quarter 3** Apr–Jun 2023	**Quarter 4** Jul–Sept 2023	**Total**
Annual target - 1414	506	326.75	435	476.5	1744.25

					Exceeding Target

Number of people signed up to a distribution list	**Quarter 1** Oct–Dec 2023	**Quarter 2** Jan–Mar 2023	**Quarter 3** Apr–Jun 2023	**Quarter 4** Jul–Sept 2023	**Total**
Annual target - 2000	2217	2238	2255	2249	2249
					Exceeding Target

	Quarter 1 Oct–Dec 2023	**Quarter 2** Jan–Mar 2023	**Quarter 3** Apr–Jun 2023	**Quarter 4** Jul–Sept 2023
Website page views	9,719	7,167	7,534	7,194
Facebook post reach (Facebook reach is the number of unique people who saw our content)	25,192	79,246	78,945	92,952
Facebook engaged users (The number of unique users who engaged with the page and/or content, including clicking links reactions and comments)	825	1916	(Data no longer available)*	(Data no longer available)*

**During April-June 2023 Facebook removed the ability of page owners to access data on the number of unique users who engaged with the page and/or content.*

3.6. Given the strong performance against targets within the current agreement, the performance measures and target levels are being reviewed as part of the recommissioning process to ensure that those included as part of the future service are achievable and relevant to the outcomes LCC would like to see, are sufficiently challenging to incentivise the provider and continue to maximise the impact of the service.

3.7. The current model is well established and meeting the statutory requirements. It is aligned to Healthwatch England guidelines and is consistent with the services provided in other local authority areas. The current model is considered to meet the needs of the local population, with evidence of effective outcomes published every quarter and consistent achievement of the performance measures included within the GFA.

4. Demand and Financial Modelling

4.1. Demand modelling has shown an increase of the number of people accessing health and social care services. Recent trends suggest this will increase the number of people contacting Healthwatch services to provide feedback about their experiences with health and care services and/or requiring further information and signposting. Aligned to this, it is expected that demand will continue to increase each year as the population's awareness of the service and the service's reach continues to grow, which may result in added pressure on the provider's capacity and resources.

4.2. Healthwatch England advises local authorities against using funding formulae (such as per capita calculations) to establish local Healthwatch funding allocations as it risks exacerbating inequality. The cost of delivering a service in a large county such as Lincolnshire with a mix of urban, rural and coastal areas and relatively low population density due to its rurality is not directly comparable to urban areas.

4.3. The current service is meeting the statutory requirements and market engagement has indicated that there is likely to be interest in and competition to deliver the future service. The budget has remained static throughout the period of the current arrangement, and in order to support competition and sustain a responsive, professional service, an increase in the budget to reflect current inflation (3.5%) is considered prudent.

5. Budget and Cost Implications

5.1. The service is funded from the DHSC Local Reform and Community Voices Grant and Public Health Grant, and currently set at a combined value of £299,600 pa.

5.2. It is proposed that the annual budget from 2024/25 will be £310,000, giving a maximum total value £2,325,000 if the full length of 5 ½ + 2 years is utilised.

5.3. The DHSC has produced guidance for local authorities on the funding of Healthwatch services which states that the Local Reform and Community Voices grant provides one element of the non-ringfenced funding for local Healthwatch services with the larger proportion having been rolled into the local government finance settlement.

5.4. In line with this DHSC guidance, the Public Health Grant contribution is used to supplement the DHSC grant. This is consistent with the approach taken in Lincolnshire since the commencement of the Lincolnshire Healthwatch service in 2013.

5.5. The budget is similar in make up to the previous arrangement, but with an increase of 3.5% or £10,400 from the Public Health Grant allocation, which acknowledges inflationary cost pressures which were highlighted during the market engagement. This will be reviewed annually by LCC to ensure the budget is sufficient to ensure a sustainable service. If any further increase in budget is required during the period of the new arrangement, it will be funded from the Public Health Grant.

6. Proposed Changes to Current Arrangements

6.1. It is proposed to commission a suitable enterprise to provide the Healthwatch function in the county, over a maximum duration of 7 ½ years (5 ½ +2), to ensure that the eight core Healthwatch activities required are carried out.

6.2. The half year on the initial period aligns the agreement to Healthwatch England, LCC and NHS planning and reporting purposes. This new alignment is expected to improve the yearly planning of the service, improve its relationship with stakeholders, and allow the service to align its priorities to health and social care needs.

6.3. In response to stakeholder engagement, there will be strengthened regular liaison meetings involving the commissioner, statutory health and care organisations and the provider. This will ensure that the workplan for Healthwatch is carried out with a focus on the priorities for health and social care.

7. Risks and Dependencies

7.1. The option being proposed for the future delivery of the Lincolnshire Healthwatch Service is in line with best practice and national guidance. Some key factors were identified that could impact on the commercial viability and attractiveness of the future service:

7.1.1. Delivery Cost Pressures - If LCC is not able to commission a provider to fulfil the requirements of the Healthwatch service, it will be in breach of the Health and Social Care Act 2012. The market engagement identified that the current budget allocated for the service is not sustainable if it remains static. The proposal to make an inflationary increase to the budget and to review it annually thereafter is intended to mitigate this.

7.1.2. Duration of the arrangement – Through research and engagement with the market, it is understood that the market for Healthwatch services is limited. Taking account of the market's feedback regarding the limited attractiveness of a shorter duration, and the need to align the term with local and national Healthwatch reporting requirements, a 5 ½ + 2 years duration is proposed for the new arrangement.

8. Commercial Model

8.1. A competitive process will be conducted to enable the selection of the best provider solution for Lincolnshire in the longer term, and a services agreement will be awarded to the successful provider.

8.2. A services contract is the most suitable delivery mechanism because it supports the requirement to effectively manage and oversee the service. The service contract will include safeguards such as a conflict of interest process to ensure the service maintains independence from the Council. The successful applicant will be expected to carry out

a range of in person and virtual engagement activities, establishing a signposting service and developing relationships with NHS and care services.

- This meets the Council's statutory responsibility to provide a Local Healthwatch services.
- The model will align to Healthwatch England guidelines.

8.3. Delivery for the Lincolnshire Healthwatch Service agreement will be by way of a single provider of a countywide service; however, the competition phase will not preclude bids from consortia and sub-contracting models, which should help to maximise the level of competition.

8.4. Payment for the Healthwatch Lincolnshire will be made quarterly by way of a fixed sum (block payment) for the delivery of the services. It is proposed that the budget will be reviewed annually in recognition of inflationary cost pressures, and to support the sustainability of the service. Any future inflationary increases will be funded from earmarked Public Health grant.

9. Procurement Implications

9.1. The Procurement is being undertaken utilising an Open Procedure method under the Public Contracts Regulations 2015 to award a GFA. A Contract Notice will be published in June 2024 and a Contract Award Notice will be issued on any award to a successful bidder.

9.2. In undertaking the procurement, the Council will ensure the process utilised complies fully with the Principles of Openness, Fairness, Transparency and Non-discrimination.

9.3. The procurement process shall conform with all information as published and set out in the Contract Notice.

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

9.5. Subject to the maximum available budget and a commitment to deliver the service requirements, which have been summarised at section 4, the final cost of the service will be determined via competition.

9.6. The tender evaluation will focus on a combination of service cost and quality, and the capability of a provider and any organisations they may wish to form subcontracting arrangements with, to deliver the required volume of service and quality outcomes across the county.

10. Public Services Social Value Act

10.1. In January 2013 the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the

economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

10.2. Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises (SMEs) in the delivery of the services. Evaluation methodologies will incentivise the delivery of a skilled and trained workforce.

10.3. Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

11. Legal Issues

11.1. 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.

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

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

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.

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

11.4. 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.

11.5. 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.

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

11.7. 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.

The Lincolnshire Healthwatch service ensures the views, needs and concerns of local people across Lincolnshire are gathered, heard, and acted upon in relation to the provision, access and quality of local health and care.

An Equality Impact Assessment (EIA) has been undertaken and is available at Appendix A. The changes the service provisions will likely see wider engagement with most populations identified in the EIA.

11.8. Joint Strategic Needs Assessment (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

Healthwatch is a statutory member of the Health and Wellbeing Board and, as such, are directly involved in the production and governance associated with both the JSNA and JHWS in Lincolnshire.

The Healthwatch Lincolnshire service can assist the achievement of the aims outlined in the Joint Health and Wellbeing strategy, specifically to ensure a focus on issues and needs which will require partnership and collective action across a range of organisations to deliver. The service specification will require the provider to demonstrate that it is supporting the council and NHS partners in delivering the outcomes identified in the strategy.

11.9. 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.

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

12. Conclusion

12.1. Healthwatch Lincolnshire is an established, independent voice for people in health and social care. When operating well, it can ensure that peoples voices are heard and influence the commissioning and delivery of health and social care services in the county. Through its established links to Healthwatch England and the Care Quality Commission, it can mean that Lincolnshire people can influence national policies. Its information signposting service supports people who otherwise would need to visit council or NHS services.

12.2. Re-procuring the service supports the Council in fulfilling its statutory duties under the Health and Social Care Act 2012. The proposed model is aligned to Healthwatch England guidelines and is consistent with the services provided in other local authority areas.

12.3. Revised performance measures will also help to ensure that the required service levels, outcomes and impact are optimised. A strengthened regular liaison meeting with the provider will ensure that the service focuses on health and care priorities.

12.4. The arrangement term will support investing in long-term planning, outcomes, and innovation. The allocated budget will ensure the service is sustainable while also being attractive to the market. The contractual agreement will allow the council to exit the agreement without fault if there are any changes to legislation.

13. Legal Comments:

The proposal to procure the health watch Lincolnshire service as detailed in this report is within the Council's powers and by virtue of The Local Authorities (Functions and Responsibilities) (England) Regulations 2000 (as amended) and is an executive function and therefore within the remit of the Executive to consider and determine.

14. Resource Comments:

The service is funded from the DHSC Local Reform and Community Voices Grant and Public Health Grant.

It is proposed that the annual budget from 2024/25 will be £310,000, giving a maximum total value £2,325,000 if the full length of 5 ½ + 2 years is utilised.

The annual budget will comprise:

- £198,454 from the Local Reform and Community Voices grant paid to LCC by DHSC. DHSC advise additional funds from Council core budgets are also utilised to fund the service.
- £111,546 from the ringfenced Public Health Grant

15. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes.

c) Scrutiny Comments

The report will be considered by the Adults and Community Wellbeing Scrutiny Committee on 24 April 2024 and the comments will be reported to the Executive.

d) Risks and Impact Analysis

Equality Impact Assessment attached as Appendix 1.

16. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Equality Impact Assessment

17. 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 Theo Jarratt, who can be contacted on Theo.Jarratt@lincolnshire.gov.uk.

Equality Impact Assessment

Background information

Details	Response
Title of the policy, project or service being considered	Lincolnshire Healthwatch Recommissioning
Service area	Adult Care and Community Wellbeing
Person or people completing the analysis	Theo Jarratt
Lead officer	
How was the Equality Impact Analysis undertaken?	Consulting with stakeholders Guidance on commissioning Healthwatch service Healthwatch England EIA
Is this a proposed change to an existing policy, service, project or is it new?	New
Version control	V1.0
Is it LCC directly delivered, commissioned, recommissioned, or decommissioned?	Recommissioned
Describe the proposed change	Service to be recommissioned from October 2024. The recommissioning of the service allows the opportunity for the new service to focus on equalities considerations from the start of the arrangement. We will ensure that; • Make up of Healthwatch board, staff and volunteers represents the local community it represents • The provider will collect equalities data to ensure there is transparency over those engaged • Engagement and publicity campaigns are undertaken in an accessible way, so all members of the Lincolnshire population have the opportunity to have their voice heard

Positive impacts

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

Protected characteristic	Response
Age	The service will provide channels to engage with the service regardless of age. This will include consideration of what events / channels are most suitable for those of a younger / older age.
Disability	The service will ensure that people are able to engage through multiple channels, taking into account physical and non-visible disabilities. The provider will be expected to provide information in accessible formats and to ensure that events and venues used for engagement activity are accessible.
Gender reassignment	The service has the opportunity to work with local health and care services to ensure voices of those with gender reassignment are heard in a sensitive and discrete way. The service also gives an opportunity for the health and care services to better understand the needs of people who have undergone or are undergoing gender reassignment.
Marriage and civil partnership	No positive impact.
Pregnancy and maternity	The service has the opportunity to engage with the public about issues relating to pregnancy and maternity.
Race	The service can utilise learning from national Healthwatch to ensure considerations are taken into account when engaging with the population to maximise participation and ensure representative feedback.
Religion or belief	No positive impact.
Sex	Ability to represent and promote involvement by both male and females in health and care services.
Sexual orientation	Ability to represent and promote involvement by people with different sexual orientation in health and care services.

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.

Positive impacts

Adverse or negative impacts

Negative impacts of the proposed change and practical steps to mitigate or avoid any adverse consequences on people with protected characteristics are detailed below.

Protected characteristic	Response
Age	Potential for the service to focus on those issues that are of importance to older people. Service should ensure involvement and representation of all ages and put in place strategies to ensure this.
Disability	Strategies to ensure engagement and positive representation in communications will ensure any negative impacts are mitigated.
Gender reassignment	No perceived adverse impact.
Marriage and civil partnership	No perceived adverse impact.
Pregnancy and maternity	No perceived adverse impact.
Race	Strategies to ensure engagement and positive representation in communications will ensure any negative impacts are mitigated.
Religion or belief	No perceived adverse impact
Sex	Strategies to ensure engagement and positive representation in communications will ensure any negative impacts are mitigated.

Protected characteristic	Response
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.

Negative impacts

Stakeholders

Objective(s) of the EIA consultation or engagement activity
Healthwatch Lincolnshire Healthwatch England

Who was involved in the EIA consultation or engagement activity?

Detail any findings identified by the protected characteristic.

Protected characteristic	Response
Age	
Disability	
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	

Protected characteristic	Response
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.	
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 commissioner will measure the impact of the service in terms of achieving quality and diversity aims in the specification of the service.

Further details

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

Actions required	Action	Lead officer	Timescale
Develop specification to ensure equalities and inclusion central to the service.	Develop specification	Theo Jarratt	June 2024

Version	Description	Created or amended by	Date created or amended	Approved by	Date approved
V1	EIA drafted		19/03/2024		

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Open Report on behalf of Andrew Crookham,
Deputy Chief Executive & Executive Director - Resources

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**24 April 2024**
Subject:	**Adults and Community Wellbeing Scrutiny Committee - Work Programme**

Summary:

The Committee's forward work programme is set out in this report. The report also includes the relevant extracts from latest version of the forward plan of key decisions due to be taken from 1 May 2024. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

Actions Requested:

(1) To review the Committee's forward work programme, as set out in the report.

(2) Following consideration by this Committee on 28 February 2024, to note the following decisions of the Executive 5 March 2024:

(a) Residential Care and Residential Care with Nursing Usual Costs.
(b) Integrated Lifestyle Service Contract Extension

1. Current and Planned Items

A. Items to be Programmed

(1) Workforce Development, Recruitment and Retention within Adult Social Care – *NO EARLIER THAN OCTOBER 2024* – This was requested on 18 October 2023.

B. Items Programmed

24 April 2024 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Intermediate Care: Review of Winter 2023/24 (Adult Frailty and Long Term Conditions)	• Julie Davidson, Assistant Director, Adult Frailty and Long Term Conditions • Andrea Kingdom, Head of Service, Hospital Services	This item reviews intermediate care over the winter period for 2023/24.
2	NHS Health Checks Re-Procurement	Mark Fowell, Senior Procurement and Commercial Officer	On 8 May 2024, the Executive is due to consider proposals for the re-procurement of the contract for NHS Health Checks, and the Committee may pass on its views.
3	Externally Commissioned Buildings Based Day Care Re-procurement	Linda Turnbull, Senior Commercial and Procurement Officer	On 8 May 2024, the Executive is due to consider proposals for the re-procurement of externally-based day care.
4	Procurement of Lincolnshire Healthwatch	Theo Jarratt, Head of Quality and Information	On 4 June 2024, the Executive is due to consider proposals for the re-procurement of the contract for Healthwatch Lincolnshire.

5 June 2024 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Adult Care and Community Wellbeing Improvement Plan	Martin Samuels, Executive Director of Adult Care and Community Wellbeing	The Committee has requested an item on the Improvement Plan, which will incorporate the actions in response to the Care Quality Commission's Assessment of Lincolnshire

5 June 2024 – 10.00 am			
Item		*Contributor(s)*	*Notes*
2	Lincolnshire All-Age Autism Strategy	Justin Hackney, Assistant Director of Specialist Services	This item enables the Committee to consider the Lincolnshire All-Age Autism Strategy.
3	Adult Care and Community Wellbeing Budget Outturn for 2023/24	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This report sets out the budget outturn for the service.

24 July 2024 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Forward Focus: Contract Management and the Potential for the Development of a Community Hub	Alina Hackney, Head of Commercial Services	After consideration of an overview of provider contract management on 17 January 2024, the Committee has requested an item following up
2	Director of Public Health Annual Report 2023: Follow Up	Derek Ward, Director of Public Health	On 17 January 2024, the Committee requested an item to follow up the issues raised in the Director of Public Health's Annual Report.
3	Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 4 / Year End	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

5 September 2024 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Lincolnshire Safeguarding Adults Board Update	Justin Hackney, Assistant Director of Specialist Services	This is the annual update to the Committee of the Lincolnshire Safeguarding Adults Board

5 September 2024 – 10.00 am			
Item		*Contributor(s)*	*Notes*
2	Day Services Update	Justin Hackney, Assistant Director of Specialist Services	This provides an update on Day Services, which was last reported on in September 2023
3	Service Level Performance Reporting Against the Success Framework 2024-25 Quarter 1	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

16 October 2024 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Integrated Lifestyle Support Service	Derek Ward, Director of Public	Following the decision of the Executive to extend the contract, this item provides an update on the procurement arrangements for the next contract from 1 July 2025
2	Care Quality Commission Overview (Date to be confirmed.)	Contributors to be confirmed.	Each year the CQC is invited to present an overview of its activities in Lincolnshire.

20 November 2024 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Service Level Performance Reporting Against the Success Framework 2024-25 Quarter 2	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2	Adult Care and Community Wellbeing Budget Monitoring 2024/25	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This report sets out the budget outturn for the service.

The forward plan of planned key decisions on items within the remit of the Committee is attached as Appendix A.

2. Previously Considered Topics

Attached at Appendix B is a table of items previously considered by the Committee since the beginning of the Council's term in May 2021.

3. Decision of the Executive – 5 March 2024

On 28 February 2024, this Committee considered proposed decisions on: (a) the Residential Care and Residential Care with Nursing Usual Costs; and (b) the Integrated Lifestyle Service Contract Extension. On 5 March 2024, the Executive considered the two statements prepared by this Committee and approved the proposed recommendations in these two reports.

4. Conclusion

The Committee is invited to consider its work programme, and to note the decisions made by the Executive on 5 March 2024 in relation to: (a) the Residential Care and Residential Care with Nursing Usual Costs; and (b) the Integrated Lifestyle Service Contract Extension.

5. Appendices

These are listed below and attached at the end of the report.

Appendix A	Forward Plan of Key Decisions within the Remit of the Adults and Community Wellbeing Scrutiny Committee from 1 May 2024
Appendix B	Adults and Community Wellbeing Scrutiny Committee - Schedule of Previously Considered Topics

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

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 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 May 2024

MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE	DIVISIONS AFFECTED
NHS Health Checks Re-Procurement	8 May 24	Executive	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Mark.Fowell@lincolnshire.gov.uk	All
Externally Commissioned Buildings Based Day Care Re-Procurement	8 May 24	Executive	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer E-mail: linda.turnbull@lincolnshire.gov.uk	All
Lincolnshire Healthwatch Service	4 Jun 24	Executive	Adults and Community Wellbeing Scrutiny Committee	Head of Quality and Information E-mail: theo.jarrett@lincolnshire.gov.uk	All

APPENDIX B

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
SCHEDULE OF PREVIOUSLY CONSIDERED TOPICS

	Previous Item
D	Previous Pre-Decision Scrutiny Item
	Future Item
D	Future Pre-Decision Scrutiny Item

	2021				2022									2023								2024								2025	
	29 Jun	14 Jul	8 Sept	20 Oct	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	17 Jan	28 Feb	24 Apr	5 Jun	24 Jul	5 Sept	16 Oct	20 Nov	22 Jan	19 Mar
Meeting Length – Hours : Minutes:	1:47	2:15	3:30	2:50	2:59	3:55	3:01	3:00	1:58	2:51	2:26	1:39	2:36	2:59	3:08	1:50	2:57	2:47	2:36	1:52	2:21	3:33	3:15								
Active Recovery Beds													D				D													
Acute Hospitals – Admission to Discharge Pathway																														
Adult Frailty and Long Term Conditions - Overview																														
Adult Mental Health Services - Overview																														
Adult Social Care Reform – Government Plans																														
Ancaster Day Centre Refurbishment																	D													
Better Care Fund																														
Budget Reports					D									D								D								
Carers Support Service						D																								
Care Quality Commission Assessment of County Council																														
Care Quality Commission Update																														
Community Equipment Service							D																							

	2021				2022									2023								2024								2025	
	29 Jun	14 Jul	8 Sept	20 Oct	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	17 Jan	28 Feb	24 Apr	5 Jun	24 Jul	5 Sept	16 Oct	20 Nov	22 Jan	19 Mar
Meeting Length – Hours : Minutes:	1:47	2:15	3:30	2:50	2:59	3:55	3:01	3:00	1:58	2:51	2:26	1:39	2:36	2:59	3:08	1:50	2:57	2:47	2:36	1:52	2:21	3:33	3:15								
Community Supported Living															D	D															
Contract Management Overview																															
Day Services			D																					D						
Digital Initiatives Supporting Services																															
Director of Public Health Role / Annual Report																															
Disabled Facilities Grants																															
Extra Care Housing - Boston																	D														
Extra Care Housing - Lincoln																															
Extra Care Housing - Welton				D																											
Fair Cost of Care / Charging for Social Care											D				D																
Grange Farm, Market Rasen Working Age Adult Accommodation																D															
Greater Lincolnshire Public Health					D																										
'Gross' v 'Net' – Ombudsman Report			D																												
Health Checks (NHS)																								D							
Healthwatch Lincolnshire																								D							
Improvement and Development Programme																															
Integrated Care Systems																															
Integrated Lifestyle Support Service																							D								
Integration of Health and Social Care																															
Introduction to Services																															
Learning Disability – Section 75 Agreement						D																									
Market Sustainability, Fair Cost of Care											D																				
NHS Health Checks																								D							
Obesity																															
Ombudsman Reports		D	D																												

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	29 Jun	14 Jul	8 Sept	20 Oct	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	17 Jan	28 Feb	24 Apr	5 Jun	24 Jul	5 Sept	16 Oct	20 Nov	22 Jan	19 Mar
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Performance Reports																															
Prevention Services - Overview																															
Residential and Nursing Care Usual Costs						D									D																
Respite Care Ombudsman Report		D																													
Safeguarding Adults Board																															
Safeguarding Services																															
Sensory Services			D																												
Sexual Health Services											D					D															
Social Connections																															
Specialist Adults Accommodation – Market Rasen																D															
Specialist Adult Services - Overview																															
Strategic Market Support Services			D																												
Substance Misuse Treatment Services											D				D			D													
Wellbeing Service																					D										
Workforce – Capacity and Development																															

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