

**Open Report on behalf of Tony McGinty, Interim Director of Public Health**

Report to:	<b>Councillor Mrs P A Bradwell, Executive Councillor responsible for Adult Care, Health and Children's Services</b>
Date:	<b>17 to 24 March 2017</b>
Subject:	<b>Wellbeing Service Re-procurement</b>
Decision Reference:	<b>I012990</b>
Key decision?	<b>Yes</b>

**Summary:**

The current Wellbeing Service has been in place since 1 April 2014 delivering preventative services for eligible people over 18. Current contracts will come to the end of their term on 31 March 2018. At this point a new contract must be in place, and the wellbeing support needs of eligible people will be directed to the new provider.

This report seeks approval from the Executive Councillor to procure a new contract for Wellbeing Services.

**Recommendation(s):**

That the Executive Councillor:

1. Approves that a procurement process be undertaken to deliver a contract for a county-wide Wellbeing Service.
2. Delegates to the Director of Adult and Community Wellbeing in consultation with the Executive Councillor for Adult Care and Health Services, Children's Services the authority to make decisions relating to the procurement including the detailed scope and to determine the final form of the contract and to approve the award of contracts and the entering into of all contract and other legal documentation necessary to give effect to the said contract.

**Alternatives Considered:**

**1. Deliver the Wellbeing Service through a Public Body to Public Body collaboration:**

This alternative would involve direct local authority to local authority agreements between LCC and District Councils in Lincolnshire for delivery of the services. However, as not all Districts are interested in delivering the services, this would involve splitting countywide delivery amongst those willing to undertake the service. Public-public collaboration is only permitted under the procurement regulations where both bodies have to provide services. District Councils do not have to provide services out of their areas and therefore a public-public collaboration with Districts to provide services outside their own areas would not be lawful under procurement rules.

**2. To split the service into a number of separate contracts:**

This would enable separate contracts to be let either for example by breaking the service into its constituent parts such as a contract for telecare response, another for assessment of need and another for generic support or alternatively the Council could let a number of contracts relating to geographical zones. This would present opportunities for numbers of organisations to engage in the procurement and would provide some resilience in the light of provider failure. However the contract management burden would increase with an increasing number of providers, "cherry picking" might become apparent with providers being unwilling to carry out the less attractive elements of the service and consistency of service may be more difficult to achieve. Moreover the Council is keen to offer the successful provider the opportunity and scope to innovate whilst challenging it to put together a county wide wellbeing network to benefit wellbeing service users and the community more widely. To achieve this the Council proposes to adopt a procurement process which will allow it to talk or dialogue with potential providers so that we can benefit from market knowledge and best practice in an area of service which is relatively new both within and out of county. The approach has worked well in other areas such as libraries and helps build relationships and establishes solutions which are written into the contract from the outset. However it does require more resource and can only sensibly be adopted for reasonably high value procurements. For these reasons the better approach is to start on the basis of there being a single contract awarded with the scope of that contract being determined following discussion in the procurement as this gives providers the best opportunity to innovate.

3.	<p><b>To Do Nothing:</b></p> <p>This alternative would involve the decommissioning of the core components of the Wellbeing Service; assessment of need, generic support, hospital in-reach, telecare response, resettlement and aids and adaptations. Decommissioning would provide a cost saving to the Council equivalent to the current service budget at £3.3m per annum. However, it would reduce LCC's contribution and potential compliance with the Care Act 2014, specifically regarding the provision of preventative services. This would be likely to lead to an overall increase in throughput and need for Adult Care and Health services across Lincolnshire, with associated cost increases elsewhere in the system. It would result in a lack of access to service provision and low level preventative support for in excess of 5,000 people across the County.</p>
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<p><b>Reasons for Recommendation:</b></p> <p>The proposal is to establish an appropriate contract solution for eligible people over 18 in Lincolnshire who will benefit from appropriate Wellbeing Services.</p> <ol style="list-style-type: none"> <li>1. There is an extensive body of evidence indicating the effectiveness of low level preventative services both in keeping people living independently at home for longer thereby improving their wellbeing and in reducing whole system Adult Care and Health costs.</li> <li>2. The existing contract arrangements will reach the end of their term on 31 March 2018 and cannot be extended further. There is therefore a legal and contractual imperative to undertake a procurement process if a new contract is to be let for delivery of these services.</li> <li>3. A single contract has the potential to offer the greatest benefits from provider innovation and county wide solutions. 4. The recommendation addresses and supports the statutory requirements for preventing, reducing or delaying needs under the Care Act 2014.</li> </ol>	
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**1. Background**

1.1 The Wellbeing Service was originally setup by Lincolnshire County Council commencing on the 1 April 2014. Prior to the commencement of the Service, Lincolnshire County Council (LCC) commissioned District Council's (DC's) and other providers to deliver housing related support under the Supporting People programme. In 2012 a decision was made to broaden the support that LCC offered to vulnerable adults across Lincolnshire and introduce a

tenure free early intervention and prevention service to better meet the needs of Lincolnshire residents - this vision developed into Wellbeing Service. As fellow local authority organisations, DC's were invited to develop proposals for the service within their particular district. East Lindsey District Council and North Kesteven District Council were able to fulfil this request and entered into individual collaboration agreements with LCC for the provision of the Wellbeing Service for their District. Through open procurement the consortium of Lincs Independent Living Partnership (LILP) were awarded the contract for the Wellbeing Service for the remaining five district areas of Boston Borough, City of Lincoln, South Holland, South Kesteven and West Lindsey.

- 1.2 The service aims to help maintain a person's independence, reduce dependency on statutory or institutional care and incidence of avoidable accident or injury in the home. It provides short term interventions, equipment, and/or assistive technology for individuals experiencing an identified need, helping to increase their resilience and ability to manage their health, finances and accommodation needs, and as a result decreases the need for longer-term social care services, supporting discharge from hospitals and reducing the chances of re-admission.
- 1.3 The Council's operating model for the WBS is based both on direct service delivery and Social Prescribing where individuals will not only benefit from directly delivered support services but will also be signposted and/or referred to local services which are better placed to deliver the identified outcomes, based on their needs. The provider will be expected to engage and connect with a vast array of local support services and utilise both countywide and local services in the delivery of the support offered.

## **2. General Environment**

- 2.1 There are many policy developments which are influencing the public health and care market commissioning activities on a national and local level. These can be summarised as follows:
- 2.2 **Implementation of personalisation** - local authorities are required to ensure that service users and carers have more choice and control over the services they are able to access and the way in which the services are provided. Although LCC are likely to move to adopt a single provider model for the Wellbeing Service, service users will be able to choose whether to use the LCC commissioned provider or self-fund with a privately commissioned provider.

- 2.3 **The Care Act - focus on wellbeing** - The Care Act is person-centred; it places the wellbeing of the individual at its core and emphasises the need for greater integration and cooperation between agencies. The Care Act attempts to rebalance the focus of social care on preventing, reducing and delaying needs rather than only intervening at crisis point. Wellbeing puts people at the heart of care and support and enables a person to maximise their independence for as long as possible.
- 2.4 **Reablement** - there is evidence nationally that where, following a period of illness, people are supported to regain and retain their independence they are less likely to need long term care services or only require a reduced amount of care. The Wellbeing Service falls into the category of services which help people to retain their independence.
- 2.5 **Demographic changes and the need for preventative services** - as more people are helped to live at home for longer and given the demographics of an increasingly ageing population, there is an increase in the need for services which prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability. The Council has undertaken a process of demand modelling for the service, taking into account the services delivered by the current providers during 2014/15 and 2015/16, which suggests that demand and growth will be experienced during the forthcoming contract period at 2.5% per service component per year.
- 2.6 **Hospital avoidance and early discharge** - the NHS and local authorities are developing a range of community based services and initiatives to prevent the need for people to be admitted to hospital and to ensure that people are discharged from hospital at the earliest opportunity.
- 2.7 **High quality care services** - In addition to the above, the Care Act requires councils to promote the efficient and effective operation of a market with a view to ensuring that there are high quality social care services available to meet people's outcomes.
- 2.8 In the above context the objectives of the Wellbeing Service will be:
- a) to provide a timely support service which enables and empowers people to live healthy independent lives;
  - b) to reduce or delay escalation into more costly health and care services;
  - c) to coordinate and simplify the process for a person to access the help required, when they need it, in order to remain safe and well in their home;
  - d) to increase the number of people who are able to live independently with support and technology in their own home;

- e) to provide proactive, integrated, quality care delivered through multi-disciplinary working which has the potential to generate a reduction in attendances at A&E, emergency admissions, and length of stay in residential care; and
- f) to improve, or prevent the deterioration of, service users' health and wellbeing and overall quality of life.

### 3. Current Service

3.1 The current service is comprised of the following four core service elements:

- **Generic Support**; a generic support service which is tailored to the service users' needs. This could be on any matter surrounding health and wellbeing, for example help to stop smoking or support to use community facilities;
- **Provision and Installation** of equipment (SADLS) and assistive technologies (telecare);
- **Monitoring and Response**; a 24/7 service monitoring the telecare equipment and to respond to any alarms or requests for support; and
- **Homesafe**; a transport and resettling service for people returning home from a hospital stay. It is designed for people who do not have family or friends who are able to help and to assist with unplanned discharges which are not covered by the planned transport.

3.1 The core service elements are delivered by four separate providers, divided as indicated below:

- **East Lindsey District Council (ELDC)** – Deliver the Wellbeing Service within their district area, covering all of the components above barring Homesafe transport.
- **North Kesteven District Council (NKDC)** - Deliver the Wellbeing Service within their area, covering all of the components above barring Homesafe transport services.
- **Lincs Independent Living Partnership (LILP)** – A consortium made up of Lincolnshire Home Improvement Agency (LHIA), Age UK Lincoln and Kesteven, Boston Mayflower Housing Association, LACE Housing Association, and St Barnabas deliver the Wellbeing Services across the remaining five district areas as well as providing Homesafe transport countywide.
- **Mears Care Ltd** – Provide countywide telecare monitoring.

3.3 The Wellbeing Service is the Council's key prevention and early intervention programme. It reduces demand on other Council commissioned services.

Through its delivery of promoting wellbeing, preventing reducing or delaying need and providing information and advice the Wellbeing Service is a key component of LCC's Care Act 2014 requirements whilst helping the Council manage its continuing demographic challenges.

3.4 Since inception the Wellbeing Service has been effective in delivering key outcomes for care and health services across Lincolnshire, which also improving key outcomes for service users. The positive impact the Wellbeing Service has on Adult Care Services, which in turn results in savings for LCC, can be seen in the figures below:-

- there has been a 50% reduction in people returning to AC following a Wellbeing Service intervention compared to the number returning to AC following access to pre-WBS information and advice services (data for the comparison was collected for the period 01.04.2013 to 28.02.2014 (Pre-WBS) and 01.04.2014 to 28.02.2015 (WBS)); and
- only 1.2% of people who have a WBS intervention go on to require a paid for Adult Care service.

3.5 During 2015/16 there were 20,427 alerts raised through the Telecare system of which:-

- 12,560 (61.5%) remained safe in their own home and needed no ongoing support;
- 7,449 (36.5%) had a Wellbeing Service /named response only with no additional input/services required;
- 1,222 (6.0%) needed additional equipment offered by the Wellbeing Service to remain safe in their own home; and
- 1,695 (8.3%) required an emergency service response.

3.6 In the absence of the Wellbeing Service it is very likely that many more people would have required an emergency service response.

3.7 Below are the outcomes for the financial year 2015/16 which were collected at the end of a six week period of generic support, showing the range of support people are getting:-

- 1,396 service users were supported to improve their income/economic position;
- 1,818 service users were supported to establish contact with external services/groups;
- 1,189 service users improved their physical health;

- 2,181 service users had additional needs met by assistive technology; and
- 1,308 service users improved their confidence and ability to manage their own health and wellbeing.

3.8 The success of the Wellbeing Service to assist people to improve economic wellbeing is supported by the fact that over £1million has now been secured in additional income/benefit for Lincolnshire residents. This additional income not only further supports individuals to make better life choices and reduces health inequalities, but also has the potential to reduce the cost pressure on statutory services. This is income that will be spent by Lincolnshire people in Lincolnshire.

#### **4. Challenges with Current Service**

4.1 Despite the clear need and significant positive impact demonstrated for this type of service, and the variety of positive outcomes and high level impacts evidenced by the current Wellbeing Service the current delivery model has also highlighted some clear challenges which need to be addressed within the new model when the service is re-procured.

- i. Each provider operates slightly differently causing issues in service promotion and development of pathways for referral into the service.
- ii. Equitability of access has also been an issue with different costs highlighted across the county for the same chargeable components, based on the individual provider's costed model.
- iii. Two of the three principal service provider arrangements are based on public to public collaboration, and fully commercial contractual arrangements are not permitted. This limits our ability to undertake effective performance management.
- iv. There is also limited accountability if a provider is under performing as the service is commissioned on a block contract only basis.
- v. The current contract also focusses on throughput into the service, rather than on service delivery outcomes.

4.2 As a result, there is a need to enable consistency and equity of service delivery to users across the county, and to embed stricter controls and contract management approaches within the new model in order to ensure outcomes for the service user are at the forefront of service delivery in the

new model. The way in which the issues will be addressed is set out in Section 6.

## **5. Market and Stakeholder Engagement**

- 5.1 A Prior Information Notice was published on 1<sup>st</sup> June 16 and followed up with a Questionnaire to interested providers and a Market Engagement Day was held on 23 September 2016. Both of these were used to establish and scope the current capacity of the market to deliver the proposed Service and the responses and feedback received from potential providers has been used to develop the new Wellbeing Service Model described below. Prospective providers are aware of the estimated budget and broad service requirements and there is considerable interest regarding delivery of this service.
- 5.2 Engagement with key stakeholders has involved input into the evaluation of the existing service and scrutiny of the proposed new Model. This has included initial evaluation of the service with current providers and CCG's, a survey to current and potential service users, and input regarding the new specification from Adult Care, CCG's, LCHS, ULHT, LPFT, local strategic health networks, LHAC neighbourhood team steering group and internal feedback.

## **6. Commercial Model**

- 6.1 Work to date has covered a variety of approaches in how to effectively commission a Wellbeing Service. As indicated, the existing arrangement operates has four separate contracts between LCC and the current providers. Following a service review undertaken by the Wellbeing Commissioning Team, opportunities were identified to improve the efficiency and effectiveness of the service as set out below.

## **Contract Scope**

- 6.2 The review identified a number of key changes to the scope of services to be included in the new model in order to eliminate potential duplication, enable clarity for referrers and service users, and improve service efficiency and value for money. These can be summarised as:
- 6.3 Homesafe – The Homesafe home from hospital transport element of the current service will not be recommissioned. This is considered to overlap with alternative hospital transport provision, including the Health commissioned Non-Emergency Patient Transport Service (NEPTS), LCCs Total Transport service and Voluntary Car Schemes. Instead the resettlement, hospital in-reach and response services will be enhanced in the new specification to ensure that the WBS continues to support timely hospital discharges whilst not adding unnecessary complexities to the existing hospital transport provision.
- 6.4 Telecare Installation, Maintenance and Monitoring – Telecare services were in scope of the Integrated Community Equipment Service (ICES) when this was re-procured in 2015. Detailed discussions have been undertaken with the ICES provider NRS, covering the cost, value for money and operational delivery of these services if incorporated into the ICES contract. As a result of these discussions and on evaluation of the proposals put forward by NRS, the project governance board propose that these aspects of telecare services will be carried out by NRS under their contract for ICES. The monitoring element of telecare will transfer to NRS from April 2017 and the installation and maintenance of telecare equipment responsibilities will follow in April 2018. These steps, however, are dependent on NRS meeting consumer credit regulatory requirements and the Council has reserved the right, if these regulatory requirements cannot be met, to include Telecare within the wellbeing procurement.
- 6.5 Simple Aids to Daily Living (SADL's) – Consideration is also being made of the potential to incorporate the Simple Aids to Daily Living (SADL's) aspect of the WBS into the ICES contract. There are significant commonalities between these services, and if it is considered to represent both an operational and cost effective solution, this may too be taken forward. The final decision about whether or not SADL's will be incorporated into the scope of the new Wellbeing Service will be made on conclusion of the procurement process.

More information regarding the scope of services to be included in the new model is included in Appendix 1 at the end of this report.

## **Contract Structure**

- 6.6 Evidence collected on the current service indicates that services have been delivered to a good standard. However the volume of and access to discreet elements of the Wellbeing Service has been inconsistent across different parts of the County and as a result the full range of services has not always been available to all service users. Each provider operates slightly differently causing issues in service promotion and development of referral pathways. Equitability and transparency has also been an issue with significant cost variance between different providers for the same service components.

## **Single Contract**

- 6.7 In order to address these issues and for the reasons identified in paragraph 2 under the Reasons section above, it is proposed to move from multiple providers to a single contract with a single provider. The emphasis will be on ensuring that service users have equal access to the services wherever they live; on ensuring the required range of activities are undertaken; and on ensuring that key outcomes for both the service as a whole and individual service users will be delivered. Prime providers will be encouraged to sub-contract with other providers to maintain the market and to manage their own capacity. They will also need to work with other organisations if they are to deliver an effective network of support services to signpost service users to. The market engagement carried out to date indicates that providers are willing to work in this way.
- 6.8 The Council will seek assurance and conduct due diligence through its procurement processes to ensure the single provider has the capacity to deliver the range and volume of services required in the service specification.

## **Competition**

- 6.9 Both local authority and private markets will be given the opportunity to competitively tender for the running of the service. Exposing the service to the open market rather than restricting delivery to collaborative arrangements will improve value for money and by embracing a delivery model which will encourage engagement with local third and volunteer sectors providers the social value of the delivery model will be further enhanced, generating increased value for money for the Council. Competition may also provide an opportunity to the wider care sector within Lincolnshire to align Wellbeing Services with their existing portfolio of

services, realising the advantages of economies of scale, proximity and supporting market resilience.

### **Performance Management**

- 6.10 Under public to public collaboration fully commercial contractual arrangements are not permitted and as a result performance management has been limited under the existing arrangements. Moving forward through procurement gives us the ability to put together a contract which incentivises high performance through a performance framework linked to manageable, measurable and achievable targets aligned to the agreed key performance indicators, and a formalised system of managing and monitoring performance against the contract. In this way the provider will be accountable against the required minimum activity expectations and the qualitative outcomes. The detail of the payment and performance mechanism will be discussed with bidders in the procurement but it is anticipated that service credits will be levied where performance falls short. Any such service credits will be curtailed by what the market can bear.

### **Demand & Duration**

- 6.11 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 guaranteeing this demand over a number of years further strengthens a provider's ability to establish a sound base of business. Such a commitment will increase economies of scale for a provider and its sub- contractors, allow them to build better business plans, optimise resources, and better manage recruitment, thus improving efficiency and lowering costs. Further without a reasonable duration it is unlikely that bidders will be willing to take on board TUPE obligations. For these reasons the proposed duration of this contract will be for an initial period of at least five years with an appropriate extension period. The attractiveness of this approach was tested as a part of the market engagement process, and the views of the market provided validation that the proposal is a realistic, reasonable and attractive term for the contract nevertheless it will be discussed further in the procurement along with other key commercial risks such as the amount of service credits, payment and demand risk.

### **Service User Choice**

- 6.12 In commissioning the new model so that the provider is encouraged to develop key partnerships with third party and volunteer organisations local

to the service user it is hoped this will provide choice in how support is delivered which can be continued post service involvement.

- 6.13 Due to the nature of how the service is delivered and the transfer of staff any potential handover of service users between providers should have minimal effect on service delivery.

## **7. Tender process**

- 7.1 The Procurement would be undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under the "Light Touch Regime" and the Council is able therefore to take the flexibility this offers to set out a process which best suits its purpose.

- 7.2 A key phase in the procurement would be how organisations are assessed and qualified at the tender stage so that only those organisations with the relevant level of financial and business capacity and experience are allowed to bid.

- 7.3 A procurement process has also been designed to include an element of dialogue. The Council hopes that discussing the range of proposals through dialogue will allow different possible solutions to be explored, including, but not limited to:

- the optimum scope;
- clear referral pathways;
- effective payment and performance mechanism;
- an optimum contract term;
- any TUPE issues

- 7.4 The ITT evaluation will focus on service quality, pricing and the bidder's commercial terms.

## **8. Transition & Mobilisation**

- 8.1 The planned timescale between contract award and implementation is a period of twelve weeks. This should be sufficient to mitigate transitional risk for providers in terms of the transfer of staff from existing provider(s) if incumbents are not successful in retaining the contract, and if necessary to recruit an adequate amount of suitably skilled staff to deliver an effective service at the required volumes from the contract start date.

## **Legal Issues**

### **9. Procurement implications**

- 9.1 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.
- 9.2 An Official Journal of the European Union [OJEU] Notice will be published on 11 April 2017 and a Contract Award Notice will be issued on any award to a successful bidder.
- 9.3 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.
- 9.4 The procurement process shall conform with all information as published and set out in the OJEU Notice.
- 9.5 All time limits imposed on bidders in the process for responding to the OJEU Notice and Invitation to Tender will be reasonable and proportionate.

### **10. Public Services (Social Value) Act**

- 10.1 In January 2013 the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.
- 10.2 Environmental benefits are secured by ensuring that the new model allows providers to optimise the need for travel as effective route planning will be an important element enabling the provider to manage overheads. Moreover it is clear that a stronger and well-resourced Wellbeing Service will have the potential to deliver increased social and economic benefits to the area by helping people remain at home for longer; helping relieve pressure on acute

hospitals, care homes, and the wider health system by delaying and preventing social care support and avoidable admissions to hospital.

- 10.3 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.
- 10.4 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 are understood. Best practice recently adopted elsewhere has been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

## **11. Equality Act 2010**

- 11.1 The Council's duty under the Equality Act 2010 needs to be taken into account by the Executive Councillor when coming to a decision.
- 11.2 Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:
- i. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
  - ii. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - iii. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it: Equality Act.

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

- 11.3 Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:
- i. Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
  - ii. 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;

- iii. 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;
  - iv. 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;
  - v. Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.
- 11.4 Compliance with the duties in section 149 may involve treating some persons more favourably than others.
- 11.5 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.
- 11.6 It is fair to say that the key purpose of the service is to enable adults' (aged 18+) the ability to live fulfilling, active and independent lives, ensuring they have the best chance to remain safe and independent at home. The WBS is preventative, it aims to enhance wellbeing and reduce or delay escalation to statutory support services. 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.
- 11.7 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.
- 11.8 An Impact Assessment has been completed for the Wellbeing Service re-procurement which addresses the risk of adverse impact on service users which can be found as Appendix B.
- 11.9 New customers of the Telecare Response Service could be anyone who meet the criteria in the general population and could therefore be people with protected characteristics. A potential increase in cost may be made, for the monitoring of telecare and the Telecare Response Service. To mitigate this, LCC will aim to keep the telecare and the Telecare Response Service charge as affordable as possible through the dialogue.

11.10 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 providers will be affected by the current contracts. 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.

11.11 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.

## **12. Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)**

12.1 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) in coming to a decision.

12.2 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

12.3 Under the strategic theme promoting healthier lifestyles there are three priorities that are relevant;

- Support people to be more active more often
- Support people to drink alcohol sensibly
- Improve people's sense of mental wellbeing

12.4 Under the strategic theme of improving the health and wellbeing of older people in Lincolnshire there are three priorities that are relevant;

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

12.5 Under the strategic theme tackling the social determinants of health there are three priorities that are relevant;

- Support more vulnerable people into good quality work (such as young people, carers and people with learning disabilities, mental health and long term health conditions)
- Ensure public sector policies on getting best value for money include clear reference and judgement criteria about local social impact, with particular reference to protection and promotion of work opportunities and investment in workforce health and wellbeing
- Ensure that people have access to good quality, energy efficient housing that is both affordable and meets their needs.

12.6 The Wellbeing Service will contribute directly to these priorities.

### **13. Crime and Disorder**

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

13.2 In commissioning a service that delivers positive outcomes for individuals across the following areas, as applicable, The Wellbeing Service will contribute directly to the achievement of obligations under section 17:

- i. Managing Money
- ii. Participation
- iii. Social Contact
- iv. Physical Health
- v. Mental Health and Wellbeing
- vi. Substance Misuse
- vii. Independence
- viii. Staying Safe

## **14. Conclusion**

- 14.1 Wellbeing Services are a fundamental part of the preventative care and support system in Lincolnshire and play a significant role in the overall healthcare system. By providing appropriate interventions for residents experiencing a change in need, helping to decrease the need for longer-term social care services, supporting discharge from hospitals and reducing the chances of re-admission, this improves their quality of life and reduces pressures on already overburdened residential homes and hospitals.
- 14.2 The challenges posed by the current contract scope and mechanism, and the financial constraints the Council operate in means the solution isn't straightforward. However by implementing an effective performance management mechanism, and undertaking a form of competition that enables the Council to test assumptions and incorporate innovation into the delivery of the services moving forward, the issues that are affecting the service will be more suitably addressed.
- 14.3 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, manage the wider subcontractor market effectively as appropriate, and ultimately to strengthen the market for delivery of Wellbeing Services in Lincolnshire.

### **15. Legal Comments:**

The Council has the power to procure the contract proposed.

The legal implications and matters to be taken into account in reaching a decision are dealt with in detail within the Report.

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

## **16. Resource Comments:**

The current Wellbeing Service has been in place since 1 April 2014 with current contract with multiple providers coming to the end of their term on 31 March 2018, replaced by a single contract solution. A single contract solution offers the potential for the service to effectively drive additional financial benefits by way of increased economies of scale in addition to reduced administrative and transactional costs.

Exposing the service to the open market rather than restricting delivery to collaborative arrangements is also likely to deliver greater value for money over the lifetime of the contract.

## **17. Consultation**

### **a) Has Local Member Been Consulted?**

N/A

### **b) Has Executive Councillor Been Consulted?**

Yes

### **c) Scrutiny Comments**

The Report will be considered by the Communities and Public Safety Committee on 1 March 2017 and the comments of the Committee will be reported to the Executive Councillor

### **d) Have Risks and Impact Analysis been carried out?**

Yes

### **e) Risks and Impact Analysis**

Appendix B

## **18. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Description of Services
Appendix B	Equality Impact Analysis

## 19. 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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## Appendix A

### Description of Services

The key components of the Wellbeing Service will be:

**Assessment:** The initial assessment for eligibility is conducted via the Customer Service Centre (CSC) where eligible individuals are passed through to the WBS for a full assessment of need; non-eligible individuals will be offered brief advice and signposting.

**Generic Support:** a generic support service which is tailored to the service users' needs, identified in the holistic assessment. There will also be an element of advice and signposting service available for anyone within the county. This could be on any matter surrounding health and wellbeing, for example, help to stop smoking or support to use community facilities. This support may assist with hospital discharge issues by enabling individuals to access wider support services. This aspect of the service will last a maximum of 12 continuous weeks, incorporating a review of need every two weeks, with a view that most individuals will exit the service before the end of this period.

**Small Aids/Adaptions:** This is a key preventative service and during 2015/16 service users purchased 1,375 small aids/adaptations to assist with independent daily living. This allowed many individuals to continue residency within their own home by increasing their confidence and ability to live independently and not rely on other statutory support services for additional support and also not escalating to require Adult Care funded support. This will include initial installation of additional items of Simple Aids to Daily Living (SADL's) and minor adaptations. The installation element will also include explanation and training for users/informal carers of the service so they feel confident in the use of the equipment provided through the service.

**Resettlement:** Working with the hospital transport provider and other transport services to deliver a resettling service for people returning home from a hospital stay. For those vulnerable residents of Lincolnshire who have no family, friends or local support to assist them in a crisis, the emergency services are the only solution, often resulting in an unnecessary hospital admission.

**The response service:** will provide a response to the telecare service where an appropriate family member or carer is not identified. This service should complement the support provided by both informal and formal carers, and the wider WBS, so that people can access the service and know that if an urgent response is required someone will attend.

**Hospital and Care In-reach:** The WBS will have an active role in the hospital discharge pathway. This will ensure service user needs are met both appropriately and in a timely manner ensuring a reduction in delayed discharge and better co-ordination of a range of services that the service user will receive. This will also increase appropriate referrals to the WBS, ensuring support to prevent unnecessary returns to hospital and associated packages of care upon discharge.

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