

County Offices
Newland
Lincoln
LN1 1YL

29 April 2024

Executive

A meeting of the Executive will be held on **Wednesday, 8 May 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
WEDNESDAY, 8 MAY 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 3 April 2024		5 - 12

KEY DECISIONS - ITEMS TO BE RESOLVED BY THE EXECUTIVE

5	Deepings School Leisure Centre <i>(To receive a report by the Deputy Chief Executive and Executive Director – Resources which reports the results of the Expressions of Interest Process following a decision to seek a third party purchaser for the Deepings Leisure Centre and seeks a final decision from the Executive as to how the Council should proceed)</i>	I030085	13 - 30
6	Externally Commissioned Buildings Based Day Care Re-Procurement <i>(To receive a report by the Executive Director – Adult Care and Community Wellbeing which seeks a decision from the Executive to progress with the procurement of externally commissioning buildings based day care services for a period of two years effective from 1 September 2024)</i>	I032396	31 - 64
7	NHS Health Checks Re-Procurement <i>(To receive a report by the Executive Director – Adult Care and Community Wellbeing which invites the Executive to consider the re-commissioning of the NHS Health Checks utilising the Most Suitable Provider (MSP) Process under the Health Care Services (Provider Selection Regime) Regulations 2023 which came into force on 1 January 2024)</i>	I032102	65 - 104

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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
3 APRIL 2024**

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

Councillors Mrs P A Bradwell OBE (Executive Councillor for Children's Services, Community Safety, Procurement and Migration) (Deputy Leader), Mrs W Bowkett (Executive Councillor for Adult Care and Public Health), L A Cawrey (Executive Councillor for Fire & Rescue and Cultural Services), R G Davies (Executive Councillor for Highways, Transport and IT), 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: N H Pepper (Chairman of the Public Protection and Communities Scrutiny Committee) and A N Stokes (Chairman of the Overview and Scrutiny Management Board) attended the meeting as observers

Officers in attendance:-

Debbie Barnes OBE (Chief Executive), Will Bell (Chief Legal Officer), Andrew Crookham (Executive Director Resources), Jonathan Evans (Senior Project Leader), Leanne Fotherby (Commercial & Procurement Manager), Andy Gutherson (Executive Director Place), Nicole Hilton (Assistant Director - Communities), David Matthewman (Chief Information Officer), Nigel West (Head of Democratic Services and Statutory Scrutiny Officer) and Rachel Wilson (Democratic Services Officer)

72 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor R D Butroid (Executive Councillor for People Management, Legal and Corporate Property) and Councillor C J Davie (Executive Councillor for Economic Development, Planning and Environment).

Apologies for absence were also received from Heather Sandy, Executive Director – Children's Services and Martin Samuels, Executive Director – Adult Care and Community Wellbeing.

73 DECLARATIONS OF COUNCILLORS' INTERESTS

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

74 ANNOUNCEMENTS BY THE LEADER, EXECUTIVE COUNCILLORS AND EXECUTIVE DIRECTORS

The Executive Councillor for NHS Liaison, Integrated Care System, Registration and Coroners announced that official confirmation had been received from the Ministry of Justice that the

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3 APRIL 2024

Coroners Service had now become the Greater Lincolnshire Coroners Service. Thanks were extended to all officers involved, including the Senior Coroner, Paul Smith.

The Chief Executive reported that the Leader and Chief Executive of West Lindsey District Council had recently met with the Minister regarding progressing with the plans for the development of RAF Scampton. There would be an agreement for a reduction in the number of people who would be housed at the camp, this would allow the development to occur simultaneously. It was expected that the first cohort of people would arrive in summer.

In relation to devolution, the Chief Executive reported that a report had been presented to the Full Council in March 2024, and a letter had been sent to the Secretary of State asking for consideration to be given to the results of the consultation and the Statutory Instruments. A response was expected in the summer, and then the combined authority would be established in October 2024.

75 MINUTES OF THE MEETING OF THE EXECUTIVE HELD ON 5 MARCH 2024

RESOLVED

That the minutes of the meeting of the Executive held on 5 March 2024 be signed by the Chairman as a correct record.

76 THE RE-COMMISSIONING OF THE LIBRARIES SERVICE

The Executive Councillor for Fire & Rescue and Cultural Services introduced a report which set out a proposed course of action in respect of the re-procurement of the Council's Library Service as the Council's contract with Greenwich Leisure Limited (GLL) was due to expire on 31 March 2026 with no further options to extend.

The Commercial and Procurement Manager presented the report and highlighted that the Council had a statutory obligation to provide a comprehensive and efficient library service. The current contract with Greenwich Leisure Ltd commenced in 2016 following two judicial reviews over the proposed service model and its delivery. It was reported that the current service model had saved £1.8m at the point of outsourcing and had been seen as a great success by customer, the Department for Culture, Media and Sport (DCMS) and the Council.

The Executive was advised that within the new contract it was intended to retain the current model of libraries and hubs and it was recommended that a like for like service was procured. It was noted that a competitive tendering process should provide the Council with best value.

It was also highlighted that there was no requirement to carry out a public consultation unless substantial changes to the service provided were proposed.

Councillor N H Pepper, Chairman of the Public Protection and Communities Scrutiny Committee was in attendance via Microsoft Teams to present the comments of the Committee following its consideration of this report at its meeting on 19 March 2024 where the Committee unanimously supported the recommendations to the Executive. The Committee supported the existing libraries model and it was confirmed that both cost and quality of the submission would be taken into consideration during the tendering process. Concerns were raised regarding a situation where the returned bids were higher than the budget and reassurance was given that the Council would hold discussions with potential suppliers and would be able to identify the reasons for any significantly higher than expected bids.

(NOTE: Councillor R G Davies joined the meeting at 10.40am)

During discussion by the Executive, the following was noted:

- The Libraries Service had been very successful with the current provider, but it was acknowledged that it was controversial when it was introduced.
- Members and officers were pleased with how the library service had progressed since the first library service contract, and it was noted that the Lincolnshire libraries model had been used as an exemplar by the DCMS and Baroness Sanderson. It was also noted how some libraries and hubs had become community cohesion services as well, and were greatly valued by their communities.
- The Assistant Director – Communities advised that whilst there had been many successes with the current provider, there were areas which would benefit from further negotiations and discussions, such as the rural service. This had moved from being very unenvironmentally friendly service with large vehicles to a more agile and frequent mobile service.
- Officers advised that the procurement process would not be too prescriptive as they were keen to hear what other operators may be able to offer Lincolnshire.
- There would be a need to consider all options, including bringing the service back in-house.
- It was queried how the mobile service had moved on, and officers advised that there was a statutory element in terms of the service provided nursing homes and residential homes. The Covid pandemic had forced a change in the model and created more innovation in terms of what the model should look like and it evolved into more of a click and collect service. It was unlikely that the service would return to being made up of large vehicles. There was now a fleet of smaller, electric vehicles which could join up with Adult Social Care services and public health for prescribing services.
- It was queried whether there was still as much demand for the mobile services, particularly with the increased used of digital books and audio books. Officers acknowledged that this was something which would need to be addressed in future, however physical book loans were almost double that of digital loans. How the Council got physical books to people was something that the service would need to work smarter on, as there could be the potential for a much broader reach.

- In relation to take up from the mobile vans, it was noted that these figures were currently static. It was confirmed that there was still a threshold in place whereby if usage dropped below a certain level that a route would be withdrawn. It was noted that all routes were still in use.
- It was queried whether an option of posting books to people had been considered and officers advised this had been explored but was cost prohibitive.
- It was highlighted that the NHS Responders was a volunteer service which was set up during Covid and provided services such as collecting shopping, prescriptions etc for people unable to leave their homes, and it was suggested whether this service could also be used to deliver books to people.

RESOLVED

1. That the re-procurement of the Council's Library Service contract, via the Competitive Procedure with Negotiation (CPN) for commencement on 01 April 2026, be approved.
2. That the retention of the current delivery model be approved.
3. That authority be delegated to the Executive Director – Place, in consultation with the Executive Councillor for Fire and Rescue and Cultural Services and the Leader of the Council, to determine the final form of the contract, and approve the entering into of the same.

77 FUTURE IT SERVICE DELIVERY MODEL

The Executive Councillor for Highways, Transport and IT introduced a report which provided an overview of the updated IT Service Delivery Model and the corresponding changes in the sourcing approach to enable the Council to make an informed decision about the best way forward for the future delivery of IT services.

The Chief Information Officer (Interim) presented the report and stated that the majority of the Council's IT service delivery was currently provided by Serco, and this contract was due to expire at the end of March 2026. The Council's Executive approved an overall IT Service Delivery Model and sourcing approach on 4 May 2022, however procurement activity was subsequently paused to give the Council time to assess options and rectify a number of risks and issues which were identified in the second half of 2022. As a result, changes have now been made to the design of the original IT Service Delivery Model in order to address the risks and issues identified.

It was proposed that no significant services were moved in-house, and a single provider would deliver the day to day services. An update was also provided in relation to the recent recruitment to the service area, and it was noted that the permanent Chief Information Officer would start in post on 7 May 2024, the Head of Cyber Security started at the beginning of April 2024, and the Head of IT Architecture had started at the end of March. It

was highlighted that this would be the first time the Council had recruited a Head of Cyber Security which reflected the challenges faced as well as the importance of this area.

The Executive was advised that there would be a year of transition for this new model and that it would be a significant procurement exercise, and the proposed model would give LCC access to a broader set of providers than pursuing a single source model.

The Chairman of the Overview and Scrutiny Management Board was in attendance to present the comments of the Board following its consideration of this report at its meeting on 12 March 2024 where the recommendations were supported. During consideration of the report, a number of questions were raised in relation to long term sustainability, resilience and security and assurances were sought that the contingency plan had been carefully considered. Overall, the Board was confident that the proposed Future IT Service Delivery Model would address these issues and would have the flexibility to adapt to emerging challenges and also safeguard the continuity and quality of the Council's IT services.

During discussion by the Executive, the following was noted:

- There was support for the proposal for separate providers, however there were concerns regarding whether there would be sufficient communication between them. The Executive was advised that whilst this was low risk for the cyber security element, where one provider was implementing changes determined by another this was acknowledged as a risk. However, this would be mitigated by the Key Performance Indicators which would be developed as well as ensuring that there was a level of compatibility between providers and that incentives were aligned.
- It was noted that the Council was clear about the direction of travel for the IT services.
- It was commented that it had been a very successful recruitment campaign, and it was noted that officers had been very pleased with the quality and calibre of candidates. The people recruited were ambitious and were keen to implement positive changes.

The Leader of the Council, on behalf of the Executive, thanked David Matthewman (Chief Information Officer – Interim) for his work on this and acknowledged it would be his last meeting before leaving the Council. It was commented that he had moved the Council from a difficult place to one where it felt much more confident going into this procurement.

RESOLVED

1. That the following changes to the IT Service Delivery Model and sourcing approach be approved:
 - a. The procurement of a contract for the outsourcing of all operational IT services currently provided by the incumbent to a single external supplier.

- b. The procurement of a contract for the outsourcing of Security Operations to an independent specialist external supplier.
 - c. The procurement of a contract for the engagement of an external partner (“Flexible Delivery Partner”) to support the Council in delivering IT technical design and delivery.
2. That the carrying out of the necessary procurement processes to secure the services of the external suppliers and the Flexible Delivery Partner referred to in paragraph 1 above, be approved.
3. That authority be delegated to the Deputy Chief Executive & Executive Director – Resources, in consultation with the Executive Councillor for Highways, Transport and IT, to take all necessary decisions and steps to progress the procurements referred to in 1a, 1b and 1c up to and including determination of the final form of the resultant contracts and award of those contracts.

78 SALT PROCUREMENT FOR LINCOLNSHIRE COUNTY COUNCIL 2024 - 2028

The Executive Councillor for Highways, Transport and IT introduced a report which sought approval for the issuing of salt procurement for Lincolnshire County Council through the Eastern Shires Purchasing Organisation (ESPO) salt contract framework. The Executive Councillor advised that the provision of salt and keeping the roads clear during winter was a necessary service. It was also noted that there had been significant innovation in the salt industry and the Council used a treated grit salt mix. This allowed the Council to reduce the amount of salt spread on the network, which also saved a significant amount of money.

The Head of Highways Client and Contractual Management Services presented the report and outlined the reasons and methods of procurement. It was noted that using the ESPO framework gave the Council improved buying power meaning that there was a lower price per tonne for the salt.

This would be a four-year framework contract which would replace the last ESPO framework which would end on 30 April 2024. It was noted that there were limited suppliers, but by buying in summer the Council could save some money.

During discussion by the Executive, the following was noted:

- The current model for purchasing salt was fully supported, but it was queried whether this salt could also be imported. Officers advised that the type of salt being used was a UK innovation and so could not be purchased from overseas.
- Queries were raised in relation to how resilient the Council’s salt supplies were and it was noted that the Council had good stock levels, as it was now able to store a further 5,000 tonnes within the salt barns, making the total available 29,000 – 30,000 tonnes. In 2010, which was an extreme year for weather, the Council used 38,000 tonnes. Normal usage was around 20,000 tonnes per winter.

- The Executive was advised that the Council was in a relatively good place in terms of salt, and options for invest to save projects at the depots were being explored. Some of the barns were reaching end of life, and there would be a need to discussions around whether to increase the size for any new barns, as well as exploring alternative sites around the County.

RESOLVED

1. That the procurement of gritting salt through the ESPO De-Icing Salt and Associated Products/Services Framework contract Framework (1 May 2024 – 30 April 2028) be approved; and
2. That authority be delegated to the Executive Director – Place, in consultation with the Executive Councillor for Highways, Transport and IT, to award and determine the final form of contract/s and entering into such contract/s and other legal documentation as necessary to give effect to this decision.

The meeting closed at 11.31 am

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

Report to:	Executive
Date:	08 May 2024
Subject:	Deepings School Leisure Centre
Decision Reference:	I030085
Key decision?	Yes

Summary:

The Deepings School, (as edged red in Appendix One) is an Academy managed by the Anthem Trust (AT). The Anthem Trust currently occupy the entire site via a Tenancy at Will from Lincolnshire County Council (LCC) as a precursor to the standard 125-year Academy lease. LCC has a statutory duty to finalise and formalise the Anthem Trust's occupation, via the completion of a 125-year lease.

The Deepings Leisure Centre building is a Council owned property which forms part of the site of the Deepings School (area edged white Appendix One). The granting of the statutory Academy lease has been significantly delayed due to the issues regarding the liability of the leisure centre.

The Deepings Leisure Centre was operated by South Kesteven District Council (SKDC) from 1974 until SKDC ceased its operation in July 2021. A formal decision was made by SKDC in November 2022 to return the asset to LCC. In January 2023, the premises were returned to LCC in a very poor state of repair and a direction of travel is required to prevent the building falling into any further disrepair.

At its meeting on 4 July 2023, the Executive of the County Council approved the seeking of Expressions of interest (EOI) for a third-party purchaser for the Leisure Centre building, having a sustainable and viable business case for the refurbishment and operation of the building as a Leisure Centre.

The Executive also resolved that should a successful third party fail to be found, following an Expression of Interest exercise, the Council would proceed forthwith to demolish the Leisure Centre building.

The purpose of this paper is to report the results of the Expression of Interest Process and seek a final decision from the Executive as to how the Council should proceed regarding the outcome of the EOI process.

Recommendation(s):

That the Executive:

1. Approves the funding of £850,000 to the Deepings Community Leisure Centre Community Interest Company (CIC) towards the cost of refurbishment and operation of the Deepings Leisure Centre building as a Leisure Centre, subject to receipt of a sustainable and viable business case for the refurbishment and operation of the building as a Leisure Centre. Such business case should include (but not be limited to) confirmation of the following matters:
 - (a) A robust exit strategy, including assurance that in the event the Leisure Centre becomes unviable, and it is necessary for the Deepings Leisure Centre building to be demolished, the CIC will cover the full costs of demolition and site clearance so that no cost falls to the County Council arising from such;
 - (b) That any bond that the CIC may have secured to cover the costs of (a) above is suitable and affordable;
 - (c) That any major funding contributions detailed by the CIC inclusive of that proposed by South Kesteven District Council, in its business case are committed to, and approved by, those contributors;
 - (d) Any bid by the CIC to the Community Ownership Fund has been approved;
 - (e) That agreement has been reached with the Deepings School on the operating plan of the Leisure Centre to mitigate any potential impacts on the school; and
 - (f) That an experienced provider in leisure centre management, with a sustainable and viable business case for the leisure centre, has been secured to operate the Leisure Centre business.
2. Delegates to the Deputy Chief Executive and Executive Director for Resources in consultation with the Leader of the Council and Executive Councillor for People Management, Legal and Corporate Property authority to determine whether any such business case received from the CIC pursuant to paragraph 1 above is sustainable and viable and take all steps and decisions necessary, including the entering of legal agreements and the updating of the Subsidy Control Act 2022 Principles Assessment , to give effect to paragraph 1 above subject to the funding amount detailed therein not being released until such time as the statutory period for challenge under the Subsidy Control Act 2022 has expired.
3. Approves, subject to determination of a sustainable and viable business case and the provision of funding in accordance with paragraph 2 above and approval from the Anthem Trust (or successor school provider) and Department for Education, the disposal of the freehold of the Deepings Leisure Centre building to the CIC for a consideration of £1.
4. Delegates to the Deputy Chief Executive and Executive Director for Resources in consultation with the Leader of the Council and Executive Councillor for People

Management, Legal and Corporate Property authority to take all steps and decisions necessary, including the entering of legal agreements, to give effect to paragraph 3 above.

5. Approves, following the disposal detailed in paragraph 3 above, the granting of a 125-year Academy lease to the Anthem Trust (or successor school provider) excluding the Deepings Leisure Centre building land on terms otherwise agreed with the Anthem Trust and Department for Education and in fulfilment of the statutory obligation to transfer the site of the school to the Anthem Trust.
6. In the event that a sustainable and viable business case is not received pursuant to paragraphs 1 and 2 above, approves the demolition of the Deepings Leisure Centre building.
7. Delegates to the Deputy Chief Executive and Executive Director for Resources in consultation with the Leader of the Council and Executive Councillor for People Management, Legal and Corporate Property authority to take all steps and decisions necessary to give effect to paragraph 6 above, including determining the terms and approving the award of any contracts associated with the demolition.
8. Approves, following the demolition of the Deepings Leisure Centre building pursuant to paragraph 6 above, the granting of a 125-year Academy lease to the Anthem Trust (or successor school provider) including the Deepings Leisure Centre building land on terms otherwise agreed with the Anthem Trust and Department for Education and in fulfilment of the statutory obligation to transfer the site of the school to the Anthem Trust.

Alternative Options Considered:

1. Do nothing and maintain the current position

The Council's statutory obligation to complete the 125-year Academy lease and formalise the Anthem Trust's occupation, can only be achieved once the current issue with the Leisure Centre building is resolved. Maintaining the current position would not solve the issue of the outstanding lease.

This option would also protract the short-term measures which include the Anthem Trust's provision of a "temporary" hall. The Anthem Trust require a permanent solution to fulfil Physical Education curriculum requirements and statutory obligations around examinations.

The Council will continue to hold responsibility for a vacant asset that is deteriorating together with the associated health and safety liabilities and costs.

For the reasons set out above, this option is not recommended.

2. Demolition of the Leisure Centre Site

Demolishing the Leisure Centre would result in the County Council extinguishing all liabilities and associated holding costs of a vacant asset and result in the formalisation of the statutory 125-year academy lease.

It would also however, result in a significant capital outlay and would remove the current opportunity for the facility to be brought back into use for the benefit of the local community of the Deepings. For these reasons, it is not recommended that this option is pursued at this time, however, this option should be considered should the preferred option not be implemented.

3. Commence a new Expression of Interest exercise to seek further interest

The recent Expression of Interest exercise undertaken in Summer 2023 evidenced the limited interest in acquiring, refurbishing and operating the building as a leisure centre, with the receipt of only one bid.

Going back to market a second time, is therefore unlikely to result in positive interest and will almost certainly result in a further delay to determining the direction of travel for the leisure centre building. Consequently, LCC will continue to hold responsibility for a vacant asset that is deteriorating and will result in further costs and ongoing health and safety liabilities.

For the reasons set out above, this option is not recommended.

Reasons for Recommendation:

1. The recommendations seek to ensure that any funding provided by the Council and any transfer of the freehold, is conditional on receipt of a sustainable and viable business case from the CIC for the refurbishment and operation of the Deepings Leisure Centre building as a Leisure Centre. This is consistent with the Executive's previously stated position under its decision of 4 July 2023. Within this, it is necessary that such business case provides particular assurance over the matters detailed and referred to paragraph 1 (a) to (f) of the recommendations in this report. In summary, these include:
 - (a) A robust exit strategy is required to ensure the building will be demolished at no cost to the County Council if the business isn't viable. If the CIC propose to assure this through a bond, it must be both suitable and affordable. Failure to provide this protection may result in the Academy Trust and/or the DfE not being satisfied that the school will not be detrimentally impacted, and therefore may not give agreement to the transfer of the land
 - (b) Confirmation of all funders, including a successful Community Ownership Fund bid is fundamental to enable a sustainable and viable business case.
 - (c) The leisure centre building is located within the school site operated by the current school operator, the Anthem Trust and therefore an operational

understanding and agreement is required to ensure risks such as safeguarding measures are mitigated.

- (d) The CIC secures the services of at an experienced provider in leisure centre management with a sustainable and viable business case for the leisure centre, to operate the Leisure Centre business.
2. Any further delay in determining the direction of travel for the Deepings Leisure Centre would result in potential health and safety liabilities, reputational damage for LCC and additional revenue cost to the Council from a repairs and maintenance perspective.
 3. Subject to the finalisation of the Subsidy Control Act 2022 Principles Assessment, grant funding might only be able to be provided to the CIC on a subsidy control basis that would require the Council to remain involved in reviewing the operation of any future Leisure Centre. Such reviews are in order to ensure that the financial assistance continues to be within the subsidy limit of what is necessary for the CIC to deliver the leisure services plus no more than a reasonable profit. Although this is contrary to one of the principles underpinning the Executive's original decision, namely to relinquish responsibility for the building or its operation, reviewing the service at least once every three years (including at the start and end of the delivery period) is a necessary legal requirement of providing a subsidy for a Service of Public Economic Interest.

Any disposal would be conditional on approval by the Anthem Trust and the Department for Education (DfE). It should be noted that there is no certainty that either the DfE or the Anthem Trust would accept the terms and conditions of such a freehold disposal based on the business plan received.

A decision is required as any further delay in the transfer of the Academy lease to the Anthem Trust further protracts the short-term measures which include their provision of a "temporary" hall. The AT require a permanent solution to fulfil Physical Education curriculum requirements and statutory obligations around examinations. The Council is obliged to complete the 125-year Academy lease to formalise the Anthem Trust's occupation. Further delay continues the Council's liability for the building and compounds the problems of the business case as the costs of refurbishment and operation are likely to rise.

1. Background

The Deepings School, as edged red in Appendix One is an Academy currently managed by the Anthem Trust (AT). The Anthem Trust currently occupy the entire site via a Tenancy at Will from Lincolnshire County Council (LCC) as a precursor to the standard 125-year Academy lease. LCC has a statutory duty to finalise and formalise the Anthem Trust's occupation, via the completion of a 125-year lease.

The Deepings Leisure Centre building is a Council owned property which forms part of the site of the Deepings School (area edged white in Appendix One). The granting of the statutory Academy lease has been significantly delayed by the state of disrepair of the Deepings Leisure Centre and the uncertainty over its future operation as a leisure centre.

The Deepings Leisure Centre was operated by South Kesteven District Council (SKDC) from 1974 until SKDC ceased its operation in July 2021. A formal decision was made by SKDC in November 2022 to return the asset to LCC. In January 2023, the premises were returned to LCC in a very poor state of repair and a direction of travel is required to prevent the building falling into any further disrepair.

At its meeting on 4 July 2023, the Executive of the County Council considered this matter and approved the seeking of Expressions of interest (EOI) for a third-party purchaser of the Leisure Centre building having a sustainable and viable business case for the refurbishment and operation of the building as a Leisure Centre.

The Executive also resolved that should a successful third party fail to be found, following an Expression of Interest exercise, the Council would proceed forthwith to demolish the Leisure Centre building.

In considering this matter, the Executive balanced the ongoing liability of the existing building on the public purse and the aspirations of the local community. Further, in July 2023, the Executive considered two principles:

- that the County Council itself would not operate a Leisure Centre from the site given the condition of the building, coupled with the fact that the County Council has no history or track record in such provision; and
- that the County Council could not continue to carry the liabilities of the building indefinitely.

These principles are considered to still be suitable and have been carried forward into this Report.

1.1 Expression of Interest Process

Following the Executive decision on 4 July 2023, an Expression of Interest (EOI) exercise commenced on 11th August 2023, with a closing date of 22nd September 2023.

The EOI exercise, invited applicants to provide a sustainable and viable business case for the freehold purchase, refurbishment and operation of the building as a Leisure Centre. Applicants were asked to ensure that their plans would not interfere with the running of The Deepings School and were encouraged to consider potential shared use with the school.

Prior to the EOI closing date, a set of criteria was compiled, for evaluation by the internal evaluation panel. The criteria included, funding availability and certainty, experience in refurbishing and operating a leisure centre, a robust exit strategy and willingness to work with the Anthem Trust to mitigate interference with school operations.

One Business Case was received by the closing date of 22nd September 2023 from the Deepings Community Leisure Centre Group, incorporated as Deepings Community Leisure Centre Limited Community Interest Company (CIC).

Following an initial evaluation, a second version of the Business case was provided on 14th December 2023 and subsequently evaluated. The CIC was granted further time and invited to submit their final business case with all requested clarifications on or before 5th February 2024. The final business case, together with relevant supplementary documents were submitted by the CIC on 2nd February 2024 and evaluated on 7th February 2024.

1.2 Business Case Evaluation Summary

This section of the report sets out a summary of the Business Case evaluation and identified gaps against the evaluation criteria.

1.2.1 Transfer of the Leisure Centre Site and Exit Strategy

The CIC have made a formal offer to pay the Council a sum of £1 for the freehold transfer of the leisure centre site to enable a full refurbishment of the Leisure Centre property, and to bring it up to an appropriate standard to open and operate.

A freehold transfer would satisfy the County Council's requirements to extinguish all ownership and liabilities, however as owners of a building which is an integral part of a school site and as the local authority with responsibility for education in its area, the Council must have regard to the longer term and the consequences for the school, in particular, of the Leisure Centre proposals failing.

Should the County Council dispose of the freehold land and the CIC fail, in the absence of a robust exit strategy from the CIC, the building could become unused again and fall into disrepair becoming a blight on the school site and the town.

The CIC are therefore required to provide a robust Exit Strategy to ensure the demolition of the building at no cost to the County Council if the viability of the business fails. Failure to provide this protection may result in the Academy Trust and/or the DfE not being satisfied that the school will not be detrimentally impacted, and therefore may not give agreement to the transfer of the land.

The Department for Education (DfE) have advised LCC that to dispose of the leisure centre building as a freehold, and therefore exclude the leisure centre building from the education estate at The Deepings School, LCC would need to apply for the consent of the Secretary of State. This would need to be accompanied by Heads of Terms for the disposal and plans and be supported by the Anthem Trust. To get to the provision of heads of Terms, a viable and sustainable business case is required with a robust Exit Strategy. It should be noted that DfE approval is not guaranteed and can take up to 12 months.

1.2.2 Best Consideration

The Council have a statutory duty under section 123 of the Local Government Act 1972 to ensure best consideration for any land disposal. Taking into consideration, the significant investment the CIC would incur to bring the property back into use, the freehold transfer of £1 would represent best consideration and satisfy this requirement.

1.2.4 The Position of the Anthem Trust

Conversations have evolved and are continuing between the CIC and the Anthem Trust to reach agreement on the operating plan of the Leisure Centre to mitigate any potential impacts on the school. This will include an agreed plan whilst the refurbishment is taking place and when the leisure Centre is operational ensuring any safeguarding risks are addressed. As referenced in section 1.2.1 the Anthem Trust sign off to the exit strategy is crucial.

1.2.5 Capital Funding

The CIC have requested a sum of £800,000 of LCC Capital funding to support the costs of refurbishment. Unsecured funding was also identified to refurbish and refit the leisure centre from sources including South Kesteven District Council (SKDC) (for £850,000) and the Government's Community Ownership Fund. Other potential funding streams were identified mainly from town and parish councils but not yet confirmed or secured.

SKDC considered the funding request at a meeting of its full Council at which it approved the giving of the grant subject to certain conditions and left it for the Council's executive to make the final decision. One of the conditions attached by SKDC was that all other funding has been made available including the County Council's funding.

SKDC's conditions are listed below:

- Any funds would only be released after the statutory period for a potential challenge in accordance with the Subsidy Control Act 2022 has expired.
- Confirmation that the other major funding contributions set out in the Business Plan have been committed and approved by those contributors.
- A satisfactory undertaking of due diligence of the Deepings Community Leisure Centre CIC including a review of their Financial Regulations.
- Evidence that proposed refurbishment works will comply with Building Regulations.
- Completion of transfer of lease or freehold ownership of the site from LCC to the Deepings Community Leisure Centre CIC.
- CIC have entered into an acceptable and formal partnership with a suitable third-party leisure provider.
- Formal agreement with the Anthem Trust regarding terms of use and tariffs for the use of the centre by the Deepings School.
- Robust, final, and affordable quotes for the refurbishment of the centre.

Given that SKDC have not yet reached a final decision it would be sensible, if the Executive were minded to give the grant, that the County Council's grant be made conditional on SKDC approving the giving of its grant. This will ensure that the Building Regulations issues have been assessed by the body responsible for the operation of the Regulations before the County Council gave any money.

Notwithstanding the £800,000 grant funded requested by the CIC, under the circumstances it would be justifiable for the County Council to offer a grant of £850,000 to improve the sustainability and viability of the business case.

Prior to any formal transfer of the leisure centre site, it is fundamental that all other major funding contributions detailed by the CIC in its business case are committed to, and approved by, those contributors.

1.2.6 Operating the Leisure Centre

The CIC have no experience of delivering leisure services and have continued to seek guidance and advice from an experienced leisure operator, who has provided support and

guidance to compile their business case. The leisure operator has expressed their intention to operate the facility on completion of the refurbishment, however, to satisfy the Council, the CIC must evidence that they have secured an experienced provider in leisure centre management to operate the Leisure Centre business.

1.2.7 Evaluation Summary

The Expression of Interest process has identified an organisation with an incredibly strong desire to reopen the Leisure Centre for the benefit of the wider community, and this is evident in the significant effort within the Business Plan and associated documents.

Evaluation of the current Business Plan and supplementary documents have highlighted several issues that require to be addressed as part of any final business case to meet the requirements of both sustainability and viability before any funding could be considered for release and disposal of the freehold completed. These are summarised below:

- A robust exit strategy, including assurance that in the event the Leisure Centre becomes unviable, and it is necessary for the Deepings Leisure Centre building to be demolished, the CIC will cover the full costs of demolition and site clearance so that no cost falls to the County Council arising from such
- That any bond that the CIC may have secured to cover the costs of (a) above is suitable and affordable;
- That any major funding contributions detailed by the CIC in its business case are committed to, and approved by, those contributors,
- Any bid by the CIC to the Community Ownership Fund has been approved.
- That agreement has been reached with the Deepings School on the operating plan of the Leisure Centre to mitigate any potential impacts on the school.
- That an experienced provider in leisure centre management has been engaged to operate the Leisure Centre business.

It is imperative that the Council secures value for money from its policy decision making. The report sets out that issues remain with the CIC bid for the leisure centre, and therefore placing stringent conditions to the subsequent granting of funding seeks to safeguard LCC taxpayer money whilst delivering the policy objective.

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 Public Sector Equality Duty has been taken into account.

It will be a condition of any disposal that any business case for the operation of a Leisure Centre ensures appropriate access to the facilities for people with a protected characteristic.

The Council has been requested to provide funding to a community group to reopen the Deepings Leisure Centre. As the Council would not be the direct provider of the services going forward an Equality Impact Assessment is not required as the re-opening and operation of the Leisure Centre will be the responsibility of the CIC.

If the Council was considering removing funding, or removing service provision, an Equality Impact Assessment would be necessary. The Council's involvement in this matter is simply as a funder, not an operator.

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

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

Consideration has been given to the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) and the recommendations to explore the continuation of leisure centre services on the site has benefits for both the health and wellbeing of the people of the local area.

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.

Consideration has been given to crime and disorder and there are not considered to be any implications arising out of this report. Demolition will remove a building which if it is left in its current state would become a magnet for vandalism and anti-social behaviour.

3. Conclusion

The Executive is invited to determine the future of the Deepings Leisure Centre building in accordance with the recommendations in the Report.

4. Legal Comments:

The Council has the power to adopt the recommended options.

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

5. Resource Comments:

The recommendations set out within the report are for the Council to either grant £850,000 of capital funding to contribute towards the cost of refurbishment and operation of the Deepings Leisure Centre building as a Leisure Centre, or in the event that a sustainable and viable business case is not received, to demolish the Deepings Leisure Centre building at an estimated revenue cost of £1.4m.

The cost of refurbishment could be capitalised, whereas the cost of demolition is expected to require revenue funding due to the works not resulting in an asset. Depending on which option ends up being progressed, there would need to be a revenue or capital contingency bid submitted to enable the works to take place.

In either of the two scenarios considered, the Council would reduce its financial liabilities associated with holding the current site. The ongoing costs currently borne by the Council are unaffordable in the context of the council's financial outlook and not its core business.

6. Consultation

a) Has Local Member Been Consulted?

Yes

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

The decision will be considered by the Overview and Scrutiny Management Board at its meeting on 25 April 2024 and the comments of the Board will be reported to the Executive

d) Risks and Impact Analysis

See the body of the Report

7. Appendices

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

Appendix 1	Deepings Leisure Centre - Footprint
Appendix 2	Subsidy Control

8. Background Papers

The following Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this report:

Document Title	Where the document can be viewed
LCC Executive report – 4 July 2024	Agenda for Executive on Tuesday, 4th July, 2023, 10.00 am (moderngov.co.uk)

This report was written by Jayne Sowerby-Warrington, who can be contacted at jayne.sowerby-warrington@lincolnshire.gov.uk.

Appendix 1 – Deepings Leisure Centre – Footprint



Appendix 2 - Subsidy Control

1. In coming to a decision, the Council must assess the lawfulness of the proposal in terms of the provisions of the Subsidy Control Act 2022 (SCA) which replaces the State Aid rules.
2. The subsidy under consideration is capital provision in the sum of eight hundred and fifty thousand pounds (£850,000.00) by the Council towards refurbishment costs. There is no commitment in the CIC business plan for any capital layout for acquiring the site and they have since clarified that they are only prepared to pay £1 for the site. The Council therefore must consider the amount of the undervalue in consideration of freehold land transfer for £1, as any undervalue would amount to a further subsidy in addition to the £850,000.00 capital funding.
3. A formal valuation of the site indicates the amount of undervalue for freehold transfer at £1 is zero on the basis that the land has a negative value given that it would cost significantly more to demolish the building than the land would be worth with no building on it . Accordingly, the overall amount which is being assessed against the subsidy control principles is the £850,000 in capital funding to be used by the CIC towards refurbishing the leisure facility.
4. The SCA imposes requirements on a Local Authority when it intends to provide a third party with a subsidy. If these requirements are not complied with then the subsidy will be unlawful and can be challenged in the Competition Appeal Tribunal. In particular, the Council is required to assess the funding request received from the Deepings Community Leisure Centre CIC against the subsidy control principles in Schedule 1 to the Subsidy Control Act. Subject to the caveat in paragraph 18 below. A grant must not be provided if it is inconsistent with these principles.
5. Under Section 33 of the SCA the Council would be required to publish details of the grant on the UK's Subsidy Database within three months of the formal decision to provide it, and to maintain this record for six years or the duration of the subsidy if this is longer.
6. Under Section 70 of the SCA, any interested party who is aggrieved by the making of a subsidy decision may apply to the Competition Appeal Tribunal for a review of the decision. The challenge can be in relation to the Council not complying with the subsidy control requirements in the SCA, or on more general public law grounds, for example that the Council did not behave reasonably or rationally when deciding to provide the grant. If such a challenge was successful the Competition Appeal Tribunal could impose remedies under usual judicial review principles, including an order for the recovery of the unlawful subsidy with interest. The period in which a challenge can be made in relation to the provision of a subsidy is typically one month from the publication.
7. External legal advice has been obtained regarding the Council's subsidy control obligations which has identified the following key factors for the Council's consideration.

Is there a subsidy?

8. A subsidy arises where the following conditions are met:
 - Funding is given directly or indirectly from public resources by a public authority

- It confers an economic advantage on one or more enterprises
 - Benefit is gained by the enterprise receiving the grant over one or more other enterprises with respect to the provision of goods or services
 - The subsidy has or is capable of having an effect on competition or investment within the UK.
9. The advice provided in relation to subsidy control has confirmed that the provision of funding to the CIC, in accordance with the proposal set out in its business case, meets the four above conditions and will therefore qualify as a subsidy.

What type of subsidy is it?

10. The advice received is, that as the provision of community leisure activity is typically viewed as an important health and wellbeing benefit for the community, the proposed funding could be considered to be a Subsidy for Services of Public Economic Interest (SPEI).

11. For the Council to designate a service as a SPEI it must be satisfied that:

- The service is provided for the benefit of the public; and
- The service would not be provided, or would not be provided on the terms required by an enterprise under normal market conditions.

12. If a subsidy is in respect of a SPEI this places additional requirements on the Council which must be complied with should the request for funding be granted as detailed in Section 29 of the SCA. The Council will need to:

- Satisfy itself that the amount of the grant is limited to what is necessary for the CIC to deliver the SPEI services, having regard to the income and costs plus no more than a reasonable profit (the “subsidy limit”). Reasonable profits should be assessed through a benchmarking exercise comparing the profits achieved by similar public service contracts which have been awarded under competitive conditions.
- Ensure that the funding is given in a transparent manner which would necessitate a written contract or grant funding agreement which clearly sets out the terms of the subsidy and provides the following information:
 - The SPEI services in respect of which the subsidy is given
 - Details of the CIC as the enterprise which is tasked with providing the services
 - The period for which the services are to be provided
 - The location of the facility itself or geographical location
 - How the amount of subsidy has been determined
 - The arrangements in respect of reviews
 - The steps which may be taken for recovery, for example where the funding is found to be more generous than permitted and part or all of it has to be clawed back.

13. Should a grant be provided, the Council will need to keep the grant under review, at the beginning and end of the subsidy period, and at least every three years in the intervening period, and take steps to recover the grant to the extent that the maximum

permitted subsidy is exceeded. The Council will also need to take steps in accordance with its rights under the grant agreement to recover the grant if the funding is found to be more generous to that permitted and exceed the “subsidy limit”.

14. Although there is an exemption which can be used to provide SPEI grants up to a maximum total of £725,000, the funding requested from the Council exceeds that amount meaning that the steps outlined in this report for ensuring compliance with the subsidy control rules would need to be taken in relation to any balance of the funding in any event.

Does the proposed subsidy meet the subsidy control principles?

15. The Council is required to assess the funding request received from the Deepings Community Leisure Centre CIC against the subsidy control principles in Schedule 1 to the Subsidy Control Act and subject to the caveat at paragraph 42 below, the grant must not be provided if it is inconsistent with these principles.

16. The subsidy control principles are as follows:

- A Subsidies should pursue a specific policy objective in order to—
 - (a) remedy an identified market failure, or
 - (b) address an equity rationale (such as local or regional disadvantage, social difficulties or distributional concerns).
- B Subsidies should be proportionate to their specific policy objective and limited to what is necessary to achieve it.
- C Subsidies should be designed to bring about a change of economic behaviour of the beneficiary and that change in behaviour should be (a) conducive to achieving the Council’s specific policy objective, and (b) something that would not happen without the subsidy.
- D Subsidies should not normally compensate for the costs the beneficiary would have funded in the absence of any subsidy.
- E Subsidies should be an appropriate policy instrument for achieving their specific policy objective and that objective cannot be achieved through other, less distortive, means.
- F Subsidies should be designed to achieve their specific policy objective while minimising any negative effects on competition or investment within the United Kingdom.
- G Subsidies’ beneficial effects (in terms of achieving their specific policy objective) should outweigh any negative effects, including in particular negative effects on (a) competition or investment within the United Kingdom; or (b) international trade or investment.

17. To determine whether a subsidy can be lawfully given the Government has produced an assessment template which outlines the recommended advice to support the provision of a subsidy in terms of:

- Whether it supports a policy objective
- Whether a subsidy is the most appropriate way to address the policy Objective
- What would happen if the subsidy is not provided
- How the subsidy will change the economic behaviour of the beneficiary and achieve something which would not have occurred without it
- Whether the subsidy is proportionate and designed to minimise any negative impact on competition
- Whether any negative effects are outweighed by the positive impact of providing the subsidy

18. For any decision to provide the funding to be lawful, the Council will need to satisfy itself that the funding is consistent with the subsidy control principles. However, where a Council has determined that its Grant will be a subsidy for SPEI, section 29(8) of the SCA provides that the duty on the Council to ensure that its Grant is consistent with the subsidy control principles applies only so far as the carrying out of that duty does not obstruct the carrying out of the SPEI services.

Paragraph 6.18 in the SCA Guidance provides that it is still necessary to assess a SPEI subsidy against the principles, but adds that the subsidy may be given even if it is inconsistent with the principles if requiring full consistency with the principles would prevent the SPEI services from being carried out. A careful record should be kept of the rationale for concluding that it would obstruct delivery of the DLC Facility if the Council were to adjust the terms of its Grant to bring it fully into alignment with the subsidy control principles.

To further justify its decision to provide the Grant in these circumstances, the Council could have regard to the monitoring and recovery provisions that it will include in its grant agreement (as required by section 29) to ensure that an appropriate part of its Grant could be recovered if CIC makes such a good profit from operating the DLC Facility that the full amount of the Council's subsidy is no longer justified.

19. The proposal to provide funding to the Deepings Community Leisure CIC (based on the business case currently available) has been assessed against the Government template and the assessment is attached at Appendix Four to this report. This assessment should be updated prior to any funding being given.

20. Overall there are elements of the assessment that can be assessed positively. The health and wellbeing of the people of the Market Deeping area can be identified as a specific policy objective. The proposed grant funding would change the CIC's behaviour in that the bringing back into operation of the leisure centre would not take place without the Council's funding. The funding is limited to what is necessary to achieve the objective and is not compensating for costs the CIC would meet anyway. At the same time there are some issues.

21. Firstly, it is not easy to see how the policy objective is addressing a market failure or equity rationale. As discussed in the assessment at Appendix Four there are 3 other local authority provided Leisure Centres in South Kesteven as well as private gyms. These other Leisure Centres are within a 9 mile radius of Market Deeping. This does not amount to a failure in the market and does not place the residents of the Market Deeping area at a disadvantage in relation to other areas of the county or even other areas of South Kesteven. It is not therefore possible to easily identify an equity rationale.
22. Secondly the issues with the current business case identified earlier in this Report mean that it is very difficult to say that the proposed subsidy is a proportionate means of achieving the policy objective or that the benefits to be achieved outweigh the impacts on the market. This is because the present business case can give the Council only limited confidence that the giving of the subsidy will lead to the policy objective being achieved. At this point the assessment of the business case and the subsidy control assessment come together and the lack of viability and sustainability within the present business case are significant .
23. It is advisable that the Council should not consider making any payment of subsidy until it has given notice of the formal decision to grant the subsidy and the time period for challenge has expired.



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

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

Summary:

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

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

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

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

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

Recommendation(s):

That the Executive:

1. Approves the re-commissioning of a Buildings-based Day Care Services for people aged 18 and above, as described in this report.
2. Approves the undertaking of a procurement process to establish an Open Select List of providers, with contracts to be awarded for Buildings-Based Day Care for a 2-year period effective from 1 September 2024, to allow for a wider review of in-house and externally commissioned day care services to be completed and the development of the most effective future day care strategy.
3. Delegates to the Executive Director for Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care and Public Health, the authority to determine the final form, and to approve the award, of the contracts.

Alternatives Considered:

1. Extending existing contracts with current providers.

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

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

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

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

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

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

Reasons for Recommendation:

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

1. The existing contract arrangements have reached the end of their term and cannot be extended further. There is therefore a legal and contractual imperative to undertake a procurement exercise to establish a new contract mechanism for delivery of these services.
2. The recommendation addresses and supports statutory requirements under the Care Act 2014 to provide personalised and outcome focused service for individuals.
3. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

1. Background

1.1 Summary of Existing Arrangements

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

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

- 1.2 In financial year 2023-24, 226 people are supported through the 26 current provider contracts for externally commissioned and contracted buildings-based day care services. For context, within the Council's in-house day services provision, across the 12 locations, 290 people are currently supported (i.e. attend one or more sessions every week), and a further 50 people regularly drop in to join sessions.
- 1.2 The current externally commissioned and contracted arrangements are inclusive of services for working age adults and older people and are structured as an Open Select List (OSL), established in November 2018.
- 1.3 An OSL is a flexible framework approach which aims to ensure that the market can remain dynamic by periodically giving new providers to opportunity to join. This supports choice and accessibility of services and enables the Council to be confident that all providers are suitably qualified based on consistent application of LCC requirements and policies.
- 1.4 Contract and Pricing Structure
The introduction of the Open Select List in 2018 enabled a council-wide consistent approach to externally commissioned day care inclusive of all client groups. It brought consistency in session times, day rates, rates for 1:1 support and a more consistent approach to inclusion of food, transport, and other services within the provision.
- 1.5 Ceiling rates were established according to broad categories of support, with providers able to submit prices up to but not exceeding those levels. The model has two rates as shown below at 1.2. These distinguish between the different levels of needs whilst still ensuring consistency and control of costs within day care. Rate 1 is modelled based on a staffing ratio of 6:1 where service users are assessed to have a Higher Dependency (HD) need, including individuals with learning disabilities, physical disabilities, and older people with higher needs (where additional support is required, e.g., dementia). Rate 2 is based on a staffing ratio of 8:1, where service users are assessed to have a lower level of need (typically for older adults). A 1:1 rate is also used where users are assessed as needing one to one support for specific tasks or activities, or throughout their support session.
- 1.6 The existing contracts deliver services through the following maximum rates (2023/24)
 - Rate 1 – Learning Disability, Physical Disability, Mental Health and Older People with higher needs - £68.59 per day.
 - Rate 2 – Older People - £50.53 per day
 - 1:1 Rate - £13.11 per hour.
 - Maximum Daily Support Rate - the maximum payment for 1 full day session irrespective of the amount of 1:1 support required of £134.05 per day. This is

equivalent to purchasing 1:1 support in the community through the Community Supported Living (CSL) contract (£19.15 x 7 hours).

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

1.8 Demand and Expenditure

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

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

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

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

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

- The majority of OP/PD services were operating from residential care settings. These services took longer to reopen following the covid pandemic, and some took the decision not to reopen their day care provision at all.
- A proportion of services users attending provision prior to the pandemic, in particular in the Older Persons client group, had unfortunately passed away and/or their needs changed during the pandemic.
- Stakeholders reported a reluctance by some people to reengage with community activities following the covid-19 pandemic.

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

2. Proposed Model

2.1 Commissioning review

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

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

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

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

2.4 Pricing Approach

Providers' feedback raised no concerns regarding the core pricing structure of two ceiling rates inclusive of buildings operating costs and variable staffing expectations according to general needs of the client group, plus 1:1 support for individuals assessed as requiring it. It is therefore recommended that the core pricing structure remain unchanged in the proposed interim model. A breakdown of the cost model is given in Appendix B. Annual rate reviews and inflationary uplifts would continue, commencing at the start of each financial year and consistent with uplifts for other community-based services.

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

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

2.6 Specification

The specification is designed to ensure an appropriate and consistent level of service across all commissioned day services, accounting for differing levels of support tailored to a service user's individual needs. It sets minimum expectations for service delivery and minimum standards for buildings to ensure that high quality services are delivered in a safe environment. Services are currently structured around weekday full and half day sessions only. However, user engagement feedback indicated that this does not always reflect the way people might want to receive services. As a result, and in order to enable a more flexible service moving forward, it is proposed that more variable and flexible sessional times can be introduced as

part of the proposed interim re-procurement, whose specification will be updated to take account of this. This would include evening and weekend sessions where providers can offer them. As part of the specification review, the contract management approach will also be reviewed and updated to ensure it remains suitable, proportionate and manageable, supporting providers to consistently deliver the service levels to the required standard.

2.7 Contract and performance management

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

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

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

2.9 Costs and budget

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

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

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

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

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

3. Risks and Dependencies

3.1 Sustainability of Rates

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

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

3.2 Provider Engagement

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

4. Timescales and Next Steps

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

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

5. Public Services Social Value Act

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

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

- 5.2. Ways will be explored of securing social value through the way the procurement is structured. The nature of the Open Select List contracting model will ensure a role for local small to medium-sized enterprises (SMEs) in the delivery of the services where they can demonstrate that they meet the Council's minimum expectations for service quality and delivery approach through the tender process. Additionally, tender evaluation methodologies will incentivise the delivery of a skilled and trained workforce.
- 5.3. Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice and delivery approaches adopted elsewhere have been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

6. Legal Issues:

Equality Act 2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The JSNA for Lincolnshire is an overarching needs assessment. A wide range of data and information was reviewed to identify key issues for the population to be used in planning, commissioning and providing programmes and services to meet identified needs. This assessment underpins The Joint Health and Wellbeing Strategy for Lincolnshire (Refreshed November 2022) common aims include the need for the Joint Health and Wellbeing Strategy to:

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

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

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

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

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

Crime and Disorder

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including

anti-social and other behaviour adversely affecting the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

The service does not directly contribute to section 17 duties.

7. Conclusion

- 7.1 Day Care services are a fundamental part of the overall social care system in Lincolnshire. Furthermore, the Council has a statutory responsibility to meet the needs of people with eligible social care needs in Lincolnshire. As an option in a diverse market of day opportunities, independently provided, externally commissioned building-based services add an important element of choice and flexibility in meeting people's physical and mental health, and emotional needs.
- 7.2 As set out in this report, undertaking an interim re-procurement process on a like for like basis at this point will establish an appropriate contract mechanism ensuring continuity of care whilst the wider service is improved following in-depth review. It is proposed that the method of delivery will incorporate the successful elements of the existing arrangements to offer choice and flexibility whilst delivering improvements through the recommended financial and operational outcomes from the existing review and ensuring that continuity of care for existing users is maintained wherever possible. The new contracts will be let by a competitive tender process to ensure that day care providers meet approved quality criteria. The inclusion of ceiling pricing mechanisms in the proposed re-procurement will ensure that they deliver value for money for the services commissioned.

8. Legal Comments:

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

9. Resource Comments:

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

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

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

10. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

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

d) Risks and Impact Analysis

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

11. Appendices

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

12. Background Papers

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

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

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

Appendix A: Equality Impact Analysis Day Care Recommissioning

Purpose

The purpose of this document is to:

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

Using this form

This form must be updated and reviewed as your evidence evolves on proposals for a:

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

You must take into account any:

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

The key findings of the most up to date version of the Equality Impact Analysis must be explained in the report to the decision maker. The Equality Impact Analysis must be attached to the decision-making report.

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

Equality Act 2010

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

Protected characteristics

The protected characteristics under the Act are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief

- sex
- sexual orientation

Section 149 of the Equality Act 2010

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

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

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

Decision makers duty under the Act

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

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

Conducting an impact analysis

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

The Lead Officer responsibility

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

Summary of findings

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

Impact

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

How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this ask simple questions:

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

These questions will help you consider the extent to which you already have evidence, information and data. It will show where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

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

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

Proposals for more than one option

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

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

Background information

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

Details	Response
	<ul style="list-style-type: none"><li data-bbox="750 264 1433 331"><i>i.</i> Greater flexibility in access times (including evenings and weekends) would benefit users.<li data-bbox="750 336 1433 470"><i>ii.</i> Rate constraints through the current pricing mechanism for packages requiring high levels of 1:1 and 2:1 support are impacting the viability and attractiveness of those packages.

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.

To help you do this, consider the impacts the proposed changes may have on people:

- without protected characteristics
- and with protected characteristics

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify, please state 'No perceived benefit' under the relevant protected characteristic.

You can add sub-categories under the protected characteristics to make clear the impacts, for example:

- under Age you may have considered the impact on 0-5 year olds or people aged 65 and over
- under Race you may have considered Eastern European migrants
- under Sex you may have considered specific impacts on men

Data to support impacts of proposed changes

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

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. [Visit the LRO website and its population theme page.](#)

If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain [information on the protected characteristics for our workforce](#) on our website. Managers can obtain workforce profile data by the protected characteristics for their specific areas using Business World.

Positive impacts

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

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

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

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

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

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

Adverse or negative impacts

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

- justified
- eliminated

- minimised or
- counter-balanced by other measures

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

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

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

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

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

Stakeholders

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

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

- benefits
- adverse impacts
- practical steps to mitigate or avoid any adverse consequences.

You must be confident that any engagement was meaningful. The community engagement team can help you to do this. You can contact them at engagement@lincolnshire.gov.uk

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

- who you involved when compiling this EIA under the protected characteristics
- any organisations you invited and organisations who attended
- the date(s) any organisation was involved and method of involvement such as:
 - EIA workshop
 - email
 - telephone conversation
 - meeting
 - consultation

State clearly the objectives of the EIA consultation and findings from the EIA consultation under each of the protected characteristics. If you have not covered any of the protected characteristics, please state the reasons why they were not consulted or engaged with.

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

Who was involved in the EIA consultation or engagement activity?

Detail any findings identified by the protected characteristic.

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

Protected characteristic	Response
<p>Impact Analysis has been involved in a meaningful way?</p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	
<p>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</p>	<p>Through service user engagement conducted by the providers which will be built into the contract.</p>

Further details

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

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

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

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Breakdown of Day Care Rates

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

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

Detailed Timeline

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

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

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

Summary:

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

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

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

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

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

Recommendation(s):

That the Executive:

- 1) Approves the re-commissioning and re-procurement of the NHS Health Checks Service for all eligible residents of Lincolnshire, based on the recommended service model set out in this report:
- 2) Approves the use of the Most Suitable Provider Process under the Health Care Services (Provider Selection Regime) Regulations 2023 in order to determine the award of contracts due to commence on the 1st October 2024 with a total value of £590,269 per annum and for a period of 5 years with option to extend for five 1 year periods ;
And
- 3) Delegates to the Executive Director for Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care and Public Health, the authority to take all decisions necessary under the Provider Selection Regime to deliver the recommendations above including the award and entering into the final contracts for the NHS Health Checks Service and any other documentation necessary to deliver the re-commissioning of the Health Checks Service.

Alternatives Considered:**1. Recommission the service on a like for like basis without any improvements**

- Whilst the review indicated the current services performed well as a whole, when compared nationally, there are still areas of the county where invite and uptake is low and the recent service review highlights ways this could be improved. These have been incorporated into the recommended model set out in this report.
- NHS Health Check guidance outlines the requirement for local authorities to continually seek to improve the uptake of NHS Health Checks in their area.

For the above reasons this alternative is not recommended.

2. Do nothing – no longer commission an NHS Health Check Programme

Delivery of the NHS Health Check programme is a statutory responsibility for LCC, and therefore this is not a legal or viable option.

3. Recommission the service utilising an alternative route under the Provider Selection Regime

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

Reasons for Recommendation:

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

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

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

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

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

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

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

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

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

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

1. Background

1.1. Current arrangements

- 1.1.1.** The NHS Health Check programme seeks to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment, and management of the major risk factors for cardiovascular disease (CVD).
- 1.1.2.** In Lincolnshire, the Council currently holds contracts with 78 General Practices (GPs) across the county to deliver NHS Health Checks to their eligible patient population. These arrangements cover 80 of the 82 GP practice areas in Lincolnshire. The current contracts commenced on 1st September 2018 for an initial period to 31st March 2023. Further extensions have been approved and utilised with all contracts now ending on 30th September 2024, requiring new arrangements to be in place from 1st October 2024.
- 1.1.3.** The existing contractual arrangement with GPs requires them to deliver the key components of the NHS Health Check, namely invitation, risk assessment, cardiovascular disease risk awareness and risk management. Any additional testing or clinical follow up remains the responsibility for primary care, however patients are to be provided with relevant lifestyle information, advice, and onward referral/signposting. People with certain conditions, for example, diabetes, hypertension, and stroke are ineligible for NHS Health Checks.
- 1.1.4.** The Office for Health Improvement and Disparities (OHID) estimate that the total eligible Lincolnshire population for the NHS Health Check programme for 2019-2024 is currently 227,449. Each contracted GP has an annual and monthly invitation target based on their patient population. Practices are currently paid according to activity, with a set cost per invite, per completed health check and incremental annual bonus payments available to incentivise delivery.
- 1.1.5.** In 2021 OHID published a review of NHS Health Checks with recommendations to make improvements to the programme, including the inclusion of a digital offer model, broadening the scope of eligible ages and conditions, and improving participation with those most likely to benefit from the intervention. There are currently no timescales for the implementation of these

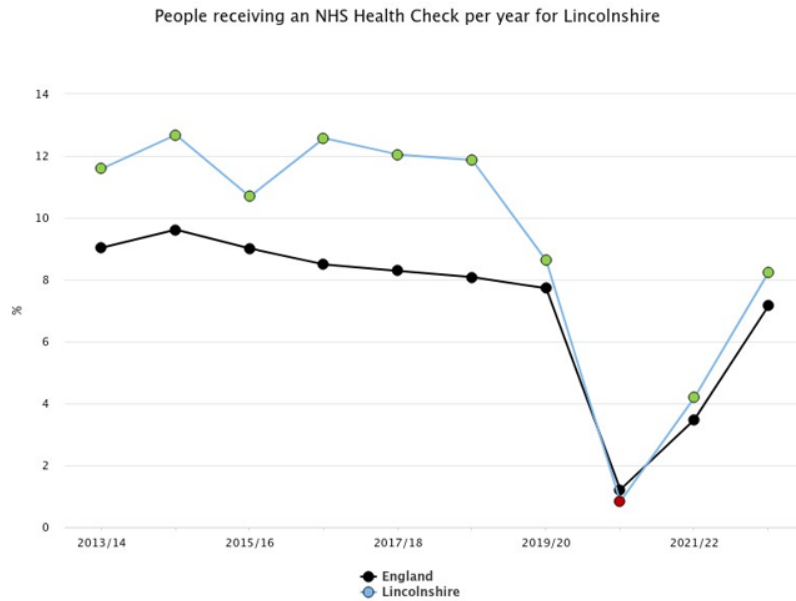
recommendations into the national guidance although exploration of a digital offer has begun in some areas of the country.

1.2. Legal Duty

- 1.2.1. The Council has a statutory duty under the Local Authorities Regulations 2013 to arrange for eligible people (aged 40 to 74 years) within the local authority area of Lincolnshire to be offered an NHS Health Check every 5 years.
- 1.2.2. National guidance outlines the delivery requirements such as the risk factors covered by the health check and the need to continuously improve the percentage of eligible individuals having an NHS Health Check. There is local flexibility on some aspects of the programme, for example how individuals are identified and invited to attend an NHS Health Check and the location they are delivered from.

1.3. Review of Current Programme

- 1.3.1. A review of the current health check programme was undertaken to inform the future provision. This included a review of contractual arrangements with GPs, a literature review, benchmarking with other local authorities, engagement with GPs and a public survey. Key findings were:
 - 1.3.2. **Review of the current service:**
 - 1.3.2.1. The current arrangements with GPs are mostly working well. However, in recent years the COVID-19 pandemic and the recovery from it, has had a significant impact on the delivery of the NHS Health Check programme. However, nationally published data from OHID suggests Lincolnshire is consistently achieving positive levels of uptake for those invited for an NHS Health Check and this data is included in Appendix B. Yet, there remains a need to improve invitation levels, and there is an aspiration to improve the reach, delivery, and experience of residents receiving an NHS Health Check whilst facilitating smooth onward referral for those who may benefit from lifestyle advice and support.
 - 1.3.2.2. Whilst the OHID data for Lincolnshire remains encouraging, activity over recent years has been significantly impacted by the pandemic. The graph below illustrates the dramatic impact on the programme nationally and in Lincolnshire from 2019/20. All non-urgent primary care interventions all but ceased during periods of lockdown and the programme was officially halted whilst GPs supported the COVID-19 vaccine rollout campaign. The Council implemented an average payment mechanism at the outset of the pandemic for activity-based services, linked to pre-pandemic delivery to maintain financial support to service providers. This payment approach continued until 1st October 2021 when activity-based payments for NHS Health Checks resumed.



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

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

1.3.3. Literature Review Key Findings

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

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

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

1.3.4. Benchmarking

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

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

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

1.3.5. Engagement

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

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

1.4. Future Delivery

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

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

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

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

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

1.5. Commercial Model Overview

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

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

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

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

1.6. Demand and Financial modelling

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

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

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

- 1.6.3. The demand and financial modelling are aspirational, based on the Council working with providers to increase invites and uptake as part of its statutory duty. As most of the changes outlined are programme changes (as opposed to changes to the specification or contract with the provider) it is within the Council's control to accelerate and reduce the programme of work proposed for working with providers accordingly to manage demand.
- 1.6.4. Should the planned activity to increase the volumes of NHS Health Checks be successful, the Public Health Grant will be used to manage the financial impact.

1.7. Risks and dependencies

- 1.7.1. The national NHS Health Check programme has been the subject of a review published in 2021 containing recommendations with uncertain implementation timescales. Recent policy papers linked to the forthcoming Major Conditions Strategy may also have implications for the NHS Health Check Programme, as such the service may be subject to nationally instigated change during the lifetime of the new contracts. The development of the service specification will ensure any mandated outputs from system changes surrounding NHS Health Checks can be reflected within the scope of the contracts to be established during the contract term.
- 1.7.2. As health care services, the NHS Health Check service will need to be procured in line with the new PSR Regulations. This will be the first procurement undertaken by the Council under the scope of that legislation, so it will be necessary to ensure that the statutory guidance is followed carefully to mitigate any risks relating to the management of the process.
- 1.7.3. Procurement exercises with GPs can be particularly challenging due to the volume of practices to establish arrangements with and the capacity of some practices to complete the required assurance documentation to execute the contracts in a timely manner. An engagement plan has been established to mitigate this as much as possible.
- 1.7.4. In continuing to deliver the NHS Health Check programme via GPs, there remains the inherent risk that should demands on primary care be diverted in response to national or local health emergencies or priorities (as was in the case during the pandemic) delivery of health checks may be negatively impacted.
- 1.7.5. Subject to the final outcome of the Provider Selection Regime Process, the planned procurement route is intended to secure Health Check delivery through GP practices county wide. Should this not prove possible it will be necessary to identify a suitable community provider to fill those gaps. Due to the close links with the Council's commissioned Integrated Lifestyle Support (ILS) service, which supports the management of the major risk factors for cardiovascular disease, it is proposed that Health Check provision in any areas without GP coverage will be included in scope of the forthcoming ILS service re-

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

2. Legal Issues

2.1. Procurement Implications

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

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

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

2.1.1. Procurement processes under PSR

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

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

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

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

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

2.1.2. Use of Most Suitable Provider Process

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

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

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

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

The reasons for not selecting the competitive tender route include:

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

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

2.1.3. Key Criteria considerations

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

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

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

1. Quality and innovation (25%):

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

2. Value (25%):

GPs are seen to offer good value for money in delivering the NHS Health Checks. In the benchmarking exercise there was some evidence that community

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

3. Integration, collaboration, and service sustainability (15%):

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

4. Improving access, reducing health inequalities and facilitating choice (25%):

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

5. Social value (10%):

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

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

2.1.4. MSP Process

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

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

2.2. Equality Act 2010

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

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

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

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

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

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

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

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

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

The Equality Act duty has been considered in preparing this report. An Equality Impact Analysis has been carried out and can be found in Appendix D. The analysis was a desktop review informed by the commissioning activity which included engagement with the public and service providers.

The NHS Health Check is a nationally directed programme. The programme adheres to the national guidance. As this is a continuation of service, with no reduction in provision planned, we are confident that there will be no negative impact on people with

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

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

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

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

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

The themes of the Strategy are:

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

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

2.4. Crime and Disorder

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

The service does not directly contribute to section 17 duties.

3. Conclusion

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

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

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

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

4. Legal Comments:

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

5. Resource Comments:

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

6. Consultation

a) Has Local Member Been Consulted?

Not applicable

b) Has Executive Councillor Been Consulted?

Yes.

c) Scrutiny Comments

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

d) Risks and Impact Analysis

See body of report and Appendix C Equality Impact Assessment

6. Appendices

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

7. Background Papers

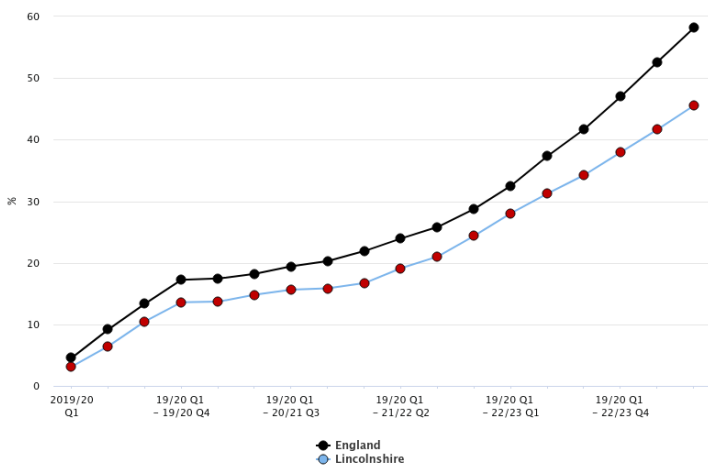
No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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

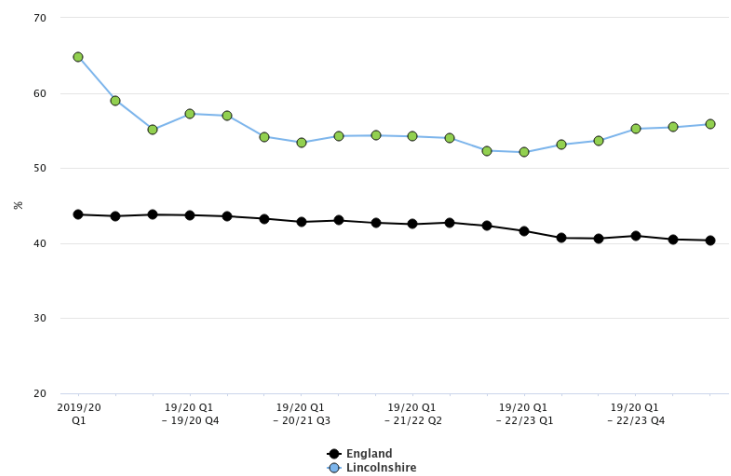
Appendix A: Lincolnshire NHS Health Check Published Data Summary (Source: [Public Health Outcomes Framework - OHID \(phe.org.uk\)](https://publichealthoutcomesframework.org.uk))

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

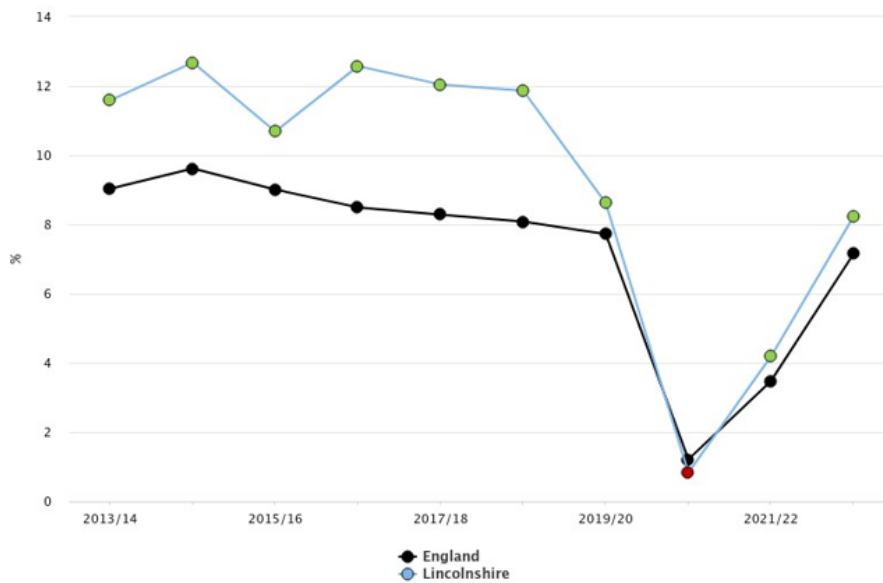
People invited for an NHS Health Check for Lincolnshire



People taking up an NHS Health Check invite for Lincolnshire



People receiving an NHS Health Check per year for Lincolnshire



Appendix B: Demand Modeling Information

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

These can be seen in column 3 on Table 2 below.

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

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

The figures highlighted:

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

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

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

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

Appendix C: Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

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

Using this form

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

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

Equality Act 2010

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

Protected characteristics

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

Section 149 of the Equality Act 2010

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

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

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

Decision makers duty under the Act

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

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

Conducting an Impact Analysis

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

The Lead Officer responsibility

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

Summary of findings

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

Impact – definition

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

How much detail to include?

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

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

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

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

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

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

NHS Health Check. This framework ensures that there is uniformity and scale of provision across England while also providing the flexibility to enable some local decisions on aspects including:

- Extension of the programme- for example a wider age range.
- How the service is promoted locally.
- How individuals will be invited- for example via text message.
- How practitioners will communicate CVD risk to Service Users.

As part of the recommissioning work these local decisions will be considered in the proposed way, moving forward.

Proposed Changes

- It is recognised there are current gaps in provision, addressing these gaps will be explored via a range of opportunities, for example, possible collaboration amongst General Practices/Primary Care Networks and using the LCC commissioned Integrated Lifestyle Service.
- To maximise the benefits of the NHS Health Check programme, and to support LCC to deliver its statutory responsibilities of 'continually improving the percentage of eligible individuals having an NHS Health Check', both Public Health and Commercial Services will use the learning from this recommissioning exercise to work with GP providers to increase invitations sent, health checks completed, and impact.

This will include:

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

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

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

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

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

Health Inequalities

Uptake is lowest for both men and women in the more deprived quintiles (quintile 1) and increases in the more affluent quintiles. Source, TCR 2023-24.

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



Adverse/negative impacts

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

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

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

Disability	No perceived adverse impact.
Gender reassignment	No perceived adverse impact.
Marriage and civil partnership	No perceived adverse impact.
Pregnancy and maternity	No perceived adverse impact.
Race	No perceived adverse impact.
Religion or belief	No perceived adverse impact.

Sex	No perceived adverse impact.
Sexual orientation	No perceived adverse impact.

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

Stakeholders

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

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

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

Objective(s) of the EIA consultation/engagement activity

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

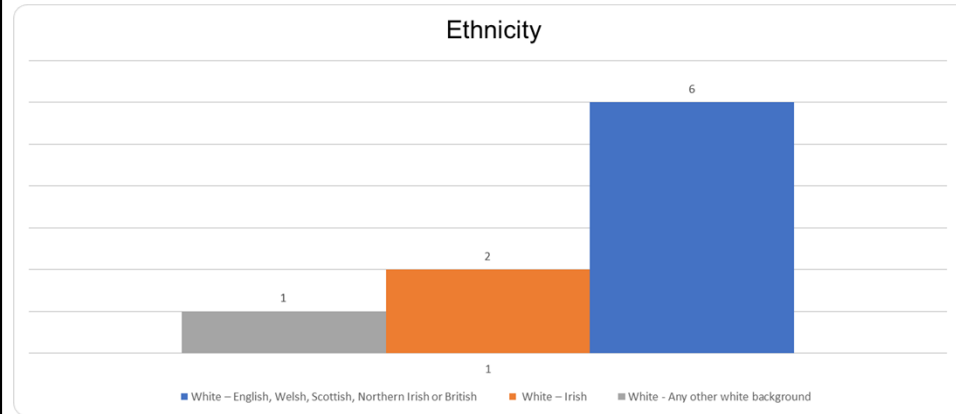
- Assess the quality of the NHS Health Check Programme.
- Understand how aware local people are of the Programme.
- Understand the potential barriers for people attending their NHS Health Check.
- Understand the potential barriers for providers delivering the NHS Health Check Programme.
- Identify key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

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

<p>Age</p>	<p>Information from the Service User survey report.</p>  <p>What is your age?</p> <p>■ 40-49 ■ 50-59 ■ 60-69 ■ 70-79</p> <table border="1"> <thead> <tr> <th>Age Group</th> <th>Number of Respondents</th> </tr> </thead> <tbody> <tr> <td>40-49</td> <td>9</td> </tr> <tr> <td>50-59</td> <td>11</td> </tr> <tr> <td>60-69</td> <td>14</td> </tr> <tr> <td>70-79</td> <td>13</td> </tr> </tbody> </table>	Age Group	Number of Respondents	40-49	9	50-59	11	60-69	14	70-79	13
Age Group	Number of Respondents										
40-49	9										
50-59	11										
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70-79	13										
<p>Disability</p>	<p>Not asked.</p>										
<p>Gender reassignment</p>	<p>Not asked.</p>										
<p>Marriage and civil partnership</p>	<p>Not asked.</p>										
<p>Pregnancy and maternity</p>	<p>Not asked.</p>										

Race

Information from the Service User survey report. Not all respondents provided information on their ethnicity.

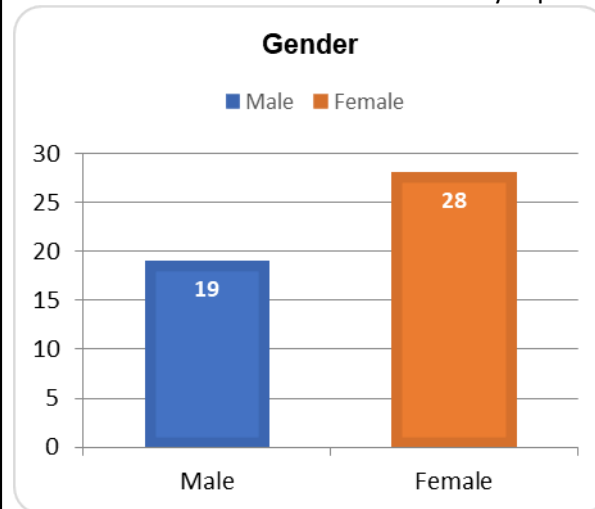


Religion or belief

Not asked.

Sex

Information from the Service User survey report.



Sexual orientation	Not asked.
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	The NHS Health Check is a nationally directed programme. The programme adheres to the national guidance. As this is a continuation of service, with no reduction in provision planned, we are confident that the information received from our engagement activity is sufficient.
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	No change to implement at this time.

Further Details

Are you handling personal data?	No If yes, please give details.
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Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	Action	Lead officer	Timescale
	No action required	Andy Fox	

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

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