

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

Report to:	Executive Councillor for Adult Care, Health Services and Children's Services
Date:	9 September 2015
Subject:	Sensory Impairment Services Re-Procurement
Decision Reference:	
Key decision?	Yes

Summary:

The current sensory impairment services have been in place since April 2011. All available provision for extension within the contract has been exhausted and the existing arrangement will expire as of 31 March 2016.

The service is a preventative and reablement provision for both adults and children with a sensory impairment, both cognitive and acquired and their associated disabilities where applicable.

Recommendation(s):

That the Executive Councillor:

1. Approves a procurement be undertaken to deliver a contract to be awarded to a single provider of a county-wide service for all sensory impairment needs within a fixed budget for a period of three years with the possibility of a further two year extension.
2. Delegates to the Director of Adult Social Services in consultation with the Executive Councillor for Adult Care and Health Services, Children's Services the authority to determine the final form of the contract and to approve the award of the contract and the entering into the contract and other legal documentation necessary to give effect to the said contract.

Alternatives Considered:

1. Negotiate a revised contract with the current provider

Whilst performance levels have been satisfactory, continuing with the current provider is not viable as all provision for extension within the current contract has been exhausted. In addition there are also other Service Providers that have expressed an interest in delivering this contract.

2. To do nothing

This is not a viable option as Lincolnshire County Council has a statutory duty to provide Sensory Impairment Services under the following legislation as a minimum:

- The National Assistance Act 1948;
- The Chronically Sick and Disabled Persons Act 1970;
- The Disabled Persons Act 1986;
- Section 7 of the Local Authority Social Services Act 1970; and
- The Care Act 2014

Reasons for Recommendation:

The proposal is to establish a single provider model for eligible people, both children and adults within Lincolnshire who will benefit from a time limited period of support.

1. Service provision under the current legal agreement has delivered required outcomes however it is considered that by exposing this service to competition it will provide the opportunity to enhance services through greater integration with Health. A review, possible revision and clarity around the scope of the current specification may enable further efficiencies. It is also expected that the market and stakeholder engagement undertaken as part of the procurement process will encourage partnership working providing bespoke solutions to delivery.
2. Appointing a single provider will ensure that services are not fragmented and eliminate any duplication. A holistic multi-disciplinary approach to the service will aid in meeting the Service Users needs through; ensuring any transition for young people to adult services is seamless, providing a higher quality service for those individuals who have a dual impairment and the delivery of a consistent service across the county. The services were previously delivered by a number of providers, offering a range of services to different clients groups. Delivering through a single provider model has indicated improved performance and consistency. It also ensures that the contract package is viable, sustainable and attractive to the market. This is essential considering the market is very limited. Whilst

it is the intention to contract with one provider effective referral mechanisms with partner organisations will ensure that the service is enhanced and that services delivered are appropriate throughout the Service Users support.

3. The alternatives considered have been deemed unacceptable in delivering the required outcomes of the service.
4. Addresses and supports the statutory requirements for this Service.

1. Background

The current service delivered is a preventative and reablement service for both adults and children with a sensory impairment, both cognitive and required and their associated disabilities. The contract encompasses visual impairment (including blind and partially sighted), hearing impairment (including those who are profoundly deaf, deafened and hard of hearing) and dual sensory impairment (deafblindness)".

Table 1 demonstrates the breakdown of allocated funding since the service was commissioned in April 2011. The funding envelope from Adult Care and Children's Services will remain at £475,020. It is proposed that £15,000 will be deducted for Carer Assessments as it is the intention these are delivered through the reprocured Carers contract. Public Health have confirmed their budget allocation for the Sensory Impairment Services. The proposed budget for 2016 - 2019 is demonstrated in **Table 2**. It is expected that the successful Service Provider will meet all demand within this fixed budget.

Table 1: Budget Allocation

	Budget Allocation per annum		
	2011 - 2013	2014 – 2015	Proposed 2016 - 2019
Adult Care and Childrens Services	£527,801	475,020 (including £15,000 for specific Carers Assessments)	£460,020 (£475,020 minus £15,000 for Carer Assessments)
Public Health	£136,300	£136,305	£136,305
Total	£664,101	£611,325	£596,325

Table 2: Proposed Budget Allocation 2016-2019

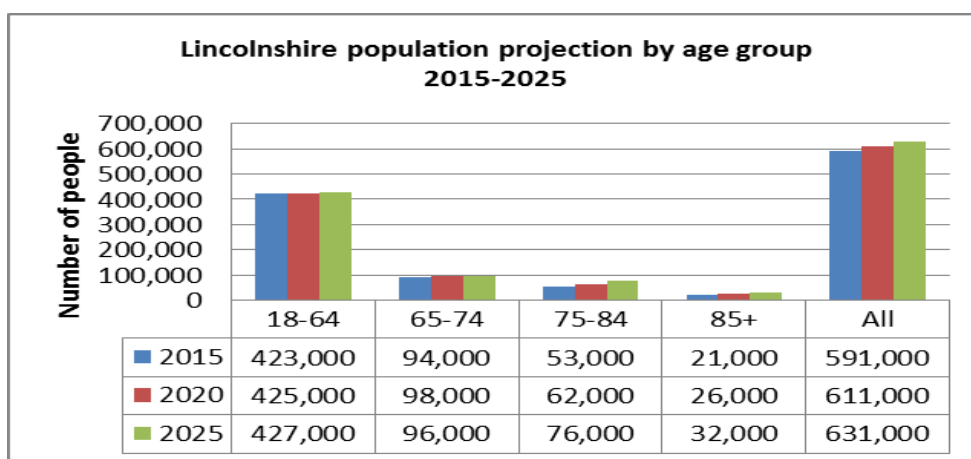
	Proposed Budet Allocation per annum	Percentage of Budget Allocation
Adults	£427,590	72%
Children	£32,430	5%
Public Health	£136,305	23%
Total Budget	£596,325	100%

The current contract is with BID Services. Whilst this company's Head Office is in Birmingham the contract is delivered locally, with premises in Lincoln and employing local people.

The Current Environment

The population of Lincolnshire is currently estimated to total between 724,500 - 764,325 people. According to the Office for National Statistics the 18+ Lincolnshire population estimate for 2015 is 591,000, of which 168,000 are estimated to be 65+ years (**figure 1**). East Lindsey has the greatest proportion of those aged 65+ in England. It is predicted that the elderly population in Lincolnshire will increase by 3.4% in the next ten years. The rate of increase in people aged 85+ years is particularly pronounced with an expected increase of 52.4%.

Figure 1: Lincolnshire population projections by age group



(Source – 2012 based Subnational Population Projections (Office for National Statistics))

Table 3: Proportion of County by age band

Age Group	Lincolnshire	East Midlands	England
0-4	5.2%	6.0%	6.3%
5-17	14.3%	15.1%	15.1%
18-29	13.7%	15.7%	16.3%
30-49	25.5%	27.3%	28.0%
50-64	20.5%	19.0%	18.1%
65-74	11.3%	9.2%	8.6%
75-84	6.8%	5.7%	5.5%
85+	2.6%	2.2%	2.2%

When comparing Lincolnshire both regionally and nationally (**Table 3**), it is evident that there are higher rates of people aged 65+ in the county.

Table 4 shows the current rate of conditions affecting people's vision within Lincolnshire. As evident, there are higher rates of people with Glaucoma Certified Visual Impairments in Lincolnshire when compared both regionally and nationally. Lincolnshire saw a slight increase (2.1%) of people with a Certified Visual Impairment between 2010/11 and 2011/12.

Table 4: Various conditions affecting vision

	Lincolnshire	East Midlands	England
Rate of Age-related Macular Degeneration CVIs per 100k people over 65	109.3	114.3	110.5
Rate of Glaucoma CVIs per 100k people over 40	16.3	10.9	12.8
Rate of Diabetic Retinopathy CVIs per 100k people over 12	4.2	4.0	3.9
Overall rate of CVI per 100k people (all ages)	52.2	45.6	44.5

Table 5 and **Table 6** highlight there are a significant number of older people living with a Visual Impairment and the numbers increase with age.

Table 5: Children and Young People living with a Visual Impairment in Lincolnshire

Age	Number	Proportion of Population	Total Number living with a VI	Proportion of age group living with VI
0-16	130,475	18.3%	261	0.2%
17-25	75,775	10.6%	152	0.2%
Overall Total	206,250	28.9%	413	0.4%

Table 6: Older People living with a Visual Impairment

Age	Number	Proportion of Population	Total number living with VI	Proportion of age group living with VI
65-75	80,273	11.3%	5,177	6.5%
75-84	48,767	6.8%	7,011	14.4%
85 and over	18,811	2.6%	7,682	40.8%
Overall Total	147,851	20.7%	19,870	13.4%

Hearing Impaired

Based on available data **Tables 7 – 11** demonstrate that there are significantly more people suffering a Hearing Impairment than a Visual Impairment – 19,870 Visual Impairment compared to 123,510 Hearing Impairment.

Table 7: Number of people classed as “deaf”

UK Total Population	UK Total Population Deaf	% Deaf	Lincolnshire Total Population	Lincolnshire Total Population Deaf
63,230,000	10,000,000	15.82%	722,705	114,331

Table 8: Number of people classed as “profoundly deaf”

UK Total Population	UK Total Population Profoundly Deaf	% Profoundly Deaf	Lincolnshire Total Population	Lincolnshire Total Population Profoundly Deaf
63,230,000	800,000	1.27%	722,705	9,179

Table 9: Number of children aged under 16 who are classed as “deaf”

UK Total Population (0-16)	UK Total Deaf Children (0-16)	UK % Deaf (0-16)	Lincolnshire Total Deaf	Lincolnshire Deaf (0-16)	Total Lincolnshire Population (0-16)
11,600,000	45,000	0.39%	114,331	516	132,232

Table 10: Number of people of a working age who are classed as “deaf”

UK Total Deaf	UK Working Age (16-64)	UK % Deaf (Working Age)	Lincolnshire Total Deaf	Lincolnshire Deaf Working Age	Total Lincolnshire Working Age	% of Lincolnshire Working Age Deaf
10,000,000	3,700,000	37.00%	114,331	42,302	447,180	9.46%

Table 11: Number of people aged 65 and over and classed as “deaf”

UK Total Deaf	UK Total Deaf (65+)	UK % Deaf (65+)	Lincolnshire Total Deaf	Lincolnshire Deaf 65+	Total Lincolnshire 65+ Population	% of Lincolnshire 65+ Deaf
10,000,000	6,300,000	63%	114,331	72,028	152,021	47.38%

Nationally more than 70% of people aged 70+ have a hearing impairment. 105,469 people aged 70 + reside in Lincolnshire equating to 73,828.

Table 12 demonstrates the number of people with both a hearing and visual impairment.

Table 12: Number of people with a hearing impairment and visual impairment

UK Total Population	UK Total Deaf/Blind	UK% Deaf Blind (All)	Lincolnshire Total Population	Lincolnshire Total Population Deaf/Blind
63,230,000	356,000	0.56%	722,705	4,047

Table 13: Numbers of people on the Sensory Impairment Registers maintained by BID Services (SILCS)

Sensory Impairment	Estimated Numbers affected in Lincolnshire	Numbers on Register held by Provider 2014	Percentage on Register	Numbers on Register held by Provider 2015
Visual Impairment	25,080	1,787	7.13%	2,894
Hearing Impairment	114,331	1,846	1.61%	2,521
Dual Sensory Impairment	4,047	313	7.73%	369
Total Figures	143,458	3,946	2.75%	5,784

Table 13 demonstrates that the number of people registered on the provider database is significantly lower than estimated demand.

Based on the demographic information and the prevalence of Sensory Impairment, it can be concluded that demand for this service will only increase.

Strategic Drivers/ Legislative Compliance

No approved Council Commissioning/Category Strategy currently exists however, Adult Care's strategic direction is to enable people to remain living independently in their own homes for as long as possible. This is further reinforced by the Care Act 2014, which attempts to rebalance the focus of social care on preventing and delaying needs rather than only intervening at crisis point.

Lincolnshire County Council has a duty to provide specialist services to Adults and Children with a Sensory Impairment and Associated Disabilities under the following legislation:

- **The National Assistance Act 1948** Section 29 (1) to make arrangements for promoting the welfare of adults and children who are Visually Impaired, Hearing Impaired and for Dual Sensory Loss (Deafblind). Section 29 (4) (g) of the National Assistance Act 1948 states a register shall be kept of clients with Visually Impairments, Hearing Impairments and for Dual Sensory Loss (Deafblind). Section 30 (1) of the National Assistance Act 1948 makes provision to allow a Local Authority to employ any appropriately registered voluntary organisation to act as its Agent.
- **The Chronically Sick and Disabled Persons Act 1970** Section 2 (1) to assist in arranging provision of services for adults and children who are Visually Impaired, Hearing Impaired and for Dual Sensory Loss (Deafblind)

- **The Disabled Persons (Services, Consultation and Representation) Act 1986** including representations, consultation and assessment of need and provision of information on services for adults and children who are Severely Sight Impaired (Blind), Sight Impaired (partially sighted) and deafblindness with their Associated Disabilities where applicable. (As at 1st January 1992 Sections 4, 5, 6, 8, 9, 10 and 11 have been implemented).
- **The Care Act 2014** stipulates the following:

For people who are partially sighted or blind

- 1) Prevent, reduce or delay needs (including rehabilitation)
 - Provide minor aids and adaptations up to £1,000 free of charge for the purpose of assisting with nursing at home or aiding daily living.
 - Offer rehabilitation for blind and partially sighted people, which should not be limited to six weeks and should be provided irrespective of a person's eligible needs.
 - When designing services, develop a local approach and understand and plan for local needs.
- 2) Assessment and Eligibility
 - Any self-assessment will have to be provided in an accessible format.
 - Assessments must be carried out by a person who has the necessary skill, knowledge and competency.
- 3) Information and Advice
 - Have due regard for the needs of people with a visual impairment in the provision of information and advice services.
- 4) Charging
 - It is recommended that rehabilitation is not charged beyond six weeks due to the clear benefits it has on preventing care needs and delaying hospital admissions.
- 5) Registers
 - Maintain registers for the blind and partially sighted people.
 - Make contact with an individual within two weeks of the CVI (Certificate of Visual Impairment) being issued.

For people who are deaf or deaf blind

- Identify, make contact with and keep a record of deafblind people in their catchment area (including those who have multiple disabilities including dual sensory impairment);
- Ensure that when an assessment is required or requested, it is carried out by a specifically trained person/team, equipped to assess the needs of a deafblind person - in particular to assess need for one-to-one human contact, assistive technology and rehabilitation;

- Ensure services provided to deafblind people are appropriate, recognising that they may not necessarily be able to benefit from mainstream services or those services aimed primarily at blind people or deaf people who are able to rely on their other senses;
- Ensure that deafblind people are able to access specifically trained one-to-one support workers if they are assessed as requiring one;
- Provide information about services in formats and methods that are accessible to deafblind people; and
- Ensure that one member of senior management includes, within his/her responsibilities, overall responsibility for deafblind services.

Children

NHS Newborn Hearing Screening Protocol says that new born babies identified as deaf must be notified by Health to the Council's specialist teacher team (STT) for post-diagnosis follow-up. A Teacher of the Deaf is required to phone the family within 24 hours and arrange a home visit.

SEN Code of Practice 2014 (6.34) requires the provision of specialist support and/or equipment to enable children with special educational needs to access their learning, or rehabilitation support. It recognises that some children and young people require special educational provision because they have a disability which prevents or hinders them from making use of the educational facilities generally provided. These difficulties can be age related and may fluctuate over time. Funding specialist equipment for children 0-4 years and pupils in schools is generally provided by the Local Authority from different budgets.

Service delivery

The service which is currently being provided undertakes the following activities:

- Assess need and produce support plans;
- Set up and maintain homes/tenancies;
- Support home management and life skills;
- Provide general support and promote well-being;
- Deliver advice, advocacy and liaison.

The service currently delivers the following outcomes:

- Build confidence and self-esteem;
- Develop communication skills;
- Promote independent skills;
- Develop mobility skills.
- It also currently provides people with more opportunities to gain employment and/or access education.

Both activities and outcomes are subject to refinement following stakeholder engagement and the development of the procurement and contract documentation.

The Invitation to Tender Document will include the following:

- A revised specification incorporating the recommendations made in the 2014 Service Performance Analysis Review; subsequent service user/carer/public engagement/consultation activity; stakeholder interviews; benchmarking; strategic drivers and legislative guidance
- A specification that is clear in scope, interpretation and expectations;
- Feedback from the market and stakeholder consultation;
- Bespoke terms and conditions;
- Appropriate award and evaluation criteria;
- A realistic, appropriate and robust performance management framework; and
- An emphasis on partnership working and effective referral/signposting mechanism.

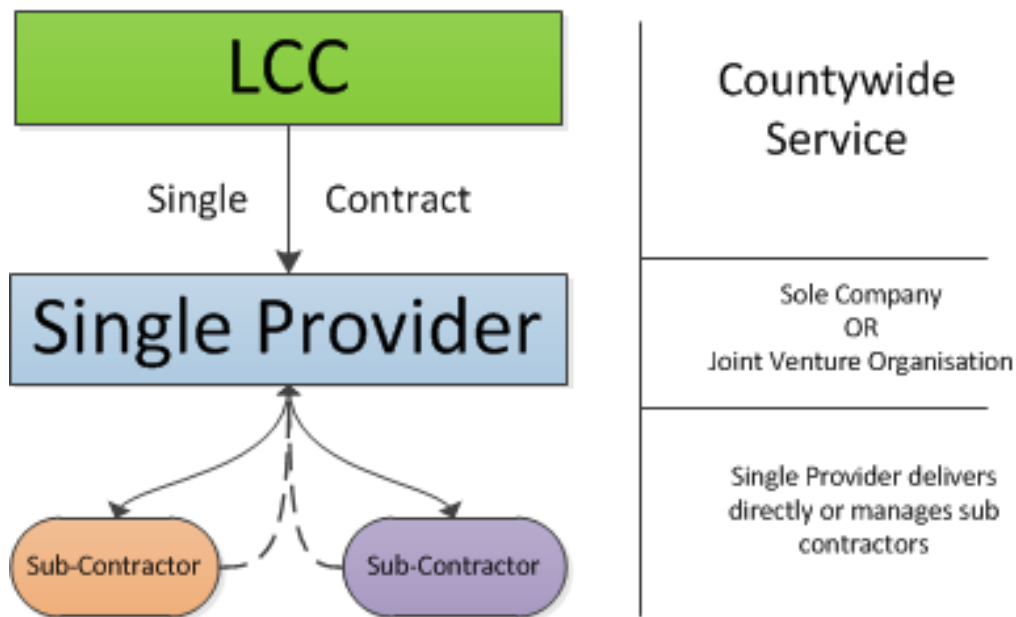
Commercial Model

Contract Structure

Evidence collected on the current service indicates that where provision has taken place it has been to a good standard. The single provider model with an emphasis on delivery of outcomes will help ensure that the future contract is sustainable.

Whilst the Council will be contracting with a single provider, the market engagement has indicated that the delivery model may include partnership or sub contractual arrangements. In this case the single provider will be responsible for the management of all partners or/and subcontractors. The delivery capability and cohesiveness of any proposed partnership arrangement will also form part of the tender evaluation.

Single provider structure



In determining a single provider the service model depends upon a number of factors:

Cost & Duration

A core principle of the Single Provider model is that a commitment of demand creates a strong commercial base for a provider and as such will help support them to deliver better value back to the Council. Similarly by guaranteeing this demand for a long period of time this would further strengthen a provider's ability to establish a sound base of business. This commitment will increase economies of scale for a provider and providers it may wish to sub contract to, as well as allow them to build better business plans, optimise resources, better manage recruitment and the opportunity to plan reablement routes better, thus improving efficiency and lowering costs.

Competition

Exposing the service to the open market will help to encourage improved value for money through quality, innovation, reduction in costs and the added value any potential providers may bring.

Risk and flexibility

In addition to this the Council should also give regard to the resulting balance of risk that follows from awarding the contract to a single provider. The Council will seek assurance and conduct due diligence through its procurement processes to ensure the single provider has the capacity to deliver the volume of hours required in the service specification. These assurances will increase the Council's ability to

manage risk as well as provide greater flexibility of service provision. This factor would also address the Council's requirement under the Care Act to effectively manage the market and address the risks of market failure.

Service User choice

Related to the points already raised the issue of service user choice should be properly considered. The Care Act 2014 states the importance of allowing a recipient of care the ability to make choices about how that care is delivered. The Act does not stipulate anything specific with regard to how any particular commercial arrangement must conform to or support this requirement. By ensuring that there is a stable high performing provider able to deliver the service across the county service users will be better equipped to achieve their chosen outcomes.

Tender process

A key phase in the procurement will be in how organisations are assessed and qualified at the tender stage. As previously stated it is essential that the single provider or any organisation the provider sub contracts work to will be able deliver the required volume and outcomes. The Council must therefore have a clear understanding of the level of financial and business capacity a tenderer must have before being allowed to proceed to bid. This must be set at a level that represents an acceptable assessment of the level of risk as well as not being unreasonably burdensome and therefore restricting consortia bids.

The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method. The ultimate decision as to which provider is awarded the single provider status will be based on their evaluation performance.

ITT evaluation will focus on service quality and the capability of the single provider and any organisations they may wish to form sub contracting arrangements with to deliver the required volume and quality outcomes across the county set against clearly defined financial budgetary controls.

Scope

It is intended that the resulting contractual arrangements of this procurement exercise will provide the following :

- A countywide Service with a single point of access for both children and adults with a sensory impairment.
- A Service that will ensure that there is a planned approach to working with relevant professionals and partner agencies with contractual mechanisms in place to facilitate and enable joint working including regular liaison, information sharing, and the development of joint working protocols.
- A Service that is both flexible and responsive to service user needs.

- A Service that will be delivered with the aim of promoting personalisation and enhancing quality of life for service users and carers.
- A Service that will focus on maximising and sustaining Service Users' choice, involvement and inclusion through the use of outcome-focused quality Support Plans, and person-centred approaches that facilitate opportunities to live fulfilled lives within a community setting.
- A Service Provider who will ensure that the service is designed to address the needs of individual service users via the achievement of identified outcomes in their Support Plan.
- A Service Provider who will meet the specific needs of people with a sensory impairment whilst maximising the use of mainstream resources.
- A Service Provider whom will work in partnership with family carers/supporters of the Service Users.
- A Service Provider whom will value difference and will respect, support, and meet the needs and preferences of people with a learning disability, whatever their: disability, ethnicity, age, gender, sexual orientation (and identity), religion or belief).
- An affordable service that meets the Council's obligations in carrying it's duties to those with sensory impairment.

Market Engagement and Feedback

A Prior Information Notice was published on 15 July 2015. This initiated a process of pre-tender market engagement. Feedback gained from this process has provided an understanding of the market's preferred approach to a number of important issues impacting on the commercial model, including the contract duration, market capacity, budget viability, performance management and pricing structure, and contract mobilisation.

The results of this engagement exercise are summarised below:

- The contract duration proposed of 3 +1+1 was acceptable to all.
- The single provider model will more likely have to involve a partnership of providers in order to deliver the whole sensory impairment service on a countywide basis.
- Whilst the providers were not keen on a payment by results mechanism they were open to some incentives but believe the block contract payment allows for increased flexibility and innovation.
- Providers were accepting of key performance indicators but would like the option of these being adaptable, relevant and responsive to the changes in the Service.
- It is proposed that the payment structure could be modelled in a similar way to that of reablement whereby five percent of the budget is allocated to a

bonus for over performance. This would however also be applied as a Service Credit if the provider under performed.

- In terms of contract mobilisation whilst three months would have been preferred, two months is viable.

Procurement implications

The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method.

It is the intention to issue a OJEU Notice for publication on 22 October 2015 and a Contract Award Notice will be issued on any award to a successful bidder.

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

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

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

Public Services Social Value Act

In January 2013 the Public Services (Social Value) Act came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

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

Under section 1(7) of the Public Services (Social Value) Act 2012 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This and the market and other stakeholder consultation, including Service Users, carried out is considered to be

sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

Equality Act 2010

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

Section 149 of the Equality Act 2010:

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

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

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

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low;
- The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities;
- Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

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

The relevant protected characteristics are:

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

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

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

Decision makers duty under the Act:

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

The key purpose of the service is to enable all those individuals who require sensory impairment 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.

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

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

A change of provider will impact on persons with a protected characteristic arising out of the employment impact on staff. The staff employed by the current provider will be affected by the termination of the current grant 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.

In these circumstances it is open to the Executive Councillor to conclude that having considered the duty it considers that if appropriate steps are taken to keep matters under review and address issues as they arise through the procurement process that any potential there is for differential impact or adverse impact can be mitigated.

Child Poverty Strategy

The Council is under a duty in the exercise of its functions to have regard to its Child Poverty Strategy. Child poverty is one of the key risk factors that can negatively influence a child's life chances. Children that live in poverty are at greater risk of social exclusion which, in turn, can lead to poor outcomes for the individual and for society as a whole.

In Lincolnshire we consider that poverty is not only a matter of having limited financial resources but that it is also about the ability of families to access the means of lifting themselves out of poverty and of having the aspiration to do so. The following four key strategic themes form the basis of Lincolnshire's Child Poverty Strategy: Economic Poverty, Poverty of Access, Poverty of Aspiration and Best Use of Resources.

The Child Poverty Strategy has been taken into account in this instance and the specific nature of the services to be provided under the proposed contracts are relevant as a small proportion of care activity will be delivered to children with sensory impairment which supports the key theme of Poverty of Aspiration within the strategy by increasing as much as is as possible the access to services to Children with sensory impairment.

Wellbeing Strategy

The Council is under a duty in the exercise of its functions to have regard to its Joint Strategic Needs Assessment (JSNA) and its Joint Health and Wellbeing Strategy (JHWS).

The JSNA for Lincolnshire is an overarching needs assessment. A wide range of data and information was reviewed to identify key issues for the population to be used in planning, commissioning and providing programmes and services to meet identified needs. This assessment underpins the JHWS 2013-18 which has the following themes:-

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

Under the strategic theme of improving the health and wellbeing of people in Lincolnshire as Sensory Impairment generally comes as a result of old age but also due to conditions from birth, there are three priorities that are relevant:

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

The Sensory Impairment Service will contribute directly to these priorities.

2. Conclusion

Lincolnshire County Council has a statutory responsibility to provide Sensory Impairment Services for residents of Lincolnshire. As demonstrated within this paper, evidence suggests that due to demographic profiling, and the prevalence of age related Sensory Impairments, there will inevitably be an increase in demand for this service in the future.

Through undertaking a procurement exercise for Sensory Impairment Services the Council will improve service quality and ensure value for money.

The focus of the procurement will be to establish a single provider for the county that will be able to fully meet the quality requirements set out by the council, guarantee that they are able to properly meet demand within budget and manage the subcontractor market effectively if appropriate.

3. Legal Comments:

The Council has the power to procure the services proposed in the manner proposed. If the recommendation was not followed, other means would need to be identified of meeting the Council's statutory responsibilities as referred to in the Report.

The other legal issues relevant to the decision and which the Executive Councillor must take into account in reaching that decision are set out in the body of the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive Council as long as it is within the budget.

4. Resource Comments:

A key requirement is to ensure adequate budget provision exists to fund the proposed service/contract and this has been confirmed by all of Adult Care, Childrens Services and Public Health. The proposal to deliver the contract through a single provider should help deliver best value in addition to enhancing services through greater integration with Health.

5. Consultation

a) Has Local Member Been Consulted?

Yes

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This report was considered by the Adults Scrutiny Committee on 9 September 2015. The comments of the Committee will be reported to the Executive Councillor prior to reaching her decision

d) Policy Proofing Actions Required

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

6. Background Papers

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

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

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