County Offices
Newland
Lincoln
LN1 1YL

26 February 2024

Executive

A meeting of the Executive will be held on **Tuesday, 5 March 2024** in **Committee Room One, County Offices, Newland, Lincoln Lincs LN1 1YL** at **10.30 am** for the transaction of business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE
Chief Executive

Membership of the Executive
(9 Members of the Council)

Councillor M J Hill OBE, Executive Councillor for Resources, Communications and Commissioning (Leader of the Council)

Councillor Mrs P A Bradwell OBE, Executive Councillor for Children's Services, Community Safety, Procurement and Migration (Deputy Leader)

Councillor Mrs W Bowkett, Executive Councillor for Adult Care and Public Health

Councillor R D Butroid, Executive Councillor for People Management, Legal and Corporate Property

Councillor L A Cawrey, Executive Councillor for Fire & Rescue and Cultural Services

Councillor C J Davie, Executive Councillor for Economic Development, Environment and Planning

Councillor R G Davies, Executive Councillor for Highways, Transport and IT

Councillor D McNally, Executive Councillor for Waste and Trading Standards

Councillor Mrs S Woolley, Executive Councillor for NHS Liaison, Integrated Care System, Registration and Coroners

EXECUTIVE AGENDA
TUESDAY, 5 MARCH 2024

Item	Title	Forward Plan Decision Reference	Pages
1	**Apologies for Absence**		
2	**Declarations of Councillors' Interests**		
3	**Announcements by the Leader, Executive Councillors and Executive Directors**		
4	**Minutes of the Meeting of the Executive held on 6 February 2024**		5 - 14
5	**National Grid: Grimsby - Walpole 400kV Electricity Transmission Line and Sub-Stations - Lincolnshire County Council response to first Non-Statutory Consultation**		To Follow
KEY DECISIONS - ITEMS TO BE RESOLVED BY THE EXECUTIVE			
6	**Residential Care and Residential with Nursing Care Usual Costs** *(To receive a report by the Executive Director – Adult Care and Community Wellbeing which invites the Executive to consider and approve the setting of rates for residential care and residential care with nursing cost)*	**I030837**	15 - 56
7	**Integrated Lifestyle Service Contract Extension** *(To receive a report by the Executive Director – Adult Care and Community Wellbeing which seeks authorisation for an exception to the Council's Contract Regulations to enable a 12-month extension to the Integrated Lifestyle Service Contract, plus three elements of additional delivery, with the current provider until 30 June 2025)*	**I032097**	57 - 170
NON KEY DECISIONS - ITEMS TO BE RESOLVED BY THE EXECUTIVE			
8	**Revenue Budget Monitoring Report 2023/24 (Quarter 3)** *(To receive a report by the Deputy Chief Executive & Executive Director – Resources which provides an update on revenue spending compared with budgets for the 2023/24 financial year)*	**I030090**	171 - 194

9	**Capital Budget Monitoring Report 2023/24 (Quarter 3)** *(To receive a report by the Deputy Chief Executive & Executive Director – resources which provides the Executive with an update on capital investment compared with budgets for the 2023/24 financial year)*	**I030091**	195 - 212
10	**Corporate Plan Success Framework 2023/24 - Quarter 3** *(To receive a report by the Deputy Chief Executive & Executive Director – Resources which presents the Executive with an overview of performance against the Corporate Plan as at 31 December 2023)*	**I030128**	213 - 268

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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.

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EXECUTIVE
6 FEBRUARY 2024

PRESENT: COUNCILLOR M J HILL OBE (LEADER OF THE COUNCIL)

Councillors Mrs W Bowkett (Executive Councillor for Adult Care and Public Health), R D Butroid (Executive Councillor for People Management, Legal and Corporate Property), L A Cawrey (Executive Councillor for Fire & Rescue and Cultural Services), C J Davie (Executive Councillor for Economic Development, Environment and Planning), D McNally (Executive Councillor for Waste and Trading Standards) and Mrs S Woolley (Executive Councillor for NHS Liaison, Integrated Care System, Registration and Coroners)

Councillors: M Brookes (Chairman of the Highways and Transport Scrutiny Committee) (via Teams), N H Pepper (Chairman of the Public Protection and Communities Scrutiny Committee) (via Teams) and T J N Smith (Vice-Chairman of the Overview and Scrutiny Management Board) attended the meeting as observers

Officers in attendance:-

Debbie Barnes OBE (Chief Executive), Mark Baxter (Chief Fire Officer), Justin Brown (Assistant Director Growth), Andrew Crookham (Executive Director Resources), Sam Edwards (Head of Highways Infrastructure), Michelle Grady (Assistant Director – Finance), Andy Gutherson (Executive Director Place), Linsay Hill Pritchard (Principal Commissioning Officer), Martin Samuels (Executive Director - Adult Care and Community Wellbeing), Heather Sandy (Executive Director of Children's Services), Ryan Stacey (Assistant Chief Fire Officer), Nigel West (Head of Democratic Services and Statutory Scrutiny Officer) and Rachel Wilson (Democratic Services Officer)

54 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Mrs P A Bradwell OBE (Executive Councillor for Children's Services, Community Safety, Procurement and Migration) and Councillor R G Davies (Executive Councillor for Highways, Transport and IT)

55 DECLARATIONS OF COUNCILLORS' INTERESTS

There were no declarations of interest at this point in the meeting.

56 ANNOUNCEMENTS BY THE LEADER, EXECUTIVE COUNCILLORS AND EXECUTIVE DIRECTORS

There were no announcements from the Leader, Executive Councillors or Executive Directors.

57 MINUTES OF THE MEETING OF THE EXECUTIVE HELD ON 9 JANUARY 2024

RESOLVED

That the minutes of the meeting held on 9 January 2024 be signed by the Chairman as a correct record.

58 COUNCIL BUDGET 2024/25

Consideration was given to a report from the Executive Director – Resources which asked Executive to propose to full Council the Council's budget and council tax in light of the provisional local government settlement and consultation comments on its initial proposals. The Executive was also asked to consider prudential targets in relation to capital financing and other treasury management matters.

The Executive Director – Resources introduced the report and reiterated some of the key messages following the report presented to the Executive in January 2024. He highlighted that officers were still working through the settlement and no final figure for the one off monies had been received yet. It was confirmed that in relation to the figures being presented, there would be some updates in terms of the final detail and these figures did not include the additional money the government had announced the previous week.

The Assistant Director – Finance guided the Executive through a further update to the Council Budget 2024/25, which had been circulated prior to the meeting, which set out a revised budget position following confirmation from the district councils of the Council Tax bases; Council Tax Collection fund; Business Rates Tax Base; and the Business rates Collection Fund. An updated Appendix E to the report was also circulated in advance of the meeting which included budget consultation feedback from scrutiny committees, members of the public and notes from the consultation meeting with external stakeholders.

It was highlighted that the small surplus expected from the Council Tax collection fund was now a small deficit, which was due to estimates of council tax growth. It was noted that the deficit was around £0.5m. The Executive was advised that final local government settlement had been announced and would be debated in Parliament the following day.

During discussion by the Executive, the following was noted:

- Clarification was sought regarding the deficit in the collection fund, and it was noted that districts would estimate how much council tax they expected to collect.
- It was highlighted that South Kesteven moved from a surplus position of £71,000 for 2023/24 to a deficit of £208,000 for 2024/25 for the council tax collection fund. It was confirmed that a dialogue was maintained with districts throughout the year.
- In terms of the consultation results, 1100 surveys were completed, with 54% supporting a 2.99% rise and 19% supporting the 4.99% increase in council tax. General themes of comments included cutting staff costs and carrying out road repairs. The scrutiny consultation work was supportive of the increase of 4.99% and

recognised the need to support services. It was also highlighted that the way respondents were able to access the survey had changed to allow anonymous submissions, and it was believed that this had led to an increase in responses.

- In relation to the additional £8m that the Council was expected to receive, it was queried whether there were any restrictions on this, and the Executive was advised that it would be for social care. The Council was being asked to report back regularly to government, particularly around adult social care.
- It was noted that the Government had also announced an expectation that Councils would submit a productivity plan, and would cover things such as transformation of services, good use of funding. The government had committed to providing further guidance on this.
- It was commented that Lincolnshire was within a minority of councils who were living within budget. It was queried whether there was some one-off investment the authority could make within social care which could give a permanent and long standing benefit. The Executive was advised that in terms of adult social care there were a range of programmes in place which supported prevention. They would need to be explored further to determine which could be scaled up and then down again. In relation to Children's Social Care, officers were always looking at how risk could be reduced, e.g. children's home provision and bringing that provision in house in order to protect the council from market vulnerability.

RESOLVED

1. That the effect of funding available and revenue expenditure position as noted in paragraphs 1.54 – 1.55 and Table B of the report, supported by additional information in Appendix H and the document entitled "Update to the Council Budget 2024/25 report to the Executive 06 February 2024" ("the Update") be noted.

2. That the Equality Impact Analysis at Appendix A of the report and the consultation and engagement as shown in Appendix E as supplemented prior to the meeting be noted.

3. Subject to recommendations 4 and 5 below, that the below be recommended to full Council:

    a) The revenue budget for 2024/25 proposed in Table B of the report, with funding and transfers to or from earmarked reserves as amended in Table A of "the Update".

    b) The capital programme for 2024/25 proposed in Table C and Appendix B of the report.

    c) The levels of council tax proposed in Table D and shown in Table D of the report including the increasing of council tax in 2024/25 by 4.99%inclusive of 2% for Adult Social Care.

d) The prudential indicators for 2024/25 shown in Appendix D of the report.

e) The Medium Term Financial Strategy attached at Appendix F to the report.

f) The Capital Strategy 2024/25 attached at Appendix G to the report.

4. That the Leader review and amend the Executive's budget recommendations to the County Council, as appropriate, in respect of the final Local Government Finance Settlement.

5. That the Leader review and amend the figures within the Medium-Term Financial Strategy to be recommended to the County Council as appropriate, to ensure consistency with final budget recommendations made to the County Council meeting on 23 February 2024.

59 NORTH HYKEHAM RELIEF ROAD - LAND ASSEMBLY PREPARATION AND HIGHWAY MATTERS

The Executive Director – Place introduced a report which sought approval to carry out the preliminary steps necessary for the preparation and pursuit of a Compulsory Purchase Order (CPO) and Side Roads Order (SRO) which were required to enable the Council to deliver the North Hykeham Relief Road.

The Head of Highways Infrastructure guided members through the report and advised that planning permission had been submitted in mid-November 2023 and was currently going through the consultation period. It was expected that the application would be considered by the Planning and Regulation Committee in either Spring or May 2024. It was noted that for previous schemes, officers had waited until planning permission was granted before starting work on the legal orders. In order to expedite the delivery of the scheme a decision was sought to allow officers to start to prepare the Orders. The Executive was reassured that the Orders could not be published until planning permission had been granted.

Councillor M Brookes, Chairman of the Highways and Transport Scrutiny Committee was in attendance remotely to present the comments of the Committee following its consideration of the same report at its meeting on 29 January 2024 where the recommendations to the Executive were supported unanimously. A number of comments and queries were raised by the Committee during its discussion which included clarification regarding potential additional funding, concerns about the compulsory land purchase process and potential challenges in engagement related to the National Highways Section 6 agreement.

During discussion by the Executive, the following was noted:

- Clarification was sought regarding the potential for additional funding from Network North to be received for this scheme and whether the Council would need to bid for it. Officers advised that a business case process had been undertaken when the allocation of £110m was awarded, and the scheme estimate was £154m. During the

early stages of the project, Balfour Beatty's saw an increase of 23% in costs, with the scheme costs now projected at approximately £194m. It was noted that the Council was set to receive additional funding which would increase the external funding from £110m to £154m. The County Council would still be required to fund the difference of £39m.

- In relation to the CPOs which were required, it was queried whether there were any houses which still needed to be purchased, and it was noted that there was just one left, and the rest had been purchased. The blight notice had been served 2 – 2.5 years ago and a price had been agreed. Further progress was dependent on the home owner finding another house. It was also noted that a blight notice only lasted for three years. However, officers were confident that the purchase would go through.
- Assurance was sought that there was no risk in carrying out the parallel process, and officers confirmed that there wasn't. This was an opportunity for the council to commence its due diligence at an earlier stage. The only risk was in perception that the Council was second guessing the planning process. The Executive was also advised that officers had deliberately not included a decision within this report to be able to progress the Orders if planning permission was granted. A further decision would be needed to gain permission to carry out the legal processes.
- In relation to National Highways and the Section 6 agreement, it was noted that policies had not changed and officers did not know what the value would be until planning permission had been granted. However, it was highlighted that this would only relate to the roundabout at South Hykeham which would significantly increase in size.

RESOLVED

1. That the carrying out of all necessary steps to enable the preparation of a Compulsory Purchase Order or Orders under Sections 239, 240, 246, 250 and 260 of the Highways Act 1980 and the Acquisition of Land Act 1981, to compulsorily acquire land and rights required to deliver the North Hykeham Relief Road be approved.

2. That the carrying out of all necessary steps to enable the preparation of a Side Roads Order or Orders under section 14 and 125 of the Highways At 1980, to improve, stop up, and construct new highway and to stop up and provide new private means of access, required to deliver the North Hykeham Relief Road, be approved.

3. That the exercise of power under section 16 of the Local Government (Miscellaneous Provisions) Act 1976 including the serving of notices in respect of any land which is connected to the delivery of the North Hykeham Relief Road, be approved.

4. That the acquisition by agreement under section 120 of the Local Government Act 1972 of the land and interests required to deliver the North Hykeham Relief Road be approved, in parallel to preparing a CPO

5. That negotiations with National Highways and/or the Secretary of State for Transport for an agreement pursuant to section 6 of the Highways Act 1980 with regards to highways works in the A46 trunk road and the subsequent exercise by Lincolnshire County Council of National Highway's statutory powers required to deliver the North Hykeham Relief Road, be authorised.

6. That authority be delegated to the Executive Director of Place, in consultation with the Executive Councillor for Highways, Transport and IT, to undertake all necessary negotiations, take all necessary decisions and determine the final form and approve the entering into of the prospective section 6 agreement referred to in paragraph 5 above.

7. That authority be delegated to the Executive Director of Place, in consultation with the Executive Councillor for Highways, Transport and IT, to undertake all necessary negotiations, take all necessary decisions and determine the final form and approve the entering into of all necessary legal documentation to give effect to the acquisitions referred to in paragraph 4 above.

60 SUBMISSION OF BUSINESS CASES FOR CAPITAL FUNDING UNDER THE GREATER LINCOLNSHIRE DEVOLUTION DEAL

The Assistant Director – Growth introduced a report which recommended that the County Council submitted business cases to the Department for Levelling Up, Housing and Communities (DLUHC) for six projects which would receive funding as part of the Greater Lincolnshire Devolution Deal. The six projects which had been identified were:

- UK Food Valley Grant Programme
- Flood Prevention Schemes (Market Rasen, Kirkby on Bain)
- Grantham Streetworks Programme
- Lincoln area – Improvements to Trans Midlands Trade Corridor
- Old Roman Bank, Sandilands
- Sleaford Moor Enterprise Park.

It was reported that these projects had been chosen as they met a clear local need, were consistent with the guidance for the funding given by DLUHC and delivered against the strategic priorities in the devolution deal.

Councillor T J N Smith, Vice Chairman of the Overview and Scrutiny Management Board was in attendance and presented the comments of the Board following its consideration of this report at its meeting on 25 January 2024. All Board members welcomed the schemes proposed and noted the apparent benefits that could emerge from them. However, queries had been raised regarding why some schemes had been unsuccessful and further detail had been sought regarding the addition £1.5million which had been allocated for Flood Prevention Schemes as well as the significant allocation of funding to Roman Bank.

The Executive sought further detail around the queries which had been raised, and officers advised that in relation to the three schemes submitted by Boston Borough Council which had been unsuccessful, one was not consistent with the devolution prospectus (it related to health and leisure), one related to a brownfield development which was ineligible under the funding, and the other was a Local Development Order for new industrial estates, which would been revenue-based funding rather than capital.

Clarification was sought around the timescales for these schemes to be approved and delivered. It was noted that the additional funding for Flooding Prevention was preparatory work and dependent on the workload of partners such as The Environment Agency but it was in addition to the funding that the Executive had already made available. In relation to timescales for approval, the government had committed to make these decisions within 6 - 8 weeks. However, it was noted that if a point was reached where it was believed that the government had approved the schemes but the Council had not yet received confirmation, officers would have discussions with the Leader, Executive Director - Resources and the Executive Councillor for Economic Development, Environment and Planning about commencing projects at risk.

The Executive Director – Place advised that the projects which had been proposed for submission were ones where there was already some work in progress in order to ensure that work could commence once approval was received. It was noted that projects were chosen carefully to ensure that they met the criteria from the government and were those that had the most confidence in terms of being delivered.

In terms of risk, it was queried whether there were any examples where the government had retracted the money due to projects running over schedule. Officers advised that this would only happen in those circumstances either where no progress had been made or they had not delivered the outcomes they set out to. However, the government did want the projects to be delivered.

RESOLVED

1. That the submission during February 2024 to the Department for Levelling Up, Housing and Communities of business cases for capital funding for the following schemes: UK Food Valley Grant Programme; Flood Prevention Schemes in Kirkby on Bain and Market Rasen; a Streetworks Programme in Grantham; Lincoln Area – Improvements to Trans Midlands Trade Corridor including Nettleham Roundabout; Old Roman Bank, Sandilands; and Sleaford Moor Enterprise Park, be approved.

2. That authority be delegated to the Executive Director – Place, in consultation with the Leader of the Council (Executive Councillor for Resources, Communications and Commissioning), (i) to determine the final form and to submit the individual business cases and (ii) to initiate and deliver the schemes described in the report if and when funding approval is given by the Department for Levelling Up, Housing and Communities to include approving the final form and the entering into of any contracts or other legal documentation necessary to give effect to the schemes.

61 COMMUNITY RISK MANAGEMENT PLAN 2024 - 28

The Executive Councillor for Fire and Rescue and Cultural Services introduced a report which presented the proposed Community Risk Management Plan (CRMP), previously known as the Integrated Risk Management Plan, which covered the period of April 2024 to April 2028. Approval was sought for the CRMP and associated documents including the Community Risk Profile and Equality Impact Assessment.

The Chief Fire Officer presented the report and advised that the Community Risk Management Plan (CRMP) was based on the assessment of community risks, both current ones and those expected over the next four years. It was intended that this would be delivered over the next four years, however there would also be a service plan which would focus on the priorities on a year by year basis. This would also be presented to the Public Protection and Communities Scrutiny Committee on a two year basis.

In terms of the consultation and engagement, it was reported that this was a more successful consultation than for the previous Integrated Risk Management Plan, as consultation responses had increased from around 100 to almost 1000.

Councillor N H Pepper, Chairman of the Public Protection and Communities Scrutiny Committee presented the comments of the Scrutiny Committee following its consideration of the report at its meeting held on 30 January 2024, where the recommendations were unanimously supported. It was noted that during discussion of the report a range of questions were asked in relation to community risks, recruitment and retention of staff, future intentions and review of CRMP and risk analysis. In relation to a question regarding whether high rise buildings and student accommodation should be included separately, and officers advised that this was now included as business as usual activities. It was also noted that a couple of inaccuracies had been identified and these would be corrected for publication of the CRMP.

In responding to comments raised by the Scrutiny Committee, officers advised that Lincolnshire had 19 buildings that were classed as ‘high rise’, however this was not considered a strategic risk as a lot of ‘business as usual’ activity was carried out with them, for example they would all receive a visit annually. It was also noted that a lot of changes had come through from new legislation.

It was also noted that a pandemic had been removed as a strategic risk as it still had status as ‘business as usual’ activity.

During discussion by the Executive, the following comments were made:

- It was confirmed that the fire station estate would stay as it was.
- The CRMP was a strategic four-year document. Whenever there was a major change, it was expected that this would be brought through Committee as a separate consultation.

- In relation to Leverton Fire Station, this was currently in the design stage, and the land had been acquired subject to planning permission being granted. If planning permission was granted, there would be a more detailed design phase before it went out to tender.
- It was queried what measures were in place to support people with hoarding issues as this wasn't specifically mentioned in the CRMP. Officers advised that this was linked in the prevention strategy and through the SHERMAN approach. It was noted that this was a priority for the Fire and Rescue Service and did link into the service plans, however it was dependent on partner referrals and intelligence. Members were provided with assurance that this was within annual plans and departmental plans.
- It was noted that Fire and Rescue Services did not have enforcement powers in relation to hoarding issues, however they could signpost to partners who would have more powers to act. There were no legislative powers around enforcing fire safety in domestic homes (except for Homes of Multiple Occupation).
- In relation to the proposed plans for RAF Scampton, it was confirmed that all relevant fire safety legislation was being adhered to, and Fire and Rescue colleagues were linked into the working groups. However, as it was a Crown property, the Fire and Rescue service did not have any powers. It was also highlighted that appropriate response plans were in place in the event of an incident including adequate water supplies and appropriate ingress and egress routes. The local divisional teams would have plans in place if a response was required.

RESOLVED

1. That the Lincolnshire Fire and Rescue Service Community Risk Management Plan (CRMP), to cover the period 2024 – 2028 in the form of the documents presented in the report, be approved.

2. That the publication of the CRMP (and associated documents), be approved with immediate effect.

The meeting closed at 12.05 pm

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Lincolnshire COUNTY COUNCIL Working for a better future

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

Report to:	**Executive**
Date:	**05 March 2024**
Subject:	**Residential Care and Residential with Nursing Care Usual Costs**
Decision Reference:	**I030837**
Key decision?	**Yes**

Summary:

On the 1 March 2023, the Executive approved the setting of Usual Costs (also referred to as Expected Costs) for residential accommodation for a one-year period to 31 March 2024. These rates were established following a comprehensive market assessment carried out in 2021. The rates underpin the Council's framework contract for the three-year period to 31 March 2025. The framework contract incorporates an annual review to minimise the risk of the rates losing pace with the economy especially with the increases in national living wage.

The setting of the Council's Usual Cost is central to its compliance with statutory obligations. In particular, the rate that the Council establishes as its Usual Cost will contribute significantly to the viability and sustainability of the market which provides sufficient places capable of meeting need. The Usual Cost will also determine in many cases the personal budget against which the choice of accommodation provision will be assessed. As such any change to the rates paid for services will have a material impact on the effectiveness for services.

The aim of the rate setting exercise is to establish rates for residential services that are both affordable to the Council, meets the Council's legal duties, and sets a rate for the market reflecting any other necessary changes and improvements to the contract that will enable the successful operation of service over the next year.

Recommendation(s):

That the Executive: -

1) Approves the rates set out in Table 1 in paragraph 2.6 of the report as the Council's Usual Costs for both new and existing Older People service users in respect of residential, nursing and high dependency care with effect from 1 April 2024 for the year 2024/25.

2) Approves the rates set out in Table 2 in paragraph 2.6 of the report as the Council's Usual Costs for both new and existing Learning Disability service users in respect of Band 1, Band 2 and Band 3 with effect from 1 April 2024 for the year 2024/25.

3) Approves the rates set out in Table 1 in paragraph 2.6 of the report as the Council's Usual Costs for both new and existing Mental Health service users in respect of standard and nursing care with effect from 1 April 2024 for the year 2024/25.

4) Approve the rates set out in Table 1 in paragraph 2.6 of the report as the Council's Usual Costs for both new and existing Physical Disability service users with effect from 1 April 2024 for the year 2024/25.

5) Approve the rates set out in Table 1 in paragraph 2.6 of the report as the Council's Usual Costs for service users needed 1:1 care with effect from 1 April 2024 for the year 2024/25.

6) Approve the replacement of the Hardship Fund that operated in 2023/24 with a Hardship Process with effect from 1 April 2024 for the year 2024/25.

7) Delegate to the Executive Director, Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care and Public Health, authority to determine the detailed conditions governing the Hardship process contained in section 3 including the criteria for making of payments.

Alternatives Considered:

1. No increase in Usual Costs is applied in April 2024 and that usual costs remain at the current level.

This option would cost the council £9.4m less than the recommended options and would allow the authority to reinvest this funding elsewhere. However, failure to increase usual costs to reflect inflationary pressures across the sector would leave the Council open to challenge under the Care Act. It would significantly lessen providers' ability to recruit in a competitive labour market as well as increase the risk of providers going out of business and potentially lead to a fall in the quality of care provided.

2. Increase the Usual Costs by more than is set out in the report.

During the term of this contract the Council has taken steps to establish cost of delivery across Lincolnshire, has engaged with the market on its model as a result and considered the feedback. Although feedback from providers through the consultation period on the 2024-25 rates suggested that the increase in the proposed usual costs isn't sufficient to reflect the true impact of financial pressures being experienced across the sector, the Council believes that the proposed Usual Costs accord with the cost of providing care within Lincolnshire.

Reasons for Recommendation:

Approving the recommendations within this report will see an increase in the rates paid aligned to the level of inflation which will supports providers' costs. It will provide assurance that the Council will be able to continue to meet its statutory obligation to meet assessed eligible need for service users.

1. Background

1.1 Residential and Nursing services represent one of the Council's highest spend areas with a gross annual cost £180m. As such, any changes to the rates paid will have a material financial impact to the council.

1.2 The aim is to uplift the rates for Residential and Nursing services to a degree that is affordable to the Council, meets the Council's legal duties, and sets a rate to the market that will allow for the successful operation of services over the contract duration.

1.3 The Council undertook a comprehensive assessment of the market during 2021. This assessment was carried out working with the local market and the Lincolnshire Care Association. The Council commissioned Care Analytics Ltd to undertake an independent assessment of the residential care market. This took the form of an assessment of revenue costs for older people and working age adults. This assessment enabled a review of previous rate setting approaches and provided the ability to further develop the Councils cost model to reflect the data gathered by Care Analytics on the Councils behalf.

1.4 The outcome of the market assessment was shared with the market and has informed the rates model since 2022-23.

2. The Council's Proposed Rates

2.1 The Council last set Usual Costs in March 2023 for the financial year 1 April 2023 – 31 March 2024. The 2024-25 rates proposed continue to be informed by the market assessments completed. Market assessments have been completed for residential care, homecare, and community supported living services. All assessments have followed the same principles, and the outcomes of the assessments underpin the Councils rates for all these services.

2.2 All proposed rates include: -

- 9.8% increase in the staffing cost elements of the model reflecting the % increase to £11.44 of the national living wage confirmed in the Autumn Statement published 22 November 2023.
- 3.1% average inflation forecast for the financial year 2024-25 for the non-pay elements of the rates.

2.3 The changes in rate structure actioned most recently are listed below and have been funded through the Market Sustainability and Improvement funding (MSIF) released by the government. The 2024-25 Local Government Settlement announced a continuation of the MSIF grant funding enabling the structures introduced to continue.

- a higher than inflation increase to residential care actioned in 2023,
- a floating support rate introduced for community supported living services actioned in 2023,
- a four-tier homecare rate structure replacing the previous three-tier actioned in 2022,

2.4 The proposed set of Usual Costs have been shared with market as part of the market consultation exercise. This consultation closed 5 February 2024 and the questions and responses can be seen in appendix C.

2.5 Feedback from the market focussed on the following: -

- National living wage (NLW) is not sufficient to enable the sector to compete with other market sectors: -
    - *Response: The rates are constructed based on the average rates paid across the sector in 2021-22 as determined by the market assessment carried out. All these rates have been uplifted annual by the same % increase in the national living wage. LCC rate structure therefore continues to recognise that the rates paid are at least at NLW.*
- The forecast reduction in inflation is optimistic: -
    - *Response: The rates are constructed based on the average rates paid across the sector in 2021-22 as determined by the market assessment carried out. As costs increased significantly during the cost-of-living crisis, LCC operated an evidence-based hardship fund for providers to claim against as a mechanism to receive a contribution towards the cost of energy, insurance and/or fuel. For 2024-25 the Council will continue to monitor the inflationary trends. This paper proposes a move towards a Hardship Process rather than a Hardship Fund. This is detailed in section 3 of this paper.*

- The fairness of the Council's expectation that third party top up values are set by providers at the outset of the contract period and fixed for the full three year contract cycle when they do not have visibility of the Council's proposed usual costs for the full duration of the contract cycle has been questioned, with a request that a proportionate increase in third party top-ups equivalent to the council's expected cost increase be permitted.

    -Response: This seems to be based on a misunderstanding of how the contract works. Where a provider charges a price above the council's Usual Cost the provider is entitled to payment of that price as long as a third party makes up the difference between that price and the Usual Cost. The contract works to ensure that if the Usual Cost is increased the provider's price also increases by the same amount. In this way the full value of the Council's increase is passed through to the provider without increasing the value of the top up. So, although it is true to say that providers could not foresee what increases the Council would make to the Usual Cost in future years, they are protected against this in any event by the fact that the providers price automatically rises with an increase in the Usual Cost. In this way the differential is always maintained, and therefore the request for a proportionate increase is in effect already happening.

2.6 The tables below show the proposed rates for 2024-25 compared to 2023-24.

Table 1

Older Peoples, Mental Health and Physical Disabilities			
Care	**Current 2023/24**	**Proposed 2024/25**	**% Uplift**
Older People Standard Residential	£646	£693	7.3%
Older People Higher Dependence	£712	£764	7.3%
Older People Nursing	£713	£765	7.3%
Mental Health Standard	£669	£718	7.3%
Mental Health Nursing	£710	£762	7.3%
Physical Disability	£831	£892	7.3%

Table 2

Learning Disabilities									
Band	**Standard**			**Smaller**			**Smallest**		
	Current 2023/24	**Proposed 2024/25**	**% Uplift**	**Current 2023/24**	**Proposed 2024/25**	**% Uplift**	**Current 2023/24**	**Proposed 2024/25**	**% Uplift**
Band 1	£757	£812	7.3%	£810	£869	7.3%	£863	£926	7.3%
Band 2	£876	£940	7.3%	£929	£997	7.3%	£982	£1,054	7.3%
Band 3	£1,110	£1,191	7.3%	£1,163	£1,248	7.3%	£1,216	£1,305	7.3%

Table 3

Residential 1:1		
Current 2023/24	**Proposed 2024/25**	**% Uplift**
£14.15	£15.18	7.3%

3. Financial Hardship Process

3.1 As the sector tackled the Covid-19 pandemic, providers of adult social care experienced costs far more than its business as usual and the council provided a Hardship Fund to reimburse evidenced costs incurred. Costs predominantly related to infection control measures and workforce.

3.2 We emerged from the pandemic into a cost-of-living crisis with businesses and families experiencing significant cost increases. The adult social care sector was impacted significantly by fuel, energy, and insurance cost increases. The Council reviewed the terms of the Hardship Fund to support providers with these evidenced costs recognising the increased financial pressure.

3.3 As the volatility of costs change again, the proposal is to move away from a Hardship Fund and replace with a Hardship Process. This process will be open to commissioned providers to approach the council where they are at risk of closure due to financial loss. An open book assessment will be completed between the Council and the provider, which will consider the financial viability of the provider including cashflow and reserves held as well as available capacity across Lincolnshire for the services they provide to inform a decision about whether and to what extent it would be appropriate for the council to offer financial support.

3.4 Any financial support provided will be time limited with a recovery plan agreed between both parties which will encourage future sustainability of the home.

3.5 The Council's responsibility is to ensure sufficient adult social care provision to meet demand and that the rate paid for care overall appropriately reflects the cost of its provision. The capacity review contained within the assessment may conclude that there is sufficient capacity in the market and no financial support can be provided.

4. Risk

4.1 There is a material risk that inflation does not fall as forecast. The finance team will continue to monitor the CPI on a quarterly basis and work with Adult Care and Community Wellbeing Directorate Leadership Team to assess the impact, consequences and actions needed should this risk materialise.

4.2 There is a risk that the providers will not sign up to the 2024-25 rates because of the Council's approach to top ups. As noted at paragraph 2.5, the contract works to ensure the full value of the Council's increase is passed through to the provider by maintaining the value of the top up in addition to the Council's Usual Cost fee increase. The value of the top up was fixed at the outset of the contract period to protect the families and other third parties from significant increase in costs during the contract period. So, whilst providers could not foresee what increases the Council would make to the Usual Cost in future years, they were protected against the uncertainty of the councils' rates in future years by the fact that their total price automatically rises with an increase in the Usual Cost. This appropriately balances the impact of the risk across the council, the provider and the third party.

In each relevant contract year (i.e. 2022-23, 2023-24), the Council has followed a process of review and due diligence to satisfy itself of the suitability and sufficiency of its inflationary

increases to the Usual Cost thereby mitigating the risk that an increase in the third-party top-up is necessary to meet the costs of care.

5. Legal Issues:

5.1 The legal framework governing Care and Support in England is provided for by the Care Act 2014 (the Act), detailed secondary legislation by means of Regulations and the Care and Support Statutory Guidance to the Care Act 2014 ("the Guidance").

5.2 Under the Care Act the Council has a primary obligation to assess the needs of those that appear to have needs for care and support and to meet those needs where they meet eligibility criteria. One of the main ways that the Council meets need is through the provision of residential care and residential care with nursing across a range of needs.

5.3 The Care and Support and After Care (Choice of Accommodation) Regulations 2014 enable a person to have the right to choose a particular provider subject to certain conditions. Where the accommodation is of the same type as specified in the adult's care and support plan, the preferred accommodation is suitable and available and where the provider agrees to provide the accommodation on the local authority's terms, the local authority must provide or arrange the accommodation. The preferred accommodation must not cost the local authority more than the amount specified in the personal budget of the adult. Where a person chooses a setting that is more expensive than the amount identified for their provision and set out in their Personal Budget, an arrangement needs to be made to meet the difference in cost. This is known as a "top up" payment or additional cost. In such cases, the local authority must arrange for them to be placed there, provided a third party, or in certain circumstances the person in need of care and support, is willing and able to meet the additional cost.

5.4 Annexe A of the Guidance provides that: -

- The Council must have regard to the actual cost of good quality care in deciding the personal budget to ensure that the amount is one that reflects local market conditions (para 11)
- The Council should not set arbitrary amounts or ceilings for particular types of accommodation that do not reflect a fair cost of care (para 11)
- A person must not be asked to pay a top up because of market inadequacies or commissioning failures and must ensure there is a genuine choice (para 12)
- The Council must ensure that at least one option is available that is affordable within a person's personal budget and should ensure that there is more than one (para 12)
- If no suitable accommodation is available and no preference expressed the Council must arrange care in a more expensive home and adjust the budget accordingly (para 12)
- The Council has a duty to shape and facilitate the market including ensuring sufficient supply (para 13)
- Where choice cannot be met the individual must give the individual an explanation in writing. (para 17)

5.5 The setting of the Council's Usual Costs is central to its compliance with these obligations. In particular the rate that the Council establishes as its Usual Cost will contribute significantly to the viability and sustainability of a market which provides sufficient places capable of

meeting need. The Usual Cost will also determine in many cases the personal budget against which the choice of accommodation provisions will be assessed.

5.6 In addition, the Council has general obligations under the Care Act. The most important of these in the current context is section 5 which states: -

"s.5(1) A local authority must promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market.
(a) has a variety of providers to choose from who (taken together) provide a variety of services
(b) has a variety of high-quality services to choose from
(c) has sufficient information to make an informed decision about how to meet the needs in question

Under section 5(2), when the council is considering the duty set out above, the Council must have regard to: -

- The need to ensure information is made available about the providers and the types of services they provide,
- The current and likely future demand and how providers might meet that demand,
- The importance of enabling, those that wish to do so, to participate in work, education, or training,
- The importance of ensuring sustainability of the market (in circumstances where it is effective as well as in circumstances where it is not)
- The importance of fostering continuous improvement in the quality, efficiency and effectiveness of the services and the encouragement of innovation
- The importance of fostering a workforce who can deliver high quality services (relevant skills and appropriate working conditions)

5.7 The Council must, when considering current and likely future demand ensure that there are sufficient services available to meet need and have regard to the importance of promoting wellbeing.

5.8 The background to the section 5 provisions includes the following statement in paragraph 5.2. of "Building Capacity and Partnership in Care: An agreement between the statutory and independent social care, health care and housing sectors" which was published by the Department of Health in October 2001: -

"Providers have become increasingly concerned that some commissioners have used their dominant position to drive down or hold down fees to a level that recognises neither the costs to the providers nor the inevitable reduction in the quality-of-service provision that follows. This is short sighted and may put individuals at risk. It conflicts with the Government's Best Value Policy. And it can destabilise the system, causing unplanned exits from the market. Fee setting must consider the legitimate and current and future costs faced by providers as well as factors that affect those costs, and the potential for improved performance and more cost-effective ways of working…"

5.9 Chapter 4 of the Guidance (Market Shaping) provides guidance on s.5 of the Act in the following paragraphs: -

"4.11 This statutory guidance describes, at a high level, the themes and Issues that local authorities should have regard to when carrying out duties to shape their local markets and commission services Market shaping, commissioning, procurement and contracting are inter-related activities and the themes of this guidance will apply to each to a greater or lesser extent depending on the specific activity…"

"4.27 Local authorities should commission services having regard to the cost effectiveness and value for money that the services offer for public funds. The Local Government Association Adult Social Care Efficiency Programme (…) has advice on these issues and may be helpful …"

"4.31 When commissioning services local authorities should assure themselves and have evidence that contract terms, conditions and fee levels for care and support services are appropriate to provide the delivery of the agreed care packages with agreed quality of care. This should support and promote the wellbeing of people who receive care and support and allow for the service provider ability to meet statutory obligations to pay at least the national minimum wage and provide effective training and development of staff. It should also allow retention of staff commensurate with delivering services to the agreed quality and encourage innovation and improvement. Local authorities should have regard to guidance on minimum fee levels necessary, taking account of the local economic environment. This assurance should understand that reasonable fee levels allow for a reasonable rate of return by independent providers that is sufficient to allow the overall pool of efficient providers to remain sustainable in the long term…"

5.10 The Usual Costs in this Report will continue to support a market within Lincolnshire that provides a choice of good quality care for Lincolnshire service users in a way which is sustainable both in terms of the businesses themselves but also in terms of a skilled workforce.

Equality Act 2010

5.11 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.

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

5.13 Having due regard to the need to advance equality of opportunity involves having due regard 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

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

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

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

5.17 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

If the Usual Cost is set at a level which is too low to cover costs then it is possible that there would be an adverse impact on people in residential care who are particularly vulnerable either by way of age or disability or both. This could happen because the rate paid by the Council was too low to maintain quality at current levels and as a consequence for example the number of activities available to residents could fall along with the catering standards or the amount of care hours available to individuals. In the event that rates were so low that providers could not maintain their business and homes closed residents would have to move. This could cause distress and upheaval particularly for those well settled residents with friends amongst the staff and other residents. Unless well managed it could also be injurious to health for the most vulnerable and cause confusion to dementia sufferers.

An Impact Analysis has been completed for Residential and Nursing Care rates for Adult Care which addresses the risk of adverse impact on service users which can be found as Appendix A and should be carefully considered along with the statutory duty itself as set out above. Two potential types of adverse impacts are identified. Firstly, that the quality of service may be reduced and secondly that more Homes may close. The extent of each risk depends principally on a consideration as to whether the Council's Usual Costs are at or above the actual costs of care. The work the Council has done to get data from the market and model the actual costs means that in the view of the Council the Usual Cost is at or above the actual cost of care.

The recommended proposal does increase all Usual Costs and does cover the providers' costs. The risk arising out of a fall in quality in these circumstances is therefore considered to be low. The proposed rate is above that residential care providers are currently paid and therefore there should be little economic need for providers to reduce the quality currently provided.

In any event the Council has procedures in place so that it can monitor the situation, to be able to manage both risks if they arise and thereby mitigate the risk of adverse impact arising out of either circumstance. In relation to quality the Council will specify the minimum quality requirements in its contracts which Homes will be required to sign. This will be monitored through contract management meetings with all providers to discuss performance; issues raised by the homes; workforce development; commissioning plans; operational quality assurance and other matters as appropriate. The meetings will take place in the homes and will vary in frequency, large providers will have monthly meetings with the smaller providers having less but they will take place at least annually. The Council works closely with the Care Quality Commission and has a structured approach to quality data maintaining a current history on each home. This enables any quality issues to be quickly recognised. Where Safeguarding issues are raised a multi-party investigation is undertaken and the Assistant Director or Head of Strategic Safeguarding will suspend all new placements where appropriate. In those cases, the Council will then work with the home to develop an improvement plan and will monitor the improvements. The suspension will only be lifted when satisfactory progress has been made.

As far as potential home closures are concerned, the risk of a home closing will be monitored through contract management meeting and the Contract Risk Matrix. The Council would expect that homes starting to find themselves in difficulty would raise concerns with the Council. In the unusual and unlikely event that a home was going to close, rather than be sold as a going concern, there is sufficient capacity within the market to find alternative provision for residents. The Council has in place a "Loss of Provider Process" which enables action to be taken quickly and efficiently to enable a smooth transition. The Loss of Provider Process requires that a team of practitioners is set up to be dedicated to working with the home, residents, and relatives to find suitable alternative placements. This team will work closely with NHS colleagues and the contracts, quality, and safeguarding teams in the County Council to manage the transition of arrangements.

In addition to this and as part of the Council's general market shaping work the Council continually monitors capacity in the market and addresses issues through its commissioning methodologies.

It is considered that the adoption of the recommended proposal addresses the risks and adverse effects that might arise if the alternative option was adopted. The remaining potential for adverse effects is low and can be mitigated and managed as set out above. Adoption of the recommended proposal is therefore considered to be consistent with the Council's obligations under the Equality Act 2010.

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

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

The JSNA for Lincolnshire is an overarching needs assessment. A wide range of data and information was reviewed to identify key issues for the population to be used in planning, commissioning, and providing programmes and services to meet identified needs. This assessment underpins the JHWS which has the following themes: -

i. Promoting healthier lifestyles
ii. Improving the health and wellbeing of older people
iii. Delivering high quality systematic care for major causes of ill health and disability
iv. Improving health and social outcomes and reducing inequalities for children
v. Tackling the social determinants of health

Under the strategic theme of improving the health and wellbeing of older people in Lincolnshire there are 3 relevant priorities; -

- Spend a greater proportion of our money on helping older people to stay safe and well at home,
- Develop a network of services to help older people lead a more healthy and active life and cope with frailty,
- Increase respect and support for older people within their communities.

The proposed increases to Residential and Nursing Care Fee Levels will contribute directly to the delivery of these priorities by helping to ensure that services for recipients of Adult's social care services are locally based, cost effective and sustainable.

5.19 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

Section 17 matters have been considered in preparing the Report. The Proposals in this Report do not directly contribute to the furtherance of the section 17 matters and there is no risk of adverse impact identified.

6. Conclusion

The 2024-25 rates detailed above further build upon the 2023-24 rates established following the market assessment carried out in 2021, uplifted to reflect the increase in national living wage and forecast inflationary increase.

For the reasons outlined in the report, the Usual Costs identified above represent an appropriate rate to enable the continued viability of the residential care market in Lincolnshire and the continued provision of choice in good quality care for the residents of Lincolnshire and it is recommended that the Usual Costs are approved.

7. Legal Comments:

The Council has the power to adopt the Usual Costs and establish the Hardship Process as set out in the Report. The proposed rates are considered to have been arrived at through a

lawful process which reflects case law, the Council's obligations under the Care Act and associated Guidance and which has appropriate regard to all relevant considerations. Further detailed discussion of the legal implications of the decision are dealt with in the Report. The decision is consistent with the Policy Framework and within the remit of the Executive.

8. Resource Comments:

To ensure compliance with its current and future legal obligations the Council must ensure it has a full understanding of the market provision of residential and nursing care and the cost at which such care can be made available by the market on a sustained basis. This will enable the Council to set a Usual Cost which it expects to pay for residential services in Lincolnshire to ensure a supply of service to meet identified need and to enable choice.

This report details a proposed set of rates at which it believes the Council should adopt for 2024-25. The cost to the authority of implementing the proposed rates is estimated to be £9.4m over one year. The additional funding requirement for the first year of the agreement is contained within the financial envelope identified as part of the 2024-25/ budget setting process.

9. Consultation

a) Has Local Member Been Consulted?

n/a

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This report will be considered by the Adults and Community Wellbeing Scrutiny Committee at its meeting on 28 February 2024 and the comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

Contained in the body of the report

10. Appendices

These are listed below and attached at the back of the report:	
Appendix A	Equality Impact Assessment
Appendix B	Provider responses to Consultation

11. Background Papers

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

Background Paper	Where it can be viewed
Report to Executive dated 7 March 2023 – "Community Supported Living, Residential and Nursing Care usual Costs"	Agenda for Executive on Tuesday, 7th March, 2023, 10.30 am (moderngov.co.uk)
Report to Executive dated 1 March 2022 – "Residential and Nursing Care Fee Levels within Adult Social Care"	Agenda for Executive on Tuesday, 1st March, 2022, 10.30 am (moderngov.co.uk)

This report was written by Pam Clipson, Head of Financial Services, who can be contacted at pam.clipson@lincolnshire.gov.uk and Alina Hackney, Head of Commercial Services - People Services, who can be contacted at alina.hackney@lincolnshire.gov.uk

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

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

Using this form

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

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

Equality Act 2010

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

Protected characteristics

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

Section 149 of the Equality Act 2010

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

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

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

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

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

Conducting an Impact Analysis

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

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

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

Impact – definition

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

How much detail to include?
The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” "Which protected characteristics might be affected?" and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.
You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

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

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

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

Background Information

Title of the policy / project / service being considered	Residential Review Programme	**Person / people completing analysis**	
Service Area	Adult Care & Community Wellbeing	**Lead Officer**	Justin Hackney and Julie Davidson
Who is the decision maker?	Executive	**How was the Equality Impact Analysis undertaken?**	Desktop Exercise
Date of meeting when decision will be made	05/03/2024	**Version control**	v1
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Re-commissioned

Describe the proposed change

Lincolnshire County Council needs to ensure that it delivers its statutory obligations to people who are eligible for social care.

ASC supports people who have had their care needs assessed as substantial or critical. When those care needs are to be met by residential or nursing placements the care provider should offer a quality service. Quality is determined as providing a service which is safe, effective and delivers a positive experience of care. This is encompassed within regulatory standards.

We have approx 2,969 people paced in long term care:

Service Users By Age Band	Female	Male	Grand Total
18 - 24	6	19	25

25 - 34	28	64	92
35 - 44	48	71	119
45 - 54	67	97	164
55 - 64	105	151	256
65+	1613	700	2312
Grand Total	1867	1102	2969

Service User by Service Type	LTC Nursing	LTC Residential	Grand Total
A - Learning Disability Support	43	420	463
A - Mental Health Support	85	290	375
A - Physical Support: Access & mobility only	36	217	253
A - Physical Support: Personal care support	283	1301	1584
A - Sensory Support: Support for dual impairment		5	5
A - Sensory Support: Support for hearing impairment		3	3
A - Sensory Support: Support for visual impairment		5	5
A - Social Support: Support for social isolation / other	1	14	15
A - Support with Memory and Cognition	51	215	266
Grand Total	499	2470	2969

Lincolnshire County Council currently holds contracts with 160 different provider organisations, covering 273 Care Homes within Lincolnshire.

LCC is required to set Expected Costs for each year with an amount set per category of care.

The current fee levels were set for the period 1 April 2023 – 31 March 2024.

New fee rates are required from April 2024, in line with the current Residential Framework Agreement 1 April 2022 – 31 March 2025.

In setting rates the Council must have due regard for the cost of providing care in Lincolnshire and the existing market conditions.

Proposed Changes

A proposed increase in residential fees will support Care Home providers in Lincolnshire to continue to provider a good quality service to residents.

The following uplift is proposed.

Older Persons	2023-24			2024-25			Uplift
	Std	Nrsg	High Dep	Std	Nrsg	HighDep	
Weekly Rate	646	713	712	693	765	764	7.3%

Learning Disabilities	2023-24			2024-25			Uplift
	Band 3	Band 2	Band 1	Band 3	Band 2	Band 1	
Standard - Weekly rate	1,110	876	757	1,191	940	812	7.3%
Smaller - Weekly rate	1,163	929	810	1,248	997	869	7.3%
Smallest - Weekly rate	1,216	982	863	1,305	1,054	926	7.3%

Mental Health	2023-24		2024-25		Uplift
	Std	Nrsg	Std	Nrsg	
Weekly Rate	669	710	718	762	7.3%

Physical Disabilities	2023-24	2024-25	Uplift
	Std	Std	Std
Weekly Rate	831	892	7.3%

The market for Adult Care services continues to face significant challenges. Given the unpredictability of the markets cost of care following the pandemic and the current cost of living crisis, the Council has implemented a three-year contract with an annual rate review.

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 increased funding to care providers should provide additional assurance that there is sufficient capacity within Lincolnshire for quality residential services.
Disability	The increased funding to care providers should provide additional assurance that there is sufficient capacity within Lincolnshire for quality residential services. In addition, the existing rate model recognises the key challenges within LD provision, namely the high variability of complexity in care needs, which will further support providers as well as allow the Council to undertake new initiatives.
Gender reassignment	*No unique positive impact for this protected characteristic*
Marriage and civil partnership	*No unique positive impact for this protected characteristic*
Pregnancy and maternity	*No unique positive impact for this protected characteristic*
Race	*No unique positive impact for this protected characteristic*
Religion or belief	*No unique positive impact for this protected characteristic*

Sex	*No unique positive impact for this protected characteristic*
Sexual orientation	*No unique positive impact for this 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.
During 2023-24 we have commenced the process of transitioning to gross payments for residential and nursing care services, with the necessary upgrade to our financial systems and a pilot transition programme having been successfully completed, as well as the subsequent scheduling and initiation of the wider programme roll out. Currently Lincolnshire County Council operates a net payment basis which see the provider receiving one flow of funding from the Council and potentially two flows of funding from the service user for their cost of care and/or their third party. Once we move to gross, the provider would receive one payment for all residents for whom Lincolnshire County Council pays a financial contribution towards their care. The provider would no longer need to collect funding directly from people in their care or their third parties. This is a significant change in process.

Adverse/negative impacts
You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.
If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

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

Age	Adult Care services and budgets continue to be pressured and while the measures in the new contracts awarded in 2022 have been put in place to directly address this there are concerns that ongoing pressures in the wider Health and Social Care system, the fee rate may impact on the availability and quality of the care which is provided There are concerns that the fee rate impacts on the viability of the providers. If Providers decide to increase their prices above expected costs then there is the risk that service users could be required to find a third party to pay the additional amount. If there is no third party available then service users could be asked to move to an alternative home which could cause distress. The increased funding, the proposed hardship process and the rate structure minimises the negative impacts.
Disability	Adult Care services and budgets continue to be pressured and while the measures in the new contracts awarded in 2022 have been put in place to directly address this there are concerns that ongoing pressures in the wider Health and Social Care system, the fee rate may impact on the availability and quality of the care which is provided There are concerns that the fee rate impacts on the viability on some of the Council's providers to deliver services. If Providers decide to increase their prices above expected costs then there is the risk that service users could be required to find a third party to pay the additional amount.

	If there is no third party available then service users could be asked to move to an alternative home which could cause distress. The increased funding, the proposed hardship process and the rate structure minimises the negative impacts.
Gender reassignment	This proposal is related to the residential care rate for Lincolnshire which is not specific to gender reassignment
Marriage and civil partnership	This proposal is related to the residential care rate for Lincolnshire which is not specific to marriage or civil partnership
Pregnancy and maternity	This proposal is related to the residential care rate for Lincolnshire which is not specific to pregnancy or maternity
Race	This proposal is related to the residential care rate for Lincolnshire which impacts on all placements and not specific to person's race.
Religion or belief	This proposal is related to the residential care rate for Lincolnshire which impacts on all placements and is not specific to a person's religion/belief.
Sex	This proposal is related to the care fee rate for Lincolnshire, which is not specific to sex. However data also shows that the rate will have a greater impact on woman as they have a longer life expectancy and therefore proportionality more likely to receive residential or nursing care.
Sexual orientation	This proposal is related to the residential care rate for Lincolnshire which impacts on all placements and is not specific to a person's sexual orientation

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 on the new model was undertaken directly with Care Providers during 2021 aligned to the award on a new three-year contract. Consultation on the 2024-25 rates has commenced with the market through Lincolnshire Care Association. There are no proposed changes on how Service Users will access or receive care services differently and it is hoped that with the increased funding available through the proposal services in both Specialist Adults Services and Adult Frailty and Long-Term Conditions shall improve.

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

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 Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Yes
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	Formal communications structures are in place between the Council and providers. These meetings will continue to consider whether there are any emerging impacts against individual service users, particularly those who are protected under the Equality Act 2010.

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**

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
V0.1	Version issued to support decision making in the setting of Usual Costs for Residential, Nursing Care & Community Supported Living Services for financial year 2024-25				

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

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PROVIDER FEEDBACK

Provider Feedback	LCC Response
Provider A Thank you for the attached letter sent 16.01.2024. I have spoken to our Regional Business Support Manager, Community Engagement & Development Manager, and the Head of Sustainable Funding Team regarding the 7.3% proposed 24/25 uplift for our Lincolnshire residential services. We understand that the formal offer will be made is the percentage is approved 05.03.2023 at the budget setting meeting. Prior to the budget setting meeting Provider A would like to feedback that the 7.3% is not acceptable, it is an inadequate offer which would leave us with an unsustainable rate for our 24/25 services. Please can you take our concerns with this rate into consideration whilst the Council engages in their budget setting procedure? We hope to receive a more sustainable and sufficient offer after our feedback has been considered.	LCC recognises the scale of increase in the National Living Wage and has applied that increase to the pay components of all care rates in place with providers. For the non-pay elements of the care rates, LCC will continue to apply the consumer price index forecast inflation for the year ahead. For 2023-24 this was 8.3% and whilst inflation in April and May 2023 was 8.7%, each month dropped to the current 4%. LCC has not reduced the 8.3% in the 2023-24 rate structure. With a proposed average inflation of 3% for 2024-25 in addition to the 2023-24 rate, the 2024-25 offer of 7.3% is a fair reflection. Should you be in the position that your organisation can't sustain the rates proposed and face the risk of financial failure, LCC has a Hardship Process in place. This process will work with you, on an open book basis, to understand what actions may be needed to move forward.

Provider Feedback	LCC Response
Provider B Thank you for setting out a proposed uplift of 7.3% from 1 April 2024 and the factors which have been used to determine this rate. Whilst the factors used reflect current market conditions to some extent, the calculation uses National Living Wage rather than Real Living Wage. Provider B has been a Real Living Wage provider since April 2022 because we recognise the importance and value of the work our colleagues do, and how important it is that our residents benefit from having the best experienced professionals caring for them at all times. Provider B absorbs the differential between the Real Living Wage and National Living Wage increases into the reserves of the Charity, which becomes increasingly difficult to do year on year when fee settlements are only considering the National Living Wage. We hope that LCC will reconsider the level of pay included in the calculation for fee settlements for 2024/25 in recognition of giving employees an appropriate remuneration for the work they do.	**Rate Uplift** LCC recognises the scale of increase in the National Living Wage and has applied that increase to the pay components of all care rates in place with providers. The data submitted during the market assessment completed in 2021 highlighted that some roles were paid above the national living wage and therefore the average paid across the sector was reflected in the rates. The assessment and rates were shared with the sector as part of the exercise. Each year we increase the rates by the national living wage % uplift to reflect a fair and consistent approach. **Digital Social Care Record (DSCR)** For each of the 3 years from 22/23 23/24 and 24/25, the Department of Health & Social Care (DHSC) provide grant funding to each Integrated Care System (ICS) area, which is paid to the Integrated Care Board (ICB). The total amount granted is based on relative needs formula and is intended to assist with the promotion of DSCR and support care providers with the costs of the first year of implementing

We would also ask for consideration to be given to the additional operating costs associated with operating a digital care record system. The Government made a commitment that 80% of care providers would be operating a digital care record system by the end of March 2024. Whilst funding provision has been made to support the implementation of this system, there needs to be further support from the DHSC to support this national initiative on an ongoing basis. We are grateful to the Lincolnshire ICB for the funding support which is enabling Provider B to implement the Nourish digital care record system during the 2023/24 financial year. The licence costs associated with the system are an incremental cost burden which all providers need to cover and I would ask this is covered in the fee for 2024/25. In simple terms, the cost per registered bed is £110 for the next financial year. This equates to £2.11 per week which we would ask to be added to the fee settlement for 2024/25. Whilst this seems like a negligible increase, it is another operating cost care providers need to cover and financial support from local authorities towards this is appreciated.	and running a DSCR. Care providers can apply for funding support to the ICS if they have selected a DHSC approved system and are wanting to implement. In Lincolnshire, Lincolnshire County Council (LCC) work in partnership with NHS Lincolnshire ICB and Lincolnshire Care Association (LinCA) to promote and manage the grant. • NHS Lincs ICB transfer the DHSC grant funding to LCC. • Any applications made by care providers operating in Lincolnshire are directed to LinCA • LinCA work directly with care providers to promote the benefits of DSCR, receive expressions of interest and give assistance for care providers to select and implement a solution • LCC, ICB and LinCA make up a DSCR panel which considers funding applications from care providers once they have decided to invest in a DSCR • Approved applications are paid to the care provider by LCC through a grant funding agreement, which is shaped by the terms of the DHSC programme. The grant fund outlines that the funding shall be used for; *Software Licence and hardware leasing for DSCR, plus implementation and transfer of records to a digital format, and backfill of staff time for system training, with a maximum contribution equal to the lower of 50% of cost or £200 per registered bed supported for the first 12 months of use.*

Provider Feedback	**LCC Response**
Provider C Provider C is an 83 bed nursing home specialising in dementia, learning disabilities and mental health for young adults and the elderly. The majority i.e. over 80% of residents are funded by LCC, the remaining through CCG, other local authorities and a very small number of self-funders. Therefore, we heavily rely on LCC and vice versa. Following LCC's proposed Adult Social Care fees, I would like to add the following which highlights the cost pressures Provider C are facing: **Occupancy**	LCC recognises the 9.8% increase in the National Living Wage and has applied that increase to the pay components of all care rates in place with providers. For the non-pay elements of the care rates, LCC will continue to apply the consumer price index forecast inflation for the year ahead. With a proposed average inflation of 3% for 2024-25, the 2024-25 offer of 7.3% is a fair reflection. LCC will continue to track the CPI through 2024-25 to monitor the pace of progress towards the forecast 3.1%.

- Our occupancy has decreased since Covid-19 and has not returned to pre-pandemic levels.

Staffing

- Our biggest inflationary pressure is staff cost.
- NLW will increase from £11.44 from £10.42 i.e. 9.8% plus associated cost of National Insurance and Pension: i.e. in real terms an increase of 11%
- We are finding it increasingly difficult to recruit and retain staff given that other competitors to the Care Sector offer higher wages with added welcome bonuses, which we simply cannot compete with given that funding has/is been below par.
- We must factor in our rural location and lack of public transport in recruiting staff. Such added barriers require new employees to drive.
- Agency Staff: usage and costs remain high. We heavily rely on Agency Nurses specifically the Night shift. We hope that the Scottish Model of nurses on night shift is adopted in England to help ease pressure.

Other cost pressures:

- Utilities: Energy Gas and Electricity: increased by 132%
- Insurance cost: increased by 68%
- Cleaning & Medical: increased by 21%
- Increasing base rate: Mortgage repayments: 28% increase

To conclude: we know that NLW will increase by 11% in real terms from April 2024. Staffing is the biggest cost pressure for all Care Homes, in addition as I have highlighted above the further cost pressures, it is wholly unreasonable that LCC's fee proposal does not take into account these percentages or cost pressures whether current or future. In the proposal, it includes 3% forecast inflation to the non-staff components of the rates: we feel this is an optimistic forecast and inflation most likely will not settle, thus a further review will be required during 2024/25 financial year.

<u>To conclude, we do not feel that the proposed fee level would represent a fair cost of care.</u>

The residents at Provider C are some of the most vulnerable residents within the community who need our support, in turn Provider C need the necessary support from LCC.

Increments in fee levels in previous years have not reflected inflation rates respectively, leaving a wide gap in the cost of care. We are proud to offer excellent care to our residents and wish to continue, however if we are not financially supported by the Council with a fair increment, the quality of care is likely to diminish. Without the Council support, inevitably our services will become unsustainable. Our residents deserve the best quality of life, without your support their quality of life will suffer.	

Provider Feedback	LCC Response
Provider D - Lincolnshire County Council acknowledge in the attached letter the additional cost pressures associated with the National Living Wage (NLW) and inflation. Clearly the proposed uplifts will not meet the aforementioned pressures. It is not clear from the attached letter the specifics on how the uplift percentages were calculated. Could these please be made available for review? - When considering the National Living Wage increase we must also consider the actual effect of the Autumn Statements NI changes. The true increase is **10.35%,** as the Employer NIC threshold has remained at £175.01 per week. It is important that you build the higher figure into your inflation calculations. - Inflation forecast – we believe that RPI is a more appropriate measure of the increases that will affect our care services, forecasted at 5.1% for 2024. CP 944 – Office for Budget Responsibility – Economic and fiscal outlook – November 2023 (obr.uk) - An 1:1 hourly rate of £15.18 when the NLW is £11.44 is not sufficient. Additionally, Lincolnshire County Council will be aware of the issues with recruiting and retaining staff since the pandemic, particularly in rural services. In response to these pressures, and to ensure that we continued to deliver high quality care and support, Provider D made the decision to make significant improvements in the pay levels at these services including increasing our base pay rate to above national living wage, paying premium rates for night and weekends (50p per hour), overtime (£1 per hour) and specific bank holiday enhancements. We also maintained differentials for front line managers.	LCC is continuing to apply the approach to the model construct that was agreed following the market assessment in 2021. That assessment reflected the average rate paid in Lincolnshire across those homes who participated in the assessment, including where this is higher than the NLW. LCC continues to apply the NLW % uplift across the averages within the rate structure and therefore the 9.8% uplift has been included for 2024-25. For the non-pay elements of the care rates, LCC will continue to apply the consumer price index forecast inflation for the year ahead. With a forecast average inflation of 3.11% for 2024-25, the 2024-25 offer of 7.3% is a fair reflection. LCC will continue to track the CPI through 2024-25 to monitor the pace of progress towards the forecast 3.1%.

Provider D is proud of the quality of care and support we provide, and we believe we can demonstrate commitment to maintain standards and to work creatively and positively with all our commissioning partners. We look forward to continuing to work with you to continue to deliver high quality and sustainable services for the people we support however this needs to be at a sustainable rate.	

Provider Feedback	LCC Response
Provider E Considering where we are as a sector, it is important for us to be open and transparent with you regarding where we are as an organisation. In short, I can confirm that our cost pressures going into 24/25 are between 8.6% to 9.2% and whilst we can limit some of the cost pressure impact through different means, i.e., reducing agency, increasing occupancy, the uplift we require this year to cover costs would be 8.4% as a minimum. The offer from Lincolnshire County Council falls short of this at 7.3%. I'd therefore be grateful if you could look again to review if you are able to offer an increase on the proposed rates. Should there not be any ability to move further on the rates, we will likely have to look at other strategies to mitigate the cost pressures, e.g., reviewing our current top-up schedule arrangements. Specifically, we would like to challenge the non-staffing pay related cost pressures at 3%. Whilst we acknowledge that the Council have stated they will look again at the fee rates should inflation not reduce to this level, we feel there is a need to remind you that this was also stated as part of the 2023/24 fee setting process where a 5.5% uplift was allocated to non-staffing related costs (based on CPI) and at the time of writing the average CPI from April 23 to December 23 is 6.44% but the rates have not been reviewed. For further detail regarding our financial cost pressures should it be of use: ▪ Staffing costs – we are currently paying the Real Living Wage across (RLW) at each of our 6 homes and we already know the RLW increase is 10.1% this year. Staffing is always the largest cost – and therefore cost pressure – that we have, with 80% of our home costs going towards Colleagues' pay, pensions and rewards. At Board-level, we have restated our commitment to pay by reiterating it as our number one priority and are hoping that we can continue to pay RLW locally.	For the non-pay elements of the care rates, LCC will continue to apply the consumer price index forecast inflation for the year ahead. With a forecast average inflation of 3.11% for 2024-25, the 2024-25 offer of 7.3% is a fair reflection. LCC will continue to track the CPI through 2024-25 to monitor the pace of progress towards the forecast 3.1%. LCC did review the inflationary uplift early on in 2023-24 and this was increased from 5.5% to 8.3% for the full year. LCC is continuing to apply the approach to the model construct that was agreed following the market assessment in 2021. That assessment reflected the average rate paid in Lincolnshire across those homes who participated in the assessment, including where this is higher than the NLW. LCC continues to apply the NLW % uplift across the averages within the rate structure and therefore the 9.8% uplift has been included for 2024-25.

▪ Non-staffing costs – admittedly these have been more difficult to estimate but we calculate them to be around 4.7% to 6.7% (excluding energy costs) accounting for approximately 20% of our overall cost pressures. Food, maintenance and insurance are our largest projected increases above inflation levels at 10%, 10% and 15% respectively. We acknowledge that CPI has fallen but this has not yet filtered through fully and accommodation-based services are more sensitive to these cost pressures, e.g., energy usage is way above that of ordinary residential properties. On energy, we are actually projecting a reduction in energy costs (which are still comparatively high in relation to 22/23 costs but lower than in 23/24) and expect this to offset other non-staffing costs by around 1 to 2%. We therefore projecting the following range in non-staffing costs: o Minimum: 2.7% (4.7% offset by 2% energy cost reduction) o Maximum: 5.7% (6.7% offset by 1% energy cost reduction) Our projected minimum and maximum uplifts based on cost pressures are therefore: ▪ **Minimum** Staffing costs: 10.1% (80% weighting) Non-staffing costs: 3.7% (20% weighting) Required uplift: 8.62% ▪ **Maximum** Staffing costs: 10.1% (80% weighting) Non-staffing costs: 5.7% (20% weighting) Required uplift: 9.22% Thank you in advance for considering our view as part of this process.	

Provider Feedback	**LCC Response**
Provider F Whilst we acknowledge the financial challenges facing Lincolnshire County Council, the proposed increase is lower than the 8.5% which the sector nationally is predicting for 2024-2025. Care providers are experiencing significant increases in	This seems to be based on a misunderstanding of how the contract works. Where a provider charges a price above the council's Usual Cost the provider is entitled to payment of that price as long as a third party makes up the difference between that price and the Usual Cost. The contract works to ensure that if the Usual Cost is increased the provider's price also increases by the same amount. In this way the full

costs beyond the impact of NLMW increase, particularly as they try to maintain the quality of the environment which the residents enjoy. We understand the rationale for applying the forecast inflation rate of 3% to non-staff costs but are concerned that this may be overly optimistic. If the anticipated reduction in inflation does not materialise, would Lincolnshire County Council be happy to review the impact of inflation at the end of Quarter 1? Given that Third Party top up rates were set when providers where unaware of the proposed rates for the future yearly periods, and given the prevailing financial climate that has ensued, providers need to be able to review these in order to maintain the contribution to costs that was anticipated when they were set. We would not expect families and other third parties who are already contributing to the fees of providers services to be faced with large increases as they are also experiencing cost of living issues. We would propose a 7.3% uplift for 2024-2025 in line with the proposed fee increase. Would you support this proposal? For new clients, we feel that providers should be free to re-establish a new contracted TPTU maximum rate based on their projected cost base, on a room-by-room basis. This could be added to the current schedule as a maximum per room. As now, these would be maximum values, with providers free to reduce or waive them for each new placement. As I am sure you appreciate, care providers continue to experience significant financial, and workforce related pressures and given the funding constraints to which you are subject, we remain concerned that some providers will find it difficult to be able to deliver the quality care that we would all like to see at the proposed rates.	value of the Council's increase is passed through to the provider without increasing the value of the top up. So, although it is true to say that providers could not foresee what increases the Council would make to the Usual Cost in future years, they are protected against this in any event by the fact that the providers price automatically rises with an increase in the Usual Cost. In this way the differential is always maintained, and therefore the request for a proportionate increase is in effect already happening. For the non-pay elements of the care rates, LCC will continue to apply the consumer price index forecast inflation for the year ahead. With a forecast average inflation of 3.11% for 2024-25, the 2024-25 offer of 7.3% is a fair reflection. LCC will continue to track the CPI through 2024-25 to monitor the pace of progress towards the forecast 3.1%.

Provider Feedback	**LCC Response**
Provider G I write regarding the proposed fee settlement for the above period and have several comments I would appreciate you considering. 1. The proposed fee increase will not cover our per bed wages bill increase as a result of the 9.8% rise in the minimum wage, for a number of reasons: a. To maintain pay differentials between staff in different roles, all staff will expect a 9.8% pay increase.	LCC is continuing to apply the approach to the model construct that was agreed following the market assessment in 2021. That assessment reflected the average rate paid in Lincolnshire across those homes who participated in the assessment, including where this is higher than the NLW. LCC continues to apply the NLW % uplift across the averages within the rate structure and therefore the 9.8% uplift has been included for 2024-25.

b. Due to the inability of the care sector to recruit UK staff, many of our staff our from overseas. To enusre we are fully staffed we have no alternative than to pay visa costs and higher per hourly wages for overseas workers. These costs are not reflected in your proposed increase. c. The rise is based on care homes employing the bare minimum number of staff and does not take into account the costs of additional staff, such as those conducting activities, that enhance the lives of our residents. 2. The 3% inflation increase is overly optimistic. It fails to take into account escalating conflict in the Middle East which is dispruting supply chains and increasing the costs of goods we purchase. It also fails to take into account other inflationary pressures from border checks that will soon be introduced following Brexit which will increase import costs of goods we purchase.	For the non-pay elements of the care rates, LCC will continue to apply the consumer price index forecast inflation for the year ahead. With a forecast average inflation of 3.11% for 2024-25, the 2024-25 offer of 7.3% is a fair reflection. LCC will continue to track the CPI through 2024-25 to monitor the pace of progress towards the forecast 3.1%.

Provider Feedback	**LCC Response**
Provider H I am reaching out to express our concern regarding the fee income set for our funded residents by the council. As you may be aware, the cost of providing quality care has been steadily increasing, driven by factors such as rising operational expenses and upcoming national minimum wage hikes. Despite the headline inflation rate showing signs of reduction, the costs to our business have continued to rise disproportionately. Our total staff costs from April 2024 are estimated to increase by c.13%, far exceeding the 7.3% fee increase set for 2024. While we understand the constraints faced by councils in allocating resources, we believe that the current fee income set for our residents does not adequately account for the actual costs associated with providing outstanding care and maintaining our standards of excellence. The proposed 7.3% increase falls significantly short of covering the projected increase in staff costs alone, let alone other operational expenses.	LCC is continuing to apply the approach to the model construct that was agreed following the market assessment in 2021. That assessment reflected the average rate paid in Lincolnshire across those homes who participated in the assessment, including where this is higher than the NLW. LCC continues to apply the NLW % uplift across the averages within the rate structure and therefore the 9.8% uplift has been included for 2024-25. For the non-pay elements of the care rates, LCC will continue to apply the consumer price index forecast inflation for the year ahead. With a forecast average inflation of 3.11% for 2024-25, the 2024-25 offer of 7.3% is a fair reflection. LCC will continue to track the CPI through 2024-25 to monitor the pace of progress towards the forecast 3.1%.

We urge the council to reconsider the fee income set for our residents and consider the substantial rise in costs that our facility is facing. Failing to do so may jeopardise our ability to continue delivering the level of care and support that all our residents deserve. Additionally, we would welcome the opportunity to engage in constructive dialogue with you to explore potential solutions and ensure that the needs of both our residents and the council are met in a sustainable manner.	

Provider Feedback	LCC Response
Provider I With the NMW confirmed the rise from £10.42 to £11.44 per hour, this change, coupled with the persistent challenges of inflation, escalating energy and utility costs and unpredictable fuel prices, presents a significant financial strain on our organisation. We are committed to upholding the quality of care and support services we provide in Lincolnshire. However, without a meaningful increase in our contracted service fees, we foresee the sustainability of our current services becoming increasingly untenable. While acknowledging the intricacies of the financial landscape, we firmly assert that a substantial funding increase of approximately 14% is imperative to uphold the ongoing delivery of care and support services in your region. Several factors underscore the necessity of this request as stated above: • NMW Increases – The government decision to raise the NMW will significantly impact us to cover the higher labour costs associated with paying our own and agency staff at the new minimum wage rates at +£1.02ph. • Inflation – Inflation is currently running at 3.9% well above government targets, and is increasing the costs of goods and services, including utilities, equipment and supplies. There have been unit price increases of 8% and 5% for gas and electricity in January and indeed OPEC is warning of a rise in oil costs as production is cut. Food inflation is set to continue in 2024 and not flatten until mid-year.	LCC is continuing to apply the approach to the model construct that was agreed following the market assessment in 2021. That assessment reflected the average rate paid in Lincolnshire across those homes who participated in the assessment, including where this is higher than the NLW. LCC continues to apply the NLW % uplift across the averages within the rate structure and therefore the 9.8% uplift has been included for 2024-25. For the non-pay elements of the care rates, LCC will continue to apply the consumer price index forecast inflation for the year ahead. With a forecast average inflation of 3.11% for 2024-25, the 2024-25 offer of 7.3% is a fair reflection. LCC will continue to track the CPI through 2024-25 to monitor the pace of progress towards the forecast 3.1%.

• Rising operation costs – Beyond staff costs for labour, there are additional expenses such as insurance, maintenance and administrative overheads. • Increased complexity of need – To expand our capacity, retain and hire staff with the right level of training to deliver quality services in your region and keep people safe. • Technology upgrades – Investment in new technologies to digitise care records (as per NHSX pilots), improve service delivery, enhance efficiency and meet regulatory requirements. We genuinely value our partnership with Lincolnshire County Council and are dedicated to working collaboratively to find a solution to these financial challenges. Our primary concern is the health and well-being of the individuals we support and our staff.	

Lincolnshire COUNTY COUNCIL
Working for a better future

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

Report to:	**Executive**
Date:	**05 March 2024**
Subject:	**Integrated Lifestyle Service Contract Extension**
Decision Reference:	**I032097**
Key decision?	**Yes**

Summary:

This report seeks authorisation for an exception to the Council's Contract Regulations to enable a 12-month extension to the Integrated Lifestyle Service contract, plus 3 elements of additional delivery, with the current provider until the 30th June 2025. The total cost of this extension is £3,201,100.

Recommendation(s):

That the Executive:

1. approves the extension of the Integrated Lifestyle Service contract for a period of 12 months, from the 1st of July 2024 to the 30th of June 2025, at a value of £2,717,490.

2. approves the extension of the Child & Family Weight Management component for the same period, at a value of £265,610.

3. approves the extension of the Strength & Balance (Falls Prevention) component at a value of £160,000.

4. approves the extension of the Employee Challenge component for the same period, at a value of £58,000.

5. delegates to the Executive Director – Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care and Public Health authority to take all decisions necessary to give effect to the above extensions

Alternatives Considered:	
1.	Cease delivery of an Integrated Lifestyle Service (ILS) from 30 June 2024. A discontinuation of the service would represent a decision to cease provision of prevention services targeting the most significant causes of ill-health & mortality in Lincolnshire. This would be expected to lead to more demand on Council and NHS services, greater long-term costs, and a decline in overall health & wellbeing of the population. Furthermore, this would risk a worsening of health inequalities in the Lincolnshire population. This would prevent Lincolnshire from being able to access £1.076m of additional government funding to improve smoking cessation as part of the 'Smokefree Generation' plan, as this funding is contingent on the council protecting current levels of expenditure on smoking cessation. This would also represent a significant reputational risk for the Council, as the ILS is the key primary-preventative service for the Integrated Care System.
2	Go out to tender for a replacement ILS contract The Council's Public Health department is currently undertaking an exercise to map all the preventative services offered across the healthcare spectrum, to identify duplication and any gaps. There is considered to be a level of risk in progressing a new procurement for the ILS without analysis of this wider mapping programme, to ensure any future re-procurement specification avoids duplication and includes best potential coverage. It is recommended that the outcome of the wider preventative services review and the learning from longer delivery of the Child and Family Weight Management component and Falls Prevention elements are incorporated into the re-commissioning exercise for ILS.

Reasons for Recommendation:

The ILS service is a key preventative service within Lincolnshire's Integrated Care Strategy and considered a vital part of building back Lincolnshire's health strongly after the pandemic.

The service focuses on the four leading risk factors impacting on health and wellbeing: smoking, obesity, physical inactivity, and excessive alcohol use with performance monitored through the achievement of individual outcomes linked to eight service key performance indicators (KPIs). The service has been independently evaluated and is

considered high performing compared to national benchmarks and comparator services.

The contract commenced on 1st July 2019 with a maximum duration of 5 years (3-year initial term plus a 2-year extension period) and is currently due to expire on 30th June 2024. Additional complementary elements of service delivery have been added during the contract term; a Child & Family Weight Management (CFWM) element in July 2022, a Falls Prevention Service in July 2023, and an annual Employee Challenge service for LCC staff and associated NHS partners. Collectively, these elements add approximately £480,000 to the overall annual contract value.

The Council's Public Health department is currently undertaking an exercise to map all the preventative services offered across the healthcare spectrum, to identify duplication and any gaps. There is considered to be a level of risk in progressing a new procurement for the ILS without analysis of this wider mapping programme, to ensure any future re-procurement specification avoids duplication and includes best potential coverage.

It is recommended that, in order to incorporate consideration of the outcome of the wider preventative services review and the learning from longer delivery of the CFWM and Falls Prevention elements into the re-commissioning exercise for ILS, an extension of 12 months to the current contract be granted (to include the retender process timeline) with the aim of a new contract being let and in place by the 1st July 2025. This will also ensure continuity of service delivery to residents during a period of additional service and system review prior to a re-procurement.

For the reasons above, this report seeks authorisation for an exception to the Council's Contract Regulations to enable a 12-month extension to the Integrated Lifestyle Service contract with the current provider until the 30th June 2025.

1. Background

1.1. Lincolnshire County Council (LCC) and the Lincolnshire Integrated Care Board (ICB) jointly invest £2.7m annually (£2.2m and £0.5m respectively) in an Integrated Lifestyle Service (ILS). The commissioned provider, Thrive Tribe, utilising the branding of One You Lincolnshire (OYL), supports adults in Lincolnshire to adopt healthier lifestyles and is specifically targeted at those with long term conditions.

1.2. The contract commenced on 1st July 2019 with a maximum duration of 5 years (3-year initial term plus a 2-year extension period) and is currently due to expire on 30th June 2024.

1.3. The service focuses on the four leading risk factors impacting on health and wellbeing: smoking, obesity, physical inactivity, and excessive alcohol use with performance monitored through the achievement of individual outcomes linked to eight service key performance indicators (KPIs). The service has been independently evaluated and is considered high performing compared to national benchmarks and comparator services.

1.4. Additional complementary elements of service delivery have been added to the core contract; a Child & Family Weight Management element, a Falls Prevention Service, and an Employee Challenge service for LCC staff and associated NHS partners. These elements add approximately £480,000 to the overall annual contract value.

Service Rationale: the Importance of an Integrated Lifestyle Service in Lincolnshire

1.5. The increase in health-related economic inactivity since 2020 has been estimated by the Office of Budgetary Responsibility to have added costs of £16bn to the national economy. Preventable illness, disease and death attributed to unhealthy behaviours, cost the NHS an annual £11bn, and are the focus of the national 'One You' (now known as Better Health) campaign. Initiatives aim to encourage people to take control of their health and address unfair differences in life expectancy.

1.6. Tackling unhealthy behaviours, particularly in middle age, enables people to enjoy significant benefits now and in later life. Government signalled its ambition in its manifesto commitment "to extend healthy life expectancy by five years by 2035", and to save more lives in its 10-Year Cancer Plan. The impact of the Covid-19 pandemic has seen a further increase in obesity, inactivity, and alcohol consumption, increasing the need for primary prevention services.

1.7. Public Health interventions have been found to have a return-on-investment ratio of 14.3:1 although not all these returns will translate into cashable savings, it is clear that without investment in prevention, costs to the system will further increase.

1.8. The government's plans to address health inequalities will be dependent on ensuring that those groups who experience poorer health are able to take up proactive & preventative healthcare services, as well as healthy lifestyles, at a greater rate than the 'worried well'. Currently this is often the wrong way round, with easier access to help for those whose health is the best. This means that addressing inequalities is intrinsically linked to ensuring preventative services are well targeted at those who need the most help.

1.9. Lincolnshire's Integrated Lifestyle Service is designed specifically to address 4 risk factors that significantly contribute to the overall ill health, and the inequalities in health, of the Lincolnshire population:

Smoking cessation

1.10. In November 2023 the government published 'stopping the start: our new plan to create a smokefree generation', announcing changes to the legal age of purchasing for tobacco and additional funding for local authorities. They have since followed this up with an announcement of planned legislation to ban the sale of disposable

vapes. Additional funding of £1.076m per annum is being provided to Lincolnshire County Council in order to support and boost existing smoking cessation activity.

1.11. Smoking is the single biggest contributor to inequalities in life expectancy and the biggest cause of preventable cancer. Rates of smoking in Lincolnshire adults (18+) continue to remain higher at 16.0% (2022) than both East Midlands and England averages. The proportion of new mothers smoking at time of delivery is higher than the national average, at 14.1%.

Obesity

1.12. Rates of obesity in Lincolnshire are higher than the England average amongst both adults and children. In 2020/21, 67.6% of adults in the county were classified as overweight or obese. A quarter of Lincolnshire reception age children are overweight or obese, rising to over a third in Year 6. The associated health issues have made this a major priority in Lincolnshire.

Physical Activity

1.13. 1 in 5 of Lincolnshire adults are inactive, a recent analysis of Active Lives data for Lincolnshire shows, with a concerning overall trend of rising levels of inactivity since 2015, across all age groups, population types and socio-economic groups. We are not burning off enough of the calories that we consume. People in the UK are around 20% less active now than in the 1960s, and, if current trends continue, we will be 35% less active by 2030. The UK Chief Medical Officers' Physical Activity Guidelines (2019) recommends that adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling) each week. The Health Survey for England shows that only 67% of men and 55% of women do at least 150 minutes of moderate physical activity per week. The Active Lives Children and Young People Survey reported between September 2019 to July 2020 that only 44.9% of children aged between 5 and 16 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day (47% of boys, 43% of girls).

Alcohol

1.14. Over 200 health conditions are linked to alcohol, including cardiovascular diseases and types of cancer. In England, more working years are lost to alcohol than to the ten leading causes of cancer death combined. The Institute of Alcohol Studies found that "changes in alcohol consumption during the COVID-19 pandemic resulted in a significant increased health and economic burden in England from the alcohol-related diseases studied" and warned "if drinking patterns do not revert to pre-COVID patterns, the disease burden would be far higher". Reducing alcohol intake can have huge health benefits, and has an important place in a healthy lifestyle approach:

- Alcohol consumption can increase calorie intake by 250 calories a day through consumption of alcohol or poor food choices whilst drinking.

- Alcohol enhances relapse risk for those who have quit smoking (86% of smokers drink alcohol)
- Alcohol reduction improves sleep quality, mood, energy levels and appearance. Alcohol disrupts natural sleep cycles, delaying entering REM sleep, creating negative impacts.

1.15. Preventing alcohol harm helps narrow socio-economic inequalities and contributes to the Government's 'levelling up' agenda, as well as reducing the alcohol-related workload for the NHS, meaning resources can be used elsewhere to benefit patients.

2. Service Performance

2.1. The service was affected by the Covid-19 pandemic, notably in relation to the number of referrals received from primary care and the ability for Thrive Tribe and its partners to deliver face to face provision. As a result, a self-referral pathway was introduced, with data reviewed at quarterly contract management meetings in relation to:

- The proportion received via the self-referral route
- The proportion which are for smoking cessation (which has always been open to self-referral)
- The proportion that have come as a result of a healthcare professional advising the individual to self-refer
- How many have a long-term health condition

2.2. If referral data began to indicate a move away from those with long term health conditions and those advised by a healthcare professional, a dialogue between the Council and the provider would be initiated to discuss the continuation of the self-referral pathway.

2.3. Evidence is emerging that the ILS is increasingly well-known and embedded within clinical practice/referral pathways in Lincolnshire. Further service delivery under the current contract will strengthen this.

2.4. Despite the impact of the pandemic, the service has shown year-on-year increases in referrals and outcomes, meeting its KPI targets for outcomes for the first time at the end of contract year 4 (total outcome numbers to date are shown in the table below).

Pathway	Total outcomes July 2019 – June 2023	Increase in outcomes achieved since 2019
Smoking (4-week quits)	9,655	+35%
Weight Management (losing 5% of body weight)	7,687	+712%
Physical Inactivity (increasing to 150 mins activity per week)	10,050	+505%
Alcohol Reduction (reducing to 14 units per week)	2,187	+348%

2.5. Key successes at the end of year 4 of the ILS include:

- Year-on-year increases in achievement against outcomes across all pathways as detailed above.
- A high proportion of outcomes in weight management (43%) and physical activity (50%) coming from those on other pathways, with the majority of alcohol reduction outcomes being reached from those accessing other pathways (78%). These secondary outcomes are a direct result of the service offering integrated support across all pathways, which would not have been achieved if the 4 pathways were provided as standalone programmes.
- Performance above targets across all pathways at the end of 2022/23.
- 38% of those supported coming from the top 3 most deprived areas of Lincolnshire (or Lower Super Output Areas – referred to as LSOA).

2.6. An independent academic evaluation was commissioned and undertaken by the University of Lincoln to understand the impact and effectiveness of an integrated service in comparison to standalone support programmes. The evaluation concluded that performance was at or above the national average in all pathways as shown in the table below (year 4 data was not available at the time of evaluation).

Pathway	National Average 2020/21	Year 1	Year 2	Year 3	Year 4
Smoking (4-week quits)	51-59%	48%	60%	56%	60%
Weight Management (losing 5% of body weight)	30%	25%	34%	39%	41%
Physical Inactivity (increasing to 150 mins activity per week)	13-18%	41%	46%	42%	39%
Alcohol Reduction (reducing to 14 units per week)	10-30%	55%	67%	58%	65%

2.7. The evaluation concluded that integrated delivery potentiated better outcomes (specifically in relation to alcohol reduction and physical activity). The use of Health Coaches also increased the outcomes achieved, as did regular attendance on the programme. The report did identify that whilst Covid-19 didn't significantly impact outcomes, changes in the types of client were noted (meaning that health inequalities were affected), but more recent data returns have demonstrated improvements in the number of individuals supported who are from areas of high deprivation suggesting a return to expected delivery.

2.8. The ILS contract has been the subject of recent variations to incorporate important new service developments: a new Child and Family Weight Management (CFWM) service in July 2022 and a new Strength and Balance (Falls Prevention) service in July 2023.

2.9. The CFWM service is targeted at eligible overweight children from deprived communities in Lincolnshire and offers a holistic service for families including physical activity and behaviour change. Programmes commenced in September 2022 and identifying eligible existing cohorts of children was not possible due to the absence of National Child Measurement Programme (NCMP) data, meaning that any referrals into the service came through direct engagement with the schools which was challenging at the start and resulted in lower-than-expected numbers. Although delivery is beginning to increase in the second year, time is still needed to fully embed the programme in the county and understand impact and outcomes more fully to inform longer term commissioning decisions.

2.10. Key successes of the first year of the Child & Family Weight Management programme to date (December 2023) include:

- Quarterly increases in the number of extended brief interventions (EBIs) from 21 in Quarter 2 (July to September 2022) to 340 in Quarter 1 (April to June 2023). There was an expected reduction during the summer months (Quarter 2 2023/24), but numbers were 338% higher than during this period the previous year
- Quarterly increases in the number of starters on the programme from 7 in Quarter 2 (July to September 2022) to 25 in Quarter 1 (April to June 2023). Again, whilst the numbers dropped during the summer holiday period, starters were 343% higher in 2023/24 than the previous year
- 62% of children completing the course, with two-thirds of these coming from areas of high deprivation
- 73% of children have reduced their BMI, and 61% have increased their physical activity as a result of the programme
- 75% of parents reported increased physical activity as a result of the programme, with 70% reporting improved self-esteem following completion

2.11. The Strength and Balance service provides a programme of classes aimed at reducing the recurrence of falls for those who have recently fallen, preventing increased care needs, and enabling long term independence at home. This is a 24-

week programme, and as a result there is no completion or outcomes data from which to make commissioning decisions. Initial data is promising as it demonstrates a high uptake across the county, but as with the CFWM programme, the Council needs to be able to further monitor this new service in order to understand the impact and effectiveness in relation to falls prevention.

2.12. The length of the Strength and Balance programme means that there is limited outcome data as yet available, but interest in and take-up of the course is high. Key successes of the programme to date (December 2023) are:

- A total of 465 referrals received.
- 158 individuals starting on 13 programmes across 10 Primary Care Networks.
- Outcomes starting to be recorded from the earliest cohorts, including 75% improving their Timed Up & Go performance and 71% progressing through 3 or more resistance bands during their programme.

3. Commissioning Review

3.1. The Council's Public Health department is currently undertaking an exercise to map all the preventative services offered across the healthcare spectrum, to identify duplication and any gaps. There is considered to be a level of risk in progressing a new procurement for the ILS without analysis of this wider mapping programme, to ensure any future re-procurement specification avoids duplication and includes best potential coverage.

3.2. Recommissioning work for a future ILS is already underway and includes:

- Updated benchmarking and literature review
- Collection and analysis of post-Covid-19 data to improve KPIs to ensure they are fit for purpose and provide appropriate data from which to make inferences around service delivery and performance.
- Further analysis on the self-referral pathway in relation to health inequalities, alongside more clarity on the role of digital technology in supporting service delivery.
- Consideration of the interface with a future NHS Health Check Programme and upcoming recommissioning.

3.3. Extending the current contract will allow for an enhanced service and system review period and facilitate longer delivery of the CFWM and Falls Prevention elements. This will enable the Council to better determine the desired outcomes and shape of the future service, and selection of the best provider.

4. Legal Issues

Procurement Implications

The Council's Contract Regulations usually require variations to contracts not expressly within the scope of the original procurement to be considered for procurement of a new contract. However, the Contract Regulations do permit exceptions to be made, approved by the Executive where the value is above the relevant threshold for the application of the Light Touch Regime under the Public Contract Regulations (PCR) 2015, and where the decision is compliant with the Council's obligations under the regulations set out in the PCR.

The PCR permits the modification of contracts under Reg. 72(1)(e) where the modifications, irrespective of their value, are not substantial within the defined meaning. For the purposes of the regulations, a modification is considered substantial where one or more of the following conditions is met:

a) the modification renders the contract or framework agreement materially different in character from the one initially concluded;
b) the modification introduces conditions which, had they been part of the initial procurement procedure, would have –
    i. allowed for the admission of other candidates than those initially selected,
    ii. allowed for the acceptance of a tender other than that originally selected, or
    iii. attracted additional participants in the procurement procedure
c) the modification changes the economic balance of the contract or the framework agreement in favour of the contractor in a manner which was not provided for in the initial contract or framework agreement;
d) the modification extends the scope of the contract or framework agreement considerably.
e) where a new contractor replaces the original

In relation to the existing ILS contract, the proposed 1-year extension does not consititute a substantial modification as defined in the PCRs, on the following grounds:-

a) the proposed 1-year extension is not "materially different in character" from the original contract, as it seeks to continue the same service (including service delivery, outcomes for residents and KPIs), between the same contracting parties, at the same cost rates.
b) The modification does not introduce any new terms that would have allowed for the involvement of other candidates or the acceptance of another tender. It is highly unlikely that any potential bidder at the time of the original competition would have been attracted by a 6-year contract but not by the 5-year contract originally offered, so the proposed 1-year extension is not deemed substantial on these grounds.

c) Although there is an increase in overall value of the contract, the provider will be required to perform services commensurate with the value of increased payments so the economic balance of the contracts will not change.
d) The proposed 1-year extension seeks to increase the contract length by 20%, which is not considered 'considerable' in relation to the original 5-year contract term. The scope of the contract remains the same: the above points around seeking continuation of an existing service without modification to cost rates or service level expectations also apply here.
e) This does not apply as the contracting parties remain the same.

The conduct of the new procurement process for the full re-tendering of the service, will occur during the extension period, with a newly commissioned service due commence with effect from 1 July 2025. Pre-procurement market engagement would also take place in advance of the procurement competition phase, demonstrating the opportunity of the new contract to providers in the market.

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 Integrated Lifestyle Service is a health-promoting service intended and designed to address health inequalities, including in groups that have protected characteristics.

It has been independently evaluated by the University of Lincoln and been found to have a net positive effect on health inequalities.

The service is designed to work with those who have long-term health conditions, including those who are disabled, and to work to improve their health.

Therefore, it is considered that the ILS is an important part of the council's commissioning programme that would be expected to have a positive benefit, weighted towards those groups in areas of higher socio-economic deprivation and from minority ethnic groups.

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

The Integrated Lifestyle Service is designed to directly address several of the key priorities in Lincolnshire's Joint Health & Wellbeing Strategy, and the Joint Strategic Needs Analysis.

Lincolnshire has significantly higher rates of smoking and obesity than the national average, and lower levels of physical activity.

Recent data released by the Office of Health Improvement & Disparities (OHID) shows 70% of Lincolnshire's adults are classed as overweight or obese, higher than the England value of 64.8%.

16% of Lincolnshire's adults smoke, and the proportion is higher in some groups and populations. Over 14% of Lincolnshire's new mothers are smoking at the time of delivery.

Rates of physical activity are lower in Lincolnshire than the England average, with 65% of adult classed as physically active, compared to 67% in England overall.

The Child & Family Weight Management pilot was created to address higher rates of childhood obesity in Lincolnshire than in other areas nationally, with 23% of children in

Reception overweight or obese, rising to over 37% on children in year 6.

This service directly addresses these factors and is thus the primary service commissioned to deliver on the Joint Health & Wellbeing Strategy priorities **Healthy Weight** and **Physical Activity**, as well as addressing significant key risk factors that are relevant to the **Dementia** priority.

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 Integrated Lifestyle Service is not designed to directly address crime and disorder but may have secondary benefits that contribute to improved rates of employment and economic wellbeing, via increasing the overall health and wellbeing of the population. This service is an important component part of an integrated care system which supports and enables people to stay in work, and in their homes, for longer.

5. Conclusion

The ILS is a key component of Lincolnshire's developing Integrated Care System, preventing ill-health, addressing inequalities, and reducing demand on health and care services. It is considering to be well performing and has been independently evaluated and found to be outperforming national averages and benchmarks.

The ILS also functions as Lincolnshire's community-based Stop Smoking Service, and as such protecting current expenditure on this service will allow Lincolnshire to access the government's Smokefree Generation funding, which is an additional £1.076m per annum, and which must be spent on smoking cessation work.

Extending the contract of the Integrated Lifestyle Service for a period of 12 months will enable a robust recommissioning process to take place, which will consider whether additional elements (Child & Family Weight Management, Falls Prevention, Employee Wellbeing) should be included in any future model.

Not extending the contract at this point will result in the service ceasing on 30th June 2024.

7. Legal Comments:

The Council has the power to enter into the contract proposed.

The decision is consistent with the Council's procurement obligations for the reasons set out in the Report.

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

8. Resource Comments:

Finance can confirm there is £3.2m available in 2024/25 to fund the contract extension. The funding will be from the 24/25 Public Health Grant allocation plus use of reserves, allocated within the reserve plan

9. Consultation

a) Has Local Member Been Consulted?

Not applicable.

b) Has Executive Councillor Been Consulted?

Yes.

c) Scrutiny Comments

The decision will be considered by the Adults and Community Wellbeing Scrutiny Committee at its meeting on 28th February 2023 and the comments of the Committee will be reported to the Executive.

d) Risks and Impact Analysis

See body of report

10. Appendices

The following appendices are attached at the end of the report:	
Appendix A	Integrated Lifestyle Service Independent Evaluation

11. 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
Lincolnshire County Council Contract and Procurement Procedure Rules (CPPRs)	https://www.lincolnshire.gov.uk/downloads/file/3195/cpprs-lincolnshire-county-council
Smokefree Generation Local stop smoking services and support: guidance for local authorities	https://www.gov.uk/government/publications/local-stop-smoking-services-and-support-additional-funding/local-stop-smoking-services-and-support-guidance-for-local-authorities

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Report Reference: **0.0**

LINCOLNSHIRE HEALTH AND WELLBEING BOARD

Report to	**Lincolnshire Health and Wellbeing Board**
Date:	**28th March 2023**
Subject:	**Evaluation of the Integrated Lifestyle Service, 'One You Lincolnshire'**

Summary:

This report provides a summary of the findings from the University of Lincoln's evaluation of the Integrated Lifestyle Service (ILS). The report, completed in 2022, and based on data from 24,370 referrals, provides a key resource that will help to inform and shape the recommissioning of the service in 2024.

The evaluation found that the service exceeded current benchmarks for successful service delivery within national guidelines across all four pathways (smoking cessation, weight management, physical activity and alcohol reduction) and surpassed outcomes from Lincolnshire's previous, discrete lifestyle services.

The benefits of an integrated model were illustrated by the fact that a key predictor of successful outcomes was a person's participation in more than one pathway.

Reconfiguration of the ILS in response to COVID-19 pandemic lockdown restrictions did not have a negative impact on its overall reach, however, a decrease in referrals among the most deprived populations was seen and a increase in the bias of take-up towards women.

Actions Required:

For information only

1. Background

1.1 Smoking Cessation

The ILS surpassed its target of 50% quits at four weeks, achieving a 56% quit rate. This is significantly better than Lincolnshire's previous standalone service (46% quit rate) and is well over double the non-supported quit rate (25%). Success was more likely with older clients but was not affected by gender, rurality, ethnicity or deprivation. There was no negative impact seen from attending multiple programmes.

1.2 Alcohol

The alcohol programme received fewest referrals, which was attributed principally to GPs' prioritisation of other referral pathways. However, despite this, there were high rates of alcohol reduction across the service as a whole, with 57% clients on the alcohol or health coaching pathways and 37% of all clients reducing their consumption to target levels.

This compares very favourably with the 10-30% success rate of national brief alcohol interventions. Participation in other pathways, particularly weight management, was strongly predictive of reducing alcohol consumption.

1.3 Diet and Weight Management

Thirty-three percent of clients accessing the weight management (WM) intervention or health coaches lost 5% body weight at 12 weeks. This increased to 40% amongst those who attended a sub-contracted WM provider.

Weight loss was not limited to those on the WM pathway, with 25% clients across the whole service losing 5% body weight. The average weight loss was 6%, the service thus exceeding NICE guidance of 30% achieving 5% loss with an average of 3%.

1.4 Physical Activity

43% of clients on the physical activity or health coaching programmes achieved the target of 150 minutes per week. This easily surpasses the 13-18% success rate of national, non-integrated exercise-referral models.

As with other pathways, high rates of increase in physical activity were recorded across all programmes. Other predictors of success were being female, older, accessing a health-coach and having a long-term condition. However, positive outcomes were less likely for the most deprived populations as well as for the unemployed and long-term sick.

1.5 Access & effect on Inequalities

Participation was heavily biased towards women, who made up 66% of all clients. Ninety-three percent were White-British and there was an even split between rural (51%) and urban (49%) residents.

Thirty-eight percent of referrals were for residents from the 30% most deprived communities, which was significantly short of the target of 50% for this group. However, in large part, this was an effect of the service reconfigurations, namely digital delivery and self-referral, that were made in response to lockdown restrictions. Prior to these changes the most deprived 30% had made up 45% of referrals. Nonetheless this demonstrates that the programme is targeting lower socioeconomic (SE) groups and successfully engaging this population at a higher rate than those in higher SE groups. This represents evidence of a positive impact on health inequalities, as typically utilisation of preventative services is lower in more-deprived groups.

The majority of participants across the whole service were obese and aged 50+. The ILS was thus reaching an extremely important target group for preventative services, given the heightened risk of

long-term ill-health amongst this population. Likewise, there was evidence that the physical activity programme was particularly successful among people with conditions affecting mobility and pain management, both of which are major barriers against exercise amongst people at high risk of deterioration in health

1.6 Completion

Completion rates varied for each pathway. Weight Management exceeded NICE guidance of 60% with a 70% completion rate. Rates for smoking, health coaching and alcohol were 63, 56 and 46% respectively. Physical Activity data were incomplete so do not provide an accurate figure.

2. Impact of the Lincolnshire Model

2.1 Integration

The benefits of an integrated rather than segregated offer are clearly demonstrated by the number of positive outcomes for people accessing more than one pathway. For physical activity, weight management and alcohol, engagement with more than one programme was a key predictor of success; indeed, for physical activity it was the most important single factor, with participants being 2.7 times as likely to become active as those accessing just one pathway. Even smoking cessation, for which the literature has sometimes suggested integrated models were not suitable, was not negatively affected by engagement in multiple pathways.

2.2 Health Coaching

Health coaching support appears to be an important component of the current offer, being strongly associated with positive outcomes across weight management, physical activity and alcohol, with those accessing a health coach being over 3.5 times as likely to reduce their alcohol to within target levels.

2.3 Referrals

The qualitative data indicated that relationships with GPs, which have historically been difficult for lifestyle services in Lincolnshire, had significantly improved under the current model. This was evidenced by the 36% of referrals that came directly from primary care. It is likely that a significant proportion of the 39% of self-referrals were also instigated by GPs during non-face-to-face appointments with patients. The high number of self-referrals ensured that the ILS could continue to deliver at volume during Covid, however, as self-referral is more likely to be used by people with higher existing motivation and health-seeking behaviours, it is likely that this contributed to the shift in uptake towards more affluent population groups.

3. Conclusion

- Success rates across all lifestyle interventions exceeded national benchmarks, despite the clear challenges to service delivery through the COVID pandemic.
- The overall advantages of an integrated model were demonstrated by the fact that there were no negative implications of participation in multiple programmes and many benefits, including weight loss, increased physical activity and decreased alcohol consumption, amongst people for whom these interventions were not their primary pathway.
- Evidence suggests that the service is positively addressing health inequalities. Outcomes were not affected by socio-economic status, and analysis of service access by deprivation decile highlights that those in lower SE groups were effectively targeted by the service.
- There was a strong bias towards women, and physical activity outcomes and take-up from the most deprived populations fell short of target. It appears though, that these participation patterns were, at least in part, the result of service reconfiguration during lockdowns.

- The findings demonstrate that One You Lincolnshire is an effective model and will contribute to the service's recommissioning process ahead of the contract end date in June 24

4. Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

The Council and Clinical Commissioning Groups must have regard to the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy.

Healthy Weight is identified as a priority for Lincolnshire in both the Joint Strategic Needs Assessment and the Joint Health & Wellbeing Strategy and is a key part of the overarching Joint Health and Wellbeing Staretgy theme of placing a strong focus on prevention and early intervention.

5. Consultation

6. Appendices

These are listed below and attached at the back of the report	
Appendix A	University of Lincoln – Final Evaluation report of Integrated Care in Lincolnshire

7. Background Papers

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

This report was written by Sarah Chaudhary who can be contacted at sarah.chaudhary@lincolnshire.gov.uk

The University of Lincoln

Addressing Multiple Unhealthy Risk Factors

An Evaluation of Integrated Care in Lincolnshire

August 2022

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This report presents independent research funded by Thrive Tribe and Lincolnshire County Council. The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of One You Lincolnshire. If there are verbatim quotations included in this publication, the views and opinions expressed are those of the interviewees and do not necessarily reflect those of the authors.

Published August 2022

List of Abbreviations

AIC	Akaike Information Criterion
BMI	Body Mass Index
COM-B	Capability, Opportunity, Motivation, Behaviour
GDPR	General Data Protection Regulation
GP	General Practice
ICCs	Intraclass Correlation Coefficients
ICS	Integrated Care Systems
ILS	Integrated Lifestyle Service
LCC	Lincoln County Council
LSOAs	Lower-Layer Super Output Areas
LTHC	Long Term Health Condition
MHC	Mental Health Condition
NCDs	Non-Communicable Diseases
NHS	National Health Service
OR	Odds Ratio
OYL	One You Lincolnshire
QALYs	Quality-Adjusted Life-Years
RE-AIM	Reach, Effectiveness, Adoption, Implementation, Maintenance
TA	Thematic Analysis

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Executive Summary

Introduction

This report presents the independent evaluation findings of One You Lincolnshire (OYL). OYL is an integrated lifestyle service that covers hundreds of county sites, including leisure centres, commercial weight management groups and sub-contracted sites. The service is also delivered over the phone and Microsoft TEAMS. The service supports weight loss, healthy eating, physical activity, alcohol reduction and smoking cessation for Lincolnshire residents from the most deprived areas with long-term health conditions. However, the service is open to all individuals in the county who meet the service's eligibility criteria of over 18 years old (12 years and older for smoking cessation). Clients must have a BMI of 30 or above for weight management pathways. Eligibility also includes less than 150 minutes of moderate physical activity, smoking tobacco and drinking more than 14 units of alcohol per week.

The service has self-directed online tier 1 guidance and tier 2 support that provides 1:1 health coaching and group classes and programmes. The service also partnered with commercial weight loss programmes—for example, Slimming World, Weight Watchers, and Second Nature to provide a range of interventions. OYL and Lincolnshire County Council commissioned the University of Lincoln to undertake the service evaluation. This report captures clients' experience using the service and health professionals involved in referrals and implementation. The effectiveness of the service was also compared to the standard provision of care.

Methods

A RE-AIM evaluation was implemented to have a comprehensive picture of OYL. The evaluation looked at the service's accessibility, effectiveness, implementation, and sustainability. In phase 1 of the evaluation, between July 2020-2021, 53 in-depth interviews were conducted. Participants included clients, health professionals, OYL staff, external

partners and OYL leadership. In phase 2 of the evaluation, between July 2021 – July 2022, secondary data analysis was conducted. 24,370 referrals were nested within 16,354 clients and nested within 128 coaches.

Accessibility

Most clients referred to the service were White British and women. Clients in OYL from deprived LSOAs were likelier to have long-term health conditions and poorer mental health. The underrepresentation of men in the service was explored, and factors such as reduced GP visits, perception of women-dominant weight loss programmes and fears of seeking help affected access. COVID-19 put a considerable strain on primary care. Clinics focused on COVID-19 management, removal of face-to-face contact and, as a result, fewer referrals to OYL via GPs. One major reconfiguration in the service referral process was the introduction of self-referral. The average age of clients became younger and was more women dominant.

There were also fewer referrals from ethnic minorities, long-term unemployed and deprived populations. At a service level, alcohol consumption support had fewer referrals than other OYL pathways. Interviews showed that alcohol-related discussions were not always considered essential to GPs' work. Some GPs viewed alcohol support as challenging to ascertain in clients than more visually presenting risks like obesity and smoking. Coupled with limited time for appointments, GPs were more likely therefore to recommend weight loss and smoking cessation to clients.

Effectiveness

OYL outcomes were better across all pathways compared to previous standard care provisions. For instance, 56% of OYL clients self-reported quitting smoking at four weeks. In contrast to 46% of patients with past Lincolnshire benchmarks. Quitting was more likely in older OYL clients and those with a high confidence score. Additionally, 57% of OYL clients self-reported consuming less than 14 units of alcohol a week or decreased units by 50%. As opposed to 10-30% of patients using national brief alcohol interventions. Using a health coach and being engaged in other pathways increased the likelihood of reducing alcohol

intake for OYL clients. 43% of OYL clients also increased to 150 minutes of moderate activity a week compared to 13-18% on national exercise referral schemes.

Success was more likely for women and clients with LTHC. Using a health coach and participating in additional pathways also increased physical activity success. 33% of clients self-reported losing 5% of body weight after 12 weeks. 40% of Second Nature/Slimming World clients also met the target. Therefore, all OYL clients on weight management exceeded the NICE guidelines of 3% weight loss. Successful weight loss was associated with older clients, consistent attendance, and the use of a health coach.

Interviews highlighted that health coaches' rapport with clients built encouraging, positive relationships. Health coaches were also able to offer support for less referred pathways through weight loss motivations. Client interviews also found that personalised online delivery better-suited individuals with LTHCs. For example, clients with limited mobility could still engage in group activities via video calls. Although, some clients with financial difficulties did struggle with digital service delivery. Nevertheless, most clients achieved meaningful changes. Clients experienced increased confidence, motivation, and self-esteem, critical factors for sustained lifestyle changes.

Working relationships

Most OYL clients trusted GPs. As such, GPs often had access to engage with disadvantaged groups. Focus groups with external partners highlighted the role of OYL as a primary care intermediary. Many external partners viewed OYL as building relationships with GPs, enabling smooth referrals and delivery operations within the service. Although, some primary care staff presented gaps in knowledge of the OYL service model. Interviews with OYL leadership suggested quality assurance was encouraged across team members and working group implementation promoted integration. The relationships between OYL and partners were positive, and consistent communication and trust were highlighted as OYL's key strengths.

Sustainability

The service provided continued access to support throughout the COVID-19 pandemic, and the service-maintained outcome success rates from pre- to post-reconfiguration. Completion rates for most pathways were over 50%, and for 'Drink Less' approached 50%. Move More completion rates appeared lower. However, attendance recording was inconsistent and under-representative for this pathway. There are some evident inequities in the uptake of reconfigured services. Most access seems to be enhanced for those from less deprived areas. As a result, the service did move further from the targeted representation of those from the most deprived areas. Remote access through digital solutions overcame restrictions to in-person delivery. Moreover, more open referral pathways boosted referrals from ~353 per month to ~668 per month. If sustained, outcomes delivered by OYL could lead to savings for the local health and social care system as integrated care may increase disposable income for local communities.

Conclusion

OYL provides crucial evidence on the benefit of clients with multiple unhealthy risk factors as OYL outcomes exceed all standard care across all four lifestyle risks. Despite COVID-19, the service remained adaptable with ongoing success during service reconfiguration. OYL also focused on local relationships making solid links with other organisations in Lincolnshire. OYL created a much more integrated offer for the clients, increasing the likelihood of better outcomes.

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Chapter 1 Introduction

Background

Globally, non-communicable diseases (NCDs) are predominantly driven by unhealthy lifestyles. Environmental factors account for 71% of deaths yearly (WHO, 2021). Tobacco accounts for more than 7.2 million deaths yearly, and 4.1 million deaths have been attributed to excess salt/sodium intake. More than half of the 3.3 million annual deaths attributable to alcohol use are from NCDs, including cancer, *and* 1.6 million deaths annually can be attributed to insufficient physical activity (Forouzanfar et al., 2016). Common unhealthy behaviours, such as tobacco use, physical inactivity, an unhealthy diet, and the harmful use of alcohol, significantly increase a person's risk of diseases. Illnesses such as obesity, coronary heart disease, and stroke are more likely, increasing the risk of reduced quality of life and premature death. According to Evans and Buck (2018), approximately 70% of adults in the UK have two or more risk factors. Around 40% of the UK's disability-adjusted life years are attributable to tobacco, alcohol consumption, or being physically inactive (Newton et al., 2015).

This RE-AIM evaluation was commissioned in response to a call by Lincolnshire County Council (LCC) and Thrive Tribe, a healthy lifestyle service provider contracted by LCC to deliver One You Lincolnshire (24/01/2020 – tender released). The call sought to evaluate Lincolnshire's integrated healthy lifestyle service and develop an active research methodology to evaluate the impact and outcomes. This study was subsequently commissioned to explore the impact of addressing multiple unhealthy behaviours in individuals in Lincolnshire.

As section 1 (1) of the Care Act states, **care of local authorities must promote the integration of care and promote quality in the provision of services** (Care Act, 2014). As such, Lincolnshire County Council has commissioned One You Lincolnshire to provide an integrated care system at a local level. This evaluation of One You Lincolnshire started in July 2020 and was completed in July 2022. A team of researchers at the University of

Lincoln, led by Professor Ros Kane, conducted the evaluation. Ethics approval was obtained from the Health Regulation Authority on the 22nd of December 2020 (Appendix A).

Research Objectives

This study explored the implementation, quality, and impact of addressing multiple unhealthy behaviours for individuals in Lincolnshire through One You Lincolnshire (OYL). The study objectives were to:

- Identify critical components of good practice of the client pathway, considering views from clients, programme staff, healthy lifestyle service subcontractors, and referral teams that capture vital barriers and facilitators of OYL service implementation and delivery.
- Identify access and acceptability of the service provision within client subpopulations against local population demographics.
- Assess baseline effectiveness of OYL, exploring variables that moderate outcomes such as client, provider, and programme factors compared to service targets and external benchmarks
- We explore the costs associated with delivering OYL in person and service reconfiguration.
- Develop clear recommendations for real-world settings suitable and amendable for service improvement of OYL
- Contribute to the growing body of evidence on the impact of integrated lifestyle service delivery and future quality assurance of service outcomes

Report Structure

In the rest of this chapter, we outline the UK's policy context for integrated lifestyle services. The background includes information on unhealthy lifestyle factors in England and the development of integrated services to **"Make Every Contact Count"** against increasing pressure on primary care services. The current report is reserved for stakeholders involved in the development, delivery, and management of One You Lincolnshire and a wider

audience interested in delivering integrated lifestyle services in community settings. The report, thus, assumes a certain level of knowledge and understanding of lifestyle services and behavioural change models.

Chapter 2 outlines why we used a RE-AIM evaluation approach and applied the principles to evaluating integrated lifestyle services.

Chapter 3 reports the findings of the qualitative interviews and focus groups of One You Lincolnshire. This chapter explores how integrated care was implemented and the perceptions of the barriers and facilitators from participants.

Chapter 4 reports the findings of outcomes for clients using One You Lincolnshire datasets to provide quantitative evidence outputs such as quit smoking and weight loss rates.

Chapter 5 reports the economic evaluation findings that explore the effectiveness and cost-effectiveness of integrated care compared with standard lifestyle services.

Chapter 6 triangulates the evidence generated across the qualitative and quantitative data. We present the findings of this RE-AIM evaluation of the complex factors that decision-makers must consider ensuring quality and effective integrated care for people in Lincolnshire.

Integrated Care

Integrated care is a complicated phenomenon covering many frameworks and delivery processes. According to Kodner and Spreeuwenberg (2002), ***integrated care*** can be defined as a **"coherent set of products and services delivered by collaborating local and regional health care agencies"**. In the UK, integrated care is often interpreted as removing traditional divisions between hospitals and family doctors, physical and mental health, and NHS and council services.

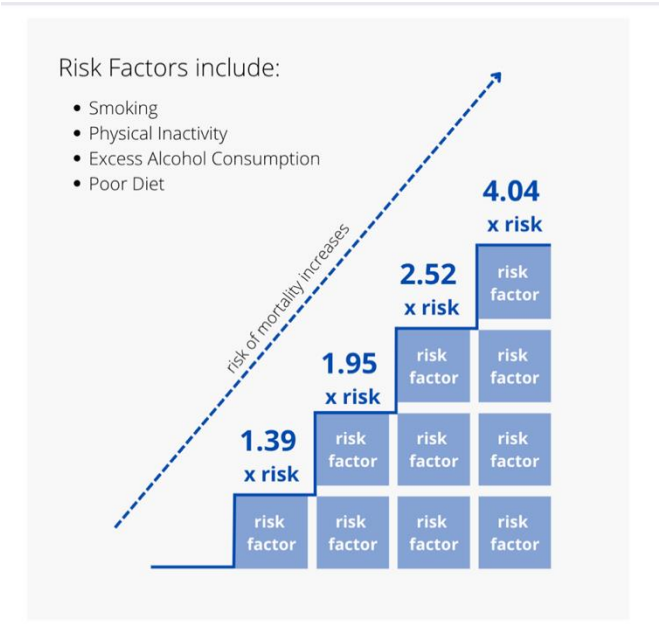
The primary focus of this evaluation is on **"integrated lifestyle services"** (ILS), a term used to capture integrated care in the context of unhealthy risk factor interventions such as

smoking cessation, weight management, healthy eating, physical activity, and alcohol reduction. ILS are often not-for-profit private organisations commissioned by local authorities, which connect local health behaviour providers with primary care services through a single access point. This service model is becoming common as local authorities move towards a preventive, community service approach. Between 2017 and 2019, 14 ILSs were formed across England, increasing to 42 by the time of this study (NHS Digital, 2022).

Multiple unhealthy risk factors

In this report, the term **"multiple unhealthy risk factors"** refers to a simultaneous combination of risk factors (behavioural) that impact individuals and pose a health risk (Evans and Buck, 2018). Research on multiple risk factors has been a focus of public health for over a decade, with compelling evidence suggesting that poor diet, physical inactivity, excessive alcohol consumption and smoking are linked to ill health. After following a cohort for 11 years, Khaw et al. (2008) showed that an individual with four risk factors had a four-fold risk of dying compared with someone who ate well and was active and did not smoke or drink to excess (Figure 1).

Figure 1. Why multiple unhealthy risk factors matter



Adapted from King's Fund. Relative all-cause mortality risk shown applied after an average 11-year follow up in a cohort of adults aged 45-79.

Likewise, individuals from lower socio-economic groups risk having three or four simultaneous behavioural risk factors. In 2018, the King's Fund published a report on multiple unhealthy risk factors. The report identified that although the prevalence of risk factors has been declining among adults in England since 2003, reductions were much more likely to come from higher socio-economic groups (Evans and Buck, 2018). Therefore, lifestyle services must be cognisant of the social determinants underpinning population risk factors and barriers such as financial inequality that may impact accessibility and availability of interventions. The report highlights the research knowledge gap and the need to consider essential questions such as - is it better to attempt a behaviour change simultaneously or sequentially?

One You Lincolnshire

In June 2019, Lincolnshire County Council commissioned Thrive Tribe to deliver an integrated lifestyle support service, focussing on providing high-quality and accessible information and direct support to adults in Lincolnshire. The commission included helping residents adopt and maintain healthier lifestyles, focusing on the four behaviours that have the most significant impact on health and wellbeing: smoking tobacco, physical inactivity, obesity (food, nutrition, and a healthy weight), and excess alcohol consumption.

Local Context

It is estimated that the potential target size for One You Lincolnshire is almost 60,000 eligible adults. Lincolnshire has a smoking prevalence rate higher than the national average of 15.3% (Office for Health Improvement and Disparities, 2021a). The Office for Health Improvement and Disparities (2021a) reported the percentage of adults in Lincolnshire classified as overweight or obese (BMI of over 25 and 30) as 67.6%, worse than the national average of 63.5%.

There have also been efforts to encourage physical activity in the population, with 26.5% of adults categorised as inactive (Office for Health Improvement and Disparities, 2021c).

Additionally, 20.4% of adults drink more than 14 units of alcohol a week in the county (Office for Health Improvement and Disparities, 2021b). Therefore, Thrive Tribe implemented OYL as an ILS to promote sustainable lifestyle changes. The service provides access to stop smoking services and extended brief interventions for alcohol, diet and nutrition, and physical activity through tier 1 and tier 2 support.

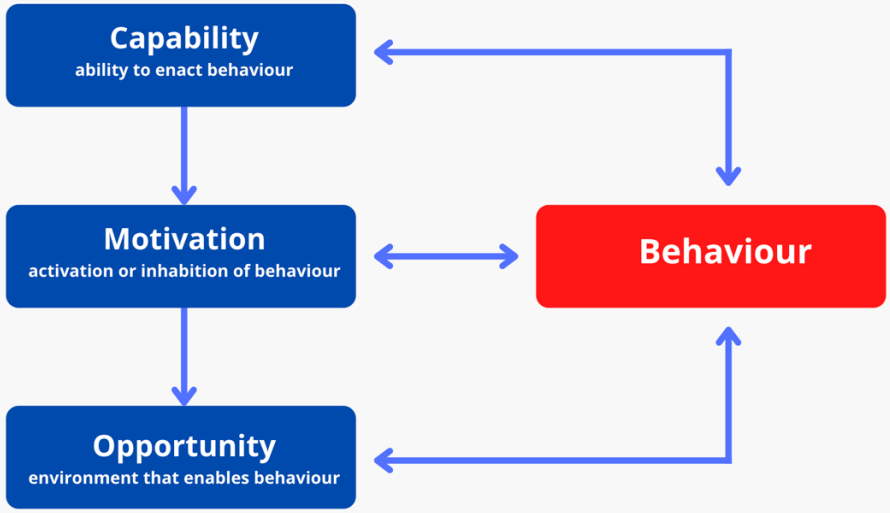
Theory of Change

One You Lincolnshire service design used the COM-B model, which focuses on working through individuals' capability, opportunity, and motivation to change (Michie et al., 2011). COM-B is a valuable framework since it helps connect behaviour change to the broader determinants of health, as shown in Figure 2.

Figure 2. The COM-B Model of Change

The COM-B Model

A fundamental model of change used is the Capability, Opportunity, Motivation, Behaviour Model (COM-B) to identify what needs to change to be effective for a behaviour change intervention. COM-B identifies factors that need to be present for any behaviour to occur capability, opportunity, and motivation, which interact over time so that behaviour can be seen as part of a dynamic system of change (West and Michie).

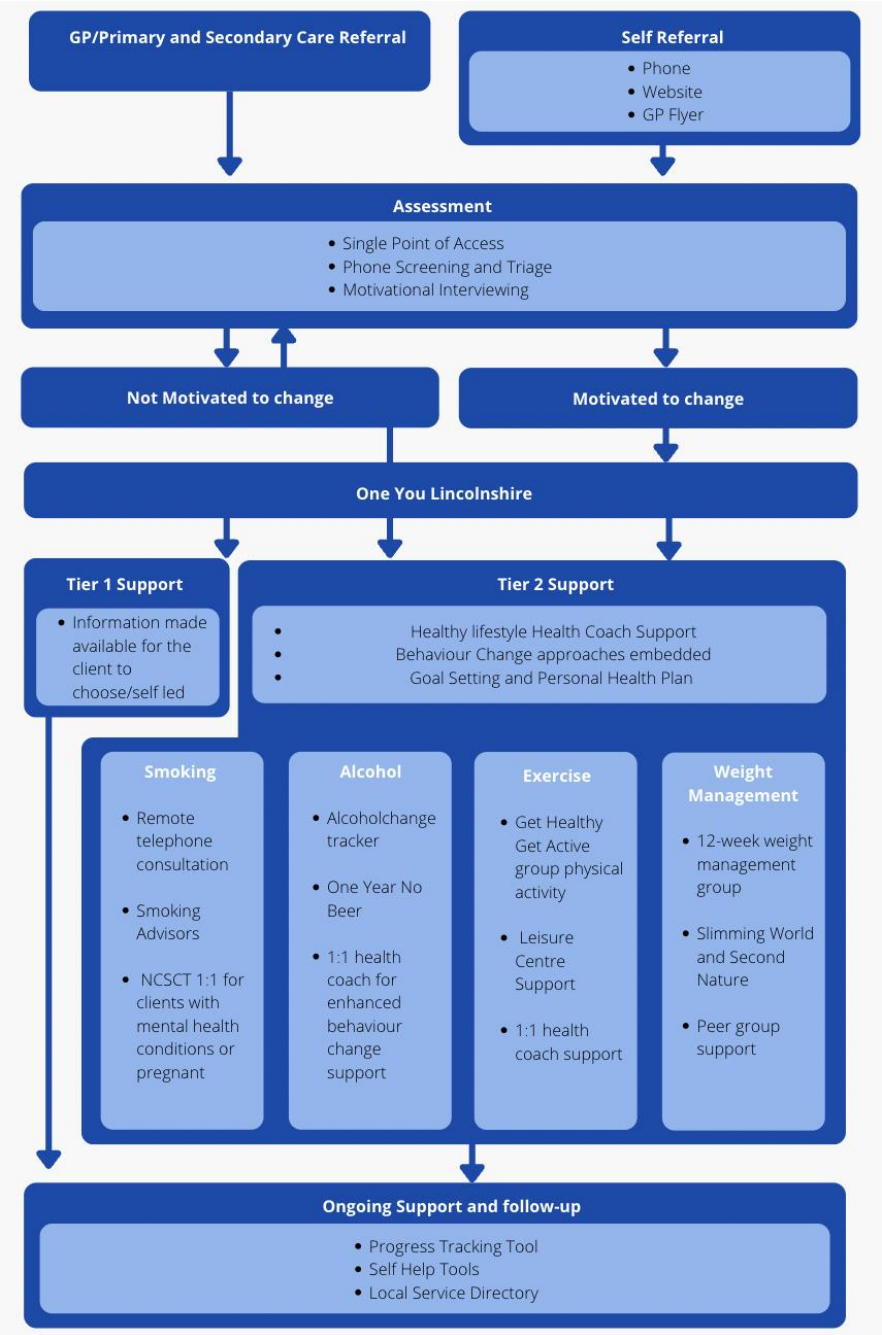


Source: Adapted from Michie et al. (2011)

Client Care Pathway

One You Lincolnshire provides service to eligible individuals for up to 12 months to support them in achieving their health outcomes via health information, signposting, goal setting, action planning, and support tailored to the client's needs (Figure 3).

Figure 3. One You Lincolnshire Client Pathway



Eligibility

All clients using the service are adults 18 years old and over who have been identified as having an at-risk status and one or more unhealthy behaviour (OHID, 2021). One You Lincolnshire eligibility criteria are:

I. People with long-term health conditions made worse by unhealthy behaviours, including obesity (BMI of 30 or above/ 27.5 or above for Black, Asian, and Minority Ethnic clients), diabetes, cardiovascular disease risk, liver disease, musculoskeletal conditions, osteoporosis, coronary heart disease and respiratory diseases.

II. At-risk adults who may have undertaken NHS Health Check for Cardiovascular Disease Prevention or received a Q-Risk score of >10%, enabling the primary care staff to refer them directly to the ILS.

III. People engaged with the NHS's health optimisation about the future need for support for smoking cessation and weight management before surgery.

IV. Carers in Lincolnshire who may be obese with a BMI of 30 or above, smoke, drink to excess or are inactive.

V. Individuals 12 years and over who smoke and are seeking help to stop smoking, including pregnant women, and their partners.

The Impact of COVID-19

This study occurred during COVID-19. The pandemic led to a national lockdown and restrictions between March 2020 and December 2021. Restrictions included a ban on non-essential travel, working from home measures, closing of schools and non-essential shops and social distancing. As the pandemic progressed, lifestyle factors, including obesity and smoking, were correlated with an increased risk of COVID-19 severe illness or related death. At the time of this study, the number of deaths due to COVID-19 was more than 100,000 in the UK (ONS, 2022).

In March 2021, the Department of Health and Social Care released a policy paper, **“COVID-19 mental health and wellbeing recovery action plan"**, which aimed to prevent, mitigate, and respond to the health impacts of the pandemic from 2021 to 2022. The policy outlined the government's proposed Health and Care Bill, which aimed to help local health and care systems deliver higher quality care to their communities by putting integrated care systems on a statutory basis. Additionally, the Department for Digital, Culture, Media and Sport supported Sport England in the implementation of its new 10-year strategy, which focuses on the recovery and reinvention of the sport and physical activity sector from COVID-19, as well as bringing communities together through sport and physical activity.

Chapter 2 RE-AIM Evaluation

Overview of RE-AIM evaluation approach

This evaluation uses the RE-AIM model, developed in 1999 in response to a need for a framework to evaluate public health interventions (Holtrop et al., 2018). The RE-AIM framework was first produced to help evaluators balance internal and external validity when developing, testing, and implementing interventions. The framework's goal is to help maintain programme sustainability in community settings. The RE-AIM dimensions' constitutive definitions are straightforward and appealing to community and clinical organisations (Glasgow et al., 2019).

RE-AIM Principles

In their introduction of the framework, Glasgow et al. (2019) argued that, while reach and efficacy might define the impact of a programme, extra attention should be directed towards the adoption, implementation, and maintenance dimensions (Table 1).

Table 1. RE-AIM dimensions used in this evaluation and the scope of each dimension

RE-AIM Dimensions	Definition
Reach	• WHO is intended to benefit and who participates or is exposed to the intervention?
Effectiveness	• WHAT are the most important benefits you are trying to achieve and what is the likelihood of negative outcomes?
Adoption	• WHERE is the programme or policy applied and WHO applied it?
Implementation	• HOW consistently is the programme or policy delivered, HOW will it be adapted, HOW much will it cost, and WHY will the results come about?

Maintenance	• WHEN will the initiative become operational; how long will it be sustained (Setting level); and how long are the results sustained (Individual level)?

The **Reach** element refers to the number of individuals participating in an intervention, including characteristics like age, ethnicity, and rurality. **Effectiveness** is the impact of an intervention on important outcomes and includes adverse effects, quality of life, and economic outcomes. **Adoption** is the absolute number, proportion, and representativeness of settings and intervention agents who start a programme. **Implementation** refers to the intervention agents' fidelity to and adaptations of intervention and associated implementation strategies, including the consistency of delivery as intended and the time and costs. **Maintenance** is the extent to which a programme becomes routine. Within the RE-AIM framework, maintenance also applies at the individual level and has been defined as the long-term effects of a programme's outcomes (Kwan et al., 2019).

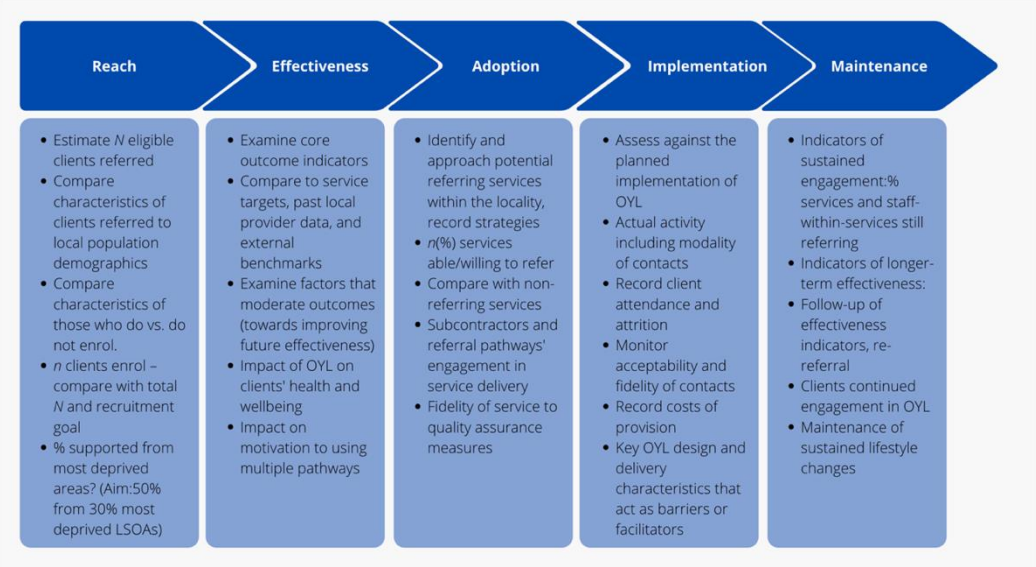
Application to research

One benefit of the RE-AIM framework is that it provides a valuable starting point for determining the public health impact of interventions: **Reach**, captures a given population who participates in a programme and describes their characteristics. **Effectiveness** shows the positive and negative outcomes of the programme. **Adoption** defines the percentage of settings that agree to take part in the programme. **Implementation** indicates if a programme is delivered as intended and its cost; and **Maintenance**, at the individual level, reflects the maintenance of the primary outcomes (Sweet et al., 2014).

RE-AIM challenges researchers to ask questions about complex issues before, during, and after implementing a programme in real-world settings. Among the many RE-AIM strengths are its robust structure and pragmatism, facilitating broad use across settings, populations, and interventions (Harden et al., 2018). Also, the framework supported an agile approach to service improvement. The research team identified areas for improvement during the study, so OYL could be responsive and adapt the service for immediate improvements. A two-year evaluation enabled insights into One You Lincolnshire's implementation and client

engagement. Each RE-AIM outcome measure used in the study is defined below in Figure 4.

Figure 4. Components of the RE-AIM framework in the context of One You Lincolnshire



Chapter 3 Interviews and Focus Groups

Overview

This chapter explored the perspectives of clients, staff and stakeholders in qualitative interviews and focus groups. The methodology used in the research is outlined, and the fieldwork's research design and aim. The results highlighted the impact of the OYL on clients' outcomes and barriers and facilitators to service delivery.

Methodology

Research Design

The study collected qualitative data from January to June 2021. To capture the views of a diverse range of clients, the research team conducted a pre-interview survey to assess the type of support and demographic of potential interviewees. An online survey was designed and delivered using Qualtrics software and asked potential client participants about their demographics, referral routes to the service and pathways they used. The steering group piloted the survey, and changes were adopted where appropriate. All interviews and focus groups (telephone and TEAMS) were conducted using a semi-structured interview guide. Topic guides were developed with the steering group to ensure that questions followed the RE-AIM framework. The whole group reviewed the interview questions for question order and flow appropriateness. Thus, key stakeholders, staff, and clients were allowed to contribute to the interview and focus group guides on its design phase.

Research Setting

One You Lincolnshire operates in 17 areas across the county for face-to-face delivery. A range of interventions is available via online support and remote health coach sessions to all clients who cannot attend in-person support resulting in a complete county offer. Table 2 shows the various activities of each site delivery service.

Table 2. One You Lincolnshire Programmes available at each site grouped by risk factor.

		Lincoln	Grantham	Boston	Spalding	Skegness	Gainsborough	Stamford	Sleaford	Louth	Bourne	M Deeping	Mablethorpe	Horncastle	Holbeach	Ruskington	Long Sutton	Coningsby
Stop Smoking	Health Coach Appointment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Specialist 1:1 Stop Smoking	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
	Stop Smoking in Primary Care*	X	X	X	X	X	X	X	X	X	X	X						
	28 Days Telephone Service	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Move More	Specialist 1:1 Sessions with PA instructor*	X	X	X	X	X	X	X	X	X			X					
	Supervised Sessions in Leisure Centre*	X	X[1]	X	X	X	X	X[1]		X	X	X[1]	X	X				
	Group Sessions with PA instructor*	X	X	X	X	X	X	X	X	X	X	X	X					
	Get Healthy Get Active	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Eat Healthy	Lose Weight with OYL	X	X	X	X	X	X	X	X	X	X	X						
	MAN, V FAT Football*	X	X	X	X	X												
	Gloji Online Gym	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Slimming World/Weight Watchers*	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Drink Less	Our Path Digital Service	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Health Coach Session	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	One Year No Beer	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Alco-change	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

**Delivery model changed due to COVID-19*

1 Did not return after COVID-19

Sampling and recruitment of participants

Between July 2019 and July 2020, OYL had 6,268 clients in its database. The service has eight Service Leads, with 33 Programme Staff ranging from Triage and Support Workers, Health Practitioners, Advisors, and Referral Generation Officers (Appendix B). The service also works with 175 subcontractors across Lincolnshire. Staff were contacted via the research team, and OYL's website and social media advertised a call for client participation. Participants could telephone or email the research team to express their interest. The staff also used a telephone script to advertise the study to clients already engaged in the service. The advertising material was developed collaboratively with OYL, client representatives and the research team. The sample of participants was monitored to ensure diversity such as gender, ethnicity, and carer status across the participation groups. Participation was voluntary, and the recruitment of participants used an opt-in method in line with GDPR (Data Protection Act, 2018).

Inclusion criteria and recruitment

Clients were recruited that met one of the eligibility criteria of the research as follows:

- Not deemed motivated following motivational interviewing
- Not deemed eligible following the health assessment
- Declined support
- Took up tiers 1 or 2 support
- Incomplete attendance or unsustained change
- Complete support and sustained change

Before the researcher made contact, clients were approached via recruitment flyers online and health coaches promoting the study. Interested clients were sent a study information sheet and asked to complete a pre-interview screening survey. The researcher explained that participation was voluntary, and participants could withdraw at any time or refuse to answer questions. Also, participation was anonymous, and no personal information would be shared with One You Lincolnshire. Informed consent was collected before interviews, and if they or someone else was at risk of harm, the interviewer would be obliged to take appropriate action. The participants also received a £10 voucher per interview for sharing their time and experience.

Data collection

Data collection occurred between February 2021 and June 2021 and involved qualitative interviews and focus groups with various participants. 53 participants took part in the study (Table 3). Participants who agreed to the study were given a detailed information sheet and a consent form before data collection. Participants were allowed to book an interview time with the researcher, and the interview was conducted via telephone or Microsoft TEAMS, as preferred by the participant. Only participants who provided informed consent and met the pre-interview screener were included. Participants had the right to revoke, decline, or withdraw consent during data collection. Consent forms (via Qualtrics) were completed before the interview/focus group and stored as PDFs on a secure cloud-based server. The interviews/focus groups were recorded, transcribed, and transcriptions were stored.

Table 3. The number of interviews completed by June 2021.

Individuals Interviewed	February- June 2021
Clients	24
OYL Staff	21
Health Professional	5
Stakeholders	3
Total	**53**

Topic guide

Topic guides were used to ensure a consistent approach to each interview. However, the topic guides were used flexibly, with open and non-leading phrasing to allow participants to give their accounts in their own words and describe their lived experiences. Staff focus groups concentrated on service delivery and implementation, whilst client interviews focused on the perceptions of the service and perceived impact. The interviews and focus groups ranged from 30 to 120 minutes in length.

Ethics

This study was defined as research and obtained Health Regulation Approval (Project IRAS ID 289313) on the 22nd of December 2020 (Appendix A). A steering committee was established and met every 3 months to ensure all the study's practical details were consistently progressing and working well. The study has also been adopted onto the NIHR portfolio (ID 289313).

Analysis

The research team inductively analysed the transcripts using the principles of thematic analysis (TA) proposed by Braun and Clarke (2006). Researchers explored participants lived experiences as situated within a broader socio-cultural context of their health. The research assistant set up a coding log to ensure all data and recruitment files conformed to requirements of anonymity. All interviews were recorded verbatim and transcribed, except one interview conducted over email. Each transcript was reviewed and coded by the original interviewer.

An iterative data analysis process involved all research team members through periodic team meetings where differences in interpretation were discussed. NVivo software (Version 10) facilitated analysis. The qualitative data were thematically analysed, with the codes summarised. A coding frame was developed based upon early rounds of interviews and refined by the research team until an agreed structured/hierarchical coding frame was developed. Summaries of significant findings were generated to identify recurrent themes and compare and contrast findings. The team was careful to consider outlier data, divergent accounts and issues, and commonalities to identify critical themes for the study.

Results

Characteristics of Clients

Twenty-eight responses were recorded, with 24 agreeing to a follow-up interview (Table 4). Most respondents were female (75%), reported their ethnicity as White British (93%) and living with a long-term health condition (82%). A quarter of participants had friends and family support, while 14% had caring responsibilities. However, most participants did not have caring responsibilities (57%). Self-referral was the most common route into the service (39%), followed by GP referrals (36%). Some participants were referred to via social media, word of mouth and work referrals.

Most participants completed their assessment over the phone with the OYL triage team. Once assessed, most participants were offered tier 1 online information support *and* access to tier 2 health coach support (46%). 21% were offered only tier 1 support and 25% only used a health coach for support. Healthy eating was the most common pathway participants engaged with (71%). 46% engaged with a physical activity programme. Smoking cessation and alcohol reduction support were each used by 21% of the participants. Most participants engaged in more than one type of support. 57% signed up for two programmes, often healthy eating, and physical activity. One participant did get referred to three lifestyle programmes. Whilst the remaining 39% of participants engaged in only one lifestyle programme.

Finally, most participants were working towards their goals during the study. A small percentage did not achieve or maintain their changes in the study (4%). 36% of participants indicated that they had maintained their changes. However, when interviewed, some had no longer maintained their changes, suggesting some discrepancies between the screener questions and the follow-up interviews.

Table 4. Characteristics of clients from pre-interview survey

	n	%

Gender	Female	21	(75%)
	Male	7	(25%)
Ethnicity	White British	26	(93%)
	Non-White British*	2	(7%)
Living with a Long-Term Health Condition	Yes	23	(82%)
	No	4	(14%)
	Preferred not to answer	1	(4%)
Carer Status	Had friends or family support them	7	(25%)
	Had caring responsibilities	4	(14%)
	Had friends or family support them AND had caring responsibilities	1	(4%)
	Did not have caring responsibilities	16	(57%)
Referral Route	Self-Referral	11	(39%)
	Via GP	10	(36%)
	Other Route	7	(25%)
Assessment Process	In Person	3	(11%)
	Via Website	5	(18%)
	Via Phone	19	(68%)
	Other Route	1	(4%)
Level of Support	Tier 1 Support Only	6	(21%)
	Tier 2 Support Only	7	(25%)
	Both Tier 1 and Tier 2 Support	13	(46%)
	Did not know	2	(7%)
Type of Support Used**	Healthy Eating	20	(71%)
	Increasing Exercise	13	(46%)
	Reducing Alcohol Consumption	6	(21%)
	Stop Smoking	6	(21%)
Used Integrated Care Support	One Programme Only	11	(39%)
	Two Programmes	16	(57%)
	Three Programmes	1	(4%)
Maintenance of Lifestyle Changes	Maintained changes	10	(36%)
	Currently working on changes	16	(57%)
	Did not maintain changes	1	(4%)

[redacted]	Did not achieve changes	1	(4%)

*Due to the small sample size (n=28), some data were aggregated to ensure anonymity.

**Percentages equal >100 as participants could select multiple responses.

Eligibility, Referrals, and Demand

Lesson 1: Impact of COVID-19 on eligibility, referrals, and demand

Change to client eligibility

A pivotal change to the delivery model of OYL was widening the eligibility criteria for clients. OYL commissioning documents stated that a long-term health condition was an essential requirement. However, the need for a pre-existing condition was removed from March 2020, and access was widened via self-referral routes. The change saw a perceived **"bigger impact on the county"**, as well as fewer referrals from older populations.

Reduced GP referrals

COVID-19 reduced GP referrals because of pressure on primary care centres to divert resources to covid-related care. As such, GP services interacted less with the general population as restrictions prevented patients from attending centres in person. GPs had fewer opportunities to provide OYL leaflets or refer patients. As such, GPs gave patients OYL's phone numbers to the clients, then expected the client would self-refer.

Increased service demand

Despite the reduction in GP referrals, the demand for OYL increased during the pandemic. OYL staff correlated increased demand as a knock-on effect of widening the eligibility criteria. However, the demand for the service was seen in less deprived areas. As the pandemic progressed, some clients' rationale for accessing the service was a response to smoking and obesity being correlated with poorer health outcomes if infected with COVID-19. Some clients viewed the service as a preventive measure to improve their health in

case of a COVID infection. Thus, increased demand for the service resulted in some delays in referrals for clients, with staff mentioning it took **"5–10 days"** to get people triaged.

Lesson 2: Accessibility and inclusion of the service

Targeted client groups

An essential contract requirement of OYL was 50% of clients to be from 30% of the most deprived LSOAs. In Lincolnshire, coastal sites had higher deprivation levels than other areas. OYL staff noted higher inequalities and unemployment rates in sites such as Mablethorpe. Staff saw clients more likely to binge drink and suffer from alcohol addictions in areas with high unemployment rates. In contrast, clients using alcohol support were in full-time employment. Therefore, social determinants were a critical factor in the level of support provided for an individual.

Appropriate referrals

Multiple interviews with staff and stakeholders highlighted the concept of an 'appropriate' referral. The idea of **"getting the right ones"** with the **"right mindset"** was a central identifier of clients being referred and triaged into the service. Determining a client's motivation is crucial to successful health outcomes. Also, there was a sense that GP definitions of 'appropriate' may have differed from OYL's definition. For example, an external smoking cessation partner explained that **"if you are a smoker, the [GP] will say you should give up smoking**". Although correct, staff argued that the referral was not always appropriate at the time. Health professionals referred clients who they **"[did not] know what else to do "**. Therefore, GP identification of a client was based only on lifestyle requirements. As noted in the COM-B model, being a smoker may not have included a person's motivation to engage in a behaviour change (Figure 2).

Barriers for male clients

The demographics of the service across pathways varied but had an average client demographic. Most clients were White British women with underlying health conditions. Such as **"asthma and high blood pressure, osteoarthritis "**. The staff highlighted those pathways such as weight management had a higher proportion of women than other

pathways. Likewise, this study had more female participants than men, reflecting the service demographic. OYL staff were aware of the gender disparity in the service with a **"real priority to try to work out how [to] engage men"**.

The staff mentioned that engaging men in preventive care was difficult across the sector. Often men **"do not engage until the last minute"** to seek care, making engagement in preventive care more challenging for male clients. Consequently, the staff noted that men were more likely to be referred to through GP health checks than self-refer. Both staff and client participants noted that some males felt uncomfortable accessing the service. Some men feared **"admitting that they have got things wrong or want to explore things that scared them"**. Once referred, some men's expectations of weight loss services were gendered. Programmes such as Slimming World were assumed to cater to women and were **"like a women's meetings for women to catch up".**

Lesson 3: Factors impacting hesitancy in referrals

Alcohol support hesitancy

Triage staff noted limited referrals to the Drink Less pathway, with **"few and far between compared to the other pathways"**. A key challenge of the Drink Less pathway is identifying who should be referred. GPs spoke about how drinking habits **"don't come up"** when talking to patients, making it difficult to approach the topic. Similarly, OYL staff noted that the promotion of alcohol brief interventions in primary care was limited - **"how many people walk into a GP surgery and that conversation happens '[are you] drinking 18–20 units per week?"**.

Furthermore, OYL staff discussed the expectations and understanding of the pathway. The **"Drink Less pathway has connotations of people drinking too much"** for health professionals and clients. Clients and referrers often viewed the pathway as alcohol dependency support rather than a brief intervention **"looking at people reducing"** their alcohol consumption. As a result, alcohol support health coaches noted **"an added layer of stigma and stereotyping"** associated with the pathway.

Also, OYL staff highlighted those clients had limited awareness of the impact of alcohol consumption, creating another barrier to accessing the service. For example, potential clients often do not acknowledge drinking when stressed. Health coach leads commented how for individuals who drank over the guidelines of 14 units a week, which was the target group for the pathway, potential clients did not always view excess alcohol consumption as a risk factor that required intervention, with the rhetoric **"Is that an issue?"**. However, some staff spoke about a phenomenon known as the common-sense barrier. A critical challenge - **"people know the alcohol is bad for them, they do not need to be told, and they can stop if they want to"**. Thus, the reasons for low referrals are multifaceted. Coaches suggested careful marketing to clarify the difference between treatment and brief advice as a key recommendation.

Lesson 4: Referral Pathways Routes

Referrals across pathways

Clients had various ways of referring to pathways. The most common route was self-referrals to be triaged by OYL staff to the most appropriate pathways. However, many clients were referred to additional pathways once within the service. Referrals across pathways were a unique feature of the integrated care service. Clients had a single-entry point, as **"many [clients] come through for one pathway, could end up going to two or three"**.

One pathway that benefitted from cross-pathway referrals was the Drink Less programme. Health coaches recognised that clients were not entering the service to reduce drinking. So, pathways such as Healthy Eating were able to highlight that **"alcohol played more of a part than [clients] realised"**. Weight management coaches commented that a part of their role was educating clients on the calories in alcohol. For example, one coach explained, **"there are 600 calories per bottle of wine. So, we are picking [excess drinking] up in different ways"**. Also, publicised and known services such as Slimming World and Weight Watchers were vital marketing tools. Triage staff stated, **"quite a lot of ladies might have heard of Slimming World or Weight Watchers"**. Potential clients were also offered OYL services, resulting in a wider variety of support to access. Nevertheless, some clients were

unaware of access to all pathways through One You Lincolnshire. Staff found that some clients referred via a health professional **"did not even realise that [OYL] are multiple pathway agencies"**.

GP understanding of referrals

GPs had a trusted role within OYL as they referred many clients to the service. However, interviews with GPs and OYL staff revealed that access to the service for clients had challenges. GPs revealed limited understanding of the service and the support on offer. For example, some GPs believed they **"could not refer to the exercise [pathway]"**. OYL staff reiterated that **"ManVFat Football, and Lose Weight [with OYL], were not known that well to GP's"**. Therefore, GPs did seem to have a gap in knowledge of the OYL service model. Some GPs acknowledged forgetting what OYL offered. Instead, GPs would, **"refer to the Addaction"** for alcohol support. When explored further, OYL staff mentioned the limited time GPs had to learn about the service. One OYL staff member concluded, **"you get time to say it is a male weight management programme. It's framed around football, and there are leagues and there are 14 weeks, and it's free, and there's about a 95% success rate to weight loss"**. A short time to explain the service seemed to result in GPs having a brief understanding of the complete service.

Referrals via Secondary Care

Secondary care clinics were also part of the referral route. Referrals via hospitals were **"usually to stop smoking or drinking. Depending on what [clients] had been in hospital for"**. Secondary care referrals were viewed as more complex than primary care referral routes. Secondary care staff had a different referral form to primary care teams as the forms listed **"every single pathway"**. Primary care referrals relied on the OYL triage team to navigate which pathways were most appropriate for a client. In contrast, secondary care staff were **"presented with a very long list of pathways"**. Referring to OYL through secondary care was seen as more laborious and thus less likely to be used. To help identify clients awaiting treatments that required lifestyle changes before operations, OYL staff suggested implementing a **"priority email account "** for **"urgent referrals"**.

Client Motivation, Commitment and Outcomes

Lesson 1: The importance of client motivation

Motivation as a facilitator to behaviour change

Health coaches discussed the importance of the first meeting with a client to set the tone of the service. Coaches would ask questions such as, **"– Tell me about what has motivated you to want to change"**. Coaches viewed motivation as core to behaviour change. One coach stated, **"unless [clients] have intrinsic motivation to change, you help them foster that, it's very unlikely that they're actually going to do it"**. Thus, partners and OYL staff viewed a client's motivation as insightful information. It became a foundation for a client's values for coaches to deliver support aligned with the client's motivations. For example, many clients mentioned COVID-19 as a motivator. The impact of bereavement and **"having a similar health condition"** were identified as reasons for seeking support. Clients described the realisation of **"living quite an unhealthy lifestyle"** as a desire to change their lifestyle.

Coaches, in turn, understood a client's value as wanting to reduce their risk of COVID-19 morbidity as a central motivating factor. Health coaches viewed motivation as active and dynamic, which could be encouraged and strengthened throughout a client's journey. However, for some clients, the pandemic was a demotivator to change. Triage staff mentioned how clients that did not take up support **"diverted their emotional resources into coping"**. As such, coping mechanisms were prioritised during lockdown measures. **"Resources that [clients] otherwise would have put towards moving forward to the cycle of change"** were used to cope. Thus, client motivation was individual and required personalised support from health coaches.

Quality Assurance, Fidelity, and Partner Relationships

Lesson 1: Quality Assurance

Local service ownership and quality champions

Commissioners wanted Thrive Tribe to deliver OYL within the local context to the population. Thrive Tribe leadership was keen to establish local ownership of the service for staff and local partners. Quality champions encouraged staff to embed quality protocols within the service using self-reflection. For quality champions, the role was a voluntary position. A local staff member's duties were to **"support with things like audits"** and **"support on handling complaints and incidents"**. Quality champions ensured **"people were automatically doing that quality assurance themselves, rather than just being an external person that just parachutes in"**.

Leadership wanted to create a national network of quality champions from different service sites. The champions could then share good practices across Thrive Tribe commissioning service. Thrive Tribe leadership believed that quality assurance as a local agenda encouraged staff to **"get more engaged"**. Coaches were encouraged to **"feel a bit more empowered to drive any changes"** and **"feel more part of the whole quality improvement agenda"**. As such, most staff responded to the decision to local ownership as **"really wanting the service to work"**. Thus, staff often viewed quality as decentralised and both leadership and staff responsibility.

Staff Training and continual development

OYL had mandatory staff training to engage with clients and deliver programmes. Mandated training was outlined in centralised Thrive Tribe guidelines and service specifications. Most client-facing staff were required to have **"behaviour change levels one and two"** at recruitment. Pathway leads were then required to have extra training. The training helped leads handle complex caseloads through mental health first aid training. At the time of data

collection, Thrive Tribe had rolled out mental health first aid training for all staff. Also, the culture set by leadership encouraged continual learning and development for staff. The staff mentioned that **"[there is] always something you can improve on no matter how experienced you are or learn a different way of doing something".**

At a local level, each pathway had working groups. The groups shared lessons learned, service challenges and good practices among staff. As well as **"an opportunity to talk with like-minded people"**. Staff felt the groups helped to **"just spark ideas, and enthusiasm, and help people not reinvent the wheel"**. Staff held monthly multidisciplinary meetings alongside intra-pathway groups. The cross-pathway groups were aimed to show that **"staff can learn across the disciplines"**. Groups across the pathway reinforced the integrated nature of the service delivery model.

Lesson 2: Impact of previous service models

Commitment from GPs

Both external partners and OYL staff spoke of OYL service delivery with previous models of care. One key challenge was engaging with GP clinics. External partners stated that GP buy-in for referrals had been difficult before OYL. One reason for poor engagement was **"some huge priorities with surgeries"**. For example, **"CQC inspections have not gone well, or they are having to merge with another surgery. Some fairly hefty managerial things going on".** OYL referral generation staff had dedicated considerable time to rapport building with GPs. As such, GP engagement has improved since the service launch. External providers saw that **"One You Lincolnshire's actual relationship with the GPs had improved".** As a result, GPs had increased **"buy in, and commitment"**. Partners viewed OYL as **"being that sort of interim"** between providers and GP clinics. A vital connection for the service delivery model.

Lesson 3: Relationship with external partners

Contracted partners

One You Lincolnshire had multiple external partners contracted to deliver various client programmes. Partner organisations varied in size of operation, modality, and site location. Partners perceived OYL as a positive relationship. For example, there was a perception that **"they have got a good team"** amongst partners. Partners highlighted effective leadership and consistent communication as positive factors. Many partners stated the importance of good working relationships. Relationships were viewed as fundamental to the success of an integrated service. One partner mentioned, **"If there's going to be an ongoing relationship of any kind, it needs to be reciprocal"**.

Both OYL and partner organisations were responsible for ensuring an ongoing working relationship. OYL was viewed as having strong leadership and **"just a – Can do organisation. Right from the top"**. OYL was viewed as a competent provider, and partners felt OYL was **"very well experienced"**. The experience came from OYL running **"integrated health services for several different authorities"**. External partners valued **"the ability to have somebody else that was putting the referrals through"**. Many partners had found referrals from primary care services difficult. One partner stated, **"sometimes it was tricky to arrange meetings with the GP"**. Also, partners viewed OYL as accessible with consistent communication. For example, OYL spoke to partners **"pretty much on a daily basis by email"**, which built trust and rapport. In contrast, some smaller partners did want increased technical support from OYL. Some partners struggled using online 365 portals during the pandemic. However, these partners acknowledged that low digital literacy within their team affected aptitude.

Staff capacity and post-COVID service delivery

Lesson 1: External Staff Capacity

Administration Tasks

A critical administration task for partners was data sharing of referral rates, clients' progress, and outcomes. OYL collected data to a centralised database that could be used to compare against commissioning targets. Each partner had varying staff capacity to complete the administrative tasks required for each client. Some external staff felt **"a lot of time could be wasted"** filling out client data. Staff preferred to be **"seeing people"** and external staff had limited buy-in on the importance of the administrative tasks. Tasks were viewed as **"time-consuming"** and difficult for coaches to complete alongside daily responsibilities. Some partners adapted to limited capacity by implementing a separate triage role within their service. The new role could then carry out administration tasks on behalf of coaches. These organisations seemed to view administration tasks more positively and valued data collection. Thus, consistent data sharing seemed to correlate to whether a task was viewed as beneficial or time-wasting.

Lesson 2: COVID-19 changes to service delivery

Transition to digital delivery

Six months into OYL implementation, the UK entered lockdown due to the COVID-19 pandemic. Many pathways established as in-person had to transition into online and digital-based operations. OYL leadership stated that a change to service delivery was a significant implementation task. Staff felt **"overwhelmed",** and the transition was **"challenging"**. A critical pathway that COVID-19 affected was Get Healthy Get Active. Pathway leads spoke about the struggle with transitioning sessions into a digital intervention. Yet, leads still wanted to ensure communities were connected to the service across various demographics. Staff reflected on the initial challenges being overcome. As the pandemic progressed, digital resources and tools were better understood. Coaches were able to put in place good practices across programmes, for example implementing bookable systems for clients to access interventions in advance.

Pauses to client progress

Most OYL pathways adapted to online delivery to ensure clients continued using the service. Yet, some clients' progress was interrupted. Coaches mentioned that some clients

who accessed the service **"hadn't completed"**. Staff acknowledged that some clients did not want to continue support using online services. Clients who were less likely to continue using the services were often on the Get Healthy Get Active pathway. Clients did **"not want to come back into a gym"** despite online interventions being available. However, staff highlighted, that **"most of the people on the scheme so far who haven't completed yet, were quite eager to come back"**.

Client Case Studies

Face-to-Face Support

Sam is a White British man with a long-term health condition. His GP referred him to One You Lincolnshire. He was then assessed in person and decided to take up the Stop Smoking pathway with the help of a health coach. Sam also had caring responsibilities for his wife.

The main reason I wanted to stop smoking was the financial implications. If I was to say I smoked four packets of cigarettes a week, I wouldn't be far off the road. Well, it's anywhere between £36 and £45 a week, and you times that by 52 weeks, and you're on your way to £2000. Last year, I told myself I would stop, as the GP kept pestering me via text. I kept the previous text and thought, well, I'll take it. I've got nothing to lose.

I was going a little bit before we were even talking of lockdown. I would have been happier to have carried on face-to-face. One thing to improve is I didn't know where this clinic was. I worked to find this place. One You Lincolnshire needs to be more precise on where they actually are.

I said I wanted to stop smoking but didn't like the patches. The health coach explained how it works. And then, when I got my first lot of tablets, I had to pinpoint I would stop that

day. The health coach said, 'it is your choice,' which is vital. I know what I've been doing for the last 45 years is an addiction. The health coach didn't look down on me or talk down. She was no high and mighty person. ***There was none of this clinical type. All it was, we were having a cup of tea together and talking.***

The health coach played a significant part. I celebrated one year. It hasn't been as hard as I thought it would be, and I could get back in touch with them if there was an issue. Not stopping smoking for a year helped my lungs, and I won't put a burden on the NHS or anybody else.

Online Support

Sarah is a white British woman with a long-term health condition. The cardio rehabilitation clinic referred her to One You Lincolnshire. The triage team assessed her over the phone, and she decided to take up group support for Healthy Eating. Sarah also has carer support from family and friends.

Five years ago, I was very ill, and it turned out that it was heart problems. Gyms didn't understand some of the issues alongside heart problems. For the cardiac people, I said how miserable I felt because I'd gone from walking and doing all sorts to none. So, the clinician put me through the service, saying, "I could refer you to this One You Lincolnshire". I thought, 'this is an approved programme'. I needed to lose weight, but I needed some support because of this constant uncertainty about whether I should be pushing myself.

One You Lincolnshire contacted me and explained the course and how you had to commit to the 12 weeks. I could do a Wednesday morning, Thursday afternoon or whatever. I met my particular group on Thursday afternoon, from 1:30 PM to 2:30 PM, which is quite a long time. ***I prefer doing a Zoom online to sitting in a room in***

the evening while they call out your weights. The first hour was like other weight programmes. You went through it week by week as a topic, but the last half an hour was an exercise class. That was super because you were at home. All you had to do was create a bit of space, and I found it much more manageable.

About 10 or so people and the tutor could share the screen. The coaches encouraged people to join in the presentation, and there would be questions and little quizzes. They also encouraged people to share what had gone well during their week or how they felt. I had to make a weekly goal. That was good because it motivated you. You went through the balance between vegetables and fats, protein, and sugars. But it wasn't ever framed as "you must do this". The expectation was that you were on the programme. You want to make changes to your diet, and you are going to improve your fitness level.

One You Lincolnshire did send out little freebies. There was a measuring cup for portion size. They were smaller than anything on the food packets would suggest!

The health coach was excellent. I spoke to the health coach about this fear of what I can do. They were outstanding. In each class, the coach would say, these are the exercises. He would show you that you could do them sitting, or you could do them standing up. He tried to help you grade it and what it felt like to do moderate or vigorous exercise. It was a psychological acceptance that I could do it, and I felt more confident. I didn't make the total loss that One You Lincolnshire aimed for. But I can still access the online gym, and the health coach said he would call in three or six months to see how I am going.

Integrated Support

Anna is a White British woman with a long-term health condition. She self-referred to One You Lincolnshire, and the team assessed her over the phone. She decided to take up Slimming World, and her health coach offered the Increased Exercise pathway. Anna also had carer support from family and friends.

Since I've hurt my back and can't do much. I've gone from being very active, seeing many people, to my own four walls, 24 hours a day. It was a weblink my doctor gave me to sign up about getting some help with weight loss. I was with the pain clinic, and I was with them for 18 months. I kept telling them that I needed help and exercise. I pressed the link and then went online. I read about what One You Lincolnshire is and what they do and researched it a bit more. The website seemed to draw me in, making me think I needed them more. It could have been the point in my life I thought, 'I've got to do something.

I was really, really nervous that I had to get somebody to listen to me again. The healthcare staff told me my back problem was all in my head, and I didn't want to go down that road again. I had a couple of phone calls with a referral staff member who said, 'there are a couple of options they could do'. I did Slimming World before, so I knew how to do it. I got a free three-month trial, which gave me the push I needed. The health coach got me back into Slimming World, and I did a 12-week free course with them.

Then ***the health coach got me in contact with another lovely lady in the One You Lincolnshire service.*** She got me exercises and all catered for somebody with my lack of ability to do things. So, it's been fantastic. With One You Lincolnshire, it's all been over the telephone, but they've been constant. The health coaches have messaged me to see how things have been progressing. They've been so helpful, and they've listened. It's been nice to have somebody listen to what I need.

For somebody who's never actually seen me, and it's been over the telephone, it's been fantastic. It's been nice to have somebody else support me for what I need, boosting that it's me doing it. We need clarification that we're doing well. I'm exercising, and I'm feeling happier. The health coach always said she could hear the change in me, and I

couldn't have asked for a friendlier bunch of people to help me. One improvement to the service is, if you weren't very active, you could do a face-to-face rather than a phone call. To make sure you're doing the exercises correctly. At the end of the day, you don't want to hurt yourself while you're doing exercise.

I could only do the exercises over a few days when I started doing them, but I can do the exercise programme three times a week now. I can't say I'm more mobile because I'm not. But I went out yesterday, and I can walk a bit further than I would have been able to 18 months ago. My mood since losing weight and exercising more has improved.

Yes. I've still got the pain. But with a change of medication and losing weight, I can do more for myself. It's the motivational aspect they give you to actually want to do something about how you are. I've now come to terms with the fact that I will not be riding my bike again, but I know I can still do things. My broken body isn't going to stop me from enjoying life.

Chapter 4 Secondary Data Analysis

Data Analysis Overview

The aim of phase 2 was to provide quantitative evidence, and the analysis aimed to explore the accessibility, efficacy, and fidelity of the service. In this chapter, anonymised secondary data provided by One You Lincolnshire was used to explore the outcomes of each of the four pathways. Data was collected on client uptake, attendance, and completion across client demographics. Key outcomes were:

- Identify critical components of good practice of the client pathway, capturing the views from clients, programme staff, healthy lifestyle service subcontractors, and referral teams on barriers and facilitators of service implementation and delivery.
- Identify access within client subpopulations against local population demographics.
- Assess baseline effectiveness of OYL. Exploring variables that moderate outcomes such as client, provider, and programme factors compared to service targets and external benchmarks.

Methods

Data collection

One You Lincolnshire collected demographic-identifying variables from 17 sites (Table 2). Anonymised data were transferred to the University of Lincoln team, and data were stored on Microsoft 365, and no files were downloaded before the team cleaned, processed, and

analysed the data. Each site had data for demographics such as age, ethnicity, gender, long-term health conditions, LSOA, and pathways.

Research Design and Analysis

Statistical analysis was performed using SPSS software (v27). Service attendance and completion rates were expressed as frequencies and proportions. Descriptive statistics summarised session attendance as a proportion of total sessions offered/planned. The demographic characteristics of clients were summarised via descriptive statistics. Local population norms were interpreted to understand inequalities in service access and acceptability. A key performance indicator was the percentage of clients supported from the most deprived areas. In line with the service target that 50% of clients were from the 30% of most deprived LSOAs. Service uses such as uptake, attendance and dropout were explored about client demographics. Then service-use indicators regressed to demographic factors. Before applying linear/non-linear models to the data. For effectiveness analysis, client outcomes were coded for attainment and enrolment.

Sample Size

Secondary data analysis was conducted for all available data. A census sampling approach was used, and the dataset size was sufficient for modelling purposes (Bell et al., 2008). The analytic approach produced stable, unbiased estimates with a sample of $\geq$500 level-2 cases, and this criterion was met for all outcomes of interest. In total, 24,370 referrals nested within 16,354 clients nested within 128 coaches were included in the dataset for analysis.

Outcome Measures

Primary outcome analyses focused on self-reported health behavioural outcomes (Table 5). Focal outcomes varied by programme. The outcomes reflected target levels of behaviour for clinically meaningful improvement. Goal achievement indicators were defined as the following:

- Smoking quit status at four weeks

- Alcohol intake reduced to less than 14 units per week or decreased by 50% or more
- Physical activity increased to 150 minutes or more of moderate activity per week
- 5% or more weight loss at 12 weeks

Table 5.Outcome variables and descriptions of codes

Outcome Variables	Coding Description
Smoking Cessation	Quit status at 4 weeks 0 = Not achieved 1 = Achieved
Alcohol Reduction	Intake reduced to <14 units per week or decreased by ≥50% 0 = Not achieved 1 = Achieved
Physical Activation	Physical activity increased to ≥150mins moderate activity per week 0 = Not achieved 1 = Achieved
Weight Reduction	≥5% weight loss at 12 weeks 0 = Not achieved 1 = Achieved

Secondary Outcomes

Secondary outcomes were related to the following:

- Client uptake (0 = programme declined/did not start, 1 = programme commenced)
- Attendance (n of sessions attended, % of sessions attended [as a proportion of all sessions offered])
- Completion (0 = dropped out, 1 = programme completed) rates.

The analysis considered confounders such as client age, gender, ethnicity, socio-economic status, rural/urban, health status and disabilities (Table 6).

Table 6. Tertiary coach-level, secondary client level and primary level referral predictor variables and descriptions of outcomes

Coach Level Variables	Coding Description
Coach ID	Unique ID for coach (clustering variable) †
Client Level Variables	**Coding Description**
Client ID	Unique ID for client (clustering variable)
Age	In Years
Gender	0 = Female 1 = Male‡
Ethnicity	0 = White British 1 = Ethnic minority
Rurality	0 = Urban 1 = Rural
Deprivation	0 = Not living in top-30% most deprived LSOAs 1 = Living in top-30% most deprived LSOAs
Long-term health condition (LTHC)	0 = No LTHC 1 = LTHC
Mental Health Condition (MHC)	0 = No MHC 1 = MHC
Long-term sickness/ disability/unemployment	0 = Not long-term sick and/or unemployed 1 = Long-term sick and/or unemployed
Carer	0 = non-carer status 1 = Carer status
Body Mass Index (BMI)	kg/m^2
Programme Participation	Number of tier-2 programmes attended (0 – 4)
Reported Importance of making change	11-point self-report scale 0 = not important at all 10 = extremely important
Reported Confidence about making change	11-point self-report scale 0 = not confident at all 10 = extremely confident
Referral Level Variables	**Coding Description**
Referral (*n*)	Referral instance (*n*th referral for the same client)
Attendance	Number of sessions attended for this referral instance

† *No coach characteristics were available for modelling*

‡ *Cell-size for other gender identities was too small to model*

Statistical Analysis

For primary effectiveness analyses, client outcomes were coded. Client outcomes included the attainment of enrolled pathways. Secondary analysis used frequencies and proportions to express service attendance and completion rates. Session attendance was defined as a proportion of total sessions offered/planned—demographic characteristics of clients such as completers and non-completers; were also summarised. Client demographics were compared and interpreted against local population norms. Analysis was used to understand any inequalities in service access and acceptability to clients.

A key performance indicator was (and marker of Reach) the percentage of clients supported from the most deprived areas. The indicator was compared against a target that 50% of clients were from the 30% of most deprived LSOAs. Across tier-2 programmes, outcomes were represented as binary variables. Thus, generalised linear mixed modelling was applied for all primary analyses. Models used a binomial distribution and logit link function. Parameters were estimated via the penalised robust quasi-likelihood method—the method accommodated for possible violations of model assumptions. As the data were hierarchical, a three-level model was constructed. Referrals (level 1) nested within clients (level 2), and clients nested within coaches (level 3). Intraclass correlation coefficients (ICCs) were computed to identify the outcome variance at each level. Random intercepts were used to correct for differential outcomes by the client and coach. Predictor variables were examined as fixed effects and presented as odds ratios (OR) with 95% confidence intervals.

Model building

We first examined bivariate models of individual predictor-outcome relationships. Then we built a multivariate model including all significant predictors from bivariate models. Finally, we dropped predictors that were not significant in the multivariate model. We then had a final parsimonious model. Removing weaker/less relevant predictors from the model reduced standard errors for other predictors, enabling more precise estimates of their effects. Model fit was monitored using the Akaike information criterion (AIC). Pairwise deletion, with cases excluded from models in which data were missing on a required variable, was used to manage missing data. We applied linear mixed models for secondary outcomes that were non-binary, such as the percentage weight loss. The models used maximum likelihood estimation, paralleling the generalised linear mixed models' approach.

Results

Table 7 presents descriptive statistics for clients in the dataset. OYL activity was between June 2019 and February 2022 with data for 16,354 clients available. However, data completeness varied across cases and variables. Proportions in Table 7 are expressed as a percentage of valid (non-missing) data for each variable.

Table 7.Client characteristics in quantitative dataset (N unique IDs = 16,354)

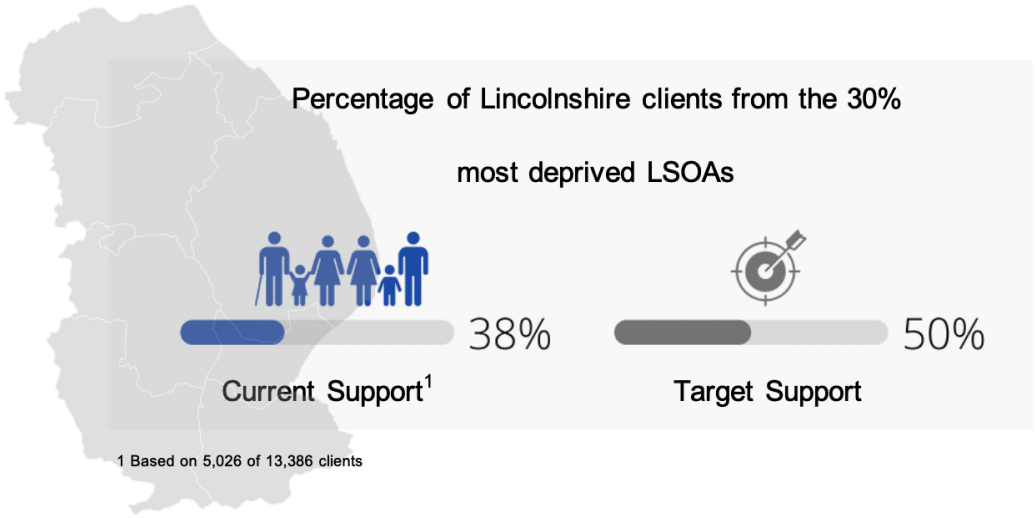
Client Variables		*n*	%
Age	***Mn* 49.6 (SD 15.5)**		
Gender	**Male**	4,694	(32%)
	Female	9,654	(66%)
Ethnicity	**White British**	10,662	(93%)
	Ethnic Minority	829	(7%)
Rurality	**Rural**	5,948	(51%)
	Urban	5,793	(49%)
Deprivation	**Living in top-30% most deprived LSOAs**	5,026	(38%)
	Living in less deprived LSOAs	8,360	(63%)
Long-term health condition	**Yes**	7,272	(72%)
	No	2,767	(28%)
Mental health condition	**Yes**	3,600	(39%)
	No	5,659	(61%)
Long-term sickness and/or unemployment	**Yes**	2,528	(26%)
	No	7,377	(75%)
Carer Status	**Carer**	852	(7%)
	Non-Carer	11,240	(93%)
BMI	***Mn* 34.6 (SD 13.7)**		
Programme participation	***Mn* 1.4 (SD 0.9)**		

Importance of making change	***Mn* 9.2 (SD 1.3)**
Confidence in making change	***Mn* 7.0 (SD 2.4)**

Note. % Reflect proportions for valid (non-missing) data. Percentages may not sum to 100% due to rounding. LSOA = Lower Layer Super Output Area

For evaluative interest in **Reach**, there is evident diversity in the OYL client base. Compared to Lincolnshire population norms, OYL service users represent the broader population. 93% of the Lincolnshire population identified as White British in the 2011 census. However, the service was under-representative of men—48.7% of the Lincolnshire population and older than the county average of 43.2%. Figure 5 shows the percentage of One You Lincolnshire clients from the 30% most deprived LSOAs compared to the commissioning target.

Figure 5.Percentage of One You Lincolnshire clients from the 30% most deprived LSOAs compared to commissioning target



Service outcome effectiveness and predictors

Evaluative results relate to **Effectiveness** across the core outcome indicators, such as Stop Smoking, Alcohol Reduction, Physical Activity, and Weight Loss.

Stop Smoking Pathway

OYL quit smoking was above the target standard of 50%. As shown in Figure 6, for OYL clients engaging with Stop Smoking support and setting a quit date, **56% quit smoking (95% CI = 55-57%)**. Successful quitting was self-reported at four weeks, and data came from 8,124 quit attempts within 6,036 clients. The improved quit rate under OYL has seen Lincolnshire Stop Smoking Services rise from 10th to sixth place in total quits. OYL compares well to available figures from previous stop-smoking services in Lincolnshire. Data from 2017-18 and 2018-19 indicated 46–50% quit rates.

Moreover, the quit rate observed within OYL is comparable to NHS Stop Smoking Services outcomes in England. In the concurrent period (2019-22), NHS outcomes were 51–59%.

OYL rates were more than double the estimated 25% quit rate among self-quitters (Dobbie et al., 2015). Due to the impact of the pandemic and the shift to remote support, Carbon Monoxide verification in the national NHS data has dropped to 2-3%. The proportion of Carbon Monoxide verification in OYL data over this pandemic-affected period was low at 10%. There was no significant effect of COVID reconfiguration on Stop Smoking support. For instance, quit outcomes were similarly for pre- vs post-pandemic, indicating the shift to remote support and reliance on self-report without Carbon Monoxide verification did not inflate positive quit outcomes. For specific target populations, 44% of 685 pregnant women quit smoking with OYL. OYL outcomes were comparable to NHS Stop Smoking Services outcomes of 45-48% over the same period. NHS outcomes had also improved pre-OYL, with a success rate of 38% in pregnant smokers over 2017-18.

Figure 6.Service delivery differences in self-reported successful quit smoking rates

1 https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2020-to-march-2021

2 https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-nhs-stop-smoking-services-in-england/april-2019-to-march-2020

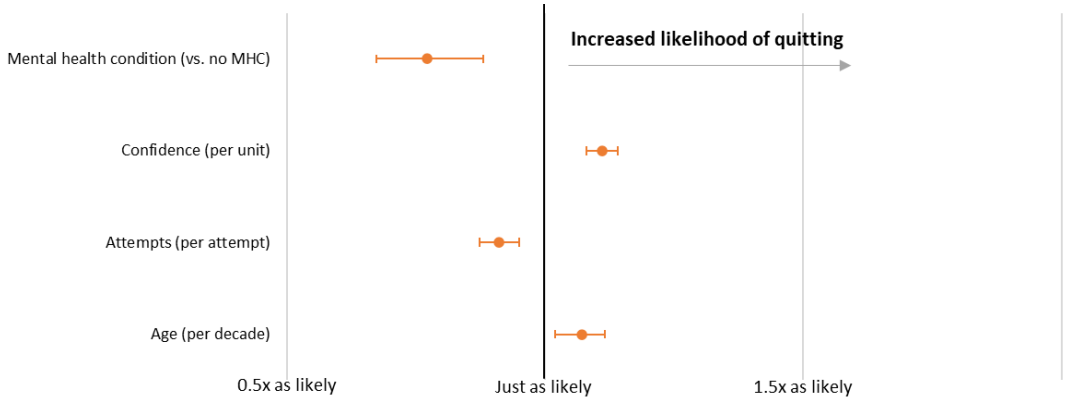
3 Based on 8,124 quit attempts within 6,036 clients

Only a small proportion of variance was accounted for at the level of the coach (2%) or client (6%) for smoking outcomes. Most variances were explainable at the referral level, reflecting variability within clients. Such as that the same client might achieve their quit target on one occasion but not another. When modelling all bivariate predictors together, four variables emerged as independent predictors. Figure 7 shows the predictors for smoking outcomes. At the client level, success was more likely with age. Success was also more likely with reported confidence in the ability to change and perceived self-efficacy.

Yet, less likely in the context of existent mental health conditions (NHS Digital, 2021). For illustration, the quit rate in those aged 40 years and older was 52% compared to 61% in those aged 60 years and older. The quit rate in those with vs without a mental health condition was 51% vs 59%. Clients reporting a confidence score of 7 or more out of 10 in their ability to make a change had a quit rate of 61%. Compared with a quit rate of 50%, those reported a confidence score of 6 or less. At the referral level, success decreased with successive attempts/referrals.

Chaiton et al. (2016) found that individuals who found quitting easier tended to succeed in early attempts. Whereas individuals with repeated unsuccessful attempts, the average success rate diminished over attempts. Adjusting for the predictors above, we observed outcome equalities. Rurality, deprivation, gender, ethnicity, and presence of long-term health conditions did not impact outcomes. Neither did sickness and unemployment status, carer status, and BMI. Smoking outcomes were not significantly related to attending multiple programmes. The reported importance of change and COVID reconfiguration were unrelated to outcomes also.

Figure 7.Likelihood of quitting smoking by client factors and quit attempts whilst using One You Lincolnshire between June 2019 to February 2022

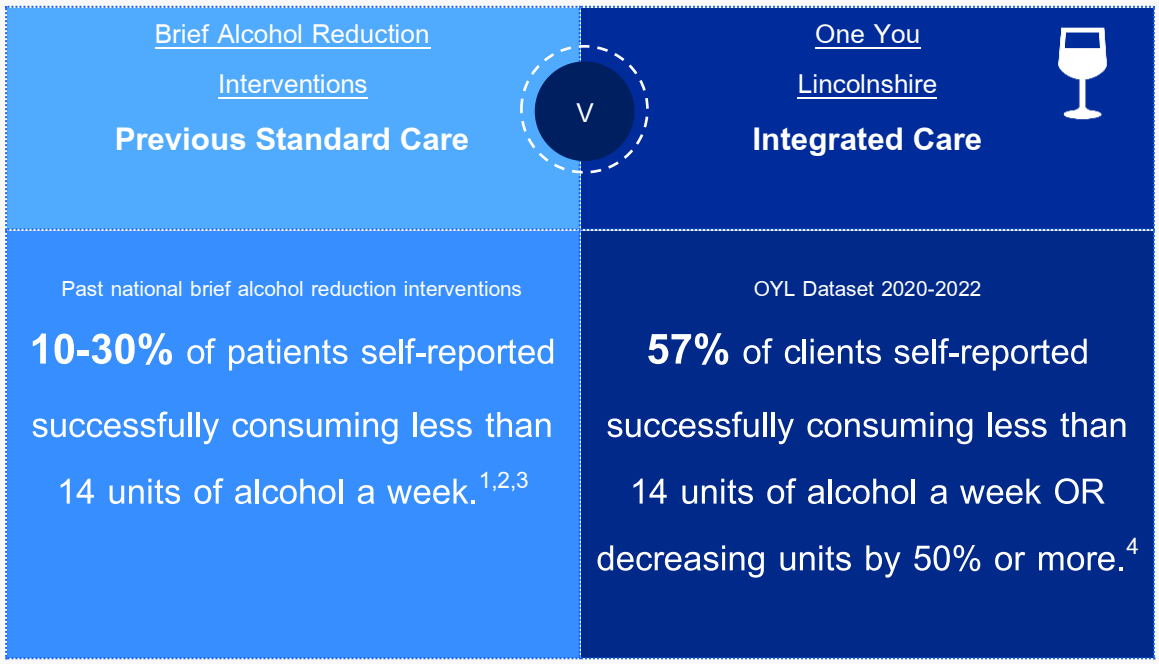


Note. Error bars give 95% Confidence Intervals (CIs) for each observed odds ratio. All effects are statistically significant (95% CIs do not cross the line of equal likelihood).

Alcohol Reduction Pathway

Figure 8 shows **57% reduced alcohol use** (95% CI = 52–61%) via OYL alcohol reduction or health coaching pathways. Data came from 635 reduction attempts within 544 clients. Reduced alcohol use was determined as decreasing intake by 50% or more or to less than 14 units per week. Moreover, across all OYL clients meeting eligibility criteria for alcohol reduction, **37% reduced alcohol use** (95% CI = 35–39%). Data was monitored from 2,351 referrals across 1,599 clients. Benchmark outcomes for brief alcohol reduction interventions were 10–30% (Heather, 2012, O'Donnell et al., 2014). High rates of alcohol reduction were supported across the service. Intention-to-treat analysis showed that clients not in the alcohol reduction pathway still reduced drinking.

Figure 8.Service delivery differences in self-reported successful reduced drinking rates



1 Fleming, M., and Manwell, L.B., 1999. Brief intervention in primary care settings: A primary treatment method for at-risk, problem, and dependent drinkers. Alcohol Research & Health, 23(2), p.128.

2 Heather, N., 2012. Can screening and brief intervention lead to population-level reductions in alcohol-related harm. Addiction Science & Clinical Practice, 7(1), pp.1-14.

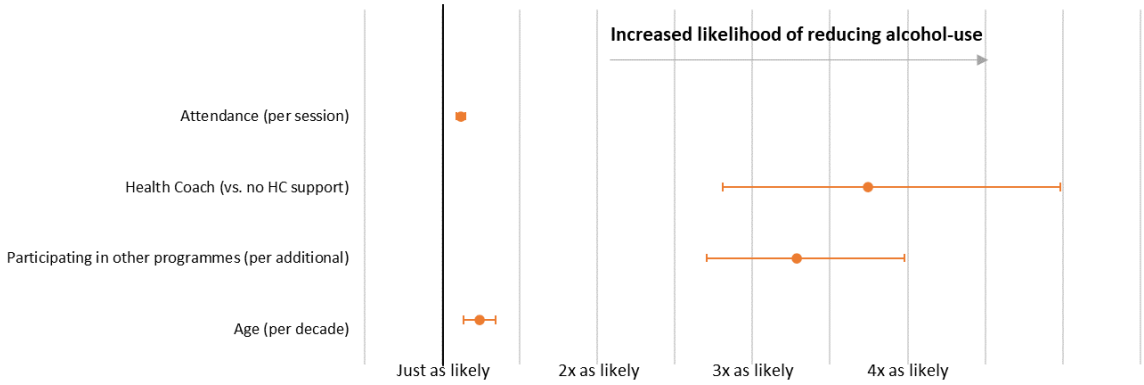
3 O'Donnell, A., Anderson, P., Newbury-Birch, D., Schulte, B., Schmidt, C., Reimer, J. and Kaner, E., 2014. The impact of brief alcohol interventions in primary healthcare: a systematic review of reviews. Alcohol and alcoholism, 49(1), pp.66-78.

4 Based on 2,351 reduction attempts within 1,599 clients

Most outcome variance was accounted for at the coach (19%) and client (11%) levels for alcohol reduction outcomes. In particular, there was evident clustering by the coach. Clustering suggests between-coach differences in outcomes. For example, the

characteristics of coaches may enable successful outcomes. When modelling all bivariate predictors together, three variables emerged (Figure 9). The variables were independent predictors of alcohol reduction outcomes. At the client level, success was more likely with age and participation in other tier-2 programmes. At the referral level, success was more likely following 1:1 health coach input. Adjusting for the predictors above, we observed outcome equalities. Rurality, deprivation, gender, ethnicity, and long-term health conditions did not impact outcomes. Neither did mental health, sickness and unemployment, carer status, and BMI. Alcohol reduction outcomes were not significantly related to the reported change in importance or confidence. COVID reconfiguration was not related either. Predictors suggest equity of outcome after transitioning from in-person to online delivery.

Figure 9.Likelihood of reducing alcohol consumption whilst using One You Lincolnshire between June 2019 to February 2022

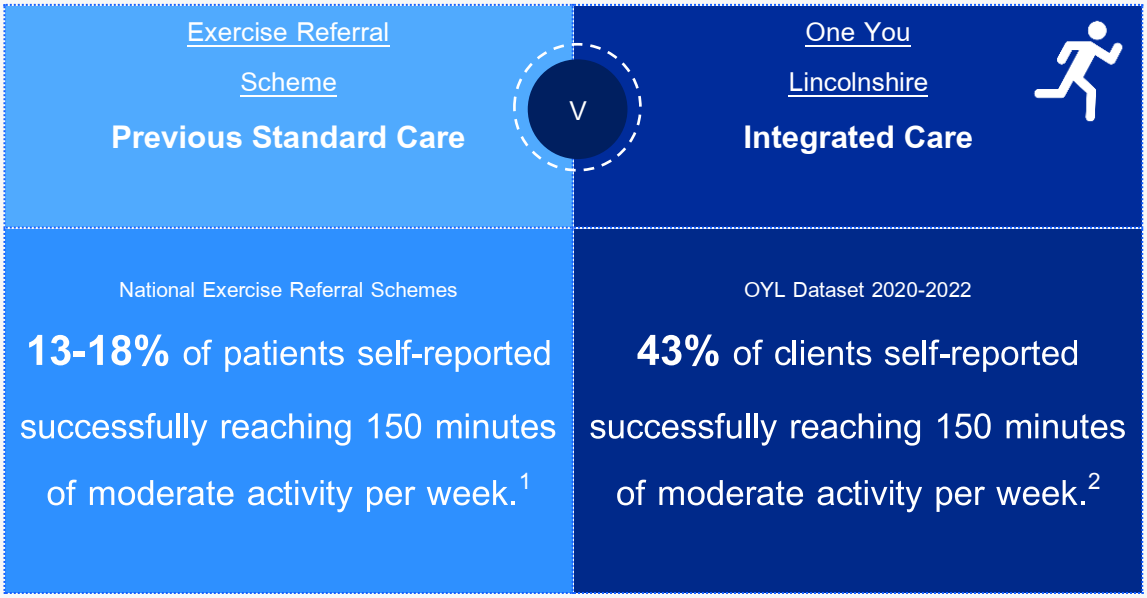


Physical Activity Pathway

As shown in Figure 10, **43% (95% CI = 42–44%) of clients increased physical activity** via physical activity or health coaching pathways. Data came from 7,881 activation attempts within 5,943 clients. A successful outcome was 150 minutes of moderate activity per week. Across all OYL clients meeting the eligibility criteria to become active, **28% (95% CI = 27–29%) were supported to be 'active' by the end of referral**. Eligibility criteria were those who were 'inactive' or 'fairly active' when entering the service. Data was monitored from 16,181 referrals to 10,877 clients. Observed success rates compared to benchmark effectiveness of exercise referral schemes of 13–18% (Williams et al., 2007). High rates of

physical activation were supported across the service. Intention-to-treat analysis showed that clients not in the physical activity pathway still increased physical activation.

Figure 10.Service delivery differences in self-reported successful increased physical activity rates



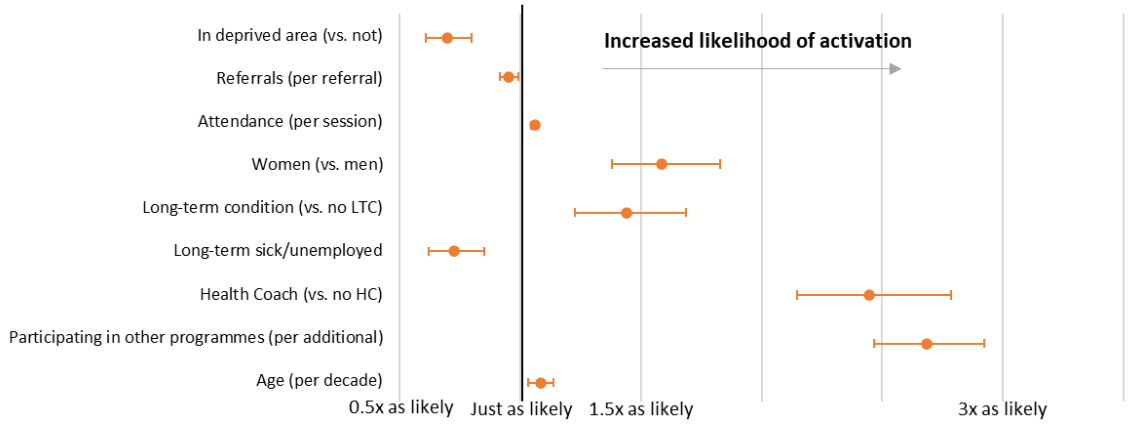
1 Williams, N.H., Hendry, M., France, B., Lewis, R. and Wilkinson, C., 2007. Effectiveness of exercise-referral schemes to promote physical activity in adults: systematic review. British Journal of General Practice, 57(545), pp.979-986.

2 Based on 16,181 activation attempts within 10,877 clients

Most of the variance was accounted for at high levels. There was 27% variance at the coach level plus 24% at the level of the client for physical activity outcomes. The predictors emphasise the value of coach-level and client-level influences on activation outcomes. When modelling all bivariate predictors together, nine variables emerged (Figure 11). The variables were independent predictors of activity outcomes. At the client level, success was more likely with age and participation in other tier-2 programmes, and success was less likely with deprivation, long-term unemployment, and sickness.

Additionally, success was more likely in women and when living with long-term health conditions. At the referral level, success was more likely following 1:1 health coach input. Also, increased attendance and over repeat referrals. As shown in Figure 10, the most influential factors were multi-programme participation. Clients participating in more than one programme were 2.7 times more likely to succeed. Health coach input correlated to 2.5 times as likely to succeed. The factors suggest that integrated delivery potentiated better outcomes across the client base. Adjusting for the predictors above, we observed outcome equalities. Rurality, ethnicity, presence of mental health conditions, carer status, and BMI did not impact outcomes. Physical activation outcomes were not significantly related to changes in importance and confidence. Also, neither was COVID reconfiguration. We observed some inequities in the outcome. Gender and deprivation predictors suggested that some groups were less able to benefit from OYL support in physical activity. Long-term unemployment and sickness, as a marker of disability, also affected outcomes.

Figure 11.Likelihood of increasing physical activity to 150 minutes a week whilst using One You Lincolnshire between June 2019 to February 2022



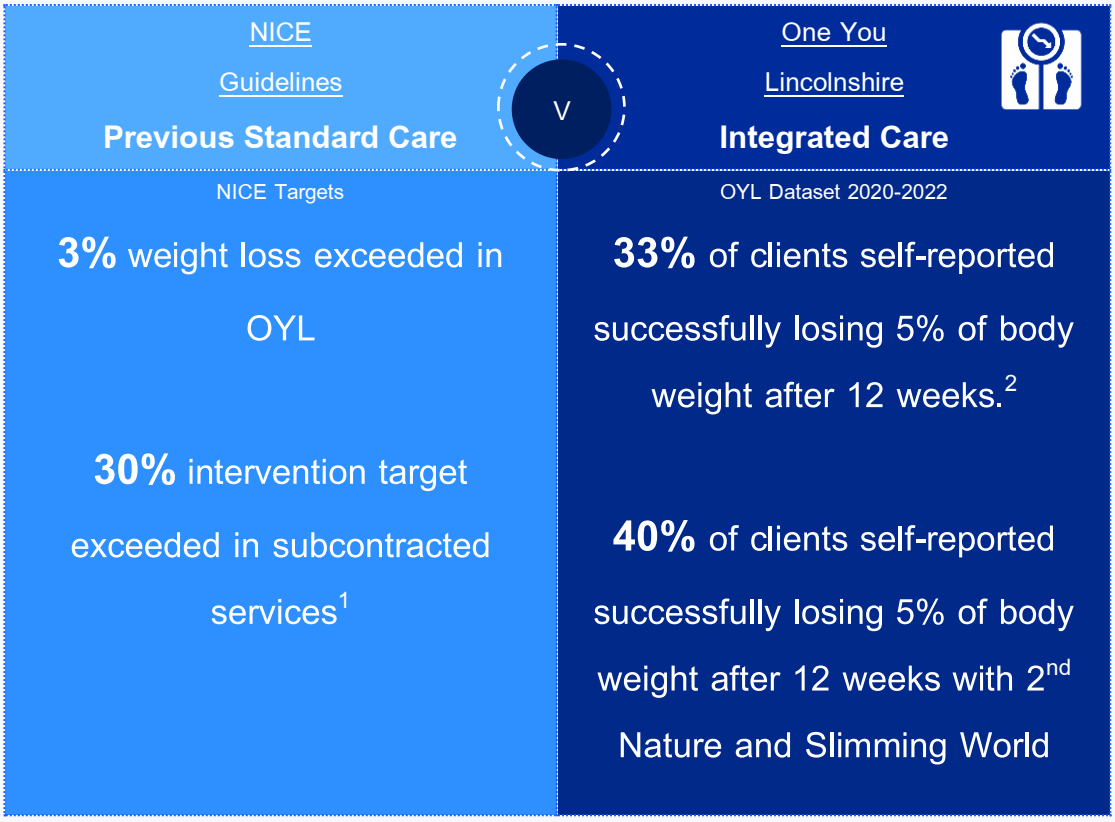
Weight Loss Pathway

As shown in Figure 12, **33% (95% CI = 32–34%) of clients achieved 5% weight loss** via adult weight management or health coaching pathways. Data came from 6,858 reduction attempts within 5,885 clients. Successful weight loss was achieved at 12 weeks following the start of a client's weight management plan. Across all OYL clients meeting the eligibility criteria of a BMI of 30 or above, **25% (95% CI = 25–26%) of clients achieved 5% weight**

loss. On average, clients had a weight reduction of 6%. Data was monitored from 12,915 referrals to 8,201 clients. The success rate of clients opting into the weight management pathway exceeded NICE guidelines (NICE, 2014).

Guideline targets for commissioned weight management services were 30% achieving 5% weight loss. OYL also exceeded the guidance of an average weight loss target of 3%. In a recently published evaluation of UK tier-2 weight management services, it was found that only a minority met the NICE criterion (Ells et al., 2018). The success rate for OYL is comparable to those observed in auditing patients referred to NHS weight loss programmes at 33% (Ahern et al., 2011). OYL also had a better rate (32%) than other integrative programmes in the UK (Birnie et al., 2016).

Figure 12.Service delivery differences in self-reported successful reduced weight rates

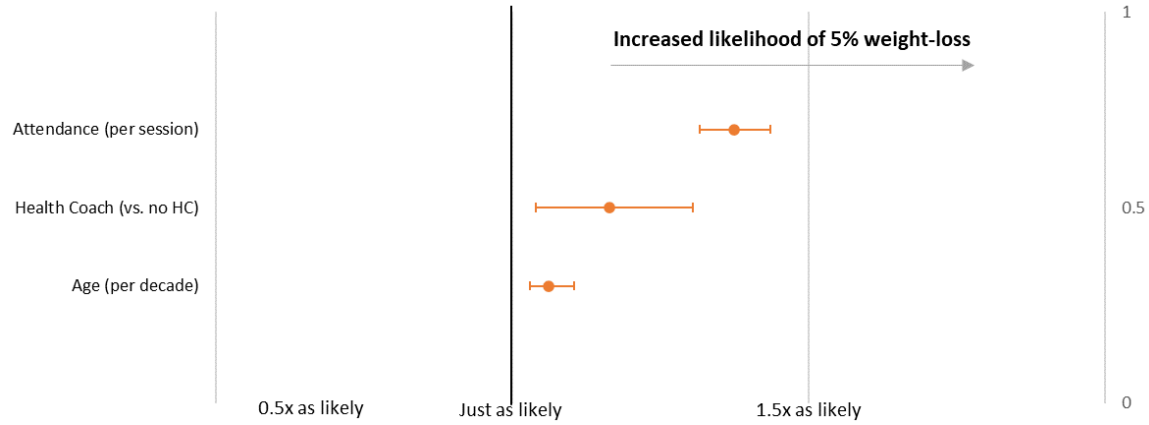


1 https://www.nice.org.uk/guidance/ph53/chapter/1-Recommendations

2 Based on 12,915 reduction attempts within 8,201 clients

For weight loss outcomes, a small amount of variance was accounted for by coach predictors at 3%. A more substantive amount of variance was accounted for by between-client differences at 22%. When modelling all bivariate predictors, three variables emerged as predictors (Figure 13). At the client level, success was more likely with age. At the referral level, success was more likely following 1:1 health coach input and increased attendance. Adjusting for the predictors above, we observed outcome equalities. Rurality, deprivation, gender, and ethnicity did not impact outcomes. Neither did long-term health and mental health conditions or sickness, unemployment status, carer status, and BMI. Weight loss outcomes were not significantly related to a client's importance or confidence in making change, and multi-programme attendance or COVID reconfiguration was also unrelated.

Figure 13.Likelihood of a 5% weight loss whilst using One You Lincolnshire between June 2019 to February 2022



Pathway attendance and completion

Table 8 presents **Implementation**, pathway attendance and completion results. The table shows whether pathway delivery and engagement were consistent with planned provisions. Available 'Move More' data underestimates attendance and completion rates as data on session attendances was not maintained. In contrast, the data for 'Eat Healthy' was more

dependable as the data linked to weekly weight records. The completion rate for Eat Healthy was 70%. OYL exceeded the NICE guidance criterion for weight management programmes of 60% or above for completion.

Table 8.One You Lincolnshire pathway attendance and completion

Tier-2 programme	Standard N sessions offered	Criterion n for completion	Mn attendance	(95% CIs)	% Meeting completion criterion
Stop Smoking	6†	≥5	6.80	(6.70, 6.91)	63%
Move More	12	≥9	4.51	(4.44, 4.57)	26%
Eat Healthy	10	8	8.78	(8.67, 8.88)	70%
Drink Less	6	≥5	4.44	(4.28, 4.60)	46%
Health Coach	4	≥3	3.59	(3.49, 3.69)	56%

Note. *Each referral ID contains a single attendance figure, which may in some cases reflect attendance across multiple programmes. Estimates were obtained by limiting to referrals that only contained outcome data for a single programme but may be inflated.* †*But can range up to 12 sessions as needed.*

COVID-19 reconfiguration

Sustaining outcomes through challenging reconfigurations relates to the **Maintenance** of successful implementation. Effectiveness analyses showed that post-COVID reconfiguration did not significantly affect outcomes. Outcome effectiveness was maintained after transitioning from in-person to remote delivery. We also explored if OYL could maintain equitable access after service reconfiguration. As shown in Table 9, there were significant changes in the characteristics of the client base. There were changes in age, gender, deprivation, ethnicity, and disability. The changes indicated that some subpopulations were less well-represented post-COVID. **Reach** was enhanced through service reconfiguration in some ways. Enabling remote access to services and digital solutions overcame restrictions on in-person delivery. Remote access also allowed more open referral pathways, boosting commenced referrals from ~353 per month to ~668 per month. However, there were some evident inequities in the uptake of reconfigured services. Access seemed to be enhanced

for those from less deprived areas. As a result, the service moved further from the targeted representation of those from the most deprived areas.

Table 9.Significant differences in demographic profile of clients accessing services pre- vs. post-COVID

	Pre-COVID	Post-COVID
	In-person	Remote
Commenced referrals (n)	3,174	15,357
Mean Age	52.1	49.6
% Men	37%	31%
% From most deprived areas	45%	35%
% Ethnic minorities	9%	7%
% Long-term unemployed/sick	30%	24%

Limitations

Limitations must also be acknowledged. As is typical for real-world intervention evaluations, a pre-post design was used with no control group. Furthermore, client outcomes were self-reported using instruments suited to a clinical setting. As such, there was modest validity relative to gold standard research measures. However, the changes in measured health outcomes suggest that behaviour change was achieved. Whilst limitations might be seen as weaknesses for efficacy, the benefits of healthy lifestyles are well known. Hence, the primary contribution of this study relates to implementation outcomes.

Chapter 5 Economic Evaluation

Value Proposition

Definition

A value proposition is a ***"statement of the benefits and value that a service can deliver to its customers and prospective customers" (Barnes et al., 2009)***. Service provision involves contributions from stakeholders, and each stakeholder can be considered a customer receiving a service from another stakeholder. However, the primary customer is the patient. A value proposition differs from an economic evaluation in encompassing a range of value measures (Price and St John, 2019).

Application

The most quoted definition of value in health care is ***"health outcomes achieved per pound spent" (Porter, 2010)***. However, we recognise other dimensions of value in healthcare. Improving quality is integral to pursuing value in healthcare, and Donabedian (2002) advocated for quality healthcare to improve processes and outcomes. Therefore, the value proposition describes the nature of the service and the care pathway to which it contributes.

One You Lincolnshire's Value

Clients accessing OYL's integrated support service adopted healthy lifestyles. OYL success rates exceeded national benchmarks across behavioural outcomes of smoking, physical activity, healthy eating, and alcohol consumption. OYL's services show equities of the outcome. People from ethnic minority groups and rural areas were likely to benefit from integrated support recognising the interdependent nature of health behaviours. Integrated

care had a significant impact on outcomes. Support across pathways from a health coach and participation in multiple pathways increased success rates. Success was seen across weight management, physical activity, and alcohol reduction pathways. For example, the success rate for alcohol reduction clients without a health coach or engagement with multiple pathways was 2%.

Clients with a health coach support and engage with all pathways had a success rate of 75% for alcohol reduction. The synergistic effects of integration represent added value over siloed provisions. The effect translates into incremental cost-effectiveness compared to equivalent funding of a group of isolated providers. OYL serves over 16,000 people in Lincolnshire. The service has been able to pivot in challenging circumstances. Moreover, it continued to provide access to support throughout the COVID-19 pandemic. OYL maintained outcome success rates from pre- to post-reconfiguration. OYL also almost doubled client referral rates. The service has an established and tested infrastructure for regional delivery across different modalities. If sustained, outcomes delivered by OYL will lead to savings for the local health and social care system. As lifestyle-related conditions and disability-adjusted life years are reduced. Smoking cessation and alcohol reduction could increase disposable income within local communities.

Chapter 6 Discussion

Access and referrals to One You Lincolnshire

Overall accessibility to the service

This evaluation explored the reach of One You Lincolnshire (OYL) for eligible clients in the county. Secondary analysis and interviews found that most clients were white British and women. The average age of a client was around 50 years old, and there was an even distribution of clients from both rural and urban settings. Compared to the literature, the demographic of OYL reflected most weight-loss interventions. For example, most clients were white, female and from less disadvantaged groups (Haughton et al., 2018, Jackson et al., 2020). Additionally, most clients at the point of triage had a BMI categorised as obese. A key eligibility criterion of OYL was clients having a long-term health condition. Clients with LTHC are often more at risk of obesity and experience barriers to care (Betts and Froehlich-Grobe, 2017). As such, OYL was able to provide accessibility to a critical target group at risk of ill health.

Barriers for subpopulation groups

The underrepresentation of men in the service was explored in the qualitative interviews. Men reported reduced GP visits, perception of women-dominant programmes, and fear of seeking help. Indeed, a study by Wagner et al. (2007) found that reduced health-seeking behaviours in men were associated with limited health literacy. Literature shows that men were less likely to seek care than women, even with severe health problems (Schlichthorst et al., 2016). Among those aged 21 to 58, men consulted a GP half as often as women, and the difference was not explained by reproductive health reasons (Schlichthorst et al., 2016).

Ethnic minorities were also underrepresented in OYL. Previous lifestyle services also noted fewer minority groups accessing the service (Haughton et al., 2018). For example, Azar et

al. (2020) found that older ethnic minority groups had more significant barriers to services than the general population. Nevertheless, OYL clients that accessed the service were motivated, and most clients have a high confidence score to change and the importance to change at the start. Before the COVID-19 pandemic, most OYL clients were referred to the service via their GP. The use of annual NHS Health Checks was found to be better attended by older individuals (Coghill et al., 2018).

However, COVID-19 put a considerable strain on primary care. Qualitative focus groups highlighted the prioritisation of clinics on COVID-19 management. Also, the removal of face-to-face contact with patients resulted in fewer referrals to OYL via GPs. One major reconfiguration in the service was the introduction of self-referral. Secondary analysis revealed that the demographic of OYL changed with the new reconfiguration. For example, the average age of clients became younger. The demographic also was more women-dominant and had fewer ethnic minorities. Clients who were long-term unemployed and from deprived populations were also less likely to refer to the service. Interviews suggest that COVID-19 resulted in GPs encouraging potential clients to self-refer. Rather than initiating direct referrals, GPs relied on a client's health-seeking behaviour to follow up on the GPs suggestion. As such, groups with lower health-seeking behaviour may have been less likely to self-refer than if referred by GPs. Thus, men may be less likely to self-refer or visit a GP, making referral routes for men into the service difficult.

Meeting Commissioning Targets

Deprived groups live in the poorest neighbourhoods on low incomes. As such, populations often have limited access to safe living and health services. The commissioning target for OYL was 50% of clients from the 30% of most deprived LSOAs. However, OYL's reach was currently 38%. Extensive literature has shown that social inequities impact access to health services. When compared to other lifestyle services, OYL reflected similar accessibility barriers. Individuals living in more deprived neighbourhoods had poorer population health (Coghill et al., 2018). As such, complex health needs were more common in clients from deprived areas. Clients in OYL from deprived LSOAs were likelier to have long-term health conditions and poorer mental health.

Also, clients were more likely to have long-term unemployment, sickness, or substance dependencies. Complex unhealthy lifestyle behaviours may be an indicator of reduced service engagement. One study found that participants with many unhealthy lifestyles were 24% less likely to attend a GP appointment than those without (Feng et al., 2014). As disadvantaged groups are more likely to have complex health needs, they may have been less likely to engage in the referral routes OYL offered. Previous work has shown that unhealthy lifestyles cluster among low socioeconomic groups and deprived populations are less likely to seek primary healthcare. Thus, it is uncertain whether behavioural interventions in primary healthcare are reaching those in most need (Feng et al., 2014).

Barriers to alcohol reduction referrals

Excess alcohol consumption can impact older adults, and drinking has been shown to exacerbate long-term health conditions in older groups (Bareham et al., 2021). The average age of clients in OYL was 50 years old. Thus, alcohol reduction support was beneficial to existing OYL clients. However, OYL had low referrals to the alcohol reduction pathway. Health coach focus groups revealed that time-constrained care affected practitioners' ability to address clients. Previous studies show that alcohol-related conversations were not regularly part of a GP's work (Bareham et al., 2021). In the context of older populations, practitioners were deterred from talking. GPs mentioned concerns about sensitivity to the topic prevented discussions.

Also, competing priorities when addressing older people's complex health needs. GP interviews from this study highlighted the limited promotion of alcohol reduction to clients. Practitioners were more likely to recommend weight management and smoking cessation to clients. Practitioners found diet and smoking behaviours easier to infer than alcohol intake. These findings reflected existing literature on GP engagement with brief alcohol interventions. One study noted that GPs felt that assessing smoking status was 'straightforward'. Practitioners often determined physical activity from appearance, assessing if a patient was overweight (Ampt et al., 2009). In contrast, assessing alcohol intake was only during a formal health check. Therefore, a practitioner's congruence and capacity may influence alcohol pathway referrals. The relationship between patient-GP is thus key for lifestyle interventions (Johnson et al., 2010).

Client Outcomes of One You Lincolnshire

Overall service outcomes

Clients referred to OYL were likely to engage in the service's healthy eating and physical activity pathways. Most clients used one or two pathways whilst in the service, as exampled in the case study of Sarah's story. Sarah discussed how she went to the service for Slimming World. After completing the 12 weeks, she was recommended for physical activity support by the health coach, which she took up. As a result, Sarah could use multiple pathways of the service. A review by Johns et al. (2014) found more significant weight loss in services combining diet and exercise compared to interventions focused on either diet or exercise alone. Therefore, OYL had better outcomes across all pathways than the standard level of care, with a higher percentage of clients meeting targets.

Physical Activity: online delivery, health coach support and deprived groups

28% of clients on the OYL physical activity pathway met the target of 150 minutes of moderate to vigorous exercise weekly. In comparison to 13-18% of patients that had used the national exercise referral scheme. Being a woman and older increased the likelihood of achieving 150 minutes weekly. Long-term health conditions were also more likely to achieve 150 minutes a week. Conditions affecting mobility and pain management were most common in the qualitative findings. The introduction of personalised online delivery may have favoured individuals with LTHCs. As Anna's case study described, online group exercise classes were beneficial for limited mobility. A study by Betts and Froehlich-Grobe (2017) found that limited mobility was a barrier to weight loss and exercise interventions. In-person weigh-ins and inaccessible transport reduced the feasibility of attending and completing interventions. Therefore, OYL presents an opportunity for physical activity for people with impaired mobility and LTHCs and meets the needs of growing evidence of weight-related disparities.

However, studies show that digital services are more likely to undermine disadvantaged groups. Poor access to mobile technology, Wi-Fi, or mobile data has been associated with

low user motivation for behaviour change (Szinay et al., 2020). Thus, online delivery may present opportunities and challenges to OYL delivery. A health coach and better attendance increased the likelihood of successful activity outcomes. McGuire et al. (2019) found that people receiving 1:1 and group support were more likely to engage in physical activity than in group sessions alone. Likewise, frequent meetings were associated with weight loss (Dansinger et al., 2007). OYL clients from more deprived areas with long-term unemployment were less likely to achieve 150 minutes weekly. A systematic review of low-income groups found that whilst people kept up with dietary changes, physical activity was less consistent (Bull et al., 2015). Evidence shows that one of the main reasons for individuals not achieving outcomes was incurred costs (Nagelhout et al., 2017).

Despite data finding that deprived groups were less likely to meet goals, OYL clients showed meaningful changes. After the intervention, interviews found that clients had greater confidence, motivation, and self-esteem. These factors are critical for sustained lifestyle changes (Male et al., 2022). Jong et al. (2020) highlighted that creating a supportive environment for behaviour change was essential for success. Thus, OYL encompasses not only physical activity but psychosocial well-being. However, Baumeister et al. (1998), Vohs and Heatherton (2000) found that human self-regulation draws on limited resources as such single behaviour change may benefit low-income groups. Thus, the most effective modality of lifestyle services may depend on the target group.

Weight loss: commercial programmes, older clients, and person-centred support

OYL exceeded NICE guidance of an average weight loss target of 3%. 33% of clients also achieved 5% weight loss. 40% of clients lost weight with external partners such as Second Nature and Slimming World. Similar studies have found positive outcomes from commercial weight-loss programmes. Allen et al. (2015) found that a 'free' GP referral to services that typically cost people money encouraged participation. Age was a predictor of weight loss, with older clients more likely to achieve losing weight. Also, clients with a health coach who attended more sessions were more likely to achieve a weight loss of 5%. Previous evidence found that 60-year-olds lost more weight than younger individuals and sustained significant weight loss (Svetkey et al., 2014).

Qualitative interviews revealed that clients valued ongoing person-centred support. Rapport with health coaches was viewed as encouraging, with positive relationships among many clients. The health coach interviews mentioned using proactive messaging. Messaging included motivational interviewing. Also, coaches engaged with clients and gave feedback on progress and tips. Celis-Morales et al. (2017) found that people with personalised support consumed less unhealthy food. Health coach interactions may influence client outcomes as higher engagement leads to greater effectiveness. Some clients discussed a preference for online, viewing group sessions as more accessible. To date, few studies have compared health coaching delivery. However, Appel et al. (2011) found improvement in weight with both remote and face-to-face support. Thus, the reconfiguration of OYL service delivery may offer a unique insight into online and face-to-face support.

Alcohol Reduction: age, deprivation, and physical activity

Despite low referral rates to OYL brief alcohol support, clients had successful outcomes. In comparison to 10-30% in standard interventions, 57% of OYL clients drank less than 14 units of alcohol a week. Older clients and 1:1 support were predictors that increased a client's likelihood of achieving the behaviour change outcome. The Royal College of Psychiatrists (2018) recommended that low-risk drinking for people aged 65 and over be drinking no more than 12 UK units per week. Older people are likely to be more sensitive to alcohol-related harm through the effects of ageing and have a higher risk of interactions with prescribed medications (Rao, 2020).

Another predictor was a client being referred to another OYL pathway. Alcohol support was suggested to clients through physical activity or weight loss, and coaches offered support through alcohol reduction for weight loss rather than dependency. Studies have shown that exercise may reduce alcohol consumption among hazardous drinkers (Rasmussen et al., 2021). Indeed, specific exercises may encourage more days of no drinking. For example, one study by Gunillasdotter et al. (2022) found that people who did yoga drank around 5.5 drinks less per week than those in the aerobic exercise group. Interviews revealed that deprived populations used the pathway less. One reason may be that alcohol treatment was often needed for individuals rather than brief advice. Evidence shows that individuals in the most deprived areas are less likely to drink but more likely to engage in heavy episodic drinking. Deprivation is associated with heavy episodic and frequent drinking (Fat et al.,

2017). Health coaches mentioned that the pathway faced stigmatisation, and support for alcohol reduction was still viewed as challenging by health professionals.

However, a key predictor of alcohol reduction was clients being in another pathway. Few scientific reports have investigated the effect of programmes targeting several lifestyle factors. However, one study found similar outcomes to OYL. Lee et al. (2009) showed that at-risk drinkers in integrated care were more likely to access treatment as such drinkers decreased harmful drinking more than those in the specific alcohol referral interventions.

Smoking cessation and mental health

56% of clients quit smoking for four weeks using OYL compared to 46% of patients using the NHS Stop Smoking Service. Older clients with a high confidence score were more likely to quit. In contrast, clients with previous attempts are less likely to quit. Also, clients with mental health conditions were less likely to quit. Studies have shown that changing behaviour is more difficult for service users with mental health conditions **(Bradley et al., 2021).** As such, there is a greater need to focus on confidence-building and readiness to change. As such, an improvement in mental health may significantly impact a client's ability to make physical health changes.

Working Relationships with One You Lincolnshire

Primary care practitioners and capacity

Primary care is crucial in preventive health care activities, with staff promoting smoking cessation, responsible alcohol consumption, weight control and physical activity (Schlichthorst et al., 2016). Studies reveal that GPs often recruit hard-to-reach populations (O'Hara et al., 2015). GPs were identified as a critical element of the OYL service model. Most clients expressed a high trust in GPs. Clients followed GP suggestions, often assuming that "the doctors know best". However, in this study, primary care staff presented some gaps in knowledge of the OYL service model.

Also, GPs expressed having limited capacity and time to engage with the referral process of the service. Health coaches and partners reflected on historical relationships with primary care clinics. Before the introduction of OYL, a key challenge was managerial capacity at primary care clinics, which limited clinics' buy-in to community services. Din et al. (2015) found a reluctance to promote physical activity to patients by GPs. The study identified several barriers to referral—for example, the time constraints placed on GPs. Also, the priority of physical activity about other health promotion activities (Din et al., 2015). As a result, OYL leadership found relationship building a critical need for service initiation and delivery. Interviews showed OYL had worked to gain buy-in from primary care clinics, and partners valued buy-in and viewed it as a critical facilitator for referrals into external programmes.

Quality assurance and data sharing

Quality assurance was a key commissioning strategy the evaluation aimed to evidence. Interviews revealed that quality was embedded into the service design as OYL leadership encouraged buy-in across teams and pathways. All OYL team members had consistent training in behaviour change, and continual learning was also embedded into the organisation. Vangen and Huxham (2000) suggested that trust was imperative for a successful partnership working. Relationships between OYL and service partners were positive, and consistent communication and trust were highlighted as critical strengths of the organisation. One factor that did vary between partners was data sharing. Each partner

organisation had different data-sharing processes and administration capacities. Also, referral routes had varied approaches to referring to the service. These areas may provide opportunities to streamline tasks, as Henderson et al. (2018) found that seamless data sharing between organisations often contributed to a consistent end product.

Service completion and sustainability of One You Lincolnshire

Pathway completion and service configuration

Lifestyle interventions often have sustained low changes reported. Completion and long-term changes were as complex as the factors influencing access to the intervention (Gidlow et al., 2005). However, many studies showed that close adherence to lifestyle modification resulted in a favourable outcome (Oh et al., 2018). OYL had a range of completion rates across the four lifestyle pathways. More than half of clients that took up stop smoking support had still quit four weeks later. Over half of the clients completed their sessions with a health coach, and over a quarter completed the physical activity and weight management programmes. However, there was limited data to explore the reasons for non-completers. Common challenges of non-completion of weight loss programmes were self-monitoring and low mood. Venditti et al. (2014) demonstrated that problem-solving weight loss programmes were associated with better outcomes. The sustainability of OYL can also be looked at through the organisation's ability to withstand risk and change as the service delivered all pathways for Lincolnshire residents during the COVID-19 pandemic.

Chapter 7 Recommendations and Conclusion

Improve access for disadvantaged groups

OYL had good access for most clients entering the service and reflected the demographic of the county. However, some clients were less well represented in the service. There may be a need for improved access for disadvantaged groups, men, and ethnic minorities. Previous studies found that individuals living in deprived areas preferred personalised care (Christensen et al., 2020). The role of the health coach was also valued. Coaches helped handle low moods and lack of motivation among vulnerable groups. Rapport building with a client started at the initial engagement. Coaches were able to address a client's willingness and ability to change. Then throughout the service, address triggers that affect a client's ability to sustain positive change.

As there were few clients from different ethnic groups, further research may be needed to understand rapport building. Social opportunity barriers included cultural identity linked to the consumption of traditional starches—also, the desire to perform physical activity that was culturally acceptable such as walking and dancing. The evaluation also highlighted signposting by health practitioners. Less direct referrals may have reduced the number of clients to reduced alcohol consumption pathways. The role of practitioners is a vital component of the service, and they are necessary for networking, integrating care elements, and showing leadership. The NHS Health Check was a key route into the service. Previous studies have also shown that inviting patients for an NHS Health Check is a predictor of attendance. Verbal, telephone, and enhanced letter invitations are predictors of attendance. In comparison to a traditional letter invite (Coghill et al., 2018). Thus, applying behavioural insights may be more effective at encouraging attendance to the health check and, in turn, OYL.

Innovative promotion of alcohol support

Phase 2 showed that alcohol reduction support had low referrals. Alcohol consumption was challenging for referral routes to promote as there was stigma toward receiving support. However, once on the pathway, clients had significantly improved outcomes compared to standard care. One unique feature of OYL was that most clients on the pathway were referred once in the service. Services supporting substance use have traditionally been delivered separately from other health care services. As substance use is seen as a social problem, prevention support is often not considered a responsibility of the health care systems. Alcohol reduction was promoted positively via weight loss with holistic health benefits. Thus, OYL may want to consider the promotion and social marketing of alcohol reduction.

Streamlining of data

Technology can play a crucial role in supporting integrated care. Electronic health has the potential to support quality, track patients, and identify trends and threats. As OYL had issues with Response 365 and some gaps in data, robust data systems could improve the organisation and usability of clinical data. Data sharing could help patients, health care professionals, and health system leaders coordinate care, promote shared decision-making, and engage in quality improvement efforts. Also, data systems could provide information in many languages, connecting patients with culturally appropriate providers. Exchanging treatment records among health care providers improves treatment and patient safety. However, given known discrimination based on race or substance use disorders, safeguards against inappropriate or inadvertent disclosures are essential when streamlining data sharing. Therefore, protecting confidentiality when exchanging sensitive information must be considered.

Conclusion

Integration is the systematic coordination of general and behavioural health care. Integrating services have been shown to provide a practical approach to supporting whole-person health and wellness. Too many patients fall through the cracks when health care is not well integrated and coordinated across systems. A lack of integration can lead to missed prevention or early intervention opportunities. Single behaviour changes interventions have been successful; however, OYL provides crucial evidence on the benefit of clients with multiple unhealthy risk factors. OYL outcomes exceeded all standard care across all four lifestyle risks and positive qualitative experiences from clients. Despite COVID-19, the service remained adaptable and successfully reconfigured service delivery. OYL was able to focus on local relationships and made strong connections with organisations in Lincolnshire. As such, OYL was able to create an integrated offer for clients, increased the likelihood of better outcomes and has the potential to reduce health disparities.

Acknowledgments

We want to thank the following individuals: Dan Rogers (Head of Service) and Jackie Williams (Head of Quality), for their continual support and guidance at One You Lincolnshire. Sally Bassett (East Midlands Public Health Research Specialty Manager), Liz Furnell (Study Support Facilitator), Marie Thompson (Study Support Service Divisional Manager) and Professor Pip Logan, Professor of Rehabilitation Research at the University of Nottingham, for support and help through the NIHR and the West-East Clinical Research Network (CRN). Also, thank you to members of the steering group, David Clarke, Katie Ferrett, Justin Jones, Jimmy Rushworth, Jenny Spence, Lisa Saunders, and Gary Baker, for contributing to this report's research design and analysis. All One You Lincolnshire staff who gave their time and dedication to recruiting participants. Individuals from Lincolnshire for participating in interviews and focus groups for this evaluation.

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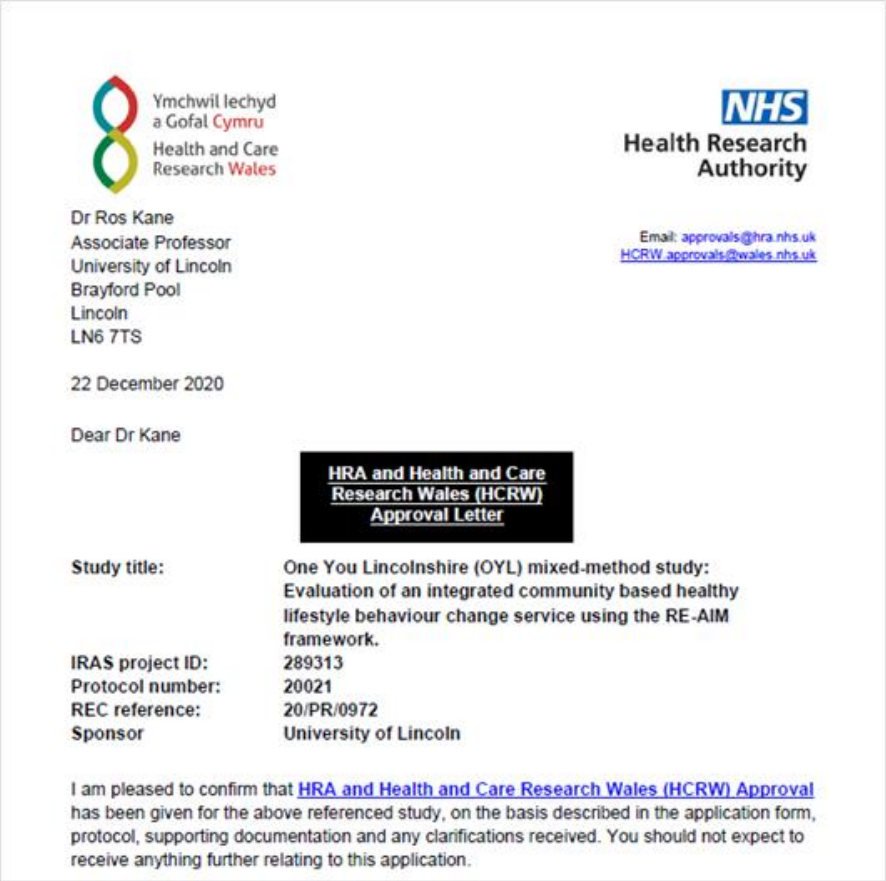
List of Appendices

Appendix A: Health Research Authority (HRA) Approval



Ymchwil Iechyd a Gofal Cymru
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22 December 2020

Dear Dr Kane

HRA and Health and Care Research Wales (HCRW) Approval Letter

Study title:	**One You Lincolnshire (OYL) mixed-method study: Evaluation of an integrated community based healthy lifestyle behaviour change service using the RE-AIM framework.**
IRAS project ID:	**289313**
Protocol number:	**20021**
REC reference:	**20/PR/0972**
Sponsor	**University of Lincoln**

I am pleased to confirm that HRA and Health and Care Research Wales (HCRW) Approval has been given for the above referenced study, on the basis described in the application form, protocol, supporting documentation and any clarifications received. You should not expect to receive anything further relating to this application.

Appendix B: Sampling and recruitment framework

Participant Group	Sample Size
GP Staff (GPs, social prescribers, nurses)	4
Slimming World/Weight Watchers and Get Healthy Get Active Subcontractors	3
One Year No Beer, 28 Days	3
Adult Weight Management Lead, Alcohol Lead, Physical Activity Lead, Smoking Cessation Lead	4
Senior Triage Officer, Referral Generation Lead, Health Coach Team Lead	3
Adult Weight Practitioner, Man V Fat Coach	3

Triage Worker, Referral Generation Officer	3
Physical Activity Coach, Health Coaches	4
Stop Smoking Advisor, Pharmacy Facilitator	3
Total	30

Participant Group	Sample Size
Carer	2
BAME (Black and minority Ethnic)	2
Long Term Health Condition	2
LCC (Lincolnshire County Council) employees	2
Clients not motivated	2
Clients not eligible for service	2
Clients eligible but do not take up service	2
Tier 1 clients	2
Tier 2 clients	2
Low need support	2
Medium need support	2
High need support	2
Drop out clients	2
Clients that did not maintain sustained change	2
Clients that did maintain sustained change	2
Total	30

Lincolnshire COUNTY COUNCIL
Working for a better future

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

Report to:	**Executive**
Date:	**05 March 2024**
Subject:	**Revenue Budget Monitoring Report 2023/24 (Quarter 3)**
Decision Reference:	**I030090**
Key decision?	**No**

Summary:

- This report provides an update on revenue spending compared with budgets for the 2023/24 financial year.
- The tables in this report show the actual income and expenditure for the first nine months of this financial year to 31 December 2023, along with the forecasts for spending and a comparison of the forecasts against the approved budgets for the year.
- The report gives an overview of the financial position for revenue, supported by detailed information available within the appendices.
- The revenue budget is forecast to underspend by £11.9m (equivalent to 1.9% of the net budget). This is an increase of £2.3m from the revised quarter two position, and is attributable to increased underspend forecasts within services and other budgets.
- The position is after implementation of the Executive's quarter two decision to invest £12.8m of windfall revenue underspends into Place capital infrastructure.
- If the position remains through to financial outturn, the balance of reserves at outturn would increase, and their usage would subsequently be determined by Full Council.
- General reserves are forecast at the end of the year to remain within the target range of 2.5% to 3.5%, and will potentially need to be increased during the financial outturn process.
- The Council's financial resilience remains relatively strong at this point in time and is supported by the forecasts set out in this report.

Recommendation(s):

That the Executive:

1) Notes the current position on the revenue budget and decides on any corrective action necessary.

Alternatives Considered:	
1.	This report shows the actual revenue expenditure to 31 December 2023, and projected outturns for 2023/24, therefore no alternatives have been considered.

Reasons for Recommendation:

To maintain the Council's financial resilience.

1. Background

1.1 In February 2023, the Council approved plans for revenue spending to support delivery of the Council plan, achieve its strategic objectives and legal duties for the benefit of residents and businesses. The financial strategy guides this and provides the mechanisms to ensure the council is financially sustainable and resilient.

1.2 In line with good financial management practices, the Council's use of resources is closely monitored and reported to the Executive, with this report providing information on the financial position as at the end of quarter three and representing the final in-year update prior to the end of the financial year.

1.3 Quarter three is an important milestone in the financial year, because in the main there has been sufficient time to identify any key changes from the approved financial position and start implementing corrective action where relevant and appropriate. This approach helps to keep the Council in a strong financial position despite the volatile nature of the operating environment and has been followed during 2023/24.

1.4 Notwithstanding, the size and scale of the County Council – and the complexity of the services it provides – means that small percentage changes in assumptions can have large value changes, positive and negative, throughout the financial year. This is counteracted through the Council's prudent approach to the setting of reserves and contingencies, which ensures the Council has capacity to react to material changes to circumstances.

1.5 Separate to this, the Council has also been focussing extensively on its budget setting proposals for the 2024/25 financial year, which incorporate a series of adjustments to reflect the ongoing effect of some causal factors supporting the in-year position. There are inherently strong links between the Council's budget

monitoring and setting processes. The timing of this meeting is after the Full Council meeting to set the 2024/25 budget, which sets the monitoring baseline for 2024/25.

1.6 The Council is considered to be in a strong financial position relative to peers, which reflects the prudent approach it has taken to financial management to date and which will continue to be required going forward, evident by; the positive 2022/23 financial outturn, the monitoring position presented within this report, and the setting of a balanced budget for 2024/25 in February 2024. The Council continues to demonstrate its ability to react to changes in its external operating environment and meet emergent need within available resources. It is also important to recognise that well-led services provided by the Council are better for our residents, and also lead to better financial outcomes.

1.7 The assessment of the Council's strong financial position is despite the continuation of inflation and demand pressures, which remain the two biggest areas of cost base risk. Both elements are considered as part of every financial update to the Executive, given their permanent importance and potential impact to the budget. It is hoped that the economic context has started the process of stabilisation with inflation due to return to target by 2025. In respect of demand, the Council continues to experience increases in demand for key front line services (e.g. social care and education transport), which are considered further in this report.

1.8 It should be noted that neither demand nor economic-led challenges are unique to Lincolnshire, and is partly why the Government provided additional resource to the sector in the final settlement for 2024/25. Nevertheless, the current financial system means that the Council needs to continue to successfully influence demand and meet need well within the resources available, and which is a fundamental prerequisite to financial sustainability. An increasing number of local authorities are reporting challenges in doing so, with the consequence of escalating costs which is manifesting as significant increases within the cost base. This was considered further in the previous update to the Executive, in addition to the approach being taken by the newly established Office for Local Government (OFLOG) to improve oversight of the sector. Indeed, the measures published by OFLOG for Lincolnshire and its comparators can be seen within the budget book for 2024/25.

1.9 During the quarter two financial performance update, the Executive approved for a series of additional investments totalling £12.8m in Place infrastructure enabled by a series of windfall gains within the revenue budget. This provides further demonstration of the Council maximising its current financial position to support future service delivery, containing future revenue costs in the process.

Overall Financial Position – Revenue

1.10 The summary revenue forecast as at 31 December 2023 (end of quarter three) is as follows:

Revenue	Budget (£)	Forecast (£)	Variance (£)
Investment in Directorates			
Adult Care and Community Wellbeing	182,245,012	181,776,011	(469,001)
Children's Services	108,521,958	108,078,517	(443,441)
Place	118,349,776	116,309,298	(2,040,478)
Fire and Rescue	24,466,063	24,676,705	210,642
Resources & Corporate	85,721,596	83,916,644	(1,804,952)
Total	519,304,405	514,757,175	(4,547,230)
Other Budgets			
Contingency	12,817,137	13,424,019	606,882
Capital Financing Charges	76,433,017	76,433,017	-
Other Budgets	15,087,631	10,099,115	(4,988,516)
Total	104,337,785	99,956,151	(4,381,634)
School Budgets	18,727,542	18,541,084	(186,458)
Transfer to/from Earmarked Reserves	(38,087,356)	(38,087,356)	-
Net Operating Expenditure	**604,282,376**	**595,167,054**	**(9,115,322)**
Funding			
County Precept	(365,554,704)	(365,554,704)	-
Business Rates	(142,258,972)	(144,885,435)	(2,626,463)
Revenue Support Grant	(23,391,916)	(23,391,916)	-
Other Grants	(73,076,784)	(73,234,020)	(157,236)
Total Funding	**(604,282,376)**	**(607,066,075)**	**(2,783,699)**
RESIDUAL DEFICIT (+) / SURPLUS (-)	**-**	**(11,899,021)**	**(11,899,021)**

1.11 Appendix A shows an expanded version of this summary table, in addition to further explanation on the variances within directorates as well as information on the delivery of planned cost base reductions, confirming that the vast majority of efficiency initiatives are on track to be fully delivered.

1.12 The overall position is that the Council is forecasting to underspend against its budget limit by £11.9m. This comprises:

- Underspend within services (£4.5m or 0.9%)
- Underspend within other budgets (£4.4m or 4.2%)
- Over recovery of funding (£2.8m or 0.5%)

1.13 The position set out above is after the additional £12.8m revenue to capital investment approved during the quarter two report. If the position remains unchanged at financial outturn, it will be for Full Council to determine how to utilise

any residual underspend after business as usual items have been accounted for (e.g. carry forwards), which has been reflected within the reserve statement in Appendix B.

1.14 It should be noted that there is further cost base risk that has been identified within education transport, potentially over and above the £9.4m contingency set aside at budget setting. This is currently being worked through and may impact adversely on the outturn position. If this was the case, it would reduce the Place underspend in the first instance.

Q2 Approved Capital Investment

1.15 As part of the quarter two report, the Executive approved for additional revenue funded capital investment in:

- £6.1m Waste Transfer Stations
- £1.2m Cross Keys Bridge electrification
- £1.5m LED swap out
- £4m Flood Investigations and Alleviation

1.16 The additional schemes were incorporated into the capital programme for 2023/24 as part of the quarter two report, and have since been re-phased to 2024/25 through the Council's 2024/25 budget setting report.

1.17 The revenue funding earmarked for this will be applied to fund the capital programme in 2023/24, which will effectively reduce the borrowing need in 2023/24 which will be reallocated to these schemes in 2024/25.

Earmarked Reserves

1.18 Appendix B shows the current balance on the Council's earmarked reserves, together with amounts forecast to be drawn down from reserves to cover expenditure in the current year. The total opening balance for reserves including earmarked reserves, grant reserves and school balances is £238.1m. It is currently forecast that £44.3m of this will be used in 2023/24 to support expenditure in accordance with the purposes of the reserves. Please note this matches the 2024/25 budget book forecasts.

General Fund Reserve

1.19 General reserves are forecast at the end of the year to remain within the target range of 2.5% to 3.5%, with the level reducing to just over 2.5% in 2024/25. The current level will be re-considered during the outturn process.

Progress on Development Fund Initiatives

1.20 Appendix C shows a list of initiatives where the revenue and capital costs are to be funded by the Development Fund earmarked reserve. The latest forecast delivery profile can be seen within the appendix. Expenditure on Development Fund initiatives is currently forecast to be £10.7m in 2023/24, split between revenue (£2.1m) and capital (£8.6m).

Assessment of Impact on Financial Resilience

1.21 The impact of the financial management update set out in this report on the Council's financial resilience has been assessed and it has been concluded that the Council's financial resilience remains relatively strong. The Council took steps in advance of the financial year to mitigate the emerging risk in respect of inflation, which included maintaining the balance of the revenue contingency at the level set in 2022/23.

1.22 The forecast set out in this report is for a revenue underspend, and if this remains through to outturn it would be further evidence of strong financial management when considering the wider economic context the Council has been operating within. It also provides assurance that the measures introduced within this budget to offset emergent risk have been successful, which provides a strong platform to deliver the 2024/25 budget.

1.23 General reserves are forecast at the end of the year to remain within the target range of 2.5% to 3.5%. Based on the current forecast underspend there should be no requirement to draw down our Financial Volatility Reserve to support the 2023/24 budgetary position. The balance of the Financial Volatility Reserve currently stands at £46.9m.

1.24 The Council continues to maintain its financial resilience by:

- Proactive financial management in respect of the emergent financial position,
- Taking action to mitigate issues as and when they arise,
- Continuing to work with the Society of County Treasurers to ensure that the Government understands the particular issues faced by County Councils,
- Refreshing and updating the medium term financial plan and financial strategy,
- Continued emphasis on transformation work, which enables significant reductions within the cost base.

Reporting of Budget Virements

1.25 The Council's financial regulations require officers to report any budget virements made during the year to the Executive. A budget virement is where budget is moved from one service area to another and where the original purpose the budget was approved for has changed. A list of all such virements made in quarter three can be found in Appendix D.

2. Legal Issues:

Equality Act 2010

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

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

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

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

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

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

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

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

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

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

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

Insofar as this report simply reports on performance against the budget, there are no implications that need to be taken into account by the Executive.

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

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

Insofar as this report simply reports on performance against the budget, there are no implications that need to be taken into account by the Executive.

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.

Insofar as this report simply reports on performance against the budget, there are no implications that need to be taken into account by the Executive.

3. Conclusion

3.1 The Council's overall forecast revenue position is an underspend of £11.9m.

3.2 The position will continue to be monitored and reported throughout the year.

4. Legal Comments:

This report sets out an update on spending as at 31 December 2023 compared with the revenue budget for the financial year starting on 1 April 2023 to assist the Executive in monitoring the financial performance of the Council.

5. Resource Comments:

This report indicates that the current year revenue budget is projected to be underspent, which would be a good outcome when considering the external operating environment. This is also not a position shared by all other local authorities, and therefore provides assurance as to the Council's current financial position and ongoing financial sustainability.
There are currently no other call on reserves expected to be required within the current financial year. Continued effort in monitoring is essential to ensure that emerging financial risk is identified and mitigated wherever possible throughout the year.

6. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This report is due to be considered by the Overview and Scrutiny Management Board on 25 February 2024. Any comments of the Board will be reported to the Executive.

d) Risks and Impact Analysis

The impact of this reported financial position on the Council's overall financial resilience has been assessed and is reported on within this report.

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Revenue Budget Monitoring Forecast Q3 2023/24
Appendix B	Earmarked Reserves
Appendix C	Monitoring of Development Fund
Appendix D	Budget Transfers (Quarter Three 2023/24)

8. 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
Council Budget 2023/24	Council Budget 2023/24
Budget Book 2023/24	Budget Book 2023/24

This report was written by Michelle Grady, who can be contacted on 01522 553235 or Michelle.Grady@lincolnshire.gov.uk.

Revenue Budget Monitoring Forecast Q3 2023/24 **APPENDIX A**

Table A1: Budget Forecast by Budget Book Line

REVENUE BUDGETS (all figures in £ unless stated otherwise)	Revised Budget	Net Expenditure	Forecast Outturn	Forecast Variance	Forecast Variance (%)
CHILDREN'S SERVICES					
Children's Education	14,074,761	12,708,438	14,009,600	(65,161)	-0.5%
Children's Social Care	94,447,197	63,772,843	94,068,917	(378,280)	-0.4%
ADULT CARE & COMMUNITY WELLBEING					
Adult Frailty & Long Term Conditions	140,742,597	88,162,971	140,736,596	(6,001)	0.0%
Adult Specialities	103,127,898	91,232,655	103,200,898	73,000	0.1%
Public Health & Community Wellbeing	29,743,358	14,324,704	29,322,358	(421,000)	-1.4%
Public Protection	6,027,450	3,753,283	5,912,450	(115,000)	-1.9%
Better Care Fund	(61,412,354)	(54,131,345)	(61,412,354)	-	0.0%
Public Health grant income	(35,983,937)	(26,987,953)	(35,983,937)	-	0.0%
PLACE					
Communities	81,385,297	50,040,732	81,825,420	440,123	0.5%
Lincolnshire Local Enterprise Partnership	508,383	(180,634)	508,383	-	0.0%
Growth	2,872,151	(974,137)	3,237,932	365,781	12.7%
Highways	33,583,945	14,817,068	30,737,563	(2,846,382)	-8.5%
FIRE & RESCUE					
Fire & Rescue	24,466,063	17,518,837	24,676,705	210,642	0.9%
RESOURCES					
Finance	8,565,324	5,762,227	8,382,783	(182,541)	-2.1%
Organisational Support	17,485,368	15,485,701	17,090,118	(395,250)	-2.3%
Governance	3,051,278	3,424,734	2,968,044	(83,234)	-2.7%
Corporate Property	19,916,427	12,593,694	18,708,708	(1,207,719)	-6.1%
Commercial	9,081,222	7,945,463	8,907,007	(174,215)	-1.9%
Transformation	7,194,640	5,691,857	7,214,753	20,113	0.3%
IMT	17,371,089	14,406,806	17,673,399	302,310	1.7%
Corporate Services	3,056,248	2,131,810	2,971,832	(84,416)	-2.8%
SERVICE TOTAL	**519,304,405**	**341,499,754**	**514,757,175**	**(4,547,230)**	**-0.9%**
OTHER BUDGETS					
Contingency	12,817,137	-	13,424,019	606,882	4.7%
Capital Financing Charges	76,433,017	(4,800,825)	76,433,017	-	0.0%
Other Budgets	15,087,631	(415,112)	10,099,115	(4,988,516)	-33.1%
OTHER BUDGETS TOTAL	**104,337,785**	**(5,215,937)**	**99,956,151**	**(4,381,634)**	**-4.2%**
SCHOOLS BUDGETS					
Schools Block	159,785,656	99,938,658	159,772,999	(12,657)	0.0%
High Needs Block	106,298,815	74,835,021	106,624,734	325,919	0.3%
Central School Services Block	2,728,169	1,597,906	2,763,508	35,339	1.3%
Early Years Block	43,236,798	31,155,855	42,701,739	(535,059)	-1.2%
Dedicated Schools Grant	(301,604,930)	(229,191,078)	(301,604,930)	-	0.0%
Schools Budget (Other Funding)	8,283,034	1,794,341	8,283,034	-	0.0%
SCHOOLS BUDGETS TOTAL	**18,727,542**	**(19,869,297)**	**18,541,084**	**(186,458)**	**-1.0%**
BUDGET REQUIREMENT (pre-reserves)	**642,369,732**	**316,414,520**	**633,254,410**	**(9,115,322)**	**-1.4%**
Transfer to/from Earmarked Reserves	(38,087,356)	(30,553,963)	(38,087,356)	-	0.0%
BUDGET REQUIREMENT	**604,282,376**	**285,860,557**	**595,167,054**	**(9,115,322)**	**-1.5%**
FUNDING					
County Precept	(365,554,704)	(292,443,763)	(365,554,704)	-	0.0%
Business Rates	(142,258,972)	(108,489,961)	(144,885,435)	(2,626,463)	1.8%
Revenue Support Grant	(23,391,916)	(17,777,856)	(23,391,916)	-	0.0%
Other Grants	(73,076,784)	(53,503,979)	(73,234,020)	(157,236)	0.2%
Total Funding	**(604,282,376)**	**(472,215,559)**	**(607,066,075)**	**(2,783,699)**	**0.5%**
RESIDUAL DEFICIT (+) / SURPLUS (-)	**-**	**(186,355,002)**	**(11,899,021)**	**(11,899,021)**	**-2.0%**

Analysis of Revenue Forecast

Operating Context

1. The Council's revenue budget requirement represents the day-to-day costs of council service delivery. The Council has a strong track record of managing financial risk, with continuous improvement and implementation of efficient delivery models. Given the continued economic challenges, specifically in respect of persistent high levels of inflation, it is essential that the Council can continue to adapt to an ever-changing operating environment. This is a fundamental prerequisite for financial sustainability over the long-term.

2. The Council conducts an organisation wide budget monitoring exercise that seeks to monitor and report progress against approved financial plans on a quarterly basis, with targeted monitoring occurring during intervening periods and focussing on high-risk areas. The position set out within this report and appendix is concerned with the best estimate at quarter three. Robust monitoring is especially important during a prolonged period of economic volatility.

3. In the quarter two update, the Executive approved for additional investment in Place infrastructure funded by windfall revenue underspends. This has been accounted for within Table A1.

4. The complexities associated with the current system of Local Government finance, in addition to the measures being progressed by the Government to ensure better oversight of the relative financial position of local authorities, has been set out in the report section.

Council Summary

5. For 2023/24, the Council has a spending power of £604.2m, otherwise known as its budget requirement. At quarter three, the Council is forecasting a total underspend against the budget limit of £11.9m (or 3.0%). This is shown in Table A1, and comprises an:

    - Underspend within services (£4.5m or 0.9%)
    - Underspend within other budgets (£4.4m or 4.2%)
    - Over recovery of funding (£2.8m or 0.5%)

6. The overall position reflects an amalgamation of identified over and underspends across the Council. The position for each directorate is considered further on in this section.

7. The meeting of the Executive to consider this report is after the date of Full Council to consider setting the 2024/25 budget. The budget proposal makes a series of adjustments to reflect ongoing impact of in-year variances. This includes cost pressures associated with areas like home to school transport, and cost reductions like the ongoing reduction in cost associated with the reduction in wholesale energy prices.

Variance by Directorate

8. Further analysis on the forecast revenue variance by service area is contained within this section.

9. Children's Services (£0.443m underspend):

    - The Children's Education service is forecasting an underspend of £0.065m (or 0.5%), which is comparable to that reported in quarter 2. There continues to be additional Psychology service costs caused by increases in demand for Education Health Care assessments plus higher than expected locum costs (£0.302m – a £0.189m increase from quarter 2) and support costs relating to the processing of SEND annual reviews (£0.301m). This is largely offset by continued underspends in the Domiciliary Care contract (£0.338m or 56.5% - a £0.048m increase from quarter 2) which continues to be unable to access care resources and packages of support due to limited availability within the marketplace and a national shortage of carers for domiciliary care. As a result, there continues to be a number of young people who are waiting for a domiciliary care service. Whilst access to the contract is the preferred option, if that is not possible then the direct payment route or spot purchase package are explored. The other main underspends relate to occupational therapy equipment (£0.120m or 17.9%) and the utilisation of grant funding to offset existing staffing costs (£0.110m).

    - Children's Social Care is forecasting an underspend of £0.378m (or 0.4%), a £0.132m reduction in the underspend reported in quarter 2 (£0.510m). The number of Children in Care (CiC) has increased slightly to 757 at the end of December 2023 compared to 747 as at the end of August 2023. Whilst this number includes Unaccompanied Asylum Seeking Children (UASC) whose costs are covered by grant, there is a continuing need for external placements, leading to overspends on residential placements which has now increased by £0.586m to £0.880m (or 11.1%) and out of county fostering placements which has now increased by £0.307m to £0.855m (or 39.3%). This includes three exceptional secure placements, for welfare reasons, which the revenue contingency has contributed towards (£0.980m), due to its exceptional nature and this cost is not budgeted for within Children's Services. In addition, the authority is seeing fee increases in the unfavourable external market, a situation which is also being experienced nationally and more complex and demanding young people being unable to be placed with our in-house foster carers. The CiC programme continues to have strong oversight and rigour of the budget position of these demand-led and volatile budgets. Within Fostering and Adoption, a forecast underspend on Family Assessments and Regulation 24 (£0.364m) have helped to partly offset these overspends.

    - Social care legal costs are continuing to forecast an underspend (£0.430m or 10.6%). This demand-led budget position should be treated with caution. A significant amount of work has taken place with key stakeholders to improve processes, however services are seeing higher

numbers of children in need; child protection and CiC. The anticipated Children's Services 1% carry forward (£0.968m) from 2022/23 has not been specifically earmarked for particular activities, but rather for use in supporting increased spending on families in crisis, inflationary challenges and supporting emergency external placements.

- It is expected that the additional costs associated with the transport of children and families for family time initially identified in 2022/23, will continue in 2023/24. The Contact Team is forecast to overspend by £0.500m (or 32.1%). This cost is currently assumed to be met from the 2023/24 centrally retained education transport budget, which was established to respond to the rising costs in transport delivery. This has been identified as a budget pressure for 2024/25.

- Leaving Care and Supported Accommodation is forecasting to overspend by £1.229m (or 21.7%), an increase of £0.143m more than previously reported. The majority of this relates to Intense Needs Supported Accommodation (£1.167m or 233.5%) which provides more suitable placements for the young people concerned in addition to being more cost effective when compared to CiC external residential placements.

- There has been a significant increase in the underspend for the 0-19 children's health service, which is currently forecasting an underspend of £1.349m (or 14.9%). This is a £0.649m increase from that previously reported. This is mainly due to county-wide Health Visitor vacancies which are at a similar level to that experienced in 2022/23. Health Visitor recruitment is a national issue, and workforce development and ongoing recruitment remains key priorities for the service.

- The remaining underspend (£0.231m) reflects the use of Pathfinder and UASC grants to offset staffing costs.

10. Adult Care and Community Wellbeing (£0.469m underspend):

- The key driver influencing the underspend position is the 6% vacancy rate across the Directorate and the ability to maximise grant funding across adult social care and prevention services. Services are seeing an increasing demand for care on discharge from hospital. The Discharge Grant released to support costs in 2023/24 is currently supporting the forecast increase in costs of £3.072m.

- Continued growth in demand for residential and direct payment packages of care is however forecasting a higher than planned cost during the final quarter of 2023-24. Long term residential care is highlighting an increase in demand of approx. 54 long-term residential placements more than previous years. Previous self-funders approaching the council for financial support as their capital decreases is a key driver for the increase with 291 forecast to need support during 2023-24, an increase from 240 people supported during 2022-23. Initial

indications are that the Directorate will continue to report within budget for 2023-24.

11. Place (£2.040m underspend):

- Savings on Highways of £2.80m relating to increased income on Traffic Services relating to Traffic Regulation Orders (TRO's) and additional savings on street lighting energy.

- Within Communities there are budget pressures of £0.440m comprising:

    - Increased volumes and contract prices on Waste services of £0.427m,
    - Inflationary pressure within Cultural Services of £0.162m. This is mainly on the Library service,
    - Due to the December floods there is a pressure on the Environmental services budget of £0.143m,
    - Education transport will look to fully utilise the £9.4m contingency allocation to reflect the higher cost base of contracts and emerging risk within education transport

  These budget pressures are partly offset by additional income and savings on vacancies within the Planning service.

- Growth is showing inflationary pressures arising on energy and insurance costs in the business units. This is exacerbated by income levels currently being affected by voids. As the overall budget variance of £0.365m equates to almost 9% of the service area's net budget, there is limited scope to absorb this pressure and it's expected to remain a challenge for the year.

12. Fire and Rescue (£0.211m overspend):

- At this stage in the financial year, the service is forecasting a modest overspend. This will be closely monitored through to the financial year end and offset by some use of reserves.

13. Resources and Corporate (£1.805m underspend):

- The property budget included a cost pressure of £4.388m in respect of energy inflation, which were based on the ESPO energy adviser's forecasts. With a smaller increase now forecast for the next contract year commencing October 2023, there is an expected budget saving for the current financial year of £1.5m.

- There are a series of variances within IT which have emerged during the year. This part reflects additional interventions made to strengthen the operation of the service, in addition to other pressures proposed to be funded via carry forward. The net effect reflects a cost pressure, which primarily relates to new IT priority projects. The timing of spend has been re-profiled from quarter two to reflect the updated estimate of timescales.

- There are forecast underspends across the directorate due to the continued financial impact of higher than budgeted vacancy levels. This has the potential to increase further if recruitment activity is not in line with current expectations.

- The cost of transactional financial services is forecast to be lower during 2023/24 due to lower contract volumes and a forecast reduction in cost of the move from net to gross.

- The cost of insurance within property services is £0.2m lower than budget and reflects the re-tendering of the insurance contract considered within the other budgets section.

14. Other Budgets (£4.382m underspend):

- Insurance liability premiums are forecast to be approximately £1m lower than budget. The insurance contract was reprocured with effect from 1st April 2023 with full details known after the conclusion of the budget setting process where inflationary increases had been assumed. This in part reflects that the Council increased its level of self-insurance, as well as recognising a reduction in the level of claims against the insurance budget. The ongoing gain has been reflected through the budget setting process for 2024/25.

- The Council set a core contingency level for 2023/24 of £6.5m, to mitigate against demand and inflation risk. Part of this has been utilised during the year for the purpose intended. The remaining balance (£3.4m) has been earmarked to fund the additional £4m investment in flood investigations and alleviation approved by the Executive during consideration of the quarter two report. The residual difference (£0.6m) currently shows as a pressure against the contingency line, which is presentational and will be offset by underspends elsewhere within other budgets.

- During the 2023/24 budget setting process, a provision was made for the anticipated increase in pay and pension costs. The former was in recognition of an estimate of the pay award, and the latter was concerned with an adjustment to primary and secondary pension rates following the triennial review. The pay award has been agreed and implemented for 2023/24, and the pension rates set following the triennial review. Taken together, the two provisions were in excess of the amount necessary, and contribute in excess of £3m to the underspend position. There is a short-term benefit in the medium term financial plan, with higher costs expected further into the plan based on a higher pay baseline and a higher primary pension contribution rate.

- There are an amalgamation of small savings across other budgets which contribute a further £0.5m to the underspend position. This includes within the corporate redundancy provision, disposal costs and pension costs associated with pre-2000 schemes.

- In respect of capital financing charges, the Council is anticipating an in year underspend. This is due to a combination of factors:

    - Slippage from the 2022/23 capital budget was higher than anticipated, which results in a lower than budgeted minimum revenue provision charge this year.
    - In turn, this has reduced the short-term need for the Council to borrow simultaneously increasing the Council's cash balances.
    - Higher interest rates reflecting economic volatility has given rise to a period of successive increases in the Bank of England base rate. This increases the cost of borrowing and the interest rate received. For the Council, it has not needed to borrow and has higher cash balances, which have incurred a higher rate of interest.

  The forecast underspend has not been built into the figures shown in Table A1. In line with the adopted policy, we are likely to implement a voluntary revenue provision at the end of this year equivalent to the underspend. The voluntary revenue provision can be used in future years to help manage any increases in capital financing charges.

15. Schools (£0.186m underspend):

- Within the High Needs block, the Alternative Provision (AP) free school place funding is forecast to underspend by £1.443m. This is a temporary underspend assuming that the Department for Education will not fully recoup funding from the Local Authority for this financial year.

- There are several demand-led and volatile areas within the High Needs Block which are forecasting overspends. One of those areas relates to top up funding to mainstream schools for Lincolnshire children and young people with Education and Health Care (EHC) plans which is forecasting an overspend of £1.863m (or 6.1%), a £0.350m increase from that previously reported. This is due, once again, to increased demand. During 2023 Lincolnshire has seen the overall number of EHC plans increase by a further 7.8% (7,500); requests for an EHC plan assessment has increased by 32.5% from 2022, and Lincolnshire issued a further 1,073 new EHC plans in 2023, which is a 30% increase. The SEND transformation programme will continue to have a role in supporting the financial sustainability of the Dedicated Schools Grant.

- Non-Maintained Schools placements, independent mainstream placements and placements with other Local Authorities are overall forecasting an overspend (£1.271m or 6.4% - an increase of £0.793m). This is due to increased demand for those pupils with more complex needs, along with insufficient places within Lincolnshire special schools. Due to the difficulties in placing children, there has been an increase in the need for Home Tuition and the service is now forecasting an overspend of £0.292m (or 14.9%) after expecting to be within budget previously. The Building Communities of Specialist Provision Strategy is

delivering an increase in the number of places within Lincolnshire to support growth in places, however future trajectories are forecasting to exceed this level.

- These overspends are offset by available funding that remained earmarked for cost growth (£0.951m), expected savings due to new commissioning arrangements for Alternative Provision (£0.147m) and the utilisation of grant income (£0.632m).

- The Early Years Block is forecasting an underspend of £0.522m (or 1.2%). The majority of this relates to the Early Years participation budgets (£0.508m). The underspend is against the forecast Early Years budget allocation. The DfE will update the September 2023 to March 2024 allocation in July 2024 to take account of the latest January 2024 census data. Funding is allocated to providers and schools based on the actual participation of the Government's early years entitlement. This is a volatile and demand-led budget, therefore the forecast is still to be treated with caution.

16. Funding (£2.784m over recovery of funding):

- The quarter two forecast is that the Council will over recover funding by circa £2.8m. This primarily relates to business rates funding, and reflects a higher than budgeted estimate of the Council's pooling gain. This is based on the factors that supported a better than expected 2022/23 outturn, and specifically assumes that business rate collection across Lincolnshire will continue to be higher than the baseline, and due to pooling this benefit will be retained and shared locally amongst the County and Districts. Enhanced modelling has been established for business rates to support the 2024/25 budget setting process.

- The other increase in funding relates to a higher than expected extended rights to free travel grant. This is held within funding, and is a net in year gain to the budget if transport costs can be contained within the limits set, which is currently the expectation.

Monitoring of Cost Base Reductions

17. When the Council approved its 2023/24 revenue budget in February, it approved total efficiency savings of £12.2m spread across the Council. As part of regular monitoring, services also measure progress of delivery against planned cost reductions. At quarter three, the planned saving per directorate and the revised estimate is shown in the table below:

Table A3: Monitoring of Planned Cost Reductions

Directorate	Planned Saving	Revised Estimate	Variance
Adult Care and Community Wellbeing	3,862	3,862	-
Children's Services	1,331	1,147	(184)
Fire and Rescue	70	70	-
Other Budgets	2,430	2,430	-
Place	3,076	3,076	-
Resources	1,461	1,461	-
Total	**12,230**	**12,046**	**(184)**

18. There is currently one initiative that has been identified as not on-target. Whilst modest, this relates to the savings associated with the opening of two new children's homes, which have been delayed. The first of the home opened in September 2023 with second home expected to open in March 2024, therefore impacting the savings profile for 2023/24.

Impact on Reserves

19. The current forecast underspend for the Council would be expected to lead to a contribution to reserves during the financial outturn process, with their usage to be determined by Full Council in September 2024. This is notionally shown within the reserve statement is shown in Appendix B.

Reserve Statement **APPENDIX B**

RESERVE STATEMENT	2022/23 (Actual)	2023/24 (Estimate)	2024/25 (Estimate)	2025/26 (Estimate)	2026/27 (Estimate)
GENERAL FUND	**16,400**	**16,400**	**16,400**	**16,400**	**16,400**
EARMARKED RESERVES:					
Corporate Reserves					
Financial Volatility Reserve	46,922	46,922	46,922	39,731	33,501
Development Fund	34,426	23,649	3,251	4	4
Q3 Forecast Underspend (Full Council)*	-	11,899	-	-	-
Insurances	6,775	6,775	6,775	6,775	6,775
Other Services	2,390	-	-	-	-
Total	90,513	89,245	56,949	46,510	40,280
Adult Care & Community Wellbeing					
Community Safety Reserve	50	50	50	50	50
Community Engagement Reserve	59	59	59	59	59
Total	108	108	108	108	108
Children's Services					
Schools Sickness Insurance Scheme	958	593	593	593	593
Families Working Together	599	485	271	114	-
Music Service Reserve (carry forward)	281	84	-	-	-
All Other	151	-	-	-	-
Total	1,989	1,162	864	707	593
Place					
Energy from Waste Lifecycles	3,877	3,127	2,377	1,627	877
Traffic Management Reserve	1,713	1,713	1,713	1,713	1,713
Growth Reserve	1,037	962	962	962	962
Cultural Services Reserve	295	123	123	123	123
All Other	948	928	928	928	928
Total	7,870	6,853	6,103	5,353	4,603
Resources					
Procurement	1,357	1,190	0	0	0
Legal	811	811	811	811	811
CSSC Transformation	564	0	0	0	0
Purchase of Employee Leave Scheme Reserve	305	252	171	89	35
Elections	288	588	-	300	600
All Other	25	25	25	25	25
Total	3,349	2,866	1,007	1,226	1,471
TOTAL EARMARKED RESERVES	**103,830**	**100,235**	**65,030**	**53,904**	**47,056**
REVENUE GRANTS:					
Children's Services	19,729	7,983	5,665	4,290	2,627
Place	8,972	7,191	6,191	6,191	6,191
ACCW	74,429	62,518	62,491	62,477	62,477
Other Budgets	1,628	1,628	1,628	1,628	1,628
Fire & Rescue	384	333	288	288	288
TOTAL GRANT RESERVES	**105,142**	**79,653**	**76,263**	**74,874**	**73,210**
SCHOOL BALANCES	**29,148**	**13,927**	**9,702**	**6,050**	**2,695**
TOTAL RESERVES	**254,520**	**210,214**	**167,395**	**151,228**	**139,361**

* The forecast underspend in Appendix A (Table A1) is notionally included above to show the potential impact on reserve balances at outturn. The potential use of any residual underspend would be determined by Full Council as part of the financial outturn report.

Monitoring of Development Fund **APPENDIX C**

Revenue/ Capital	Directorate - Service	Project	Total Budget	2020/21 (Actual)	2021/22 (Actual Spend)	2022/23 (Actual Spend)	2023/24 (Planned Spend)	2024/25 (Planned Spend)	2025/26 (Planned Spend)	Residual Balance	Ref*
Revenue	Place - Environment	Green Masterplan	**350**	34	37	131	148	(0)	-	**-**	
Revenue	Place - Communities	Anaerobic digestion Facilities - Business Case Viability	**150**	12	63	-	75	0	-	**-**	
Revenue	Place - Highways and Growth	Highways Advance Design/Economic Development Pipeline Projects	**2,713**	484	105	693	660	771	-	**-**	1
Revenue	Place - Highways	Traffic signals - Wireless communications	**5**	-	-	-	5	-	-	**-**	
Revenue	Fire and Rescue	Research study - LFR prevention work	**10**	8	-	-	-	-	-	**2**	
Revenue	Resources - Transformation	Digital	**280**	167	-	-	113	-	-	**-**	
Revenue	Place - Growth	Broadband - 4G	**135**	-	-	-	-	135	-	**-**	
Revenue	Place - Highways	Drainage Investigation and Flood Repairs	**200**	30	135	-	35	(0)	-	**-**	
Revenue	Resources - Transformation	Transformation Programme	**7,394**	136	92	1,015	1,093	1,800	3,247	**10**	2
Revenue	Councilwide	Emergent council priorities	**-**	-	-	-	-	-	-	**-**	3
Capital	Place - Communities	Education Transport links to School (Route sustainability)	**440**	-	-	-	100	340	-	**-**	
Capital	Place - Highways	Community Maintenance Gangs	**3,981**	3,981	-	-	-	-	-	**-**	
Capital	Place - Highways	Drainage Investigation and Flood Repairs	**3,444**	646	561	890	450	897	-	**-**	4
Capital	Place - Highways	Works on B class roads and lower	**10,000**	-	-	10,000	-	-	-	**-**	
Capital	Fire and Rescue	Flood Management Pumps	**116**	116	-	-	-	-	-	**-**	
Capital	ACCW - Public Protection - Trading Standards	Replacement Trading standards Metrology equipment	**50**	-	-	-	50	-	-	**-**	

Revenue/ Capital	Directorate - Service	Project	Total Budget	2020/21 (Actual)	2021/22 (Actual Spend)	2022/23 (Actual Spend)	2023/24 (Planned Spend)	2024/25 (Planned Spend)	2025/26 (Planned Spend)	Residual Balance	Ref*
Capital	Place - Highways	Traffic signals - Wireless communications	**80**	80	-	-	-	-	-	**-**	
Capital	Place - Growth	Broadband - 4G	**800**	-	-	-	-	800	-	**-**	5
Capital	Place - Highways	Highways initiatives/works	**22,045**	-	-	-	6,600	15,445	-	**-**	6
Capital	Place - Highways	Lines and signage	**1,000**	-	-	-	1,000	-	-	**-**	7
Capital	Place - Various	Minor infrastructure works, skills development and public rights of way	**658**	-	-	-	448	210	-	**-**	8
			53,851	**5,696**	**993**	**12,729**	**10,777**	**20,397**	**3,247**	**12**	

* further information provided on next page where number reference stated (i.e. to see further information in respect of item 1, please refer to point 1 on the following page)

Analysis of Development Fund

The Development Fund has been utilised to support investment within Council priorities and includes transformation of the Council to a lower cost base. The Development Fund is specifically monitored to consider progress against approved investment.

The table on the previous page references numbers in the far right hand column, which correspond to the explanations set out below:

Ref	Project	Narrative
1	Highways Advance Design/Economic Development Pipeline Projects	This funding is being utilised to supplement the Advance Design Block budget to accelerate development of Traffic Models, Transport Strategies and Feasibility Studies while still investing the previous level of revenue funding into developing detailed designs for highway based projects and capital funding bids to third parties (e.g. DfT, DLUHC, etc). In addition, it is enabling the development of a pipeline of Economic Infrastructure schemes to bid against emerging government, LCC and other funding opportunities.
2	Transformation Programme	The Transformation Reserve is committed to funding a range of projects within the programme such as Property Rationalisation, Business Intelligence and Corporate Support Services. Resources and funding will be required to deliver the Business Performance Improvement Programme whereby monies will be allocated based on costed business cases. Any additional projects that may be included within the programme will also be allocated funding on costed business cases.
3	Emergent council priorities	The balances that have previously shown on these lines have since been reallocated in line with approvals from Council.
4	Drainage Investigation and Flood Repairs	Major works e.g. Cherry Willingham and Scothern and a number of other projects are being addressed to alleviate localised flooding issues. Our contractors, Balfour Beatty, have provided additional resources to deliver these works and we have also employed additional specialist drainage engineers to complete all investigation and design work on the more complex schemes that our Technical Services Partnership design team is overseeing.
5	Broadband - 4G	We are working with Building Digital UK (BDUK) to understand the specific details of where they will invest in the next stage of the rural broadband programme. Our priorities are to foster business growth and to tackle the viability gap which deters communities and businesses from having the best possible digital services. This is a particular problem for our rural, farming, and tourism businesses.

Ref	Project	Narrative
6	Highways initiatives/works	<u>Applicable to reference 6, 7 and 8:</u> During the budget setting process for 2023/24, the Council identified £8.7m of reserve balances which were re-allocated to the development fund following a comprehensive review of earmarked reserves. This is being utilised to support investment in local highways schemes (£7m), highways lines and signage works (£1m) as well as investment in a series of smaller schemes incorporating minor infrastructure works, skills development and public rights of way. Where any specific expenditure proposals require formal decision-making they will go through the appropriate constitutional procedures. <u>Specific to reference 6:</u> This is in addition to the previously approved £5m (via 2021/22 financial outturn) and £10.045m (via 2022/23 financial outturn) which is also to be spent on local highways work, in line with Council approvals. Phasing has been updated to reflect latest highways estimates of spend profiles.
7	Highways Lines and signage	Please see commentary for reference 6.
8	Minor infrastructure works, skills development and public rights of way	Please see commentary for reference 6. This is planned to be spent against adult skills development (£0.250m), castle infrastructure and equipment (£0.200m), and public rights of way (£0.208m).

Budget Transfers (Quarter Three 2023/24) **APPENDIX D**

Revenue

SERVICE FROM	SERVICE TO	REASON	Approved by	AMOUNT
Chief Finance Officer - Other	Transformation	Moving budget from Business World and Mosaic Development to Pay Negotiations & National Pay Spine to support Corporate System budget shortfall.	Strategic Finance Lead - Corporate	0.006m

Capital

SERVICE FROM	SERVICE TO	REASON	Approved by	AMOUNT
Contingency	Commercial Services	Move budget from Capital Contingency to Orchard House B scheme.	Strategic Finance Lead - Corporate	5.000m
Corporate Property	Children´s Education	Property budget reassigned to Myle Cross SEMH schools.	Assistant Director - Corporate Property	0.232m

Revenue to Capital

SERVICE FROM	SERVICE TO	REASON	Approved by	AMOUNT
(Revenue) Adult Frailty & Long-Term Conditions (Capital) Capital Funding	Capital Financing Charges Adult Frailty & Long-Term Conditions	Transfer £663,324 of service 1% carry forward revenue budget into Capital budget to support Welton Extra Care Housing scheme.	Head of Financial Services	0.663m

Lincolnshire COUNTY COUNCIL
Working for a better future

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

Report to:	**Executive**
Date:	**05 March 2024**
Subject:	**Capital Budget Monitoring Report 2023/24 (Quarter 3)**
Decision Reference:	**I030091**
Key decision?	**No**

Summary:

- This report provides an update on capital investment compared with budgets for the 2023/24 financial year.
- The report presents the updated capital programme, reflecting any external funding or re-phasing adjustments that have been made during quarter three.
- The detailed programme can be seen within Appendix A, together with narrative on progress against key investment schemes.
- The current forecast is that there will be an in year underspend which will necessitate further re-phasing of the programme.

Recommendation(s):

That the Executive:

1) Notes the position on the capital programme and decides on any corrective action necessary.

Alternatives Considered:	
1.	This report shows the projected outturn for 2023/24 based on information at a point in time, therefore no alternatives have been considered.

Reasons for Recommendation:

To maintain the Council's financial resilience.

1. Background

1.1 In February 2023, the Council approved a capital investment strategy in addition to a revised capital investment programme. Both strands support delivery of the Council plan, helping the Council to achieve its strategic objectives and legal duties for the benefit of residents and businesses that operate within its area.

1.2 In line with good financial management practices, the Council's use of resources is closely monitored and reported to the Executive, with this report providing information on the financial position as at the end of quarter three and representing the final in-year update prior to the end of the financial year.

1.3 Quarter three is an important milestone in the financial year, because in the main there has been sufficient time to identify any key changes from the approved financial position and start implementing corrective action where relevant and appropriate. This approach helps to keep the Council in a strong financial position despite the volatile nature of the operating environment, and has been followed during 2023/24.

1.4 Unlike with revenue, capital investment is often planned over a multi-year period and therefore variances within the capital programme tend to reflect timing of spend, as opposed to an underlying variance. However, where there are variances to consider, they will be considered through this report.

1.5 The size and scale of Lincolnshire, and its capital programme, means that it has relatively high exposure to changes in its external environment. This includes economic factors, which are regularly considered as part of financial updates. The rate of inflation has been in excess of the Bank of England's target since August 2021, and in latest Bank forecasts is not intended to fall below the target level until 2025. The inflation rate is on a declining path, in part due to a permanently increased higher price base. The rate of inflation for capital projects tends to be different, with different cost inputs subject to different inflationary pressures.

1.6 The evolving environmental landscape is also a key consideration within the context of capital planning. Environmental factors bring about considerable risk to the delivery of existing schemes, and potentially necessitate new schemes. Whilst both economic and environmental factors are important, they are national issues and should be considered as such.

1.7 Partly in recognition of the latter, the Executive approved the use of £12.8m of revenue funded capital investment in Place infrastructure. This has been enabled by windfall gains within the revenue budget. Of the planned capital investment, £4m relates to flood investigations and alleviation. These have built in to the capital programme in 2023/24 in line with Executive approvals, with the Council's 2024/25 Budget proposing that they be deferred to 2024/25 to match likely timing of spend.

1.8 The Council continues to take a prudent approach to planned capital investment which partly reflects the increased cost of capital, and the uncertainty over the Council's long-term funding position. This includes not growing the borrowing the requirement of the capital programme

1.9 The external factors considered above impact nationally, and therefore are not specific to Lincolnshire. Nevertheless, there are three known capital related elements which will be considered fully as part of the 2024/25 financial planning process:

- The first is that the cost of capital investment has increased, because of the impact of inflation and other inflationary causes (e.g. cost of raw materials). This means that there is a diminished buying power for capital investment, relative to a few years ago.

- The second relates to the cost of capital financing, which has been on an upward trajectory because of continued increases in the Bank of England base rate intended to counteract the rate of inflation. The base rate has potentially now peaked. For the Council, it means that the cost of borrowing is now higher than it could be accessed for in prior years. This could have implications for the revenue budget over the longer-term, assuming that rates remain high at the time when the Council needs to borrow with internal borrowing currently prioritised and preferred.

- Conversely, this does also mean that slower than planned delivery of capital investment could result in higher interest receipts in the short-term. This has been considered within the revenue report considered as part of the same Executive meeting agenda.

1.10 It should be noted that, by the time the Executive meet to consider this report, the financial planning process for 2024/25 will have concluded, and this will contain an updated capital strategy and capital programme which will effectively be the most recent position.

1.11 The Council utilises capital investment to support investment within Council services, which helps to continuously achieve better service outcomes and better financial outcomes within revenue. There is a clear link between revenue and capital and therefore neither can be considered in isolation.

1.12 The Council categorises capital investment into projects and blocks. Capital blocks investment comprises schemes which maintain and/or replace the Council's existing assets (e.g. highways maintenance). Capital projects are specific schemes which represents specific investment within an area to create a new asset which will deliver additional benefit to Lincolnshire.

Summary Financial Position – Capital

1.13 The summary capital forecast for net investment as at 31 December 2023 (end of quarter three) is as follows:

Capital	2023/24 Budget	2023/24 Forecast	2023/24 Variance
Investment by Directorate			
Adult Care and Community Wellbeing	9,272,529	9,073,826	(198,703)
Children's Services	35,551,246	35,493,532	(57,714)
Place	153,861,484	143,737,278	(10,124,206)
Fire and Rescue	2,266,441	2,403,835	137,394
Resources & Corporate	12,379,843	12,250,009	(129,834)
Total	213,331,543	202,958,480	(10,373,063)
New Development Capital Contingency	14,861,389	-	(14,861,389)
Total Capital Investment	**228,192,932**	**202,958,480**	**(25,234,452)**
Funding			
External Funding	(94,035,399)	(94,924,532)	(889,133)
Borrowing	(91,780,995)	(66,546,543)	26,123,585
Capital Receipts	(5,000,000)	(5,000,000)	-
Revenue	(37,376,538)	(37,376,538)	-
Total Funding	**(228,192,932)**	**(203,847,613)**	**25,234,452**

1.14 It should be noted that the capital programme has been amended since the quarter two update to reflect programme re-phasing and the Executive's decision to invest an additional £12.8m in Place infrastructure.

1.15 Appendix A shows the summarised capital forecast by directorate and by block or project, compared to the current budget (Table 1). In addition, the breakdown by capital project and scheme can be seen within the Appendix (Table 2). This is followed by further information in respect of the in-year variances reported.

1.16 The overall forecast of a net underspend of circa £25.2m is heavily linked to the current assumption that the new developments capital contingency budget (£14.9m) will remain unspent through the remainder of the year, with its usage subject to a wider re-prioritisation exercise through the budget setting process.

1.17 There are a series of other in year variances, up and down, but the vast majority relate to timing of spend and will be corrected via re-phasing either through the budget setting process or via the outturn process. Further re-phasing is expected on internally funded schemes, and this will have the effect of reducing the Council's short-term borrowing requirement compared to the estimate at the start of the year. This is also likely to provide a short-term benefit to the revenue budget, considered within the revenue quarter three update report.

1.18 The capital investment strategy will also be refreshed during the financial planning process.

Assessment of Impact on Financial Resilience

1.19 The capital forecast reflects an in year forecast net underspend, which reflects current assumptions. There have not been any cost overspends reported that cannot be contained through re-phasing, albeit the programme remains large and exposed to risks around things like raw material prices. In terms of revenue cost of capital investment, there could be longer-term cost implications if higher interest rates persist over the long-term. This is not expected to cause a short-term issue although is one that will continue to be monitored. The Capital Investment Strategy 2023/24 requires the capital programme to be affordable over the longer term and the latest position remains in line with this position.

1.20 The Council continues to maintain its financial resilience by:

- Proactive financial management in respect of the emergent financial position
- Taking action to mitigate issues as and when they arise
- Continuing to work with the Society of County Treasurers to ensure that the Government understands the particular issues faced by County Councils, including within the context of capital investment and affordability
- Refreshing and updating the capital investment strategy and capital investment programme,
- Continued emphasis on investment which supports transformation and enables significant reductions within the revenue cost base.

2. Legal Issues:

Equality Act 2010

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

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

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

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

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

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

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

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

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

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

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

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

As this report simply reports on performance against the budget, there are no implications that need to be taken into account by the Executive.

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

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

As this report simply reports on performance against the budget, there are no implications that need to be taken into account by the Executive.

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.

As this report simply reports on performance against the budget, there are no implications that need to be taken into account by the Executive.

3. Conclusion

3.1 The Council's current position on the capital programme is highlighted in this report for the Executive to note.

3.2 The position will continue to be monitored and reported throughout the year.

4. Legal Comments:

This report sets out an update on capital investment forecasts compared with the capital budget for the financial year starting on 1 April 2023 to assist the Executive to monitor the financial performance of the Council.

5. Resource Comments:

This report provides a set of updated capital investment forecasts, compared to the budget for 2023/24. The position reflects anticipation of an overall underspend, especially against internally funded schemes. This primarily reflects timing of spend.

Due to the closeness in timing to the 2024/25 Budget report, the capital programme will be updated as part of that report which will represent the most up-to-date capital strategy and detailed programme.

6. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This report is due to be considered by the Overview and Scrutiny Management Board on 25 February 2024. Any comments of the Board will be reported to the Executive.

d) Risks and Impact Analysis

The impact of this reported financial position on the Council's overall financial resilience has been assessed and is reported on within this report.

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Capital Budget Monitoring Forecast Q3 2023/24

8. 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
Council Budget 2023/24	Council Budget 2023/24
Budget Book 2023/24	Budget Book 2023/24

This report was written by Michelle Grady, who can be contacted on 01522 553235 or Michelle.Grady@lincolnshire.gov.uk.

Capital Budget Monitoring Forecast Q3 2023/24 **APPENDIX A**

Table 1: 2023/24 Capital Investment Forecast (Summary)

Capital	2023/24 Budget	2023/24 Forecast	2023/24 Variance
Investment in Blocks			
Adult Care and Community Wellbeing	8,113,826	8,113,826	-
Children's Services	8,614,672	8,588,427	(26,245)
Place	75,492,396	73,840,482	(1,651,914)
Fire and Rescue	2,266,441	2,403,835	137,394
Resources & Corporate	7,870,388	7,741,592	(128,796)
Total	102,357,723	100,688,162	(1,669,561)
Investment in Projects			
Adult Care and Community Wellbeing	1,158,703	960,000	(198,703)
Children's Services	26,936,574	26,905,105	(31,469)
Place	78,369,088	69,896,796	(8,472,292)
Fire and Rescue	-	-	-
Resources & Corporate	4,509,455	4,508,417	(1,038)
Total	110,973,820	102,270,318	(8,703,502)
New Development Capital Contingency	14,861,389	-	(14,861,389)
Total Capital Investment	**228,192,932**	**202,958,480**	**(25,234,452)**
Funding			
External Funding	(94,035,399)	(94,924,532)	(889,133)
Borrowing	(91,780,995)	(66,546,543)	26,123,585
Capital Receipts	(5,000,000)	(5,000,000)	-
Revenue	(37,376,538)	(37,376,538)	-
Total Funding	**(228,192,932)**	**(203,847,613)**	**25,234,452**

Table 2: 2023/24 Capital Investment Forecast (Detail)

B/P	Scheme	Gross Forecast			External & Grant Forecast			Net Forecast		
		Budget	Forecast	Variance	Budget	Forecast	Variance	Budget	Forecast	Variance
	Adult Care and Community Wellbeing									
B	Adult Care	0.484	0.484	-	-	-	-	0.484	0.484	-
B	Safer Communities	0.025	0.025	-	-	-	-	0.025	0.025	-
B	Registration Celebratory & Coroners Services	0.020	0.020	-	-	-	-	0.020	0.020	-
B	Better Care Fund	7.585	7.585	0.000	7.585	7.585	-	0.000	0.000	0.000
P	Welton - Extra Care Housing	1.159	0.960	(0.199)	-	-	-	1.159	0.960	(0.199)
	Sub-total	**9.273**	**9.074**	**(0.199)**	**7.585**	**7.585**	**-**	**1.687**	**1.489**	**(0.199)**
	Children's Services									
B	Schools Maintenance Programme	4.888	4.888	-	4.888	4.888	-	0.000	0.000	-
B	Provision of School Places (Basic Need)	1.639	1.639	0.000	1.939	1.939	-	-0.300	-0.300	0.000
B	Devolved Capital	0.962	0.962	-	0.962	0.962	-	0.000	0.000	-
B	Foster Care	0.120	0.072	(0.048)	-	0.040	0.040	0.120	0.032	(0.088)
B	Other Children´s Social care	0.009	0.001	(0.008)	-	-	-	0.009	0.001	(0.008)
B	Connect the Classroom	0.465	0.494	0.029	0.471	0.501	0.029	-0.007	-0.007	-
B	SEMH Schools - Expanding provision	0.532	0.532	-	-	-	-	0.532	0.532	-
P	SEND Reorganisation	14.531	14.500	(0.031)	9.259	9.259	-	5.272	5.241	(0.031)
P	Children´s Homes	2.011	2.011	-	0.412	0.412	-	1.599	1.599	-
P	Lincolnshire Secure Unit	0.116	0.116	-	0.116	0.116	-	0.000	0.000	-
P	Lincs Secure Unit	10.278	10.278	-	7.266	7.266	-	3.013	3.013	-
	Sub-total	**35.551**	**35.494**	**(0.058)**	**25.313**	**25.383**	**0.069**	**10.238**	**10.111**	**(0.127)**
	Fire and Rescue									
B	Fire Fleet and Equipment	2.237	2.404	0.167	-	-	-	2.237	2.404	0.167
B	Fire & Rescue and Emergency Planning	0.030	0.000	(0.030)	-	-	-	0.030	0.000	(0.030)
	Sub-total	**2.266**	**2.404**	**0.137**	**-**	**-**	**-**	**2.266**	**2.404**	**0.137**
	Other Budgets									
B	New Developments Contingency Fund	14.861	0.000	(14.861)	-	-	-	14.861	0.000	(14.861)
B	Capital Fund	-	0.000	-	1.568	1.568	-	-1.568	-1.568	-
	Sub-total	**14.861**	**0.000**	**(14.861)**	**1.568**	**1.568**	**-**	**13.293**	**-1.568**	**(14.861)**

B/P	Scheme	Gross Forecast			External & Grant Forecast			Net Forecast		
		Budget	Forecast	Variance	Budget	Forecast	Variance	Budget	Forecast	Variance
	Place									
B	Highways Asset Protection	56.296	58.909	2.612	45.607	45.607	-	10.689	13.302	2.612
B	Integrated Transport	4.905	4.623	(0.282)	3.337	3.337	-	1.568	1.286	(0.282)
B	Boston Development Schemes	0.914	0.879	(0.035)	-	-	-	0.914	0.879	(0.035)
B	Network Resilience	1.787	1.872	0.085	-	-	-	1.787	1.872	0.085
B	Heritage/archives	1.625	1.625	-	-	-	-	1.625	1.625	-
B	Lincolnshire Enterprise Partnership Contribution	1.536	1.536	-	-	-	-	1.536	1.536	-
B	Flood & Water Risk Management	4.584	0.584	(4.000)	-	-	-	4.584	0.584	(4.000)
B	Local Flood Defence Schemes	0.504	1.825	1.321	-	1.321	1.321	0.504	0.504	-
B	Other Highways	2.374	0.874	(1.500)	-	-	-	2.374	0.874	(1.500)
B	Local Highways Improvements (pinchpoints) to support Coastal Routes	0.664	0.664	-	-	-	-	0.664	0.664	-
B	Equipment & Vehicles at Waste Transfer Stations	0.250	0.250	-	-	-	-	0.250	0.250	-
B	Other Transport Initiatives	0.403	0.403	-	-	-	-	0.403	0.403	-
B	Libraries	0.323	0.323	-	-	-	-	0.323	0.323	-
B	Energy Efficiency Street Lighting	0.224	0.224	-	-	-	-	0.224	0.224	-
B	Economic Development- Business Unit Development	0.191	0.006	(0.185)	-	-	-	0.191	0.006	(0.185)
B	Fire Supression at Waste Transfer Stations	0.028	0.028	-	-	-	-	0.028	0.028	-
B	Exec £10m additional funding. B class roads and lower	-	0.000	-	-	-	-	0.000	0.000	-
B	Holdingham Roundabout (Sleaford Growth Schemes)	0.070	0.070	-	-	-	-	0.070	0.070	-
B	Waste	-	0.000	-	-	-	-	0.000	0.000	-
B	Countryside Rights of Way	0.045	0.045	-	-	-	-	0.045	0.045	-
B	Other Growth and the Economy - Economic Infrastucture	0.044	0.000	(0.044)	-	-	-	0.044	0.000	(0.044)
B	A46 Roundabouts	0.021	0.021	(0.000)	-	-	-	0.021	0.021	(0.000)
B	Other Environment & Planning	0.006	0.006	-	-	-	-	0.006	0.006	-
B	LEP Skills Investment Fund	(0.000)	0.000	0.000	-	-	-	0.000	0.000	0.000
B	Teal Park Lincoln	(0.001)	0.000	0.001	-	-	-	-0.001	0.000	0.001
B	A18 Safer Road Fund	(0.007)	-0.007	-	-	-	-	-0.007	-0.007	-
B	A16/A1073 Spalding to Eye Road Improvement	0.006	0.006	-	-	-	-	0.006	0.006	-
B	Lincolnshire Waterways	(0.144)	0.000	0.144	-	-	-	-0.144	0.000	0.144
B	Lincoln Growth Point	(0.256)	0.000	0.256	-	-	-	-0.256	0.000	0.256
B	Rural Roads Fund	(0.926)	-0.926	-	-	-	-	-0.926	-0.926	-
B	Sutton Bridge Place Marking	0.025	0.000	(0.025)	0.025	-	(0.025)	0.000	0.000	-
P	Grantham Southern Relief Road	21.061	20.765	(0.296)	-	-	-	21.061	20.765	(0.296)
P	Spalding Western Relief Road (Section 5)	23.718	25.903	2.185	-	-	-	23.718	25.903	2.185
P	North Hykeham Relief Road	6.606	6.553	(0.054)	3.580	4.587	1.007	3.026	1.966	(1.060)
P	Broadband	8.525	1.505	(7.020)	7.020	-	(7.020)	1.505	1.505	-

B/P	Scheme	Gross Forecast Budget	Gross Forecast Forecast	Gross Forecast Variance	External & Grant Forecast Budget	External & Grant Forecast Forecast	External & Grant Forecast Variance	Net Forecast Budget	Net Forecast Forecast	Net Forecast Variance
P	Lincoln Eastern Bypass	1.796	1.721	(0.074)	-	-	-	1.796	1.721	(0.074)
P	A16 Levelling Up Fund (LUF)	5.177	11.078	5.901	-	5.536	5.536	5.177	5.542	0.365
P	HWRC Skegness	-	0.000	-	-	-	-	0.000	0.000	-
P	Economic Development - Horncastle Industrial Estate Extension	-	0.000	-	-	-	-	0.000	0.000	-
P	Waste - Separated Paper and Card Scheme	1.247	1.247	-	-	-	-	1.247	1.247	-
P	A52 Skegness Roman Bank Reconstruction	0.903	0.241	(0.661)	-	-	-	0.903	0.241	(0.661)
P	A631 Louth to Middle Rasen Safer Road Fund	0.700	0.700	-	-	-	-	0.700	0.700	-
P	A46 Welton Roundabouts (Integrated Transport/NPIF)	0.137	0.135	(0.001)	-	-	-	0.137	0.135	(0.001)
P	Spalding Western Relief Road Section 1	0.000	0.000	(0.000)	-	-	-	0.000	0.000	(0.000)
P	Skegness Countryside Business Park 2	0.040	0.000	(0.040)	(0.000)	-	0.000	0.040	0.000	(0.040)
P	A631 Middle Rasen to Bishops Bridge Safer Roads Fund	0.013	0.013	-	-	-	-	0.013	0.013	-
P	Spalding Western Relief Road Section 1 S106	-	0.000	-	-	-	-	0.000	0.000	-
P	Spalding WRR Section 5 S106	-	0.000	-	-	-	-	0.000	0.000	-
P	Local Electric Vehicle Infrastructure	-	0.000	-	(0.000)	-	0.000	0.000	0.000	(0.000)
P	Street Lighting Transformation	-	0.000	-	-	-	-	0.000	0.000	-
P	Sleaford Rugby Club (Sleaford Growth Schemes)	-	0.000	-	-	-	-	0.000	0.000	-
P	Gainsborough Corringham Road (Phase 1-5)	(0.000)	0.000	0.000	-	-	-	0.000	0.000	0.000
P	Electronic Ticket Machines	(0.004)	-0.004	-	-	-	-	-0.004	-0.004	-
P	A1084 Safer Road Fund	(0.011)	-0.011	-	-	-	-	-0.011	-0.011	-
P	HWRC Tattershall	-	0.000	-	-	-	-	0.000	0.000	-
P	Holbeach Food Enterprise Zone	(0.337)	0.050	0.387	-	-	-	-0.337	0.050	0.387
P	Waste Transfer Stations	6.100	0.000	(6.100)	-	-	-	6.100	0.000	(6.100)
P	Cross Keys Bridge electrification	1.200	0.000	(1.200)	-	-	-	1.200	0.000	(1.200)
P	LED swap out	1.500	0.000	(1.500)	-	-	-	1.500	0.000	(1.500)
	Sub-total	**153.861**	**143.737**	**(10.124)**	**59.569**	**60.389**	**0.820**	**94.293**	**83.349**	**(10.944)**
	Resources & Corporate									
B	Property	4.400	4.346	(0.054)	-	-	-	4.400	4.346	(0.054)
B	Improvement Transformation	0.350	0.350	-	-	-	-	0.350	0.350	-
B	Infrastructure and Refresh Programme	2.450	2.476	0.026	-	-	-	2.450	2.476	0.026
B	County Farm Block	0.531	0.531	(0.000)	0.000	-	(0.000)	0.531	0.531	(0.000)
B	Replacement ERP Finance System	0.127	0.039	(0.088)	-	-	-	0.127	0.039	(0.088)
B	ICT Development Fund	0.013	0.000	(0.013)	-	-	-	0.013	0.000	(0.013)
B	Orchard House Repairs	-	0.000	-	-	-	-	0.000	0.000	-
P	School Mobile Classroom Replacement	-	0.000	-	-	-	-	0.000	0.000	-
P	Property Area Review	0.067	0.067	-	-	-	-	0.067	0.067	-
P	Waddington Training Facility - Capital	0.378	0.378	-	-	-	-	0.378	0.378	-

B/P	Scheme	Gross Forecast			External & Grant Forecast			Net Forecast		
		Budget	Forecast	Variance	Budget	Forecast	Variance	Budget	Forecast	Variance
P	Fire Door Replacement	0.144	0.144	-	-	-	-	0.144	0.144	-
P	Grantham Fire Project	0.469	0.476	0.007	-	-	-	0.469	0.476	0.007
P	2023 Device Replacement (Refresh)	2.384	2.461	0.077	-	-	-	2.384	2.461	0.077
P	IMT (Cloud Navigator/Windows 10)	0.077	0.000	(0.077)	-	-	-	0.077	0.000	(0.077)
P	Care Management System (CMPP)	0.014	0.000	(0.014)	-	-	-	0.014	0.000	(0.014)
P	Leverton Fire Station	0.310	0.315	0.005	-	-	-	0.310	0.315	0.005
P	Orchard House B - Closed	0.667	0.667	-	-	-	-	0.667	0.667	-
P	Azure Data Migration Project	-	0.000	-	-	-	-	0.000	0.000	-
	Sub-total	**12.380**	**12.250**	**(0.130)**	**0.000**	**-**	**(0.000)**	**12.380**	**12.250**	**(0.130)**
	Council Total	**228.193**	**202.958**	**(25.234)**	**94.035**	**94.925**	**0.889**	**134.158**	**108.034**	**(26.124)**

Analysis of Capital Investment

1. The Council plans to invest almost £700m of capital resource between 2023/24 and 2032/33 to support delivery of the Council plan. Investment in the County's highways network continues to be a key priority for the Council, in addition to investment in other priorities such as education and the Council's asset base.

2. The summary capital forecast position for 2023/24 can be seen in Table 1, and this is supported by the forecast data in Table 2. The detail shows the gross forecast, external funding, and net forecast. Within Table 2, each capital scheme is categorised as either "B" or "P", which means block or project. A capital block refers to recurrent spend on assets (e.g. highway maintenance), whereas project spend specifically relates to a new capital project (e.g. new road).

3. The Council undertakes regular monitoring of its capital investment programme, to ensure the programme remains realistic and invests in Council priorities. This is especially important given the size and scale of the capital programme, and its susceptibility to planning assumption changes (e.g. scope, price).

4. This report focusses on forecast investment in 2023/24, compared with the current budget. The Council's budget proposal for 2024/25, which is to be considered by Full Council during February 2024, will update the capital programme for further re-phasing and other changes considered as part of the proposal. Please note that there have been changes made to the capital programme during quarter three in respect of re-phasing and incorporating additional external funding.

5. The Council currently plans to invest £228.2m in 2023/24, supported by £94.0m of external and grant funding, giving rise to a net planned investment of £134.2m. The revised forecast, shown in Table 1, shows gross investment is expected to be £202.9m, supported by £94.9m of external and grant funding, indicating a revised net investment estimate of £108.0m, therefore an in year net underspend of £26.2m.

6. Given the capital programme is delivered over a longer timescale, the vast majority of variances associated with the timing of spend, and therefore are not real cost pressures or savings. Trend analysis of prior year spend indicates that further re-phasing is likely to be required during the remainder of the 2023/24 financial year to ensure budgets are aligned with delivery timescales.

7. Considering the wider economic context, there is an increased risk that the programme will become more expensive if delivered over a longer timeframe, given the continued inflationary challenges and the uncertainty around the future Bank of England base rate. The persistent high levels of inflation – of which construction specific indices have been subject to much higher increases – has meant that the cost of some capital schemes have increased already and could increase further.

8. In addition, the Bank of England has continued to increase the cost of capital as a result of successive increases to the base rate, which has now considered to have peaked. The increase in the base rate has increased the cost of borrowing to the Council, in turn increasing the cost of capital financing. The Council does not set

capital financing budgets based on historical low rates, however there is expected to be longer-term cost increases if the cost of financing remains at the current level.

9. The Council's capital investment strategy is being refreshed as part of the 2024/25 budget setting process. There will be further changes necessary during 2024/25 to give a renewed focus on investment principles, as well as a desire for better reporting of investment impact and as improving line of sight on capital affordability over the longer-term.

10. A significant portion of the underspend relates to the recently approved £12.8m additional investment in Place infrastructure. The schemes have been built into the 2023/24 budget but are not expected to be delivered until 2024/25. The revenue funding set aside to fund these schemes will be used to fund other internally funded schemes during 2023/24, which will free up borrowing to be allocated to these schemes next year.

11. The new development capital contingency is not likely to incur expenditure during 2023/24, therefore the remaining £14.9m budget is forecast to fully underspend. Taken together, both elements more than account for the stated variance. The budget setting exercise and proposal for 2024/25 will consider how to best utilise the built up balance of the new development contingency budget.

12. The position for each directorate is considered in turn, based on the information reported to directorate leadership teams.

Adult Care and Community Wellbeing

13. The directorate has a total capital programme of £15.670m.

14. To date £3.281m has been spent with the majority funding the DeWint Extra Care Housing development. Council has approved a further £7.339m investment into extra care and working age adult accommodation and day services. The refurbishment of day services is forecast to cost approx. £3.5m. In addition to the £2.504m already allocated, £0.663m carry forward from 2022/23 is agreed, plus a proposal to utilise the 2023/24 ACCW revenue forecast underspend.

15. Current proposals for the use of the £4.974m balance include:

    - £2.320m extra care and working age adult developments in Horncastle,
    - £1.663m day services,
    - £0.991m balance into working age adults housing, location tbc, supporting the need to meet demand.

Children's Services

16. SEND Capital Funding: the overall programme is expected to be on target although there is a slight underspend expected for the current year. Work on the Horncastle St Lawrence building has been completed and the demolition of the old school building has commenced. The delivery of the work on St Christophers, St Francis and Gosberton is expected to be completed in 2024/25.

17. Childrens Homes: SEND Capital Funding: the overall programme is expected to be on target although there is a slight underspend expected for the current year. Work on the Horncastle St Lawrence building has been completed and the demolition of the old school building has commenced. The delivery of the work on St Christophers, St Francis and Gosberton is expected to be completed in 2024/25.

18. SEND Capital Funding: the overall programme is expected to be on target although there is a slight underspend expected for the current year. Work on the Horncastle St Lawrence building has been completed and the demolition of the old school building has commenced. The delivery of the work on St Christophers, St Francis and Gosberton is expected to be completed in 2024/25.

Fire and Rescue

19. The service has been undertaking a comprehensive review of its forward capital programme to meet the challenges of Fire Control mobilisation and Fleet replacement in particular. For the current year there is expected to be some variations within the programme but overall, they are expected to be near to the budget target.

Place

20. For block budgets most of the funding, £49m out of £75m, relates to grants from the Department for Transport (DfT). This covers investment in Highways asset protection and the programme of work lends itself to variances between years given the uncertainty of weather conditions. The current forecast variance is estimated as £2.33m over the budget.

21. This is offset by the new funding (£4m) recently agreed for Flood and Water risk management. This will be carried forward as needed in 2024/25.

22. Although currently forecast on target the delay in the heritage / archives block of projects is likely to lead to a budget carry forward into 2024/25.

23. The key variances within named project are around timing issues on delivery as the following have been added to the capital programme in the last few months following Executive approval. These are funded from forecast revenue underspends in the current year:

- Infrastructure work at Waste Transfer Stations to comply with new standards on the treatment of waste. This work is scheduled for the next financial year with a value of £6.1m.
- More investment in LED bulbs to help reduce the cost of energy. This work has started but the majority of spend will be next year. This has a budget of £1.5m.
- Electrification of Cross Keys bridge has a budget allocation of £1.2m with work starting in the new financial year.
- Additional flood investigations and alleviation work with an increase in budget of £4m.

Resources

24. There are minor in-year underspends totalling £0.129m to report across the directorate which reflects that there has been re-phasing undertaken as part of the budget setting process. The reported underspend is split between property and IT maintenance spend on assets, with most due to further re-phasing being required as part of the outturn process.

Other Budgets

25. The New Developments Contingency Fund has existed to date to ensure some protection against unforeseen and unplanned increases in the cost of capital schemes, which is especially important considering the wider economic context. The budget setting process is currently considering how to best utilise the remaining balance to support identified need and Council priorities. As a consequence, the contingency budget will not be spent until 2024/25 at the earliest.

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Lincolnshire COUNTY COUNCIL Working for a better future

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

Report to:	**Executive**
Date:	**05 March 2024**
Subject:	**Corporate Plan Success Framework 2023-24 - Quarter 3**
Decision Reference:	**I030128**
Key decision?	**No**

Summary:

This report presents an overview of performance against the Corporate Plan as at 31st December 2023. Detailed information on performance can be viewed on the Council's website.

Recommendation:

That performance for Quarter 3 2023-24 as at 31st December 2023 be considered and noted.

Alternatives Considered:

No alternatives have been considered to recommendation 1 as it reflects factual information presented for noting and consideration.

Reasons for Recommendation:

To provide the Executive with information about how the Council is performing against the Corporate Plan.

1. Background

1.1 The County Council's Corporate Plan (CP) 2020-2030 sets out our priorities for local residents and communities. The CP has been refreshed in order to recognise that additional or different actions are required during the life of the Plan to build on progress and to keep the Plan relevant to changing context and challenges. This refresh was agreed at the full Council meeting on the 19th May 2023 and reflects:

- Progress on delivering the plan since 2019.
- Changes in the Council's operating environments including local priorities, funding and changes in national policy.
- Changing lifestyles, needs and public service recovery from the coronavirus Pandemic.
- Further actions needed to deliver on the Council's ambitions for Lincolnshire's Residents.

1.2 The Corporate Leadership Team (CLT) and Assistant Directors (ADs) have developed the Corporate Plan Success Framework (CPSF) which identifies the developmental activities and Key Performance Indicators (KPIs) that will be undertaken in order to achieve the four ambitions outlined in the CP. This framework has been revised to align with the refreshed plan and was agreed by the Executive on the 4th July 2023.

1.3 The **four ambitions** for the Council are:

- Support high aspirations
- Enable everyone to enjoy life to the full
- Create thriving environments
- Provide good value council services

1.4 All of the four ambitions are 'progressing as planned'. This is based on both the key activities and KPIs.

1.5 This report provides the Executive with highlights of performance of the revised CPSF. The full range of performance is hosted on the Council's website.

2.0 Performance Reporting

2.1 For **Activities**, this includes those which are:-

- **Amber: "Progress is within agreed limits"** a current milestone is slightly behind but the Activity overall is still on plan.
- **Red: "Not progressing as planned"** the Activity is currently behind plan and work is being done to try to achieve the Objective or the Objective cannot be achieved.

Details of all activities reported in quarter 3, including those rated as **Amber: "Progress is within agreed limits"** and **Green: "Progressing as planned"** are available in **Appendix A** and on the Council's website.

2.2 For **KPIs**, this report includes those where an ambition (target) has been set against the KPI and the **ambition** has either-

- Exceeded (performed better than ambition and tolerance levels set)
- Been achieved (within the ambition and tolerance levels set)
- Not been achieved (outside of ambition and tolerance levels set)

2.3 The CPSF includes contextual KPIs, where an ambition has not been set. These have been considered by Executive Directors as to our position:

- Relative to similar authorities or national comparators; and
- Relative to historic data or our expected position at this point in the reporting period.

Where it is considered appropriate to raise with the Executive, these have been highlighted in section 4.6

All KPIs can be found on the Council's website.

3.0 Headline performance – Key activities

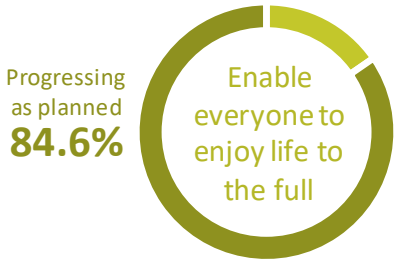
3.1 Services have provided key milestones for each activity for 2023-24. Progress is an objective judgement by the service against the milestones.

3.2 To summarise, of the **43 activities** with milestones due to be reported in quarter 3, **93%** are rated as **Progressing as planned**.

40	**Progressing as planned**	Current milestone achieved and activity overall is expected to be achieved either on time or ahead of timescales.
3	**Progress is within agreed limits**	A current milestone is slightly behind but the activity overall is still on plan.
0	**Not progressing as planned**	Activity is currently behind plan and work is being done to try to achieve the objective or the objective cannot be achieved.
43		**Overall performance of activities**

Activities
6

Ambition
Progressing as planned



Activities
13

Ambition
Progressing as planned

Activities
12

Ambition
Progressing as planned

Activities
12

Ambition
Progressing as planned

3.3 There are 3 key activities that are rated as Amber (**Progress is within agreed limits**), none have been rated as Red (**Not progressing as planned**) this quarter. Those key activities that are Amber rated are still progressing within agreed limits however, one of the milestones may not have been achieved but the overall activity is still on track and therefore there is no cause for serious concern at this stage. These are:

3.3.1 Enable everyone to enjoy life to the full

A13 We will work with our districts and other partners in implementing the housing for independence strategy, to increase accommodation options for those wanting Extra Care, those with learning disabilities, mental illness or autism. We will also collaborate to deliver easy access to equipment / adaptations to homes that enable greater independence.

- During this quarter, it is anticipated that planning permission will be approved for The Hoplands scheme in Sleaford and the required funding will be granted to enable development. In addition, planning permission will be submitted by ACIS Group for the Grange Farm redevelopment project in Market Rasen.

Collaborative initiatives to deliver the homes for independence agenda are progressing well through the refocused Housing Health and Ageing Well Delivery Group (HHAWDG) and the Joint Accommodation Strategy Group. Encompassing the ageing well agenda will improve the opportunities for older, working age adults to consider their housing options in preparation for later life and, when appropriate, remain independent in a 'home for life'. Considerable progress has been made to streamline the disabled facilities grant processes across districts, and access to them and equipment services will be made easier through the emerging Good Home Lincs hub.

Several projects are in progress for people who need more specialist independent homes. Following support for planning permission for The Hoplands, partners are now working together to progress detailed design, with North Kesteven District Council's (NKDC) procuring a contractor soon. Due to delays with procurement, funding has not been awarded, however NKDC is working closely with Homes England ahead of submitting the funding application later next year. Work has significantly progressed on site at Prebend Lane, Welton and is still on track to complete towards the end of 2024. LACE Housing and LCC have now commenced the allocation working group process to ensure enough lead in time is allowed to work through nominations for the scheme. Due to the complexities and risks of the site on Grange Farm, additional surveys and contract negotiations with ACIS' chosen contractor took longer than expected, therefore listed building consent was submitted in November 2023. Consequently, construction has not yet commenced on Grange Farm, however we anticipate this will start during Quarter 4 dependent on planning being granted in sufficient time, and funding.

A21 We will now work with partners across our Integrated Care System (ICS), setting clear priorities for the next 3 years to improve health and wellbeing across Lincolnshire

- Lincolnshire Intermediate Care Layer Leaders will review current spend to support the development of a home-based enablement offer (including reablement, rehabilitation and discharge to assess).

A review of how the intermediate care framework is being developed in Lincolnshire is currently underway to ensure the services that are to be commissioned are in the right place which will lead to positive outcomes for Lincolnshire residents. This review will create clear milestones to be achieved in Quarter 4.

During Quarter 4, a clear direction will be set to incorporate the 4 intermediate care priorities by completion of demand and capacity planning, expansion of the care transfer hub, improved workforce utilisation and improved data quality.

The work to develop the Lincolnshire Intermediate Care Layer is only one program of work within the Integrated Care System arrangements which is part of having more integrated approaches to the way we deliver services across the county. The Better Lives Lincolnshire Integrated Care Partnership Strategy sets out the ambition and aims along with the strategic enablers as to how we will collectively work to improve the health and wellbeing of our population. This complements the Joint Health and Wellbeing Strategy (JHWS) which sets out the priorities based on the Joint Strategic Needs Assessment (JSNA).

3.3.2 Provide good-value council services

A47 We will continue to transform the way we engage with customers through the implementation of our customer strategy. We will maximise technology solutions in the Customer Service Centre (CSC) to enable customers to do more online, including paying for services. Through our digital strategy we will be able to be more innovative so our customers can access us through multiple channels.

- Proposal for future call reductions as part of phase 2 of Customer Digital Delivery project.

It has been agreed that the business case for phase 2 savings should be deferred to Quarter 2 2024/25 to enable a fuller understanding of the impact the AI bot technology has on dealing with and deflecting corporate calls into the CSC. Evidential data will enable us to greater understand the impact the technology will provide to reduce calls activity into additional LCC corporate call queues and the Social Care and Wellbeing hub which will be part of phase 2 scope.

4.0 Key Performance Indicators (KPIs)

4.1 Of those KPIs where an ambition (target) has been set, 25 can be compared with an updated position for quarter 3 reporting. It is a very positive picture to see 88% of KPIs exceeding or achieving the ambition that was set:-

- **9 exceeded the ambition**
  - **PI 15** Percentage of children in care living within a family environment ☆
  - **PI 39** Household waste to landfill ☆
  - **PI 64** Customers' level of satisfaction ☆
  - **PI 67** Percentage of eligible 2-year-olds who are in receipt of their Early Years Entitlement ☆
  - **PI 74** Number of people accessing learning & skills ☆
  - **PI 75** Number of qualifications delivered ☆
  - **PI 78** Carers who have received a review of their needs ☆
  - **PI 82** Number of businesses supported ☆
  - **PI 93** Percentage of ultrafast broadband coverage in residential & business premises ☆

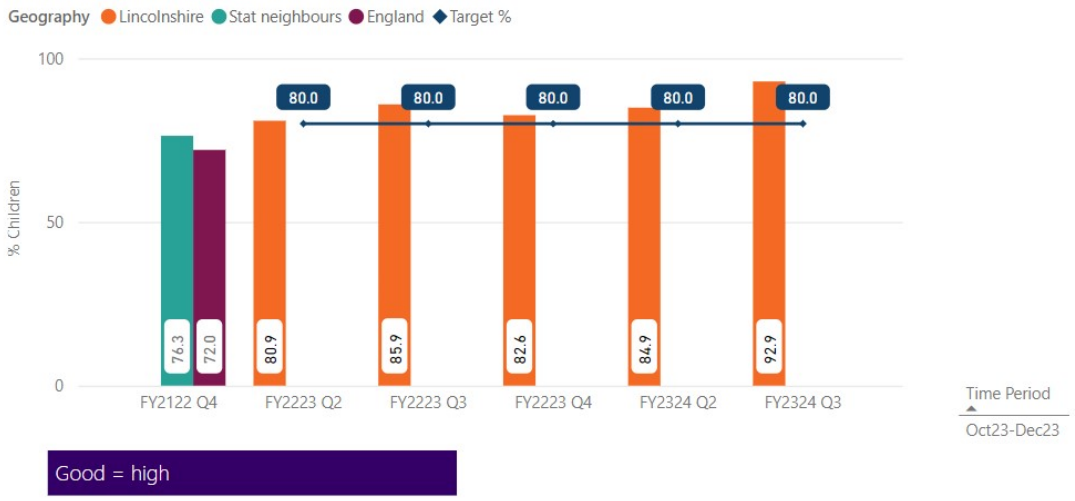
- **13 achieved the ambition**
  - **PI 4** Percentage of 16-17 year olds not in education, employment or training ✓
  - **PI 14** Rate of children in care (per 10,000) ✓
  - **PI 16** Percentage of social care providers in Lincolnshire with a CQC inspection rating of 'good' or 'outstanding' ✓
  - **PI 17** The percentage of adults aged 18 to 64 in receipt of an adult care service who are receiving these in the community ✓
  - **PI 18** The percentage of adults aged 65 and over in receipt of an adult care service who are receiving these in the community ✓
  - **PI 25** For adults discharged from hospital, the percentage who remain at home 91 days after discharge ✓
  - **PI 36** Household waste collected ✓
  - **PI 43** Percentage of contacts resolved through early resolution ✓
  - **PI 44** Days lost to sickness absence per FTE ✓
  - **PI 72** Safeguarding cases supported by an advocate (where appropriate) ✓
  - **PI 73** Concluded safeguarding enquiries where the desired outcomes were achieved ✓
  - **PI 79** Proportion of Adults with a learning disability in paid employment ✓
  - **PI 80** Proportion of Adults with a learning disability in paid employment and volunteering ✓

- **3 did not achieve the ambition**
  - **PI 76** Carers supported in the last 12 months ✘
  - **PI 37** Recycling Rate (new national formula) ✘
  - **PI 38** Recycling at County Council owned Household Waste Recycling Centres ✘

4.2 Exceeded ambition

4.2.1 Support high aspirations

PI 67 Percentage of eligible 2-year-olds who are in receipt of their Early Years Entitlement ☆



In Quarter 3 the take up of those entitled to their 2-year-old early years entitlement was 92.9%, which exceeded the 80% target. The Early Years and Childcare Support team continues to work in collaboration with locality teams, health visitors and a wide variety of partners to share data to encourage families to access their entitlement and improve take-up.

Our appointed outreach officer is also having a positive impact on this target, and at 92.9% Lincolnshire compares favourably to Statistical Neighbours and National data sets.

PI 74 Number of people accessing learning & skills ☆

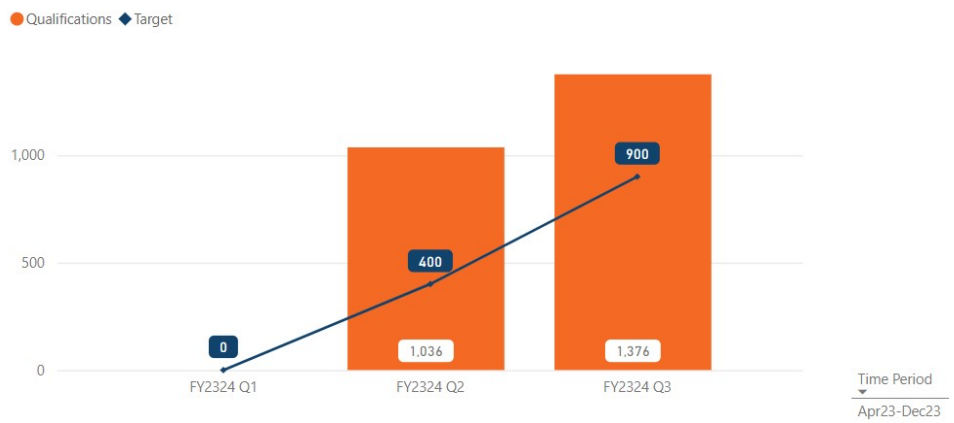
The number of adults accessing Learning and Skills at the end of Quarter 3 was 7,067 exceeding the cumulative target of 5,992. This figure includes learners that attended ESFA funded Adult Skills Budget qualifications and courses, as well as Department for Education (DfE) funded Multiply programmes.

Amongst the 7,067 learners recorded were 1,157 that attended Multiply programmes designed to increase levels of numeracy across the County; 563 that were studying a range of qualification programmes and a further 5,182 that were engaged on adult skills courses, including family learning programmes.

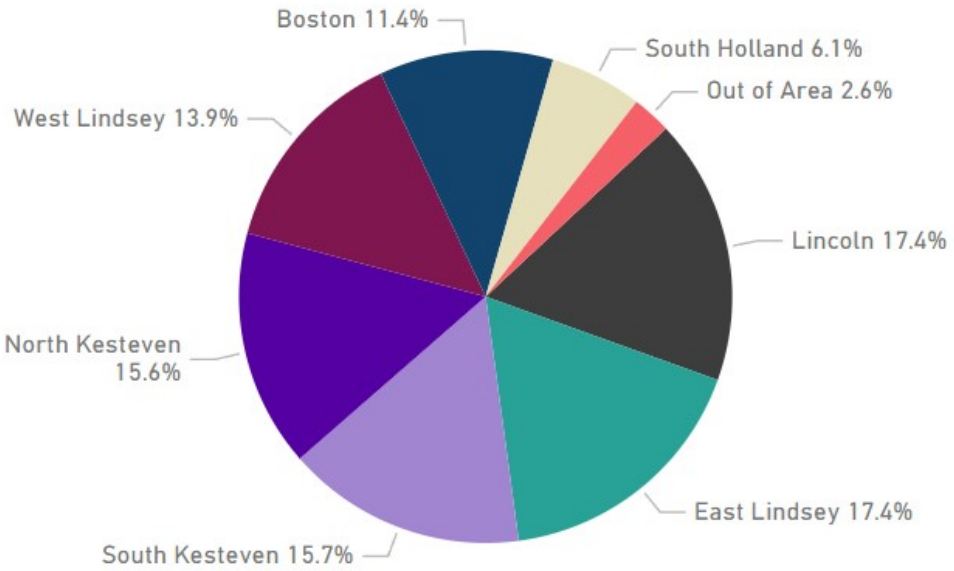
Provision is planned, delivered and aimed at targeted learners with the effect that 58% of learners were unemployed, 39% of learners had no, or low level of qualifications, 35% were male learners, and 30% of learners had a learning difficulty or disability. Focusing on 'filling the gaps' in areas of deprivation across the County, 17% of all learners lived in Lincoln, 16% in East Lindsey, 16% in South Holland and 15% in West Lindsey. With a continued focus on widening participation and supporting employability, 67% of learners attended a range of courses designed to provide skills for work readiness, with 19% attending courses relating to the health and care sectors and a further 13% to digitisation.

In relation to Skills Bootcamps (16 week course for the unemployed and employers seeking progression), 165 learners had reached milestone 1 and have received over 5 guided learning hours for support by the end of Quarter 3.

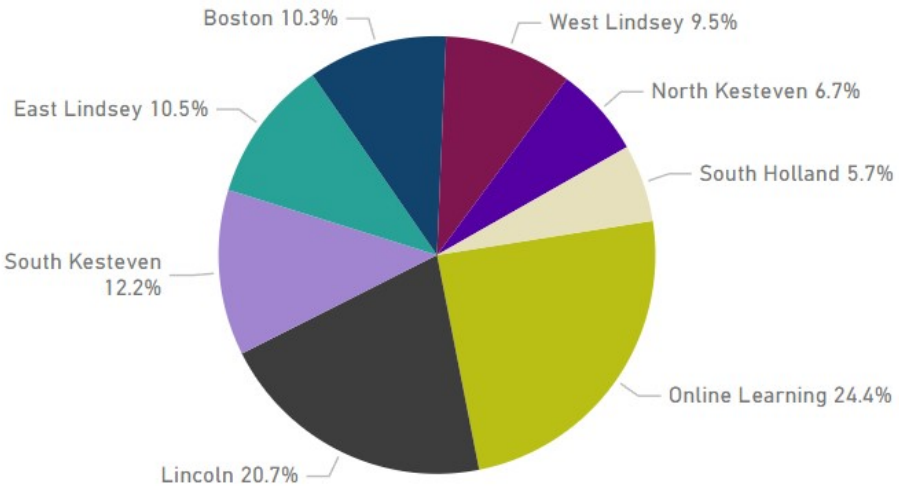
PI 75 Number of qualifications delivered ☆



Number of learners (based on learner postcode)



Number of enrolments (based on postcode location of the course)



Time Period

Aug23-Dec23

Qualification Programme Background information

Lincolnshire receives around £11 million of Adult Education funding to deliver qualifications from the Education & Skills Funding Agency (ESFA). From this £11 million, LCC's allocation is just under £500,000 (4.5%).

LCC uses its qualification funding allocation to fill gaps in Further Education (FE) qualification programmes across the county. Through the annual commissioning process, providers are asked to

submit their delivery plans for the following academic year detailing, at a course level, demand for qualification programmes at a local level (both from prospective learners as well as local employers) and how they will focus on geographical areas of need. Through the commissioning moderation process duplication is removed and courses ranked in accordance with the strategic priority of supporting our key sectors, innovation and progression opportunities. A recommendation is then made to the council's Learning Board for discussion and approval.

LCC also uses some of its Community Learning allocation to engage with hard-to-reach learners and progress them onto other FE funded provision. For example, 19% of Boston College LCC learners progressed onto other courses that they deliver.

Quarterly performance information

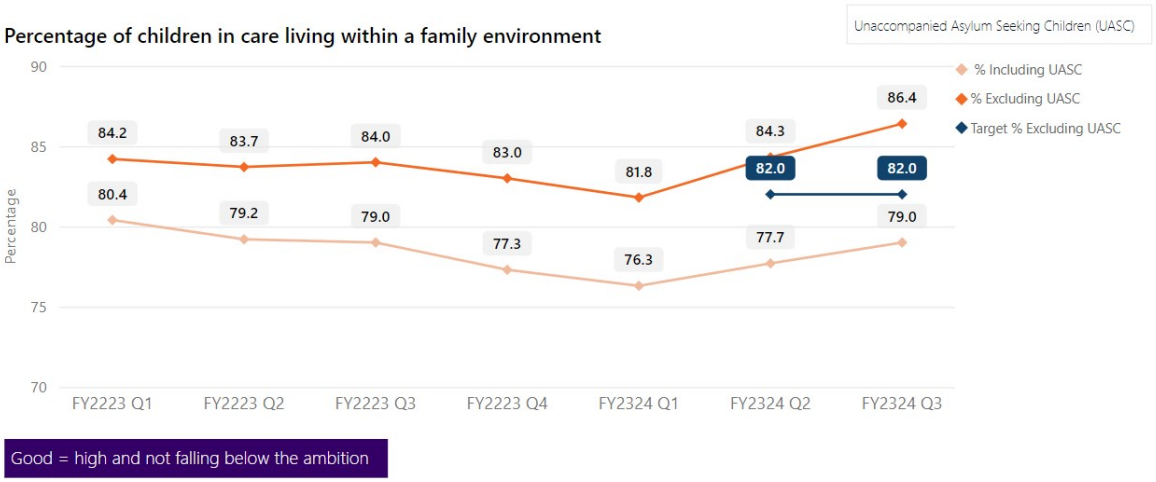
The number of qualifications achieved by adults at the end of Quarter 3 was 1,376 which has exceeded the target of 900. This increase in performance builds on the position reported at the end of Quarter 2 and reflects the success of a project that offers qualifications through sector specific provision including First Aid, Health and Safety and Food Safety. Due to the nature of this project, targeting the 'seldom heard', it wasn't possible to set a qualification target. Of the 1,376 qualifications that were achieved between April and December, 63% of them were delivered in classroom settings, with 37% delivered online.

Provision continues to be aimed at targeted learners with the effect that 59% of qualifications were achieved by male learners, 66% were achieved by unemployed learners and 34% by learners with no, or low levels of prior attainment. 51% of qualifications achieved were at Entry Level with 27% at Level 1, 21% at Level 2 and 1% at Level 3.

With a continued focus on supporting employability, the range of qualifications was varied and included 104 GCSE's or functional skills in English or maths as well as a host of other vocational qualifications. In support of Lincolnshire's priority employment sectors, 514 qualifications related to the wider care sectors, 333 to construction, 162 to accountancy and business administration and 139 to hospitality.

4.2.2 Enable everyone to enjoy life to the full

PI 15 Percentage of children in care living within a family environment ☆



Unaccompanied asylum seeking children (UASC) have a large impact on the total percentage of children in care living within a family environment as the majority of them are over 16 and are more suited to semi-independent living arrangements. The number of Unaccompanied children has been rising steadily, making up around 9% of the total child in care population in Lincolnshire at the start of the 2023/24 business year. To illustrate the underlying level of children living within a family environment without the cohort of UASC, we are now providing figures both including and excluding UASC in the Corporate Plan, but this commentary will focus on excluding UASC, with an updated target of 82%.

In Quarter 3, this measure is performing better than the target tolerance range of 80-85%. It has increased markedly since Quarter 2, which had a figure of 84.3% (excluding UASC). Family placements are a continued focus for the Council as for many children in care, a family placement is deemed the most suitable means of offering care and maintaining children within their family networks. The Council continue to explore enabling children and young people to remain within their family or extended network if they cannot, for whatever reason, live with their parents.

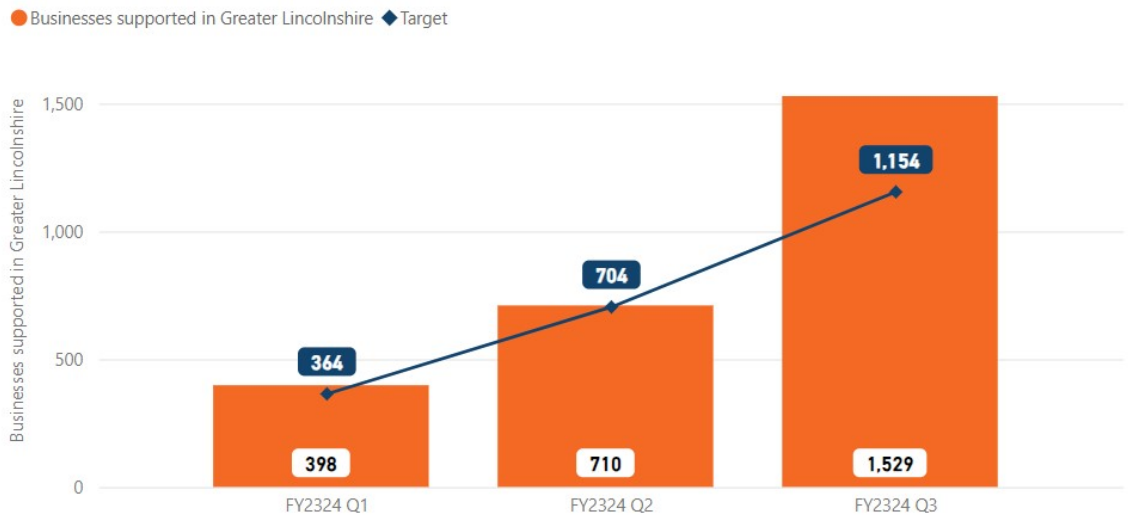
PI 78 Carers who have received a review of their needs ☆

The end of Quarter 3 figure is 94.9% (521 out of 549) which exceeds the target and evidences the effective work of the Carer's Service. It is slightly lower than the end of Quarter 2 figure of 96.1%.

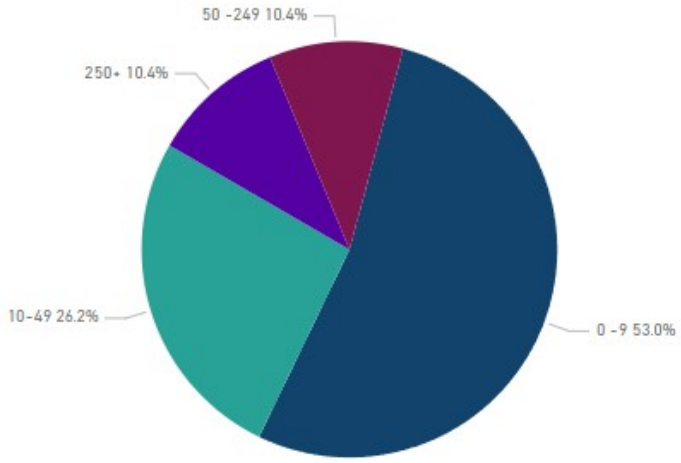
4.2.3 Create thriving environments

A summary of all Waste PIs is in section 4.5

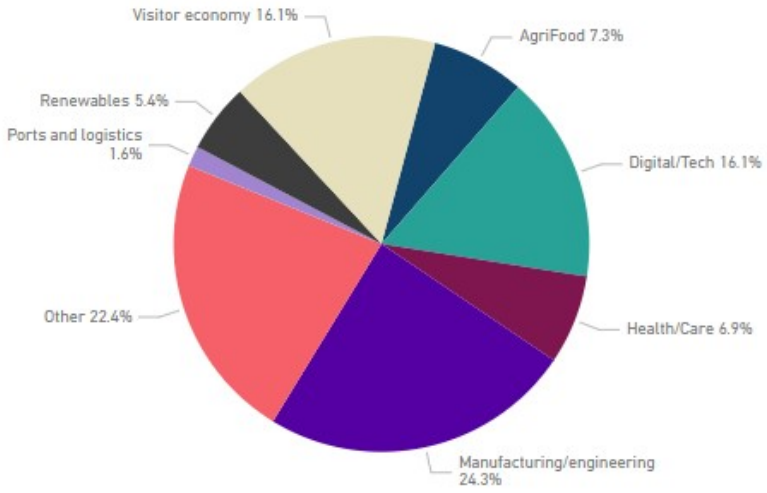
PI 82 Number of businesses supported ☆



Businesses Assisted by Priority Size



Businesses Assisted by Priority Sectors



Performance for Quarter 3 has seen an additional 819 Businesses Supported bringing the total for 2023/24 to 1,529, exceeding the target of 1,154.

The Business Lincolnshire Growth Hub has supported 557 businesses in Quarter 3 with this being the second financial quarter of a new UK Shared Prosperity shared service model. This has seen several new services commissioned. The scope of delivery includes generalist and specialist support for Manufacturing, Low Carbon, Retail Leisure & Hospitality, Agriculture and Horticulture, Finance Readiness, and Digitalisation as well as Scale Up, Start-up and Social Economy.

The Growth Hub has also provided International Trade Support including the Export Peer Network and Roundtable and the Empowering Small and Midsize Enterprises in International Trade programmes. There is also funded activity through the Mosaic Digital Hub which focuses on the Growth of the Digital sector.

Quarter 3 saw the launch of the sector specific 'Internationalisation month', this included the successful and well received delivery of a Going Global conference. Activity against the delivery profile has gained momentum, with the introduction of increased activity across all new programmes expected to generate significant output numbers over the remaining quarter of 2023/24 and into 2024/25.

In Quarter 3, 33 businesses were engaged on stage 1 of the Made Smarter industrial digitisation programme which involves assisting manufacturing businesses with data capture, assessment and a digital action plan, which will aim to increase efficiencies and reduce costs. This quarter also saw the implementation of an additional micro businesses element to the Programme, which will appeal to more businesses within Lincolnshire.

The Inward Investment service includes Team Lincolnshire (TL), inward investment enquiry handling and the account management of foreign owned businesses. Quarter 3 saw 197 businesses supported through the hosting and attendance at multiple events. This included a well-attended First Annual TL Conference, with 96 ambassadors, a presence at the Greater Lincolnshire LEP (Local Enterprise Partnership) Conference, and attendance at a Property and Business Expo in Nottingham. A December Team Lincolnshire networking event attracted 55 ambassadors and we have hosted Team Lincolnshire Coffee Clubs focussing on Intellectual Property and Brand Protection. We have held 15 Key Account Management meetings with our Foreign Direct Investors and have received 19 inward investment enquiries.

Multiply is a national initiative which aims to support people to understand and work with numbers in everyday life. In Quarter 3, the Multiply Grant scheme was launched for Year 2 of the Programme with 7 applications for Multiply Champions Grants processed, including 3 from North Sea camp Prison. A number of Businesses engaged through the Lets Talk Lincolnshire Multiply Survey – a Survey aimed at gauging information from the Lincolnshire citizens on how the Programme should help them.

The Economic Infrastructure Business Accommodation Portfolio has 229 leasehold properties across 24 LCC-owned estates in 17 towns and villages. This comprises of 6 business centres and other accommodation with 165 office units, 8 food workshops, 38 light industrial workspaces, and 18 miscellaneous units.

The Economic Infrastructure Portfolio team enhances that service level to its tenants, continuing to support them by nurturing through effective relationships and physical and financial support. The team also refers businesses to the Business Lincolnshire Growth Hub to enable them access to advice and support to upskill and grow.

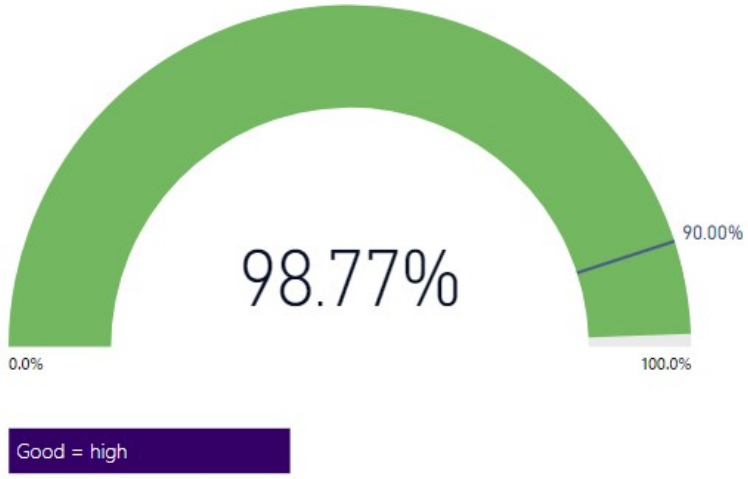
In Quarter 3, 137 tenants received accommodation support, including some who leased more than one unit. As a result of enhanced relationship management 2 Businesses received additional support during the quarter.

PI 93 Percentage of ultrafast broadband coverage in residential & business premises ☆

Ultrafast broadband continues to move forward positively, driven by the twin efforts of commercial providers expanding their full fibre footprint and the work of Quickline Communications Ltd having now completed their LCC/BDUK contract in the county. We will see continued growth of Ultrafast in rural areas as Project Gigabit commences in the county during 2024 and onwards.

4.2.4 Provide good value council services

PI 64 Customers' level of satisfaction ☆

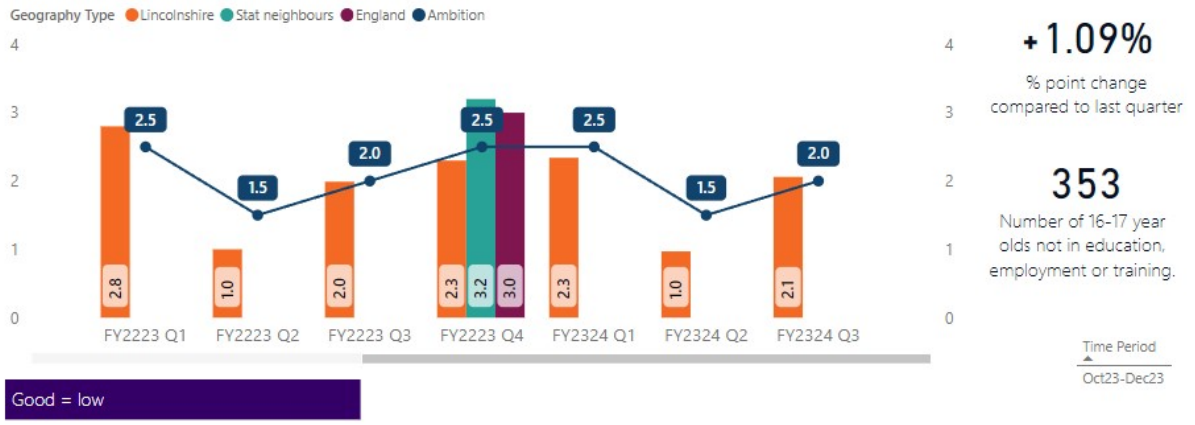


The Quarter 3 result is remarkably consistent with the previous quarter's outturn. Whilst quantities of surveys completed were lower than the previous quarter this is expected given that contact volumes overall reduce in December. Despite this, the period is also notable for some large spikes in contact volume mostly centred around severe weather with both surface water flooding in the county and an early winter cold snap observed.

4.3 Achieved ambition

4.3.1 Support high aspirations

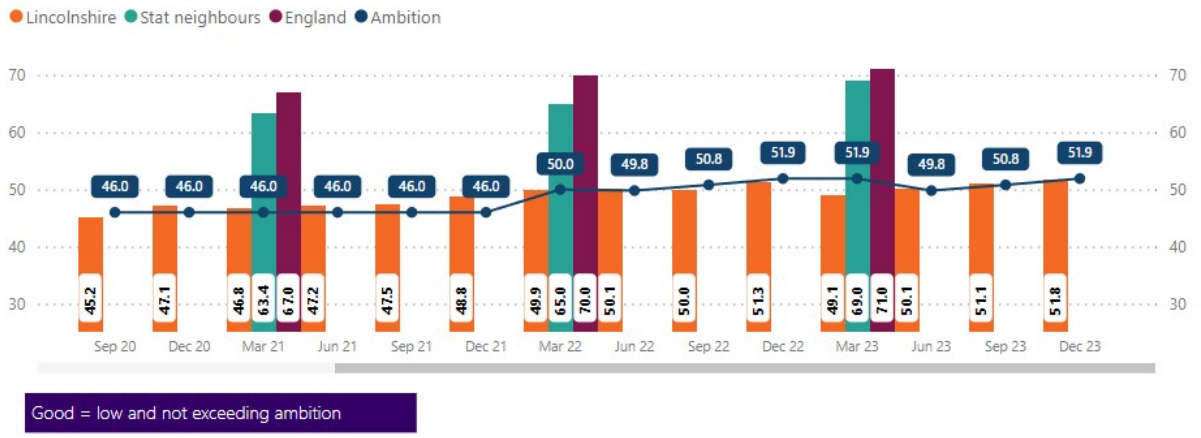
PI 4 Percentage of 16-17 year olds not in education, employment or training ✓



The Quarter 3 performance is the last recorded position for this academic year and as expected the number of 16 and 17 year olds not in education, employment or training is on target. Quarter 3 performance is expected to be lower than Quarter 2 as it is now measuring a different cohort of children as Quarter 2 to Quarter 3 crosses one academic year to another. In Quarter 3 the expected lower performance is due to the new cohort of young people settling on new learning courses or employment. There will always be young people that have not decided on their course of action by September and will make decisions during Quarter 3 which is then picked up later by the trackers during December – February. This follows a similar pattern to last year with the small difference being immaterial.

4.3.2 Enable everyone to enjoy life to the full

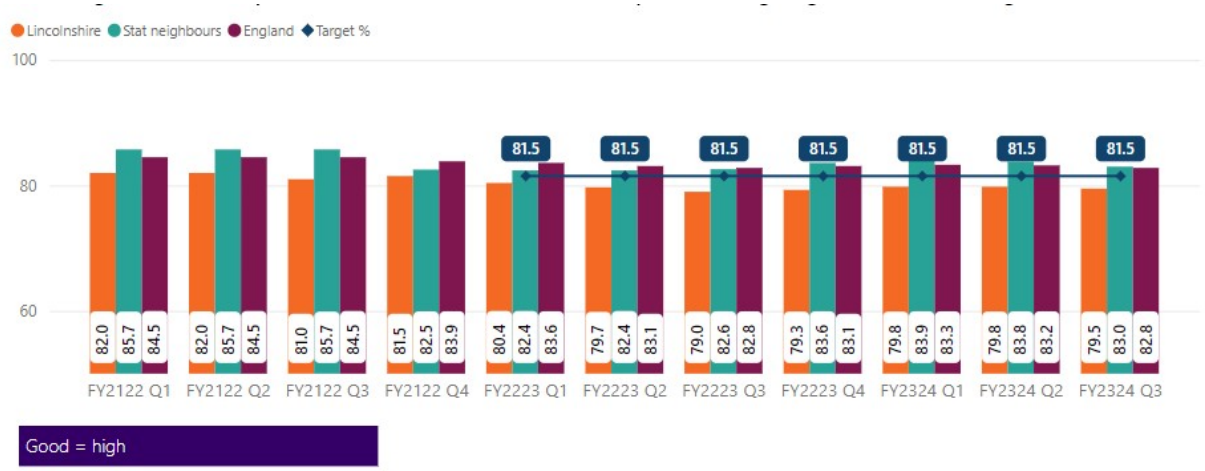
PI 14 Rate of children in care (per 10,000) ✓



At 51.8 per 10,000 children in care, this measure is slightly above target (51.9) but is within tolerance, so has therefore been achieved this quarter. This target has been revised upward in comparison to recent years to take into account the effects of the National Transfer Scheme and the number of children in care per 10,000 remains at a relatively high level compared to recent years. The recent growth in numbers is attributable to the Council's safeguarding responsibilities and is partly attributable to the number of unaccompanied asylum-seeking children that have arrived as part of the new temporary mandated National Transfer Scheme. The expectation is that Lincolnshire will take a maximum of 144 children which equates to 0.1% of the general child population and therefore there continues to be a likely impact of growth going forward.

Despite the recent growth and the potential for future increase there continues to be an emphasis on prevention from children coming into care and exit planning from the care system where it can be achieved. However, even with the increase, the Lincolnshire number of Children in Care (CiC) per 10,000 remains significantly below the most recent published figures both nationally and by our statistical neighbours (71 per 10,000 and 69 per 10,000 respectively as of 31st March 2023).

PI 16 Percentage of social care providers in Lincolnshire with a CQC inspection rating of 'good' or 'outstanding' ✓



The percentage of social care providers in Lincolnshire with a CQC rating of good or outstanding remains similar in Quarter 3 (290 out of 365 = 79.5%) compared to Quarter 2 (292 out of 366 =

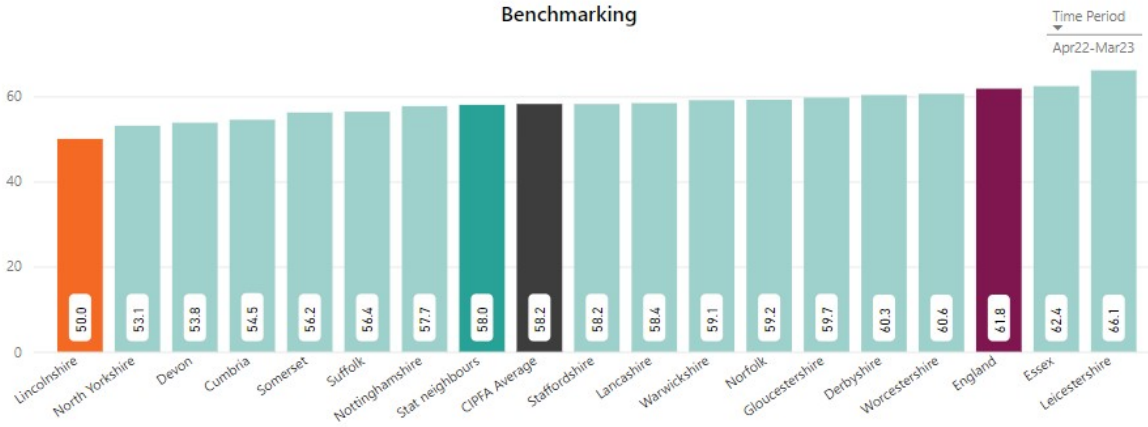
79.8%). Performance across our CIPFA group has decreased slightly to 83.0% compared to 83.8% last quarter and England has decreased slightly to 82.8% from 83.2%.

PI 17 The percentage of adults aged 18 to 64 in receipt of an adult care service who are receiving these in the community ✓

The level of performance (2,641 out of 3,316 = 79.6%) is similar to the end of Quarter 2 (79.8%), and the target has been achieved. 67% (2,214 out of 3,316) of the cohort are in Specialist Adult Services and 76% (1,683 out of 2,214) live in the community. 32% (1,061 out of 3,316) of the cohort are in Adult Frailty and Long-Term Services and in this group 87% (923 out of 1,061) live in the community.

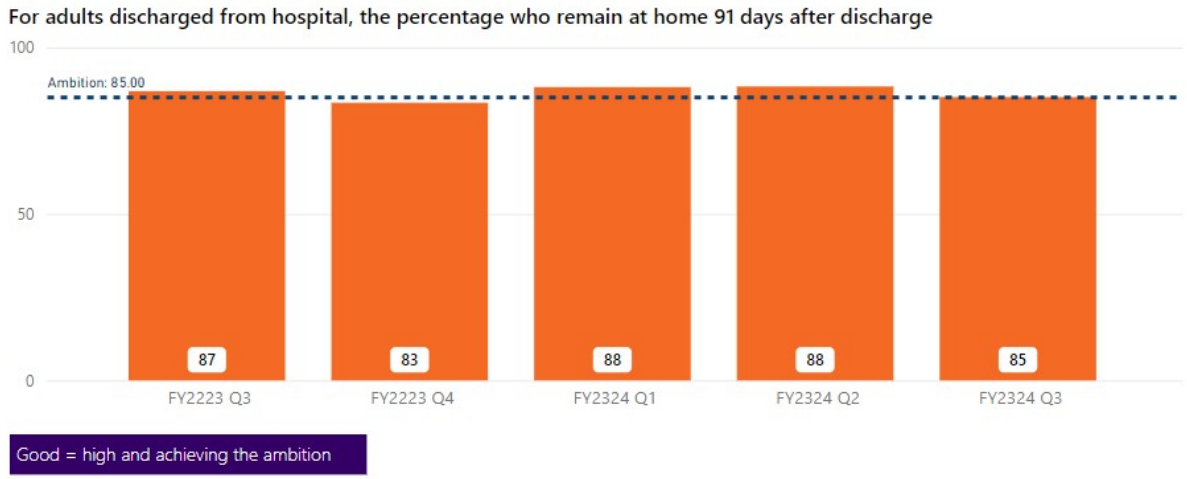
Further improvement against this measure is largely dependent upon the development of additional community-based accommodation options suitable for a diverse range of needs. Whilst there is a significant investment in Extra Care housing for older people it is also important that a similar programme of investment is progressed for working age adults. This will help to maximise people's independence and reduce reliance on residential and nursing care.

PI 18 The percentage of adults aged 65 and over in receipt of an adult care service who are receiving these in the community ✓



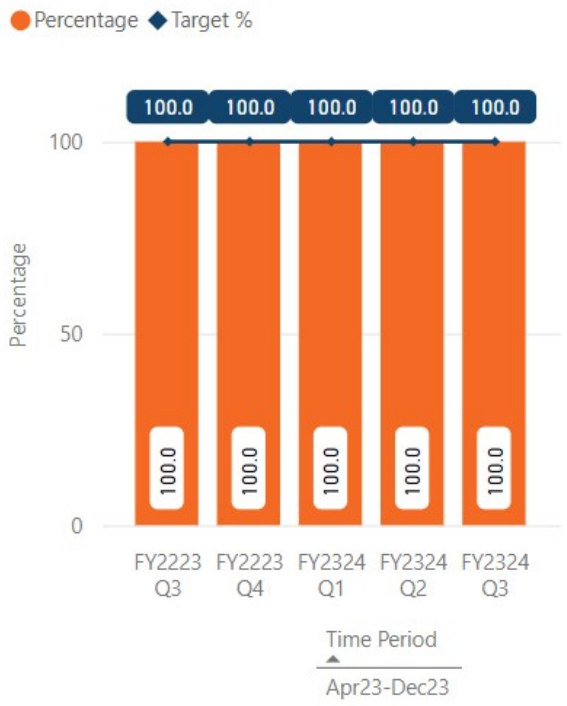
The level of performance (2,327 out of 4,845 = 48%) is similar to the previous quarter (48.2%). The number of older adults living in the community is impacted on by the large proportion of adults aged 85+ with physical support needs who need residential or nursing care.

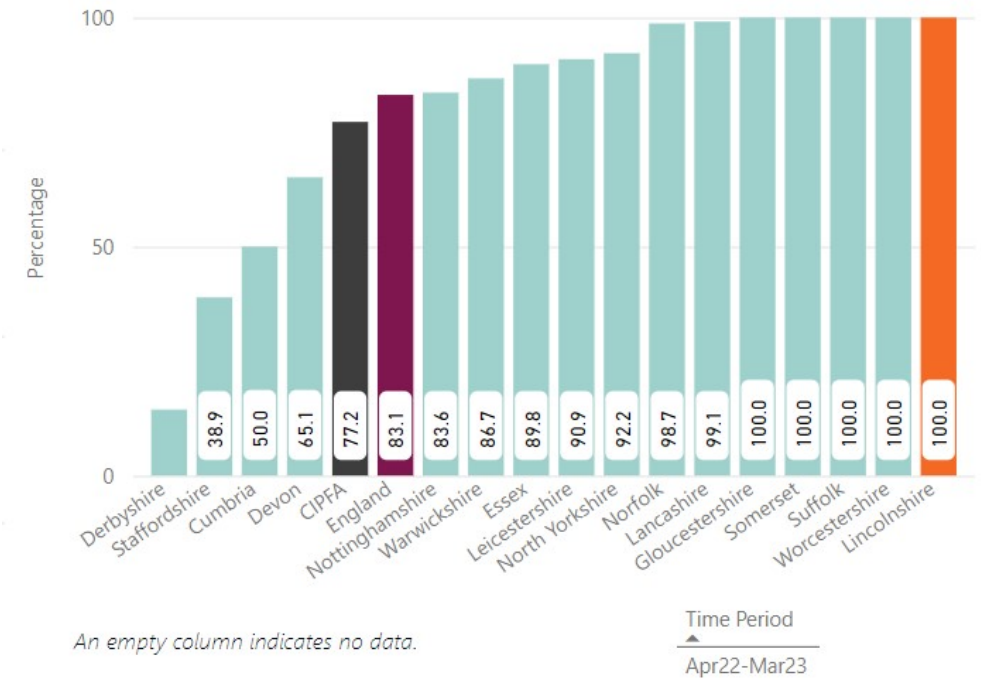
PI 25 For adults discharged from hospital, the percentage who remain at home 91 days after discharge ✓



The target has been achieved which is positive, evidencing that people have received an appropriate assessment of their needs to ensure they remain at home following discharge from hospital (1,011 out of 1,188). Of the 1,011 discharges that are at home after 91 days, 247 of these are at home receiving a long-term support service (e.g. home care). Of the 177 clients not at home on the 91st day, 72 of these are now in long-term residential care and 105 are receiving short-term support

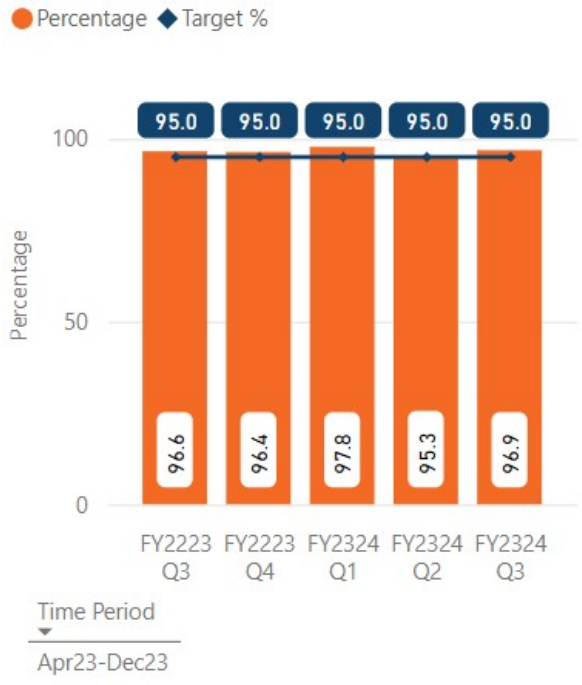
PI 72 Safeguarding cases supported by an advocate (where appropriate) ✓

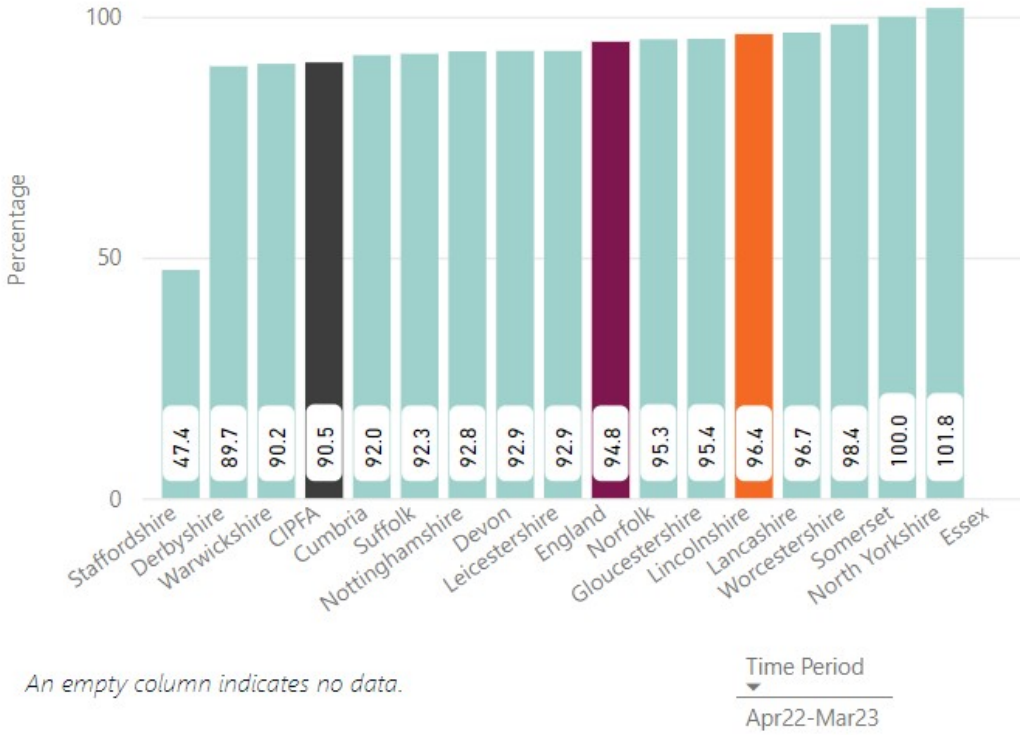




This measure is consistently met and demonstrates that individuals are provided with the necessary support to share their views and wishes. Of the 213 safeguarding cases from April 2023 to December 2023 all were appropriately supported.

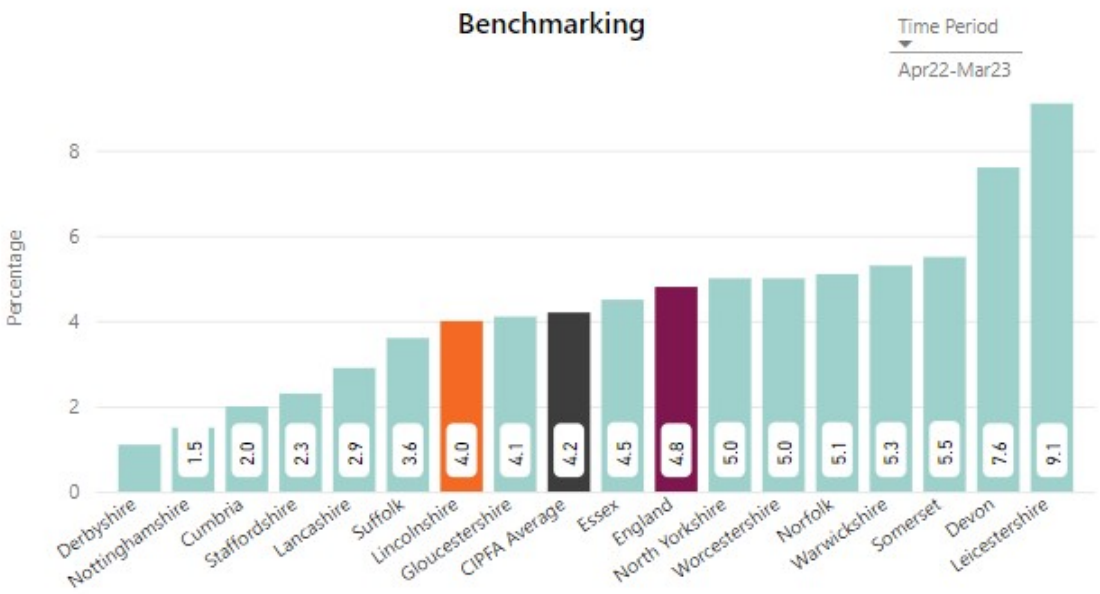
PI 73 Concluded safeguarding enquiries where the desired outcomes were achieved ✓





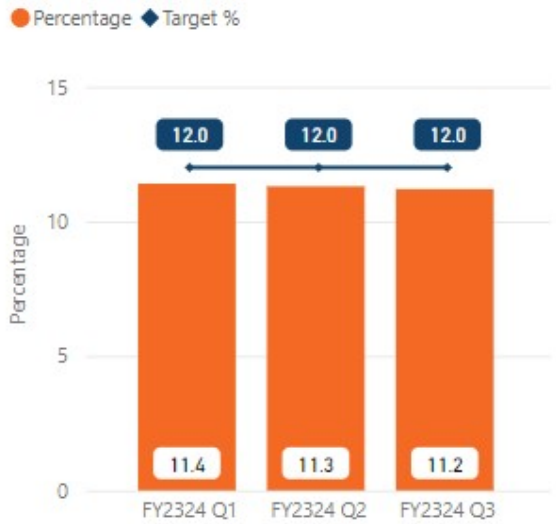
Consistent high performance in this area demonstrates that the key safeguarding principles of 'empowerment' and 'partnership' are firmly embedded into practice. Supporting individual choice and control can improve resilience and outcomes. Of the 354 cases concluded from April 2023 to December 2023, desired outcomes we fully or partially achieved in 343 of those cases.

PI 79 Proportion of Adults with a learning disability in paid employment ✓



The figure for Quarter 3 is 3.8% (68 out of 1778) which is within the target tolerance. The number in work has increased by 2 since Quarter 2 reporting. Out of the 68 clients in work, 12 are working more than 16 hours per week and 56 are working less than 16 hours per week. There is a lot of work undertaken to support clients with a learning disability to find work but this is challenging due to the complex needs of many of our clients and the work opportunities available in Lincolnshire. A lot of work takes place with the Maximum Independence Team and the new Job Coaches that have been set up to assist clients to explore the employment world. We expect the number accessing employment to increase over the year.

PI 80 Proportion of Adults with a learning disability in paid employment and volunteering ✓



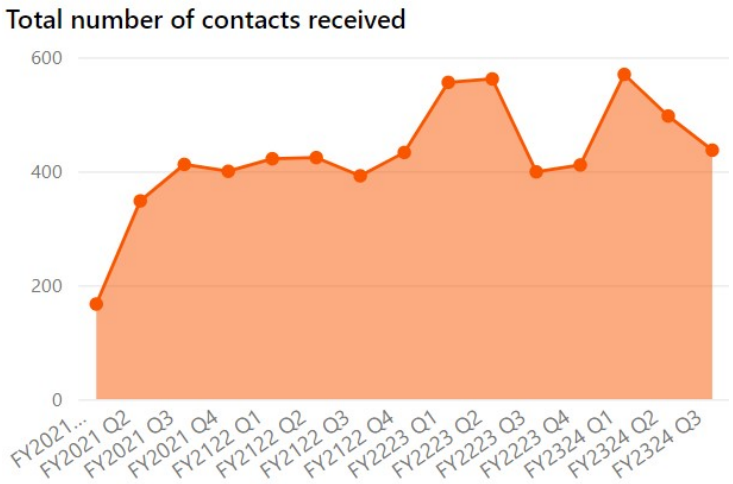
The figure for Quarter 3 is 11.2% (199 out of 1,778) which is within the target tolerance and reflects the work of the learning disability team to support clients to find volunteering opportunities. 13 more clients are volunteering since Quarter 2 reporting.

4.3.3 Create thriving environments

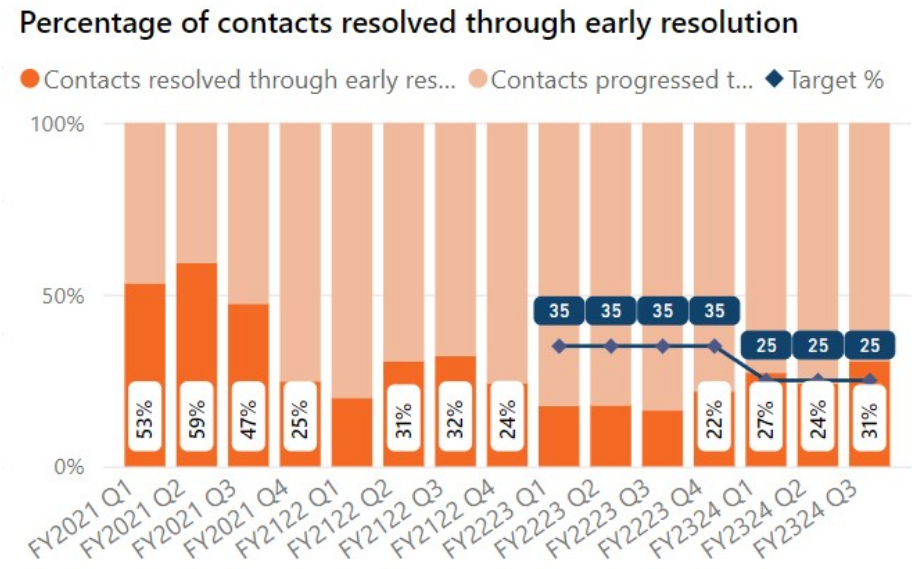
A summary of all Waste PIs is in section 4.5

4.3.4 Provide good value council services

PI 43 Percentage of contacts resolved through early resolution ✓



Good = low contacts with high early resolution



There were 437 contacts in Quarter 3, which is an overall decrease of 12% in comparison to the previous quarter (497 contacts).

Despite the decrease in the number of contacts, the number of cases resolved informally through early resolution has increased. A total of 134 cases were resolved prior to entering the formal process to the satisfaction of the customer.
Adult Care received a total of 60 cases in Quarter 3. One case was resolved informally, achieving a 2% early resolution rate.
Children's Services received a total of 82 cases in Quarter 3. Five cases were resolved early to the satisfaction of the customer, achieving a 6% early resolution rate.
218 cases were raised in relation to Highways, with 107 resolved informally. This was an early resolution rate of 49%.
Communities received a total of 65 cases, with 21 of these resolved informally; achieving an early resolution rate of 32%.

The most significant increase in the number of complaints related to flooding and drainage. This was to be expected given the increased rainfall in the quarter resulting in increased pressure on the drainage systems. It is positive to note that only one of these cases was escalated to the next stage of the local authority's complaints process indicating that the issues highlighted in those complaints were resolved.

PI 44 Days lost to sickness absence per FTE ✓

Sickness absence has continued to reduce and Quarter 3 of 2023/24 has seen a reduction to its lowest level for two years to 7.04 days and is below the Council's target of 7.5 FTE.
Quarter 1 and 2 figures have been updated which sees Quarter 1 slightly over target with the revised figure.

We are no longer reporting this PI with a 1 Quarter lag and therefore the latest Quarter is a provisional figure and subject to a tolerance of up to + 0.3 to account for late submissions. During Quarter 3 reporting, the following historic values have been revised.
2022/23 Q3 revised from 8.38 to 8.53
2022/23 Q4 no change 7.77 days
2023/24 Q1 revised from 7.44 to 7.57 (was reported as achieved, but now has not achieved)
2023/24 Q2 revised from 7.22 to 7.29

4.4 Did not achieve ambition

4.4.1 Support high aspirations

None in Quarter 3.

4.4.2 Enable everyone to enjoy life to the full

PI 76 Carers supported in the last 12 months ✖

The rate for Quarter 3 is an increase against Quarter 2, but remains below target. 12,066 unpaid carers were supported over the last 12 months, this comprised 9,398 Adult carers of adults and 2,668 Young Carers. Of the 9,398 adult carers supported; 779 received a Direct Payment and 8,157 were offered Information and Advice as part of the Carers Service. Outside of the Service, 462 cared for persons received respite, providing indirect support to unpaid carers.

The 1,730 per 100,000 population target for this measure was set several years ago and it is intended that this will be changed in 2024/25 to take into account benchmarking alongside the new

Carer's Service model which went live on 1 October 2022. This will provide a realistic target which reflects the work of the Lincolnshire Carers service in the context of other Council services which support carers and are also included in this indicator.

4.4.3 Create thriving environments

A summary of all Waste PIs is in section 4.5

4.4.4 Provide good value council services

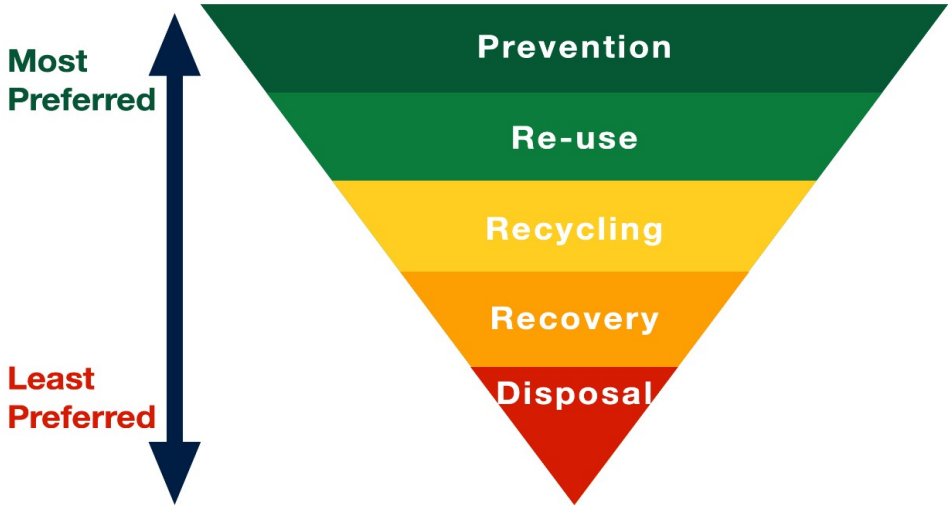
None in Quarter 3.

4.5 Waste PIs

In order to assist the understanding of the different types of waste disposal, we have included the following.

4.5.1 Glossary of terms of the waste hierarchy

All local authorities and businesses have a legal responsibility to apply the "waste hierarchy" in dealing with waste. The waste hierarchy is a simple ranking system used for the different waste management options according to which is the best for the environment. The most preferred option is to prevent waste, and the least preferred choice is disposal in landfill sites.



Prevention
Reducing the amount of waste which is produced in the first place is the highest priority as it helps sustain raw materials for longer which is a major objective of a Circular Economy. This can be achieved by using less material in design and manufacture and keeping products for longer. We

have a KPI for the amount of "Household Waste Collected" in kilograms per household which has an annual target of 1000kg/HH. This can be affected by economic factors as people produce less waste if they spend less money but overall and is difficult to influence. However, it does show the trends in how much waste we produce.

Re-use

Preparing materials for re-use in their original form is the second best approach to dealing with waste. This can be achieved by checking, cleaning, repairing and refurbishing items. Using charity shops is a good method of reusing. In Lincolnshire we are planning to introduce a re-use process at Household Waste Recycling Centres whereby residents can present materials which is then passed onto other residents without having to recycle or incinerate.

Recycling

Recycling involves processing materials that would otherwise be sent to landfills and turning them into new products. It's the third step of the waste management hierarchy because of the extra energy and resources that go into creating a new product. We measure recycling rates for all material which is presented at Household Waste Recycling Centres where it is delivered by the public. We also measure the overall recycling rate which includes all materials including wheely bins at the kerbside and recycling centres. Treatment of food and organic waste by Anaerobic Digestion is classed as recycling which is why it is preferrable to incineration.

Recovery

When further recycling is not practical or possible, waste can be treated through such processes as incineration to recover energy. In Lincolnshire we operate an Energy from Waste facility which turned 57% of our waste into energy in 2020/21 which was sold as electricity to the National Grid. Material for recovery is normally collected in the black bin at each household or can be collected at recycling centres. This is preferable to landfilling waste as there is less impact on the environment as greenhouse gases are reduced.

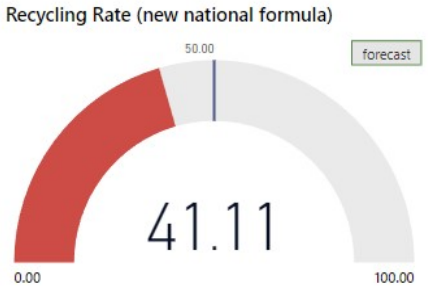
Disposal

When all else fails, materials that cannot be reused, recycled or recovered for energy will be landfilled. This is an unsustainable method of waste management because waste that sits in landfills can continue to have a damaging environmental impact as such sites continuously release large amounts of damaging carbon into the atmosphere. In 2020/21 we sent 3% of our waste to landfill and such material includes hazardous waste which cannot be treated and certain inert materials such as soil and rubble. Landfills can also leak chemicals and toxic liquids that can contaminate the soil and groundwater.

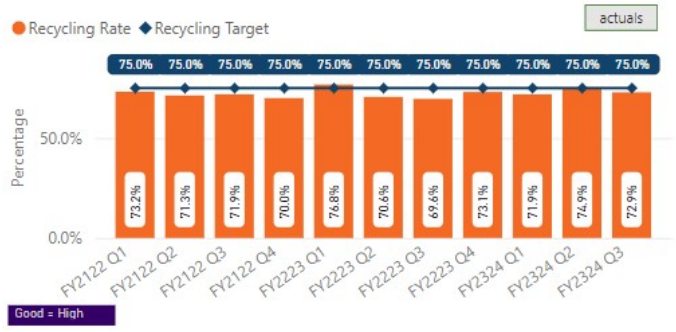
4.5.2 Waste Performance as at Quarter 3

PI 36 Household waste collected ✓

PI 37 Recycling Rate (new national formula) ✘



PI 38 Recycling at County Council owned Household Waste Recycling Centres ✘



PI 39 Household waste to landfill ☆

4.5.3 Summary of Quarter 3 Waste performance

The household waste collected for Quarter 3 is 757kg per household and that is below the target of 780kg which is good news as prevention is the highest objective of the waste hierarchy. This means that less waste is being presented by the public with less haulage and processing needed.

The overall recycling rate for all waste streams is 39.01% which is below the target of 50%. It is difficult to understand why kerbside recycling continues to struggle but it is hoped that with the government's new guidelines for "Simpler Recycling", we will be able to considerably improve in this area, in particular the separate collection of food waste should provide an increase of approximately 7%.

The recycling rate at Household Waste Recycling Centres is 72.9% for Quarter 3. This is slight reduction from quarter 2, however this can be attributed to seasonal variation associated with the reduction of green waste presented at the recycling centres.

The performance indicator for landfill waste continues to be very low which is excellent news. The target for the full year is 5% but we are projecting an actual rate of 0.31%. Landfill has historically been used where we have unplanned outages at the Energy from Waste facility and is the last resort. We may never achieve 0% waste to landfill, but we will always strive towards that target.

National Context

The 4 performance indicators show good trends in how we manage waste and it should be noted that we are already meeting most of the government's planned changes. Simpler Recycling aims to minimise waste and drive up recycling rates to meet the targets of the Environment Act 2021. Nationally, between 2000 and 2022 there has been an increase of 11% in recycling rates to 42%. However, in recent years household recycling rates have plateaued at around 42% to 44% which reflects what has happened in Lincolnshire.

Simpler Recycling requires the following materials to be collected across all authorities:

- paper and card,
- plastic,
- glass,
- metal,
- food waste,
- garden waste

However, it should be noted that the government is concerned about the number of bins households may need and have therefore relaxed the approach to allow co-mingled recycled materials. Fortunately, Lincolnshire has successfully met this requirement for many years and therefore the only change we will have to make is to have separate food waste collections by April 2026. Separate food waste will require capital expenditure to our Waste Transfer Stations, but there should be significant revenue savings once collections of food begins. It is estimated that Lincolnshire residents produce approximately 30,000 tonnes of food waste per year which is currently mixed with other material in residents' black bins and processed at the Energy from Waste facility at a cost of £65 - £99 per tonne. If we dispose of food waste at an Anaerobic Digestion (AD)

facility the disposal cost will be significantly lower and may be nett £0 which could provide an annual revenue saving of £2m - £3m. This is similar to the recent approach with paper and card whereby the material is collected separately and recycled at a paper mill. The paper and card is much cleaner as it is uncontaminated and has much greater value which provides a constant income for the authority.

A second benefit of separate food waste disposal will be an improvement in our recycling rate. AD is classed as recycling which will move the food waste from Recovery to Recycling on the Waste Hierarchy and will provide an approximate 7% improvement in the overall recycling rate.

There is a great deal of government emphasis on improving recycling rates but waste prevention should always be our highest priority and disposal of material through landfilling should always be our last resort. Overall Lincolnshire has excellent services already in place but the Environment Act requirements represent a commercial opportunity which will further benefit the environment.

4.6 Contextual KPIs

These KPIs do not have an ambition set but it has been agreed by the Executive Directors these should be highlighted to the Executive. All contextual PIs can be found on the Council's website.

4.6.1 Support high aspirations

PI 70 Voluntary and community groups actively supported in Lincolnshire

Support has been provided to a wide range of groups and organisations this quarter through the Volunteer Centres with

- practical advice and resources
- forums and regular networking opportunities
- funding advice
- funding readiness online training and support

- support to develop new roles and recruit volunteers
- advice and support with DBS checks
- online training platform for their volunteers

Funding advice and support continues to be most popular and the Funding Ready training programme supported 33 organisations through workshops and one-to-one support. For this quarter groups have been supported to secure £249,155 external funding.

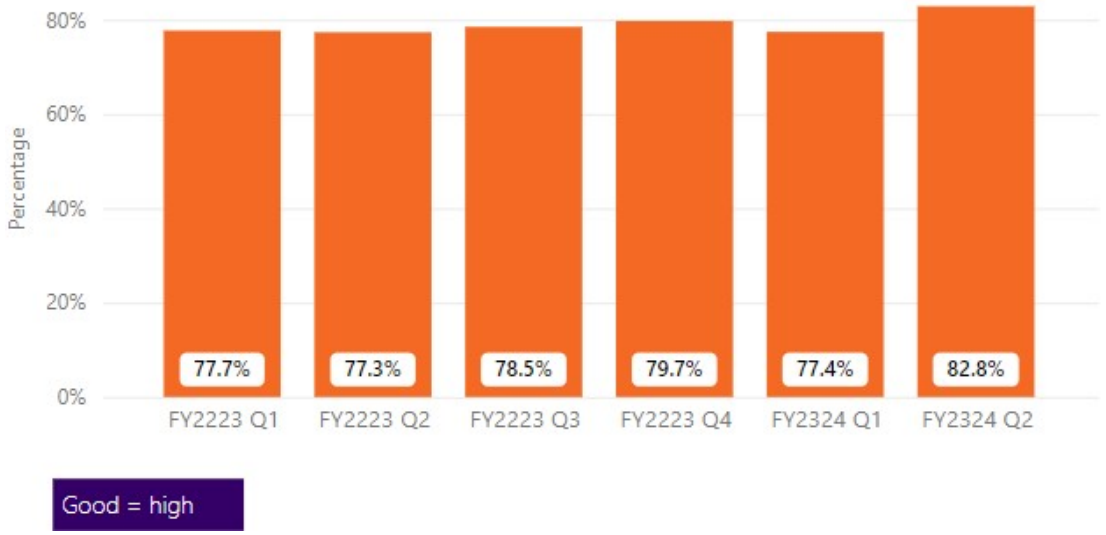
PI 71 People supported who have accessed volunteer opportunities

There has been a 25% increase in volunteers seeking to access regular volunteering opportunities via the volunteer brokerage service this quarter. The demand for volunteering appointments with volunteer advisors is at the highest since pre-covid.
There has also been a significant increase in micro volunteering activity during the quarter. Examples include knitting/crocheting poppies for the Remembrance Day services and volunteering at local events such as the South-West Ward Christmas event in Gainsborough.
This quarter has also seen the launch of the Lincolnshire Volunteer Managers Network and preparation is underway for the Lincolnshire Volunteering Conference in 2024.

The new volunteering platform (Team Kinetic Lincolnshire) launched on the 2nd January 2024 and already has over 100 volunteer host organisations registered within the first two weeks. The platform will provide an online searchable volunteering database and platform which will increase visibility of opportunities and ultimately increase the volume of volunteers in Lincolnshire.
During a recent internal audit, more volunteers were identified in Quarter 1. The previously reported figure of 459 has been amended to 485.

4.6.2 Create thriving environments

PI 69 Overall Highway Service combined measure



The Highways measure is calculated by working out the average score for the partners that work on behalf of LCC and is used to indicate generally the performance level that the various partners are currently at.

The score shown is an average of five areas –
- Lincolnshire County Council Highways
- Highways Works Term Contract
- Traffic Signals Works Term Contract
- Professional Services Contract
- Mutual Alliance KPIs

Key Performance Indicators are directed at measuring the achievement of the objectives of the Partners to the Alliance. These mutual objectives represent the aspirations of the Partners to the alliance agreement.

Performance Indicators are directed at measuring the achievement of the objectives of the participating organisations within their Own Contract. These indicators will impinge on the quality of performance at Key Performance Indicator level but would be the responsibility of the specific Partners to provide the appropriate improvements in performance.

The purpose is for the alliance Partners to work in collaboration with each other and to jointly add value to the delivery of services.

The scores are used at a commercial level and may lead to extension or penalties. The score represents the following.
100 – Outstanding
90 – Excellent

80 – Very good
70 – Good – Authority will look to extend existing contractual arrangement.
60 – Above average
50 – Average
40 – Below Average
0 – 30 – Below minimum standard expected

A score currently in the 80s is classed as 'Very good' as broadly speaking the requirements of the partners are on track. Improvement plans are in place for the individual measures that have fallen below the minimum performance level.

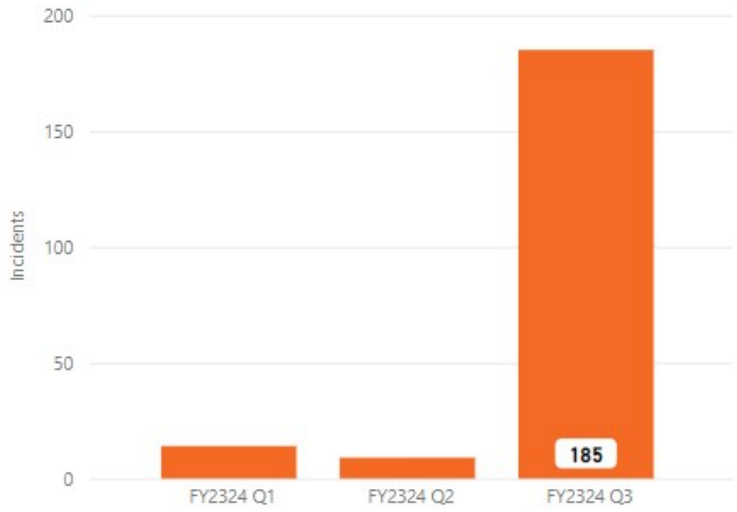
PI 83 Number of people using Visit Lincolnshire's website

The number of people accessing the Visit Lincolnshire website in Quarter 3 was 328,063. Visits to the Visit Lincolnshire website are higher than predicted and are up 82% on the same period last year. Quarter 3 includes the festive period making this a busy time of the year for website traffic and shows the importance of continuously updated event pages. New and engaging content continues to be added to ensure greater search engine optimisation.

Although the season is still difficult with consumers being careful with their spend, there has been an average conversion rate of 19.3% of visitors clicking through to a booking link or for more information. This demonstrates that the site is offering what the visitor wants and is a further quality measure that shows the visitor being taken through to the next stage of making a booking/visit. This figure has previously been in the low teens but has risen through 2023/24 to a positive 19.3%.

Most traffic is visitors to the website through a search engine and unpaid advertising. Destinations such as Stamford and Woodhall Spa continue to perform well, with Stamford ranking at number 1 in searches for a prolonged period. Overall, around 5% of traffic to the Visit Lincolnshire website is from the Lincoln area and around 31% of traffic from the London area.

PI 84 Flooding incidents investigated



During Quarter 3 Lincolnshire was severely affected by Storm Babet which caused 723 properties to be internally flooded with a further 504 properties suffering external flooding. 48 roads were needed to be closed and there were 98 further instances where highways suffered flooding. This storm has generated a need for 180 section 19 investigations alongside 5 instances of non-storm related flooding.

In total 185 investigations were commenced in Quarter 3 covering a total of 732 internally flooded properties. As at the end of the Quarter 3 period (October to December 2023), there were a total of 239 ongoing Section 19 reports being prepared as a result of investigations being undertaken, spanning from 2019 to present.

On 2 January 2024 (Quarter 4 reporting period) the County suffered further flood events following Storm Henk. The figures for this storm will be added as part of the Quarter 4 reporting but early indications show that there is likely to be 131 internally flooded properties of which 42 flooded in both Babet and Henk. It is possible that at least a further 68 section 19 reports will be required.

Details of all current Section 19 investigations, along with their status, can be found on the Flood and Water Management Scrutiny Committee meeting page on the Lincolnshire County Council website - Browse meetings - Flood and Water Management Scrutiny Committee (moderngov.co.uk)

4.7 Performance Indicators (PIs) that could not be reported in Quarter 2 have now been updated in Quarter 3.

4.7.1 Data is now available for the following PIs and details can be found on the Council's website.

PI 19 Personal wellbeing estimates – *life satisfaction; happy; worthwhile*

PI 23 Percentage of overweight or obese children

2. Legal Issues:

Equality Act 2010

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

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

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

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

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

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

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

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

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

The report presents performance against the ambitions and objectives set out in the Corporate Plan, many of which relate to people with a protected characteristic including young people, older people and people with a disability. It

is the responsibility of each service when it is considering making a change, stopping, or starting a new service to make sure equality considerations are taken into account and an equality impact analysis completed.

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

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

The report presents performance against the ambitions and objectives set out in the Corporate Plan many of which relate directly to achievement of health and wellbeing objectives.

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 Report presents performance against the outcomes and measures set out in the Corporate Plan some of which relate to crime and disorder issues.

3. Conclusion

This report presents an overview of performance against the Corporate Plan as at 31st December 2023. There is positive performance overall across all 4 corporate ambitions with both activities and KPIs performing well.

4. Legal Comments

The Executive is responsible for ensuring that the Executive functions are discharged in accordance with the Budget and Policy Framework of which the Corporate Plan is a part.

This report will assist the Executive in discharging this function.

The recommendations are therefore lawful and within the remit of the Executive.

5. Resource Comments

Acceptance of the recommendation in this report has no direct financial consequences for the Council.

6. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

N/A

c) Scrutiny Comments

The Overview and Scrutiny Management Board (OSMB) is due to consider this report on 29th February 2024. Any comments of the Board will be reported to the Executive.

d) Risks and Impact Analysis

Any changes to services, policies and projects are subject to an Equality Impact Analysis. The considerations of the contents and subsequent decisions are all taken with regard to existing policies.

7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Full list of 2023-24 Quarter 3 Corporate Plan Activities

8. Background Papers

The following Background Papers within section 100D of the Local Government Act 1972 were used in the preparation of this Report:

Document title	Where the document can be viewed
Council report: Refresh of the Corporate Plan - 19 May 2023	Agenda for Council on Friday, 19th May, 2023, 10.30 am (moderngov.co.uk)
Executive report: Performance Reporting Against the Corporate Plan Success Framework 2022-2023 - Quarter 4 - 4 July 2023	Agenda for Executive on Tuesday, 4th July, 2023, 10.00 am (moderngov.co.uk)

Executive report: Revised Corporate Plan Success Framework 2023-24 – Appendix B	Appendix B - Full Corporate Plan Success Framework 2023-24 V2.0.pdf (moderngov.co.uk)
Executive report: Performance Reporting Against the Corporate Plan Success Framework 2023-2024 - Quarter 2 - 5 December 2023	Agenda for Executive on Tuesday, 5th December, 2023, 10.30 am (moderngov.co.uk)

This report was written by Caroline Jackson, who can be contacted on caroline.jackson@lincolnshire.gov.uk.

Ambition: Support high aspirations				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A6	Champion educational excellence across Lincolnshire [7]	We will help schools to be skilled at supporting children with special education needs and disabilities (SEND) in mainstream settings, through developing and delivering strategies and where an education, health and care plan is required, undertaking this assessment in a timely and creative way. Our SEND High Needs transformation programme will support improvement and delivery in this area.	To develop the next phase of a learning offer which all school staff can access to enhance their specialist knowledge and contribute to a culture of inclusion in all aspects of school life. Tier 2 of the SEND Alliance Workforce Development Strategy will be launched for special schools by December 2023. In response to parents and carers' requests for access to training, Introductory level training will be launched by December 2023 to support them in responding to their children's SEND.	GREEN (Progressing as planned)
A7	Champion educational excellence across Lincolnshire [7]	We will continue to support schools to work effectively with a wide range of services and establish robust collaborative arrangements, in order to maximise expertise, and improve opportunities for all children - enhancing our Education Improvement Strategy within the Sector-led self-improving system of maintained schools and trusts.	Almost all schools work in some form of collaborative arrangement in order to monitor and secure good quality provision for children and young people.	GREEN (Progressing as planned)
A1	Enhance the skills of our communities to meet the needs of our businesses and the economy [8]	We will transform how we raise skills levels, productivity, employability and apprenticeship numbers through developing and implementing an updated skills plan.	Evaluate and review the Multiply programmes delivered in the 2023/24 Financial Year. Launch Year 3 Call for Multiply Projects and design a draft programme for Learning Board comment and approval.	GREEN (Progressing as planned)

Appendix A

Ambition: Support high aspirations				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A56	Have high aspirations for our county, promoting Greater Lincolnshire on the national stage and secure greater devolution of powers [11]	We will work with officials to secure a devolution deal for Greater Lincolnshire.	We will work with officials to negotiate and agree the content of a devolution deal for Greater Lincolnshire against timelines set out by government.	GREEN (Progressing as planned)
A63	Promote thriving voluntary community groups that enable active lifestyles, drive collaboration and community innovation [13]	Work proactively with our strategic partners and commissioned services to create an environment across the county in which voluntary community groups are sustainable and able to thrive in line with the Stronger Communities – Lincolnshire Community Strategy.	Develop a plan to address any gaps identified, set out next steps with named owners and governance arrangements.	GREEN (Progressing as planned)
A34	Enhance the safety of local communities by working collaboratively with the police and ambulance services, sharing buildings and response arrangements [14]	We will continue to work with partners to enhance community safety, with a particular focus on prevention and early intervention. We will improve the effectiveness and efficiency of service delivery through building a sustainable financial and operating model for the Public Protection function, pooling budgets and undertaking joint commissioning activity.	Co-production of development workshops for staff. Identify collaborative learning opportunities with partners. Complete the performance measurements for the Domestic Abuse (DA) commissioned services. Interim update on prevention and early intervention activity within schools and the community.	GREEN (Progressing as planned)

Ambition: Enable everyone to enjoy life to the full				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A18	Deliver good quality children's centres, which are at the heart of our communities supporting families, so their children thrive [7]	We will support families in their parenting role through continuing to deliver the healthy child programme, also evaluating the benefits of the Family Hub model with a specific focus on prevention and early intervention specifically around parental and infant mental health, breastfeeding and an enhanced antenatal offer.	We will develop a workforce and service plan which focuses on the delivery of the Healthy Child Programme and Family Hub models, specifically around integrated and collaborative approaches to service delivery. Resulting in a revised service delivery model for 0-19 services, whilst ensuring early intervention and prevention. Digital capability will result in blended delivery options aimed at meeting all children's needs whilst highlighting those who are most vulnerable. Integrated pathways will ensure families can navigate services with ease.	GREEN (Progressing as planned)
A51	Deliver good quality children's centres, which are at the heart of our communities supporting families, so their children thrive [7]	Implementing a family hub approach. This is a system-wide model of providing joined-up, high-quality, whole-family support services from pregnancy, through the child's early years and later childhood, and into early adulthood.	Delivery of the programme will be in place across the majority of the funded areas and this will enhance our core offer in Children's Centres and enhance our local partnership arrangements. There will be evidence that this is making a positive difference to the lives of children and families. We will launch the remaining 4 hub sites. We will agree our evaluation methodology for the programme.	GREEN (Progressing as planned)
A15	Intervene effectively to keep vulnerable people safe, making sure children in care and care leavers get the best opportunities [8]	We will continue to improve how we support children in care and care leavers to thrive through the delivery of the children in care transformation programme. This will include the development of two new children homes catering for children with more complex needs and enhancing housing solutions for care leavers.	Full completion and handover of the new Riverhead House children's home in Louth, Ofsted registration for Riverhead House and Homes Manager. Children identified and trajectory planning in place to support move to Riverhead House.	GREEN (Progressing as planned)

Ambition: Enable everyone to enjoy life to the full				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A13	Create further accommodation options for greater independence and wellbeing [9]	We will work with our districts and other partners in implementing the housing for independence strategy, to increase accommodation options for those wanting Extra Care, those with learning disabilities, mental illness or autism. We will also collaborate to deliver easy access to equipment / adaptations to homes that enable greater independence.	During this quarter, it is anticipated that planning permission will be approved for The Hoplands scheme in Sleaford and the required funding will be granted to enable development. In addition, planning permission will be submitted by ACIS Group for the Grange Farm redevelopment project in Market Rasen. **Narrative:** *Collaborative initiatives to deliver the homes for independence agenda are progressing well through the refocused Housing Health and Ageing Well Delivery Group (HHAWDG) and the Joint Accommodation Strategy Group. Encompassing the ageing well agenda will improve the opportunities for older, working age adults to consider their housing options in preparation for later life and, when appropriate, remain independent in a 'home for life'. Considerable progress has been made to streamline the disabled facilities grant processes across districts, and access to them and equipment services will be made easier through the emerging Good Home Lincs hub.* *Several projects are in progress for people who need more specialist independent homes. Following support for planning permission for The Hoplands, partners are now working together to progress detailed design, with North Kesteven District Council's (NKDC) procuring a contractor soon. Due to delays with procurement, funding has not been awarded, however NKDC is working closely with Homes England*	AMBER (Progress is within agreed limits)

Ambition: Enable everyone to enjoy life to the full				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
			ahead of submitting the funding application later next year. Work has significantly progressed on site at Prebend Lane, Welton and is still on track to complete towards the end of 2024. LACE Housing and LCC have now commenced the allocation working group process to ensure enough lead in time is allowed to work through nominations for the scheme. Due to the complexities and risks of the site on Grange Farm, additional surveys and contract negotiations with ACIS' chosen contractor took longer than expected, therefore listed building consent was submitted in November 2023. Consequently, construction has not yet commenced on Grange Farm, however we anticipate this will start during Quarter 4 dependent on planning being granted in sufficient time, and funding.	
A17	Create further accommodation options for greater independence and wellbeing [9]	We will continue to deliver our maximising independence programme across adult care, focused on developing strengths and innovating support including assistive technology and digital support, tracking impact monthly through forward trajectories.	Technology Enabled Prevention and Care Pilot provider appointed and planning for January start for referrals. Integrated delivery team to complete phase 8 of strengths-based approaches, behavioural science and Technology Enabled Care training to teams, focusing on re-visiting teams to ensure that the approach has been sustained by December 2023.	GREEN (Progressing as planned)
A58	Enhance support for carers [10]	We will support unpaid carers to maintain their caring role by providing access to good quality information, advice and guidance using strength-based conversations which consider whole family needs.	Undertake quality review of Information, Advice and Guidance.	GREEN (Progressing as planned)

Ambition: Enable everyone to enjoy life to the full				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A59	Enhance support for carers [10]	We will provide information through a variety of channels, including digital options, to fit around the needs of busy carers.	Develop an action plan to increase digital take up by carers.	GREEN (Progressing as planned)
A60	Enhance support for carers [10]	We will ensure that carers who have an eligible need have access to personalised carers budgets to help them achieve their identified outcomes following assessment.	Create an action plan following ideas from the working group.	GREEN (Progressing as planned)
A61	Enhance support for carers [10]	We will proactively support unpaid carers to maintain or access employment, working with employers in local government, health and other sectors.	Rollout carers passports.	GREEN (Progressing as planned)
A20	Develop mature partnerships for the integration of care and health that tackle pressure on the system and improve outcomes for our residents [11]	We will support people to make healthy choices across all aspects of their lives, through continuing to commission and deliver effective preventative services, which also provide quality information so people are better informed. The development of the Integrated Care System (ICS) will continue and develop this approach	Implement Public Health Commissioning Programme for 2023/24 1. Sexual Health and Substance Misuse recommissioning - Evaluate and award new contracts. 2. Wellbeing Service recommissioning – Undertake the governance process and complete the service specification. Implement Public Health Priority Work Programme for 2023/24 1. Technology Enabled Prevention and Care Pilot approved by Senior Leaders & commenced in September 2023, 2. Hoarding pilot options appraisal developed. 3. Develop a Memorandum of Understanding (MOU) and a High-Level work plan between Lincolnshire County Council (LCC) and	GREEN (Progressing as planned)

Ambition: Enable everyone to enjoy life to the full				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
			Lincolnshire Integrated Care Board (ICB) on the requirements set out in the Mandated Public Health Advice Service. 4. Joint Lincolnshire Health and Wellbeing Strategy and the Better Lives Lincolnshire Integrated Care Partnership Strategy reviewed. Implement Public Health Protection Programme for 2023/24 1. Implement the winter Covid booster and flu vaccination programmes across the care sector programme. 2. Develop an integrated Health Protection approach to Communicable Disease Control. 3. Support the system winter plan as infectious disease outbreaks increase.	
A21	Develop mature partnerships for the integration of care and health that tackle pressure on the system and improve outcomes for our residents [11]	We will now work with partners across our Integrated Care System (ICS), setting clear priorities for the next 3 years to improve health and wellbeing across Lincolnshire	Lincolnshire Intermediate Care Layer Leaders will review current spend to support the development of a home-based enablement offer (including reablement, rehabilitation and discharge to assess). **Narrative:** *A review of how the intermediate care framework is being developed in Lincolnshire is currently underway to ensure the services that are to be commissioned are in the right place which will lead to positive outcomes for Lincolnshire residents. This review will create clear milestones to be achieved in Quarter 4.* *During Quarter 4, a clear direction will be set to incorporate the 4 intermediate care priorities by completion of demand and capacity planning, expansion of the care transfer hub, improved workforce utilisation and improved data quality.*	AMBER (Progress is within agreed limits)

Ambition: Enable everyone to enjoy life to the full				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
			The work to develop the Lincolnshire Intermediate Care Layer is only one program of work within the Integrated Care System arrangements which is part of having more integrated approaches to the way we deliver services across the county. The Better Lives Lincolnshire Integrated Care Partnership Strategy sets out the ambition and aims along with the strategic enablers as to how we will collectively work to improve the health and wellbeing of our population. This complements the Joint Health and Wellbeing Strategy (JHWS) which sets out the priorities based on the Joint Strategic Needs Assessment (JSNA).	
A40	Develop mature partnerships for the integration of care and health that tackle pressure on the system and improve outcomes for our residents [11]	We will place the individual, their family and friends at the heart of their care plan through introducing and implementing strength based practice in Adult Care and Community Wellbeing.	Additional training to new starters across Adult Care and Community Wellbeing, Lincolnshire Partnership Foundation Trust, Serco and Carers First as part of induction will be delivered. Integrated delivery team to complete phase 8 of strengths-based approaches, behavioural science and Technology Enabled Care training to teams, focusing on re-visiting a minimum of 8 teams to ensure that the approach has been sustained by December 2023. Learning and development drop in opportunities to be provided to practitioners to support roll out of new tools and workflows.	GREEN (Progressing as planned)
A53	Develop mature partnerships for the integration of care and health that tackle pressure on the system and improve outcomes for our residents	Working with strategic partners, we will support the delivery of Lincolnshire's Mental Health, Learning Disability and Autism Alliance priorities. This includes joint ownership of the Prevention Concordat for Better Mental Health	Provide public health advice to the system regarding public mental health, dementia, learning disabilities and autism. Report progress on Suicide Prevention and Prevention Concordat for Better Mental Health workstreams.	GREEN (Progressing as planned)

Ambition: Enable everyone to enjoy life to the full				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
	[11]	Action Plan, which takes a prevention-focused approach to mental health and wellbeing.	Develop and agree with partners an outcome framework for the Concordat and share learning with national concordat community of practice	

Ambition: Create thriving environments				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A8	Thriving businesses creating high skilled jobs and investing in technology [4]	We will support new and existing businesses to thrive, through delivering a strong, flexible and responsive Business Lincolnshire growth hub.	Delivery of an Export focused large conference event to promote new market opportunities to the business community.	GREEN (Progressing as planned)
A23	Thriving businesses creating high skilled jobs and investing in technology [4]	We will improve utility infrastructure in order to enhance growth through exploring and implementing plans to maximise the development of energy, water and sewage, and digital infrastructure.	Strategy for implementing the agreed recommendations from the Energy Options Analysis for Greater Lincolnshire report to be agreed.	GREEN (Progressing as planned)
A4	Champion strategic road and rail improvements to improve local and regional travel and support economic growth [8]	We will produce local transport strategies which promote alternative modes of transport, through collaborative working with our district and local partners which will include the creation of local transport boards.	We will complete the final form of the transport strategy.	GREEN (Progressing as planned)
A49	Champion strategic road and rail improvements to improve local and regional travel and support economic growth [8]	Long term investment strategy for highways infrastructure.	Continue to update and collate a list of aspirational projects for the county to submit for funding bids as and when they are announced. This includes ensuring the supportive data is relevant. Continue to input in to the Devolution works which could result in funding for investment in the highway infrastructure network.	GREEN (Progressing as planned)

Ambition: Create thriving environments				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A27	Promote Lincolnshire as a destination of choice and deliver the recommendations of the Greater Lincolnshire Tourism Plan [10]	We will work with partners to attract tourists to Lincolnshire, leading the way in raising the profile of the county and enhancing collaboration across our councils to maximise what Lincolnshire has to offer.	Develop new programme of Hospitable Green courses.	GREEN (Progressing as planned)
A25	Plan growth to benefit the whole community by connecting people, housing, employment, businesses, green spaces and the natural environment [11]	We will maximise the use and provision of our water as a valuable resource by working with our partners and researching to better understand how we balance over and under supply. Once we have solutions, we will develop an action plan.	We will engage with lead authorities (Anglian Water) on the preliminary design and emergency drawdown plans for the Lincolnshire Reservoir to ensure appropriate considerations are made within those plans with regards to local communities and wider water resource management.	GREEN (Progressing as planned)
A26	Plan growth to benefit the whole community by connecting people, housing, employment, businesses, green spaces and the natural environment [11]	We will use our planning responsibilities to influence new residential and commercial growth so that it contributes to the community in which it is located.	We will work in partnership with all stakeholders, and will seek views of elected ward members, to ensure that development impact is mitigated, and provides community benefit where necessary.	GREEN (Progressing as planned)
A30	Plan growth to benefit the whole community by connecting people, housing, employment, businesses, green spaces and the natural environment [11]	We will prepare and manage an action plan arising from the strategic infrastructure delivery framework.	The action plan will be agreed by the Infrastructure Group, the Chairman will regularly update the Chief Executive's group as appropriate. The action plan will include SMART targets for partners.	GREEN (Progressing as planned)

Ambition: Create thriving environments				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A56	Seek devolution from the Government to unlock infrastructure investment needed to support local growth [13]	We will work with officials to secure a devolution deal for Greater Lincolnshire.	We will work with officials to negotiate and agree the content of a devolution deal for Greater Lincolnshire against timelines set out by government.	GREEN (Progressing as planned)
A10	Manage local risks to our environment to protect our communities' natural and built resources for future generations [15]	We will achieve net zero carbon emissions as a council by 2050 or earlier through the development of the Green Masterplan. We will provide climate leadership in Lincolnshire and beyond. We will revise and update our Carbon Management Plan in 2023.	We will deliver the next iteration of the 5 year Carbon Management Plan to set new targets, milestones and projects for the delivery of the net zero carbon emissions target date of 2050.	GREEN (Progressing as planned)
A11	Manage local risks to our environment to protect our communities' natural and built resources for future generations [15]	We will respond to our communities in a joined-up way and we will proactively coordinate with partners to develop and deliver better flood risk protection within the County.	We will deliver significant surface water alleviation schemes to protect residences and services, including a primary school in Cherry Willingham and Long Bennington.	GREEN (Progressing as planned)
A12	Manage local risks to our environment to protect our communities' natural and built resources for future generations [15]	We will maximise the reuse and recycling potential of the county's waste, treating it as a resource. This will include exploring the opportunity for anaerobic digestion facilities across the County.	Award Contracts for Anaerobic Digestion disposal. District Councils to be notified of preferred locations. Work to continue on the development of Waste Transfer Station improvements in time for 2025 food waste roll out	GREEN (Progressing as planned)

Ambition: Provide good-value council services				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A35	Implement our digital blueprint and customer services strategy to transform how we engage with communities and enable residents to pay for and access more services online [6]	Focus is on the first phase of the digital programme of work by encouraging greater use of online systems and greater take up of virtual engagement, by our customers. Opportunities for digitalisation or automation will be identified where appropriate following process review and optimisation.	Evaluate initial use, and plan for wider roll out of virtual meetings with our customers. Begin process review and optimisation of prioritised areas.	GREEN (Progressing as planned)
A47	Implement our digital blueprint and customer services strategy to transform how we engage with communities and enable residents to pay for and access more services online [6]	We will continue to transform the way we engage with customers through the implementation of our customer strategy. We will maximise technology solutions in the Customer Service Centre (CSC) to enable customers to do more online, including paying for services. Through our digital strategy we will be able to be more innovative so our customers can access us through multiple channels.	Proposal for future call reductions as part of phase 2 of Customer Digital Delivery project **Narrative:** *It has been agreed that the business case for phase 2 savings should be deferred to Quarter 2 2024/25 to enable a fuller understanding of the impact the AI bot technology has on dealing with and deflecting corporate calls into the CSC. Evidential data will enable us to greater understand the impact the technology will provide to reduce calls activity into additional LCC corporate call queues and the Social Care and Wellbeing hub which will be part of phase 2 scope.*	AMBER (Progress is within agreed limits)
A44	Ensure that public sector buildings and our shared public estate can be used flexibly to benefit communities as new ways of working and lifestyles develop post pandemic [7]	We will protect and enhance our heritage assets and we will maximise the use of our sites for customers, through delivering proposals for the iconic investment in The Lincoln Museum and Usher Gallery and other heritage sites.	Approve primary contractor for permanent gallery refresh through property framework.	GREEN (Progressing as planned)

Ambition: Provide good-value council services				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A46	Ensure that public sector buildings and our shared public estate can be used flexibly to benefit communities as new ways of working and lifestyles develop post pandemic [7]	Develop and approve a new Property Strategy.	Approve final strategy by 31st October 2023.	GREEN (Progressing as planned)
A38	Work in partnership across the public sector in Greater Lincolnshire to exploit opportunities to join up services where they can improve outcomes for residents [8]	We will raise the county's profile nationally and internationally through the delivery of a focused investor promotion strategy and relationship-building, attracting business investment and using our partnership brand, Team Lincolnshire, to do this.	Launch the Greater Lincolnshire Defence proposition at the Defence & Security Equipment International (DSEI) Trade Exhibition in London in partnership with Greater Lincolnshire Local Enterprise Partnership (GLLEP) and the University of Lincoln.	GREEN (Progressing as planned)
A39	Work in partnership across the public sector in Greater Lincolnshire to exploit opportunities to join up services where they can improve outcomes for residents [8]	We will continue to raise the profile of Council Services through a range of strategies including national recruitment campaigns, national conferences and awards, continuing to support improvement in other Councils and advising government on national policy innovation. We will articulate a clear Lincolnshire pride narrative via our Joint Committee to support this activity.	Reporting on Directorates and Corporate Functions implementation of the Attraction & Retention Framework (link with A43)	GREEN (Progressing as planned)
A50	Review our contracted services and recommission them to be fit for the	We will implement the recommendations of the corporate support services review.	Reach Agreement with Hoople for the provision of HR Administration and Payroll Services and commence Transition Plan Activities.	GREEN (Progressing as planned)

Ambition: Provide good-value council services				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
	future [9]		Commence Transition Plan Activities with the replacement Customer Service Provider.	
A52	Review our contracted services and recommission them to be fit for the future [9]	Implementation of the One Council commissioning priorities and outcomes.	Draft and submit an oversight report on the performance of, and risks associated with, the Councils key contracts. Continue working across the Council to embed the One Council Commissioning Framework in practice. Agree cross-Council priorities from our commissioning benchmarking exercise and commence implementation.	GREEN (Progressing as planned)
A41	Maximise opportunities from new technology to transform our services [10]	We will continue to deliver the priorities of our BI Strategy to ensure we have the right systems and processes in place to capture, store and visualise business intelligence in the most efficient way.	Implement the agreed data model including the identification and testing of a data set which will validate the processes of data collection, storage, manipulation and visualisation.	GREEN (Progressing as planned)
A57	Maximise opportunities from new technology to transform our services [10]	To implement quality assurance controls to monitor and report on the effective use of the Business World system in order to embed best practice adoption and ensure the Council is able to realise the full benefits of the system.	Implement agreed quality assurance controls, ensuring all necessary reports and outputs are built and tested for accuracy.	GREEN (Progressing as planned)
A42	The Council is regarded by its workforce as a good employer, attracting and retaining the best [11]	We will refresh our Corporate People Strategy, reviewing culture, values and behaviours, and enabling our staff to be healthy and resilient so we can improve how we support our customers. Structures will be fit for purpose and facilitate our One Council approach.	Reporting on progress of the outcomes of the Year 3 People Strategy (2023-2024) Workplan	GREEN (Progressing as planned)

Ambition: Provide good-value council services				
Activity No.	**Objective**	**Activity Name**	**Activity Milestone**	**RAG**
A43	The Council is regarded by its workforce as a good employer, attracting and retaining the best [11]	We will keep and attract talented people through implementing improved recruitment processes, increasing the number and range of apprenticeships, and developing graduate and work experience placements across the Council.	Reporting on Directorates and Corporate Functions implementation of the Attraction & Retention Framework (link with A39).	GREEN (Progressing as planned)