

Commissioning and Commercial Board

Collated Highlight Report

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Commissioning/Delivery Strategy	Specialist Adult Services		
Sponsor	Glen Garrod	Commissioning Lead	Justin Hackney
Lead Officer (if applicable)	N/A	Stage: (delete as applicable)	Analyse, Plan, Do, Review

Summary Description

Specialist Adult Services lead on the commissioning of Adult Social Care (ASC) for Adults with Learning Disability and/or Autism aged 18+ and Adults with Mental Health needs aged 18 to 64. For those service users who are eligible for ASC a care and support plan identifying the outcomes to be achieved will be developed alongside a personal budget to fund the care and support needed. The Council will commission services to meet the identified needs or alternatively the service user can choose to take the personal budget by direct payment and commission services and support directly. Key aims of our commissioning activities are to promote independence and control for service users, keeping them safe from harm whilst also delivering value for money in the services that are commissioned. The majority of services commissioned are done so via joint commissioning arrangements. Joint commissioning arrangements are facilitated via two Section 75 agreements one with Lincs CCG's for Learning Disability services and the second with LPFT for Mental Health services. This allows the costs associated with commissioning services and assessments to be shared across agencies and for service users to benefit from more joined up provision with reduced "system" duplication. There are also a number of related joint commissioning strategies including the Lincolnshire Transforming Care Plan and the Lincolnshire All Age Autism Strategy. The Specialist Adult Services Joint Delivery Board are currently overseeing a review of Lincolnshire's Mental Health Strategy. Key challenges faced by commissioners are a projected growth in the volume and complexity of needs of eligible service users, reducing spare capacity in the residential, nursing and community services markets, ongoing price increases in provider cost bases linked to the National Living Wage consolidated by recruitment and retention difficulties in some key professional groups including Nursing and some of the care sectors. These conditions potentially impact on both the quality and cost of care. Key opportunities for sustaining outcomes and VFM include a continuation of joint commissioning arrangements, maintaining or increasing the use of direct payments, a review of Residential Care expected costs, the further development of the community services market including growth in shared lives provision and affordable housing options. There is the potential to utilise capital investment to reduce future revenue costs as well as building additional capacity in the market.

How have the "Needs" been established and agreed	What are the agreed "Outcomes"	How is success measured?											
<p>JSNA: The JSNA includes a chapter on Learning Disability, Mental Health and for the first time now also includes one on the topic of Autism. Gaps in needs and commissioning priorities are identified within the JSNA.</p> <p>Specific Needs Assessment Activities : In addition to the JSNA specific needs assessment have also been completed with the support of public health for both Learning Disability and Mental Health services.</p> <p>Joint Commissioning Arrangements: Joint commissioning priorities have been identified via respective joint commissioning governance arrangements including the Joint Commissioning Board and the Specialist Adult Services Joint Delivery Board.</p> <p>Engagement activity with Service Users and Carers: Specific workshops have been held with service users and carers to identify the priority outcomes they which to achieve.</p>	<ul style="list-style-type: none"> • Maintain or improve Health and Wellbeing; • Enhanced quality of life and care for people with learning disability autism and or mental illness • Maintained or improved levels of Independence and control; • Parity of Esteem – In particular reduced inequality of life expectancy; • People have a positive experience of care; • Improved Transition to Adulthood; • Employment and vocational opportunities; • Increased affordable housing options within the community; • Friendships and self-care opportunities facilitated via community capacity building; • Improved access to universal support including reduced need for transport. 	<table border="1"> <thead> <tr> <th>No. of measures</th> <th>Targeted/measured</th> <th>Of the targeted measures:</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>5 Targeted</td> <td>4 achieving the target</td> </tr> <tr> <td></td> <td></td> <td>1 not achieving the target</td> </tr> </tbody> </table>	No. of measures	Targeted/measured	Of the targeted measures:	5	5 Targeted	4 achieving the target			1 not achieving the target		
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		1 not achieving the target											
		<p>For information about performance in relation to targets for Q4 2017/18 please see Appendix A</p>											

Key Contracts (>£1m or those of a politically sensitive nature)

Service Contracted	Provider	Duration	Review Date	Contract KPI's (Y/N)	Performance (Good/Ave/Poor)	Corrective measures (if needed)	Payment Terms (Arrears/Advance)	Performance Driven / Independent?	Volume Sensitive (Y/N)?
LD - Residential Care	Consolidated with 10 prime providers	Expected Costs reviewed every three years	2017/2018	Y	Majority Good	Ongoing contract management arrangements in place	Mixed	Independent	Y
LD - Community Supported Living	Consolidated with 10 prime providers	5 years	2019/2020	Y	Majority Good	Ongoing contract management arrangements in place	Mixed	Independent	Y
LD - Direct Payments	Service User commissions services directly	N/A	Annual Review	N/A	N/A	N/A	N/A	N/A	Y
LD – External Day Care	Multiple providers	Spot contracts	2017/2018	N	Average	Targeted Contract Management	Mixed	Independent	Y
LPFT Section 75 Agreement	Lincolnshire Partnership NHS Foundation Trust	3 to 5 years	2019/20	Y	Average with elements of good	Ongoing contract management arrangements in place	Mixed	Independent	Partially

Existing Pooled Budget/Co-commissioning arrangements (if any)

- Existing Pooled budget with risk share arrangement for Learning Disability Services with the 4 Lincolnshire Clinical Commissioning Groups;
- Lincolnshire's Transforming Care Plan
- Lincolnshire's All Age Autism Strategy
- Existing section 75 budget with risk share arrangements with LPFT for Adult Mental Health Services;
- Specialist Adult Services Joint Delivery Board
- Learning Disability and Autism Partnership Boards.

Property Implications (if any)

- Some historical properties currently managed directly by Adult Care being reviewed and transferred to corporate property portfolio;
- Modernisation of In-House services almost complete with replacement for Grantham being key priority
- Potential opportunity for capital investment in Residential/ Community Living Options that would reduce future revenue costs and address shortages in market supply

Commercial opportunities (if any)

- Opportunity to include Remaining In-House Day Services within a Trading Arm of LCC;
- Opportunity to include re-provision of Shared Lives Scheme within LCC Trading Arm.

Commissioners Comments

Completed by:	Status (RAG)
	<i>Supporting comment if Red or Amber</i> Red Amber Green

Appendix A



**Specialist
Adult
Services**

The purpose of this commissioning strategy is to improve the wellbeing of adults with learning disability, autism and/or mental health needs with sustainable resources.

[Show performance](#)

Enhanced quality of life and care for people with learning disability, autism, and or mental illness

Adults with learning disabilities who live in their own home or with family

76.9

% of adults

Achieved



Adults in contact with secondary mental health services living independently

70.9

% of adults

Achieved



Adults who receive a direct payment (Learning Disability or Mental Health)

51

%

Achieved



Adults who have received a review of their needs (Learning Disability or Mental Health)

91

%

Achieved



People have a positive experience of care


Satisfaction with learning disability and autism care and support services

75.6

% satisfied

Not achieved



Commissioning/Delivery Strategy	Carers		
	 CarersCommissioning Strategy2015v5.pdf		
Sponsor	Glen Garrod	Commissioning Lead	Jane Mason
Lead Officer (if applicable)	Emma Krasinska	Stage:	Do, Review

Summary Description
 To support the increasingly complex needs of unpaid family carers of all ages. This includes young adult carers and people looking after relatives with a very wide range of conditions, including dementia, mental ill-health, physical disabilities and long term conditions, learning disability, autism, palliative and end of life care and substance misuse. It includes young carers and parent carers.

Our overarching aim is to ensure that people who find themselves in a caring role, whatever their age, are identified *early*, get information, advice and help as soon as possible in their caring journey to enable them to maintain a balanced quality of life and be able to look after their own health and wellbeing.

<p>How have the "Needs" been established and agreed</p> <ul style="list-style-type: none"> Carers needs were consulted upon extensively during the preparation of the Joint Carers Strategy 2014-18. Carers designed their own key outcomes within the above public facing strategy, which drive operational and strategic service provision. A Strategic Needs Analysis was carried out to inform the Carers Commissioning Strategy 2016-18. This included carer voice, service & performance data, service reviews & quality assurance. This resulted in the four overarching themes of Early Help, Collaboration, Assurance & Workforce Development to improve support for carers, captured in an annual Delivery Plan. 	<p>What are the agreed "Outcomes"? – nationally set.</p> <p>National Integrated Outcomes Framework: Adult Care</p> <ul style="list-style-type: none"> Carers can balance their caring roles and maintain their desired quality of life People (including carers) are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation People who use social care and their carers are satisfied with their experience of care and support services Carers feel that they are respected as equal partners throughout the care process People (including carers) know what choices are available to them locally, what they are entitled to, and who to contact when they need 	<p>How is success measured?</p> <table border="1"> <thead> <tr> <th>No. of measures</th> <th>Targeted/measured ?</th> <th>Of the targeted measures:</th> </tr> </thead> <tbody> <tr> <td>6</td> <td>6 Targeted</td> <td>- 3 achieving the target - 3 not achieved</td> </tr> </tbody> </table>			No. of measures	Targeted/measured ?	Of the targeted measures:	6	6 Targeted	- 3 achieving the target - 3 not achieved
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<p>For information about performance in relation to targets for Q4 2017/18 please see Appendix A.</p> <p>Governance is provided through the Carers Commissioning Strategy Steering Group: Lead Commissioners, Children's services, Commercial Services, Quality Assurance, Performance; and Providers: Carers FIRST & SERCO, and Every-One</p> <p>Separate bi-monthly Joint Quality Assurance & Carers Performance Meetings report to the Steering Group.</p>										

<ul style="list-style-type: none"> In 2017, after a co-production workshop with carers and stakeholders, the Carers topic of the Joint Strategic Needs Assessment was completely rewritten, to build a sound evidence base of carer needs from national research as well as local voice. 	<p>help</p> <p style="text-align: center;">NHS</p> <ul style="list-style-type: none"> Enhancing (health related) quality of life for carers (caring for people with long term conditions) Improving people's experiences of integrated care <p style="text-align: center;">Public Health</p> <ul style="list-style-type: none"> Improving the wider determinants of health: reducing social isolation and improving social connectedness 	<p>6 weekly practice focused Joint Quality Assurance & Performance meeting with representatives from Serco, Carers FIRST, Commissioners, Adult Care Quality Assurance and Lead Professional teams.</p> <p>The providers are required to report on their Performance, on a quarterly basis as part of Commercial Services contract & grant management arrangements. This includes Performance Indicators and a narrative report, proportionate to the level of the contract or grant.</p> <p>In addition, the Commissioning Team conduct an annual service review, allowing a deeper dive into operational issues of practice & process, looking at service quality (safe, positive and effective) and recommending service improvements.</p>
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Key Contracts (>£1m or those of a politically sensitive nature)

Service Contracted	Provider	Duration	Review Date	Contract KPI's (Y/N)	Performance (Good/Ave/Poor)	Corrective measures (if needed)	Payment Terms (Arrears/Advance)	Performance Driven / Independent?	Volume Sensitive (Y/N)?
Lincolnshire Carers Service: Community based statutory support for adult carers: assessment, range of support; lead strategic partner & all age carer engagement	Carers FIRST	3+	May 2018	Y	Good		Arrears	Yes	Y
Care and Wellbeing Hub at Customer Service Centre (CSC) : first point of contact for the Lincolnshire Carers Service, telephone based statutory support and Carers Emergency Response Service	Serco (CSC)	Permanent budget transfers from Adult Care during 2006-09 and 2015	tbc	Y	Good	Action Plan following service review in Sept 16		Yes	Y

Existing Pooled Budget/Co-commissioning arrangements (if any)

The Better Care Fund (BCF) will fund Lincolnshire- based organisation Every-One, in the form of a grant, in order to further expand the success of the Carers Quality Award. Total value: £231,875 Duration: 30 September 2017- 31 March 2020.

The Better Care Fund will also fund Carers FIRST, in the form of a contract variation, to deliver new projects to better support carers in the domains of employment, providing early help, information and advice through pharmacies, and to improve early identification and early help through primary care, Neighbourhood teams and Community hospitals. Total value £ 1,161,091 Duration: 30 September 2017- 31 March 2020.

The "Dementia Family Support Service" (details within Adult Frailty and Long Term Conditions Commissioning Strategy) is co-commissioned, part funded by NHS funding for carers. The service was jointly commissioned by Adult Care Frailty & Long Term Conditions and Carers. Young Carers – Support for young carers is now delivered within the Early Help arrangements for Children's Services, LCC, enabled by a permanent budget transfer from Adult Care to Children's Services.

Property Implications (if any)

Carers FIRST rent private office accommodation as an administrative base in Grantham.
The service makes full use of LCC Touchdown Points or hot desking with fellow voluntary & community organisations across the county.
Carers FIRST are also based in acute hospitals (Lincoln, Boston, Grantham) and have service links with Peterborough Hospital

Commercial opportunities (if any)

Commissioners Comments

Completed by: Emma Krasinska and Jane Mason

Status (RAG)

Appendix A

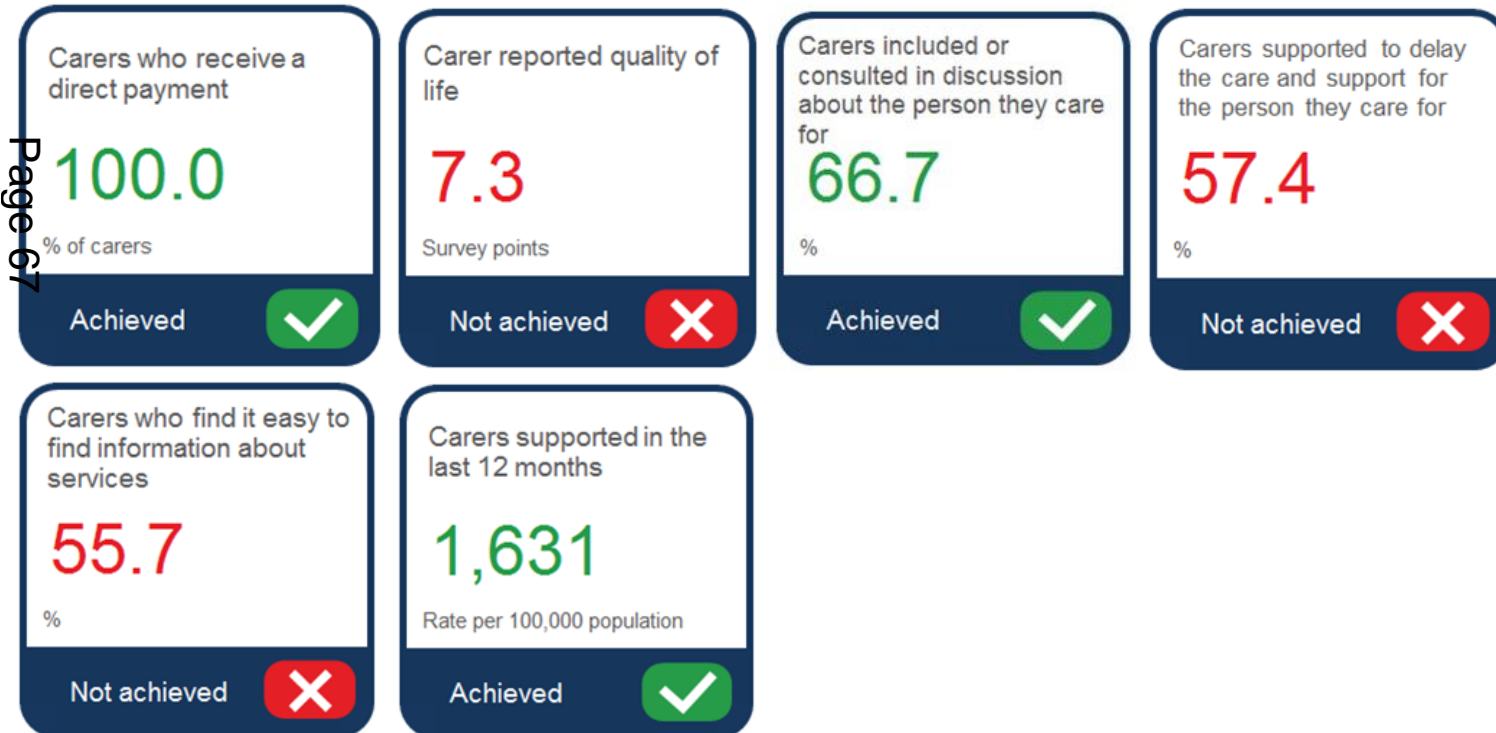


Carers

The purpose of this commissioning strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

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Carers feel valued and respected and able to maintain their caring roles



Commissioning/Delivery Strategy	Adult Frailty and Long Term Conditions (AF<C)		
Sponsor	Glen Garrod	Commissioning Lead	Carolyn Nice
Lead Officer (if applicable)	Wendy Ramsay	Stage: (delete as applicable)	Analyse, Plan, Do, Review

Summary Description									
<p>The summary and intentions for this service have been outlined in the published AF& LTC Commissioning Strategy 2016-19. In summary, the strategy and associated activities support people with eligible needs as outlined by the Care Act 2014. The customer groups supported by this strategy are Older People, People with Physical Disabilities and People with Sensory Impairments. The service provides an assessment and review function of people's care needs for these customer groups and then ensures commissioned services or direct payments are made available to meet those needs appropriately. The arrangements ensure the Council is able to support in excess of 11,000 local people and their carers.</p>									
Page 68	How have the "Needs" been established and agreed (include engagement activities):	What are the agreed "Outcomes"	How is success measured?						
	<ul style="list-style-type: none"> Commissioning strategy consulted on in 2016 with user groups and other stakeholders Lead on development of Joint Strategic Needs Assessment topics for physical disabilities and sensory impairment, dementia and long term conditions Peer review of the service through sector body ADASS in 2016 Quality assurance & contract management of commissioned services Annual service user survey of customer experience, service specific user surveys – ie Homecare Independent rate reviews of residential services undertaken every 3 years. Ongoing engagement with executive and scrutiny members Specific engagement with public, user and carer groups around key policies and process – non-residential contributions, direct payments, prepaid cards 	<p>The outcomes agreed and set out in the AF&LTC Commissioning strategy are as follow:</p> <ul style="list-style-type: none"> Delay and reduce the need for care and support Enhance the quality of life for people with care and support needs Ensure that people have a positive experience of care and support 	<table border="1"> <thead> <tr> <th>No. of measures</th> <th>Targeted/measured ?</th> <th>Of the targeted measures:</th> </tr> </thead> <tbody> <tr> <td>5</td> <td>- 5 Targeted</td> <td>- 4 achieving the target - 1 not achieving the target</td> </tr> </tbody> </table>	No. of measures	Targeted/measured ?	Of the targeted measures:	5	- 5 Targeted	- 4 achieving the target - 1 not achieving the target
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Key Contracts (>£1m or those of a politically sensitive nature)									
Service Contracted	Provider	Duration	Review Date	Contract KPI's (Y/N)	Performance (Good/ Ave/ Poor)	Corrective measures (if needed)	Payment Terms (Arrears/Advance)	Performance Driven / Independent?	Volume Sensitive (Y/N)?
Home Based Reablement Service	Nestor Primecare Services t/a Allied Healthcare	Contract start – 03/11/15 Contract end – 02/11/18	03/11/17	Y	Good	Financial penalties (& incentives) set out in the contract	Arrears-Monthly	Y	Y
Community Support Homecare Contracts	12 x Provider Contracts	Contract start – 26/09/15 Contract end – 26/09/18	26/09/17	Y	Varies per contract	Financial penalties, default, termination	Arrears-Monthly	Y	Y
Residential Care Contracts	315 x Provider Contracts	Contract start – 01/04/15 Contract end 31/03/18	Currently under review	Y	Varies per contract	Financial penalties, default, suspension, termination	2 weeks advance, 2 weeks arrears	Y	Y
Joint commissioned step up and step down block beds with LCHS across 24 providers	Round 1 Block Round 2 Block	Three years from 08/08/16 08/08/17 with an option of +1 +1	08/08/19	N	Good	Default, suspension, termination, withholding payment	Arrears	N	Yes

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Lincolnshire Sensory Impairment Services	Action for Hearing Loss	Contract start – 01/04/16 Contract end – 31/03/19 (contract extensions available 1 + 1 years)	31/03/18	Y	Average	Financial penalties in the form of service credits as set out in the contract	Arrears - monthly	Performance driven and independent	Y
Dementia Family Support Service. Community based support post diagnosis and hospital in-reach for families living with dementia	Alzheimer's Society	3 years	October 2017	Y	Average	Action Plan following service review in May 17	Arrears	Yes	No

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Existing Pooled Budget/Co-commissioning arrangements (if any)

The "Dementia Family Support Service" (details above) is co-commissioned, part funded by NHS funding for carers. In addition there are jointly commissioned block bed contracts (details above) with LCHS to increase user/system access to step up/down support.

Property Implications (if any)

Stamford Day Centre, LCC operated social provision for Older people is subject to development plans and investment to modernise, resource has already been made available for this project and it is underway.

Commercial opportunities (if any)

Commissioners Comments

Completed by:

Status (RAG)

Wendy Ramsay, Adult Frailty and Long Term Conditions Programme Manager (interim)

*Supporting comment if
Red or Amber*

Green



**Adult frailty,
long term
conditions and
physical
disability**

The purpose of this commissioning strategy is to outline the local authority's intentions in Adult Care Commissioning for Adult Frailty and Long Term Conditions across Lincolnshire. The key commissioning intentions focus on supporting people to live in their own homes for as long as they wish by developing high quality, personalised services that are flexible, responsive, and give people choice and control over how their care and support is provided.

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Delay and reduce the need for care and support

Permanent admissions to residential and nursing care homes aged 65+

1,020

People

Achieved



Requests for support for new clients, where the outcome was universal services/ signposting

47.2

%

Not achieved



Ensure that people have a positive experience of care and support

People in receipt of long term support who have been reviewed

86.2

%

Achieved



Enhance the quality of life for people with care and support needs

People using the service with control over their daily life

78

%

Achieved



Adults who receive a direct payment

34.9

%

Achieved



Commissioning/Delivery Strategy	Safeguarding Adults		
Sponsor	Glen Garrod	Commissioning Lead	Justin Hackney
Lead Officer (if applicable)	County Manager Adult Safeguarding (post currently vacant)	Stage: (delete as applicable)	Analyse, Plan, Do, Review

Summary Description

The Adult Safeguarding commissioning strategy covers 4 key areas of Adult safeguarding activity as follows. The Lincolnshire Safeguarding Adults Board (LSAB) which is the statutory multi-agency arrangement required to safeguard vulnerable adults. The LSAB also co-ordinates Serious Adult Reviews. The Adult Safeguarding Team who co-ordinate the response to Adult Safeguarding referrals, facilitate Section 42 enquiries and adult protection plans as well as contributing to wider multi-agency safeguarding boards and arrangements. The Deprivation of Liberty Safeguard Team (DOLS) that consider and (where appropriate) authorise the Deprivation of Liberty for Adults. The Emergency Duty Team (EDT) who provide a social care response at times when the main service is not available (i.e. evening, night, weekends and bank holidays) as well as the out of hours Approved Mental Health Professional (AMHP) assessment service. The majority of these services are fulfilled via in-house teams with the exception of some services commissioned from Lincolnshire Partnership NHS Foundation Trust (LPFT) as detailed below.

Key challenges relate to an increase in Adult Safeguarding referrals and section 42 enquiries since the implementation of the Care Act 2015 and a requirement for wider multi-agency working in response to a number of emerging national contemporary safeguarding agenda's e.g. Modern Day Slavery, Hoarding and Cyber Security. A need to continue to restate the statutory role of the local authority in safeguarding adults and re-enforcing with all partners that Safeguarding Adults is everyone's responsibility. Another key challenge is the significant increase in DOL's applications in response to the Cheshire West case law judgement which has resulted in a backlog of application in all local authority areas requiring a risk management based response.

In addition to the existing Adult Safeguarding commissioning strategy the LSAB also has a multi-agency Adult Safeguarding Strategy and an annual plan with agreed priorities. Two of the LSAB key priorities that also have particular relevance to the Adult Care Safeguarding activity and offer opportunities for improved demand management are Making Safeguarding Personal (MSP) and developing a Lincolnshire Safeguarding Prevention Strategy which is a cross cutting initiative with the LSAB is leading on behalf of LSAB, LSCB and the Community Safety Partnership.

<p>How have the "Needs" been established and agreed (include engagement activities)</p> <p>The Care Act 2015 and related statutory guidance: sets out the statutory responsibilities for the local authority and our partners in relation to safeguarding Adults.</p> <p>JSNA: The JSNA includes a topic area on Safeguarding and identifies key priorities.</p> <p>LSAB: Safeguarding priorities have been identified with the LSAB and via other multi-agency safeguarding arrangements.</p>	<p>What are the agreed "Outcomes"</p> <ul style="list-style-type: none"> Safeguarding adults with care and support needs, protecting them from avoidable harm and acting in their best interests where they lack capacity; Authorising Deprivation of Liberties where this is in their Best Interests; Ensuring people are asked what outcomes they want to achieve and respecting the right for Adults to make unwise decisions; Where ever possible preventing the demand for Safeguarding referral and associated interventions; 	How is success measured?		
		No. of measures	Targeted/measured ?	Of the targeted measures:
		4	4 Targeted	- 4 achieving the target
For information about performance in relation to targets for Q4 2017/18 please see Appendix A				

Key Contracts (>£1m or those of a politically sensitive nature)									
Service Contracted	Provider	Duration	Review Date	Contract KPI's (Y/N)	Performance (Good/Ave/Poor)	Corrective measures (if needed)	Payment Terms (Arrears/Advance)	Performance Driven / Independent?	Volume Sensitive (Y/N)?
Best Interest Assessments (POL's)	LPFT via Section 75	3 to 5 years	2019/2020	Y	Good	Regular contract management in place	Arrears	Independent	Y

Existing Pooled Budget/Co-commissioning arrangements (if any)

- Lincolnshire Safeguarding Adults Board (LSAB) – Facilitated through annual funding of £40k per lead agency including LCC, Lincolnshire Police and Lincolnshire Clinical Commissioning Groups.

Property Implications (if any)

- N/A

Commercial opportunities (if any)

- N/A

Commissioners Comments

Completed by:

Status (RAG)

*Supporting comment if
Red or Amber*

Red

Amber

Green



Safeguarding Adults

The purpose of this commissioning strategy is that vulnerable adults' rights are protected so that everyone can live safely and free from abuse and neglect.

[Show performance](#)

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity



Commissioning/Delivery Strategy	DRAFT Public Protection-(Not including Fire)		
Sponsor	Pete Moore	Commissioning Lead	Daryl Pearce
Lead Officer (if applicable)	n/a	Stage: DRAFT Plan	Analyse, Plan, Do, Review

Summary Description
 The business of Public Protection focusses on keeping our communities safe and making them feel safe and secure. This cuts across a number of themes in safeguarding and wellbeing. One of the key themes within the Public Protection commissioning strategy is bringing partners together by influencing and co-ordinating collaborative efforts to contribute to the safety of Lincolnshire. This activity cuts across both internal LCC services such as Trading Standards, Community Safety, Registration/Coroners, Highways, Children's and Adults and external partners such as the PCC, Police, Districts and Probation. This strategy has many interdependencies that are in the main managed through statutory boards such as the LCSP, LASB, LCSB and LRSP

Page 77	How have the "Needs" been established and agreed (include engagement activities) <ul style="list-style-type: none"> The LCSP conducted a recent survey (November 2016) to understand the feelings of the community and to support the strategic priority setting looking ahead. Analytical work is undertaken to assess outcomes and current issues LCC is currently reviewing needs on behalf of the LCSP Survivor feedback is sought from victims of DA who have both used the services in Lincolnshire and many who haven't Link with other engagement channels such as the PCC and national crime surveys Trading Standards carry out local Strategic Threat assessment and take note of national and regional versions LRSP use analysis of collision and accident data 	What are the agreed "Outcomes" <ul style="list-style-type: none"> The public are protected from unsafe and dangerous goods Vulnerable repeat victims of scams are protected Improve public safety by reduction in alcohol and drugs misuse, inc. alcohol fuelled violence and anti-social behaviour, young people and drug misuse. Increase public confidence in how we tackle domestic abuse. Reduce the number of people killed or seriously injured on Lincolnshire's roads Reduce adult reoffending Reduce the number of young people committing a crime Reduce young people entering criminal justice system Ensure routes to integrity of citizenship, nationality and prevent sham marriage Ensure integrity of death investigation by Coroners and to support the prevention of further deaths 	How is success measured? Success is measured on performance against the Council Business Plan measures. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th>No. of measures</th> <th>Targeted/measured ?</th> <th>Of the targeted measures:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">20</td> <td style="text-align: center;">- 14 Targeted - 6 Measured</td> <td style="text-align: center;">- 7 Achieving or exceeding the target - 2 improving but not achieving the target - 5 Not Achieving the target</td> </tr> </tbody> </table> <p>For information about performance in relation to targets for Q4 2017/18 please see Appendix A</p>	No. of measures	Targeted/measured ?	Of the targeted measures:	20	- 14 Targeted - 6 Measured	- 7 Achieving or exceeding the target - 2 improving but not achieving the target - 5 Not Achieving the target
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Key Contracts (>£1m or those of a politically sensitive nature)									
Service Contracted	Provider	Duration	Review Date	Contract KPI's (Y/N)	Performance (Good/Ave/Poor)	Corrective measures (if needed)	Payment Terms (Arrears/Advance)	Performance Driven / Independent?	Volume Sensitive (Y/N)?
Trading Standards	LCC	ongoing							
Domestic Abuse Outreach Services-Standard and Medium risk victims incl children	WLDAS,NCHA, Boston Mayflower	Current end Mar18	In process	Y	Good	none	Q in arrears		N
IDVA – Independent Domestic Violence Advisor (support offered to high risk cases in MARAC process)	Safer Communities LCC	Current end Mar18	In process	Y	Good	none	Q in arrears		N

Assisting Rehabilitation through Collaboration (ARC) Co-ordinator	Safer Communities LCC	LCC funding ends Mar18	In process	In development	Good early results	none			N
Community Safety Analysis, Coordination and Commissioning (incs Police secondment)	Safer Communities LCC	ongoing							
Services for Appropriate Adult Provision across Lincolnshire Police custody suites (Children's Services)	TAS	3years +1+1	Just retendered	Y	Good	none	Monthly in arrears		Y
Engineering: Identify and implement an annual programme of engineering safety schemes	LCC -Highways	ongoing							
Continue to run and manage School Crossing Patrol facilities across the County	LCC Direct funding for School Crossing Patrols	ongoing							
Delivery of National Driver Offender Retraining Scheme courses	Strategic Partnership between LCC and PCC	ongoing							
Registration , Celebratory and Coroners Services – Mortuary, post mortem and body removal	Empath, Independent Funeral Directors								

Existing Pooled Budget/Co-commissioning arrangements (if any)

Delivery of National Driver Offender Retraining Scheme Courses Utilises income as a result of Strategic Partnership between LCC and the Office of Police and Crime Commissioner for Lincolnshire to deliver National Driver Reoffender Retraining Scheme courses (approx. £1.65m)

Property Implications (if any)

ARC team collocated in 1 room at Myle Cross to promote multi-agency working (includes Police officers, probations services, YOS and health)

Commercial opportunities (if any)

Will be considered as part of draft commissioning strategy-some already exploited in Celebratory Services and Trading Standards.

Commissioners Comments

Completed by:	Status (RAG)
	<i>Supporting comment if Red or Amber</i> Red Amber Green

APPENDIX A



Protecting the public

The purpose of this commissioning strategy is to create an environment that enables the people of Lincolnshire to succeed and prosper, to ensure the public feel protected and secure and that those that are most vulnerable are safeguarded.

Show performance

The public are protected from unsafe and dangerous goods



Reduce adult reoffending



Improve public safety by the reduction in drugs and alcohol misuse, focused on town centre alcohol fuelled violence and anti-social behaviour, young people and drug misuse



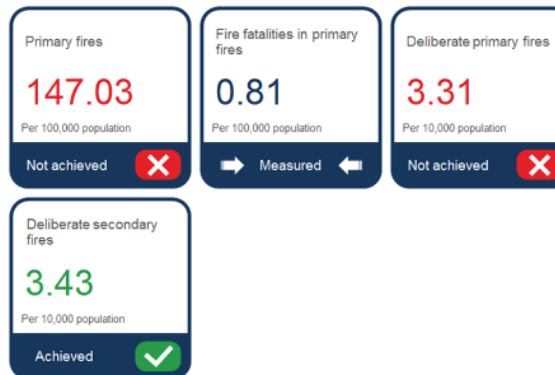
Reduce the number of young people committing a crime



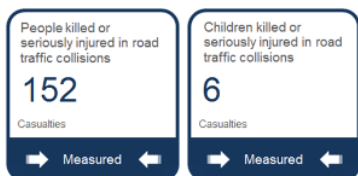
Increase public confidence in how we tackle domestic abuse



Reduce fires and their consequences



Reduce the number of people killed and seriously injured on Lincolnshire's roads



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Commissioning/Delivery Strategy	Community Wellbeing		
Sponsor	Glen Garrod	Commissioning Lead	Tony McGinty
Lead Officer (if applicable)	Robin Bellamy	Stage: (delete as applicable)	Analyse, Plan, Do, Review

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Summary Description

The Community Wellbeing Commissioning Strategy seeks to ensure that people living and working in Lincolnshire lead long, healthy and happy lives by improving and protecting the health of the population whilst reducing inequalities. The Community Wellbeing Commissioning Strategy covers services mandated by the Public Health regulations of the Health and Social Care Act 2012, mandated services under the Care Act 2014, other non-mandated functions within the Health and Social Care Act 2012 and the wider community wellbeing commissioning priorities of the Council.

To achieve this we are committed to:

- Working with our partners, providers and the public to understand the needs of people living and working in Lincolnshire and the ability and capacity of our providers and partners to meet those needs;
- Involve our customers in the development of public health in Lincolnshire by adopting a co-production approach whilst being clear and explicit about what we can and cannot do for them;
- Improve outcomes for individuals by developing an overarching performance framework based on outcomes and manage everything we do through a clear and transparent set of operating procedures.

In order to achieve the purpose of the strategy we will take different approaches to different issues. In some cases we will want to buy specific, good value for money services for local people to help them overcome specific problems. In other cases we will want to influence other organisations and local people to do things that are good for community wellbeing like advising the NHS on what services local people need. Finally, we will work with other agencies which have a responsibility to protect people from diseases like cancer, environmental and biological hazards and emergencies to assure ourselves that their work is effective.

<p>How have the "Needs" been established and agreed (include engagement activities)</p> <p>Customer, patient, service user and stakeholder views have been critical in commissioning these services from the needs analysis phase through to the procurement stages of commissioning. This feedback along with the needs analysis which has been completed in support of our commissioning work can be found at http://www.research-lincs.org.uk/joint-strategic-needs-assessment.aspx.</p>	<p>What are the agreed "Outcomes"</p> <ul style="list-style-type: none"> • People are supported to lead healthier lifestyles • People are able to live life to the full and maximise their independence • Peoples health and wellbeing is protected • Work with others to promote community wellbeing. 	How is success measured?			
		No. of measures	Targeted/measured ?	Of the targeted measures:	
		5	- 5 Targeted	- 4 achieving the target - 1 improving but not achieved the target	
<p>For information about performance in relation to targets for Q4 2017/18 please see Appendix A</p>					

Key Contracts (>£1m or those of a politically sensitive nature)									
Service Contracted	Provider	Duration	Review Date	Contract KPI's (Y/N)	Performance (Good/Ave/Poor)	Corrective measures (if needed)	Payment Terms (Arrears/Advance)	Performance Driven / Independent?	Volume Sensitive (Y/N)?
Lincs Community Alcohol & Drug Treatment	Addaction	5 years (2 year extension)	5 year end date: 30/09/2021	Y	Good	Yes (Service Credits at 20% of contract value)	Arrears		N

Wellbeing Service	NKDC, ELDC, LILP	4 years (ending on 31/3/18)	Currently being re-commissioned	Y	Ave	Not currently	Arrears		N
Lincolnshire Integrated Sexual Health Service (LISH)	LCHS	5 years (2 year extension)	5 year end date: 31/03/2021	Y	Ave	Yes (Service Credits at 10% of contract value)	Arrears		N
Housing Related Support Services	Various	3 years (2 year extension)	3 year end date: 30/06/2018	Y	Good	Yes (Service Credits at 10% of contract value)	Arrears		N
Domestic Abuse Floating Support Services	Various	4 ½ years (ending on 31/3/18)	Currently being re-commissioned	N	Good	None	Arrears		N
Stop Smoking Services	North 51 Ltd	2 years 3 months (1 year extension)	Contract end date: 31/03/2018	Y	Good	Yes (Service Credits)	Arrears		N
Healthwatch	Healthwatch Lincolnshire	Grant Aid Agreement (5 years ending 31/03/18)	Currently being re-commissioned	N	Good	None	Arrears		N
Integrated Community Equipment Services	NRS	5 years (2 year extension)		Y	Good	Yes (Service Credits)	Arrears		Y
Falls Prevention (Review and Development)	Not yet commissioned?	2 years							

Existing Pooled Budget/Co-commissioning arrangements (if any)

- A section 75 agreement is in place with NHS England covering the commissioning of HIV treatment and care services which are provided through the Council's contract for the provision of integrated sexual health services in the county. The value of this is £1,267,617.
- A social impact bond is currently being delivered by the LCC commissioned Housing Related Support provider delivering the floating support contract in Lincolnshire. This is fully funded by DCLG and payment is linked to outcomes achieved for entrenched rough sleepers within the service (estimated total value is £1.3m). The Council's housing related support contract has been varied to accommodate this service.
- LCC currently commission mental health crisis housing as part of the housing related support contracts. These contracts are fully funded by West Lincolnshire CCG and the money is transferred across to LCC at a value of £491,368.
- A Section 75 agreement is in place for the delivery of the Integrated Community Equipment Service, the NHS in Lincolnshire contributes £3,132,000 (54%) towards the overall budget for the ICES contract of £5,800,000.

Property Implications (if any)

None identified

Commercial opportunities (if any)

All procurement and contract management for this commissioning strategy is now undertaken by Commercial Services – People Services, in common with all strategies led by Adult Care and Community Wellbeing. This approach makes sure that we continually explore all commercial options and opportunities within these services.

Commissioners Comments

Completed by: David Stacey

Status (RAG)

*Supporting comment if
Red or Amber*

Green

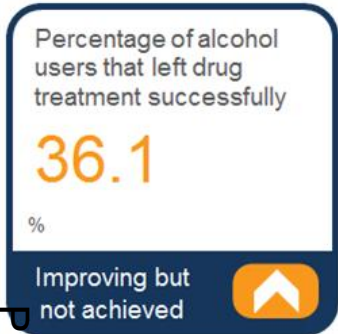


Wellbeing

The purpose of this strategy is to improve the health and wellbeing of people in Lincolnshire. We think this can be best achieved when people are supported to be independent, make healthier choices and live healthier lives.

Show performance

People are supported to live healthier lifestyles



Peoples' health and wellbeing is improved



Health and social care staff have the skills and knowledge to support people to take responsibility for their own health and wellbeing



Older people are able to live life to the full and feel part of their communities



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