Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

Open Report on behalf of Glen Garrod Executive Director of Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**10 January 2018**
Subject:	**Local Stop Smoking Service Re-procurement**

Summary:

This item invites the Adult Care and Community Wellbeing Scrutiny Committee to consider a report on the Local Stop Smoking Services (LSSS) Re-procurement, which is due to be considered by the Executive Councillor on 17 January 2018. The views of the Scrutiny Committee will be reported to the Executive, as part of its consideration of this item.

Actions Required:

(1) To consider the attached report and to determine whether the Committee supports the recommendation(s) to the Executive set out in the report.

(2) To agree any additional comments to be passed to the Executive in relation to this item.

1. Background

The Executive Councillor is due to consider a report entitled Local Stop Smoking Service Re-Procurement on 17 January 2018. The full report to the Executive is attached at Appendix 1 to this report.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it wishes to make any additional comments to the Executive. The Committee's views will be reported to the Executive.

3. Consultation

a) Policy Proofing Actions Required

Not applicable.

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor - Local Stop Smoking Service Re-procurement

5. Background Papers

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

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Lincolnshire COUNTY COUNCIL *Working for a better future*

Executive/Executive Councillor

Open Report on behalf of Glen Garrod Executive Director of Adult Care and Community Wellbeing

Report to:	**Executive Councillor for Adult Care, Health and Children's Services**
Date:	**Between 12 January – 19 January 2018**
Subject:	**Local Stop Smoking Services (LSSS) Re-Procurement**
Decision Reference:	**I014239**
Key decision?	**Yes**

Summary:

The smoking of tobacco remains the single greatest cause of preventable illness and premature death in England. On average there are more than 1,300 smoking attributable deaths each year in Lincolnshire the majority of which come from our most deprived communities. The estimated smoking population of Lincolnshire is 103,214. This is estimated to cost society £191.2 million; £1,853 per smoker per year.

The Care Act 2014 places a duty on local authorities to enable access to services that contribute towards preventing or delaying the development of care needs. Since smoking doubles the risk of developing care needs, it is highly relevant when considering the provision of preventive services.

In health and care terms potential savings across the life of a five year programme could be £1.9m for local authorities and £8m to the NHS.

The current contracted Local Stop Smoking Service (LSSS) has been in place since January 2016 and involves the co-ordination, management and administration of specialist smoking cessation services through a network of sub-contracted providers (eg, pharmacists, GPs, military and voluntary sector) providing behavioural support with pharmacotherapy to achieve four and twelve week quits. It also incorporates the coordination of Tobacco Control initiatives, including education campaigns, media work, harm minimisation interventions and enforcement activity associated with distribution of illicit tobacco products and under-age sales.

A significant change in the scope of the current contract for LSSS was made in June 2017, with the inclusion of direct supply by the contract provider of Nicotine Replacement Therapy (NRT) and future pharmacotherapy changes into the contract. This was the result of a move away from NRT prescribing by GP practices.

This contract variation, coupled with the underperformance of the provider, has necessitated a review of the contract scope and a re-procurement of the service at the end of its initial term in 2018.

Recommendation(s):

That the Executive Councillor:

1. Approves that the Local Stop Smoking Services (LSSS) be re-commissioned and a procurement undertaken to deliver a contract, to be awarded to a single provider of a county-wide service for Stop Smoking Services effective from the 2 July 2018.

2. Approves that the scope of the commissioned service with effect from 1 April 2018 should exclude tobacco control initiatives, which it is proposed will be coordinated by the Council moving forward.

3. Delegates to the Director of Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Car, Health and 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:

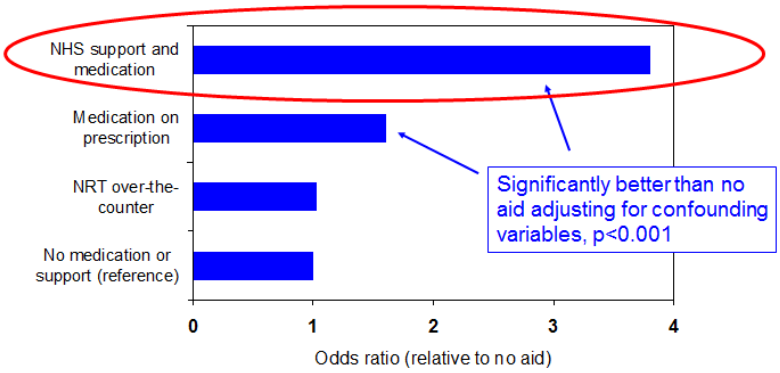
1. Negotiate a revised contract with the current provider

   The current contract contains the opportunity to extend through to 31st March 2019. However, the current commercial model and in particular the payment by results element poses a significant viability challenge to the existing provider. The re-commissioning of the service gives an opportunity to reconsider the commercial model and establish a more sustainable balance between value for money for the Council and the achievement of a reasonable return for the contractor. Submission of the new model to competition will enable the market to establish where that balance lies. Furthermore the scope of the contract requires review with the Tobacco Control element better fitting alongside the Council's other regulatory and enforcement functions.

2. Implement a different service model of behavioral support without pharmacotherapy

   A behavioural support only model has the similar value of effectiveness as an unsupported quit or buying products over the counter.

Fig: Specialist Stop Smoking Services are effective



Robert West. Smoking and Health, 2011

Data from www.smokinginengland.info; based on smokers who tried to stop in the past year who report still not smoking at the survey adjusting for other predictors of success (age, dependence, time since quit attempt, social grade, recent prior quit attempts, abrupt vs gradual cessation): N=7,939

Investment in this model would be as productive as the do nothing model

3. To do nothing

Without the Stop Smoking Services provided by Lincolnshire County Council, the support available for smokers to quit would be left to generic primary care support, retail and self-help. The evidence of success for these types of support is poor. There would be no measured outcomes for 4 week quits. We would cease to report smoking related statistics to Public Health England. This option is not in alignment with the Governments vision to create a 'Smoke-free Generation". Ceasing delivery of the service also brings a risk of reputational damage to the Council. It is estimated that the absence of a Local Stop Smoking Service would result in additional cost pressures close to £2m per annum across the Health and Care system.

Reasons for Recommendation:

1. Commercial model and scope

Recommissioning the service enables the commercial model to be reviewed to make it more viable for the market. This will lead to more market interest and a more sustainable service moving forward. It also allows the scope of the services to be reviewed and affords the opportunity for the Council to co-ordinate Tobacco Control activity alongside its other regulatory and enforcement functions.

2. Coordination of Tobacco Control Initiatives

The effectiveness of Tobacco Control initiatives, the coordination of which is within the scope of the current contracted service, has been restricted by the provider's more limited strategic reach, influence, and difficulties in recruiting.

As the Council has greater strategic influence and leadership ability, along with existing responsibilities for key stakeholders in tobacco control including LFR and Trading Standards, it is proposed that Tobacco Control initiatives should be removed from the scope of the commissioned service, and coordinated by the Council moving forward in order to deliver improved value from that aspect of the service.

3. The recommendation addresses and supports statutory requirements under the Care Act 2014 for Local Authorities to enable access to services that contribute towards preventing or delaying the development of health and care needs.

4. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

Background

1. Strategic Drivers

1.1. Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200-1,300 deaths in Lincolnshire. The estimated smoking population of Lincolnshire is 103,214. This is estimated to cost £191.2 million p.a. or £1,853 per smoker p.a.

1.2. The Care Act 2014 places a duty on local authorities to enable access to services that reduce the need for support among people and their carers in the local area, and contribute towards preventing or delaying the development of such needs. Since smoking doubles the risk of developing care needs, it is highly relevant when considering the provision of preventive services.

1.3. The Health and Social Care Act 2012 placed Public Health responsibilities, including the provision of stop smoking services within local authorities.

1.4. Smoking-related fires are especially important to consider in relation to fire-related fatalities. Whilst these fires only accounted for 6% of accidental dwelling fires in 2016/17, they accounted for 36% of fire-related fatalities. Key partnerships across Fire and Rescue, Trading Standards, Public Health and Environmental Health effectively manage the regulation, enforcement and legislation and smoking cessation to protect communities.

1.5. The cost burdens of smoking fall on the NHS and social care. Current and ex-smokers who require care in later life as a result of smoking-related illnesses cost society an additional £22.4m each year across Lincolnshire. This represents £12.2m in costs to local authorities, including care, housing

and other interventions; and £10.2m in costs to individuals who self-fund their care.

1.6. The evidence based model for smoking cessation of behavioural support with pharmacotherapy improves a smoker's chance of successfully quitting to four times greater than attempting to stop without additional support.

1.7. This service model of behavioural support and pharmacotherapy for Lincolnshire currently costs £1.249m per annum, with £649,000 budgeted for Behavioural Support and funded through a payment by results (PBR) methodology, and £600,000 budgeted for pharmacotherapy through a cost and volume methodology. Tobacco Control is funded via block payment at an annual cost of £145,000.

1.8. The service will provide support to approximately 5,500 adults annually. Approximately 3,000 of these will quit temporarily and 1,000 will quit for good. This contributes to a reduction in disease and disability and equates to more than 260 deaths avoided over the life of the programme.

1.9. On this scale of investment and activity the benefits of stopping smoking, notwithstanding the health and quality of life components benefits for individuals, can also be estimated to provide cash savings to the individual in the region of £3,600 per annum that can be fed back into the local economy, and in health and care terms potential savings across the life of the programme could be £1.9m for local authorities and £8m to the NHS.

1.10. In addition, there are wider benefits to stopping smoking which impact on reduced absenteeism, improved productivity and reduced sickness benefits, estimated to be in the region of £15m for Lincolnshire, incorporating £3m of savings to public sector employers across the lifetime of the programme and relevant to the scale of the planned interventions (DH/NSMC, Value for Money tool 2008).

1.11. Stop smoking services began to be formed in the early 2000's with Lincolnshire's service developing during that time. The table below shows the progress and changes that the service has experienced over the past decade of delivery. Originally the responsibility of public health within the NHS primary care trust (PCT), the service was based in Lincolnshire County Council, established within Health Communities at Beech House; it was one of the first in the country to be joint Local Authority/NHS teams. The later commissioner/provider split within the NHS moved the service provision out of public health and into Lincolnshire Community Health Services (LCHS), who expanded the service across the health network, and public health remained the commissioner of the service. Higher levels of investment and national campaigning saw a vast number of smokers supported to stop smoking during this period.

			4 Week Quit					National/£235*
Year	Set Quit	Quit Rate	Target	Actual		Investment	Reported Spend	VFM / Invst.
07/08	9,646	54.80%	5,229	5,283	PCT PH	917,000		173.57
08/09	9,772	53.20%	5,547	5,201	PCT PH	1,247,000		239.76
09/10	11,682	51.40%	5,826	6,010	LCHS	1,517,000	1,200,000	252.41
10/11	12,358	52%	6,382	6,426	LCHS	1,873,000	1,400,000	291.47
11/12	11,924	54.40%	6,473	6,485	LCHS	1,778,000	1,350,000	274.17
12/13	10,793	51.80%	6,560	5,591	LCHS Block	1,778,000	1,408,003	318.01
13/14	10,043	52.68%	6,561	5,291	LCHS Block	1,778,000	1,773,200	336.04
14/15			5,833	4,126	£1,233,474 Block/ £308,368 SC	1,560,000	1,224,991	378.09
15/16	4,000	65.55%	2,098	2,622	LCHS/N51 yr	1,541,842	1,541,842	588.04
16/17	4,788	48.04%	3,172	2,300	N51	649,647	509,078	282.46

1.12. In recent times there have been a number of changes that have impacted on user numbers accessing the service:

- re-commissioning the services away from long-established NHS provision to the private sector
- reductions in budget
- reduction in national campaigns
- the introduction of e.cigs
- smokers now being more entrenched i.e. the 'easy quits' have all gone.

1.13. Despite all this 70% of smokers when asked still want to quit smoking, they just need more support to do it. The service focus has been changed to now target the smokers who will benefit the most from quitting, e.g. pregnant women and partners, smokers with Serious Mental Health (SMI) issues and smokers with long term medical conditions (LTC) or those that have a planned surgical procedure. There is much evidence to support the benefits each of these groups experience by quitting smoking.

2. Current Service

2.1. The commissioning of a stop smoking service is a component of the draft Community Wellbeing Commissioning Strategy within Adult Care and Community Wellbeing.

2.2. In 2014/15 a re-procurement exercise took place for a Local Stop Smoking Service (LSSS) and Tobacco Control (TC) functions and the contract was awarded to Quit 51 with effect from 1 January 2016. The contract was for two and a quarter years with the initial term concluding on 31 March 2018, with a potential extension for one year, taking the contract through to 31 March 2019.

2.3. This contract is structured on a prime provider model, with the prime provider being responsible for all aspects of service delivery and performance. They sub-contracted out to other providers, most usually Primary Care or Pharmacies aspects of the behavioural support provided, as well as the prescription and supply of Pharmacotherapy. The prime provider is responsible for the day to day management of the work, training,

and ensuring the service meets all quality measures and indicators. They provide a 24/7 telephone service that is used to direct calls to the most appropriate provider and to offer stop smoking support to clients

2.4. The current service model consists of behavioural support to clients for four or twelve weeks (longer if a pregnant woman is quitting smoking) via a central core service or local sub-contractor. The provision of pharmacotherapy, either NRT or Champix / Zyban, has been prescribed traditionally through the client's local GP with the local authority reimbursing the clinical commissioning groups (CCGs) for the cost of prescribed products.

2.5. There is a block payment for the Tobacco Control function, covering the associated staffing and activity. This function brings together a countywide multi agency partnership to deliver the local tobacco control plan which includes elements such as: campaigns, education, tackling illicit and counterfeit tobacco, public protection and enforcement of regulation around proxy and under age sales of tobacco.

2.6. Electronic Cigarettes (E-cigs) emerged around 2007 and have grown in popularity with smokers who have become discouraged over existing less innovative forms of nicotine delivery systems, i.e. NRT patches, inhalators or gum and desire for a product that makes quitting smoking less clinical. An e-cigarette user may be a non-smoker or a smoker reducing their tobacco use by vaping.

2.7. Whilst there is recognition from PHE that E-cigs are 95% less harmful than cigarettes, there is limited, but growing information and evidence about a) the effectiveness of using an e-cig to help quit smoking and b) the long term health impact of e-cigs and their impacts on future health needs. The service supports people to stop using tobacco, i.e. quit with behavioural support and advice on managing their nicotine consumption.

2.8. Should evidence become available that concludes that long term impacts on future health needs and the effectiveness of using an e-cig to help quit smoking are such that it is considered medically acceptable to recommend use of e-cigs as a method of NRT, subject to NICE based guidance, MRHA regulations and updated policy from PHE, then the intention would be to incorporate their use within the contract.

3. Challenges for the Current Service

3.1. Contract Performance

3.1.1. The payment mechanism for the behavioural support element is a 100% payment by result (PBR) model, which means that the provider will only be paid on the number of quits achieved.

3.1.2. In 2016/17 4,794 people setting a quit date, resulting in 2,326 4 week quits; a quit rate of 48.6%. Performance is measured against the

council's 4 week quit maximum capacity of 3,172 quits, meaning the provider achieved just over 70% of the agreed outcomes (target quits) in their first full year.

3.1.3. 2017/18 year to date performance statistics indicate that there has been an improvement in performance levels, with 1,314 quits against a maximum capacity of 1,585 putting the provider at 82.9% of agreed outcomes. Despite the improvement, performance remains below the ceiling rate by a significant amount.

3.1.4. The provider has experienced a number of challenges including a lack of resources caused by recruitment and retention difficulties; a company buy-out has had management implications, and the deterioration of primary care performance amongst their sub-contractors with a reduction in the prescribing of pharmacotherapy linked with the service.

3.1.5. These challenges have been compounded by the 100% PBR payment mechanism, which has placed significant pressure on cash flow and consequent constraints on the provider's ability to invest in resources to improve performance. The provider is currently running at a loss to deliver this contract.

3.2. **Pharmacotherapy**

3.2.1. Primary care is challenging its role in providing prescription only medicines for local authority funded programmes. Such products are being withheld from clients across some practices, with a 'postcode lottery' beginning to develop with clients being signposted back to the service, which causes delays in treatment and the start to quit attempt.

3.2.2. In order to maintain an effective service with behavioural support and pharmacotherapy the contract was varied to move to the direct supply of Nicotine Replacement Therapy (NRT) countywide from 1st June 2017.

3.3. **Tobacco Control**

3.3.1. Helping people who have taken up smoking to stop represents only one of the six strands in tackling the cost and harm to local people from tobacco. For example, children and young people exposed to the smoke from older family members' tobacco use face a range of harms including an increase in sudden infant death syndrome, prolonged respiratory infections and household fires. The Tobacco Control element of this programme of work is required to address three other important issues:

- Ensuring young people and other non-smokers understand the harm they face if they choose to begin smoking;
- Helping non-smokers to avoid the negative health effects of breathing in the smoke from other people's use of tobacco and

- Preventing people from avoiding the safety controls put in place to safeguard them from counterfeit and non-duty paid tobacco products

3.3.2. The Tobacco Control function of the current contract is funded via a block payment of £145,000 for staffing and project activity as set out in paragraph 2.5 above.

3.3.3. The outsourcing of the Tobacco Control functions has led to mixed performance. Many of the responsibilities for Tobacco Control reside with statutory and local authorities (e.g. Lincolnshire Fire and Rescue, Trading Standards, and Environmental Health) where an external commercial agency has had little access with enforcement, regulation and excise intelligence and actions which has limited the partnership working that is so important with Tobacco Control.

3.3.4. Therefore an option to coordinate Tobacco Control activities outside the scope of the commissioned service is being proposed. This would instead be coordinated within LCC, strengthening existing local authority capacity and better supporting the work of Trading Standards, Fire & Rescue, the new 0-19 Service and driving partnership working with Environmental Health departments, Lincolnshire Police, Customs & Excise and the NHS on public protection issues around tobacco

3.3.5. This proposal will be cost neutral, with the existing £145,000 budget being utilised to fund posts and project costs within Lincolnshire County Council, covering targeted education for vulnerable young people, supporting national public health campaigns, coordinating the strategic partnership of tobacco control organisations locally and taking steps to protect the public from illicit and counterfeit tobacco

3.3.6. Subject to approval, it will need to be agreed where within the organisation this function of our overall approach to harm from smoking should be undertaken.

4. Market and Stakeholder Engagement

4.1. A Prior Information Notice was published on 27 October 2017. This initiated a process of pre-tender market engagement which incorporates a questionnaire and a Market Engagement Day held on 24 November 2017. This exercise will be used to establish the interest and current capacity of the market to deliver the proposed Service, and the responses and feedback received from potential providers will be used to test, validate and finalise the Local Stop Smoking Service Model described below. Prospective providers are aware of the estimated budget and broad service requirements and there is a good level of interest regarding delivery of this service.

5. Commercial Approach

5.1. Proposed Contract Scope

5.1.1. The core service will continue to provide co-ordination, management and administration of a specialist smoking cessation service, including a network of sub-contracted providers (including midwives, health visitors, pharmacists, GPs, military and voluntary sector) providing behavioural support to achieve four and twelve week quits.

5.1.2. The new contract will also include for the provision of pharmacotherapy as part of the service to all clients accessing behavioural support, i.e. the direct supply of Nicotine Replacement Therapy (NRT) and provision medications of Varenicline (Champix) and Zyban through a Patient Group Directive with Community Pharmacists.

5.1.3. Coordination of Tobacco Control initiatives will be excluded from the scope of the new service. Instead, it is proposed that these functions will be coordinated by the County Council and be shared across Community Safety, Fire & Rescue, and Public Health 0 – 19 from 1 April 2018.

5.2. Contract Structure

5.2.1. It is proposed that the Prime Provider model for a single countywide service with a single point of contact will continue. The requirement to work with a network of sub-contracted providers in the delivery of behavioural support enables the service to be flexible and responsive to the needs geographically.

5.2.2. The core service aim will be to deliver high quality, evidence based stop smoking interventions to the local population. The Service Provider will be required to work in collaboration with the Council and the NHS to tailor and deliver its services.

5.3. Payment and Performance Management

5.3.1. An affordable service that meets the Council's obligations in carrying its duties is essential. It is proposed that the same level of annual funding (£1.249m pa) is secured for the continuation of the services in scope, the final cost of the service to be determined via competition.

5.3.2. The current full Payment by Results (PbR) payment mechanism for behavioural support is intended to incentivise and reward positive performance, but has proved to be unsustainable for the reasons described at Paragraph 3.1.5.

5.3.3. It is therefore proposed that the payment mechanism for the new contract should be split between a core payment related to delivery of core contract activity and a performance related payment (or PbR) linked to the delivery of contract outcomes. This would allow the provider greater financial viability but retain an incentive to drive

improvements in the delivery of the outcomes and the performance of the contract. The pharmacotherapy costs component will remain an activity-based payment for the products supplied.

5.3.4. A clear governance, reporting and monitoring structure will be incorporated that will allow for efficient coordination of activities as well as gateways to enable any new initiatives to be introduced.

5.3.5. Contract performance will be driven through a performance framework linked to manageable, measurable and achievable targets aligned to the agreed key performance indicators. 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 finalised following analysis of feedback from the Market Engagement but it is anticipated that service credits will be levied where performance falls short.

5.4. Contract commencement and Duration

5.4.1. The optimum duration for the new contract will be tested as part of the market engagement exercise, but it is proposed that the contract term will be five years with an option to extend for a period or periods of up to a further two years, or a maximum of seven years. This longer term arrangement being intended to provide greater confidence and financial assurance for the provider, and to offer a greater incentive to potential providers who do not already have established infrastructure in the County. The contract will enable the Council to terminate early for poor performance.

5.4.2. The current contract ends on 31st March 2018, but it is planned for this to be extended by three months from the 1st April 2018 to the 30th June 2018 to allow for a reasonable implementation period to take place for a new Provider, including the production of a Patient Group Directive (PGD) for the prescribing of pharmacotherapy.

5.4.3. The current provider is looking for a change to the payment mechanism for the period of any extension as they cannot sustain the service based on PbR payments at the current level. They are therefore seeking an increased block payment for the extension period. This is being discussed so that it has the least impact on clients and stays within the financial envelope for the contract.

5.5. Tender process

5.5.1. The Procurement will be 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.

5.5.2. Re-procuring the service will allow the Council to ensure the funding provided to the Provider is part of a legally compliant and effective commercial arrangement.

5.5.3. The Invitation to Tender (ITT) evaluation will focus on service quality and the capability of the provider and any organisations they may wish to form sub-contracting arrangements with to deliver the required work and quality outcomes across the county set against clearly defined financial budgetary controls.

5.5.4. The Invitation to Tender Document will include the following:

- A specification that is clear in scope, interpretation and expectations;
- Full 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.

5.5.5. Tender Timescales

Issue the ITT	30th January 2018
Evaluation period	6th March 2018 to 15th March 2018
Standstill period	27th March 2018 to 5th April 2018
Contact Award	6th April 2018
Mobilisation period	7th April 2018 to 1st July 2018
Go Live	2nd July 2018

6. Procurement implications

6.1. Under the Public Contracts Regulations (PCR) 2015 activities relating to social care are generally dealt with under a 'Light Touch Regime' (LTR) which conforms to the general principles of the EU Procurement Directive but does not impose any strict procedural requirements. Training services are also captured under this regime.

6.2. While this regime allows for a much greater degree of flexibility as well as unique exceptions it does not mean the Council is free to award contracts without any regard to competition

6.3. The threshold at which LTR contracts must be formally competed for is procurements is €750,000 or approximately £640,000.

6.4. At this point, the financial envelope for the Lincolnshire Stop Smoking Services is £1,249,647 annually. This is based upon combined service and pharmacotherapy budgets of £649,647 and £600,000 respectively. This would represent a total contract spend over the proposed maximum 7 year term of £8,750,000

6.5. It is the intention to issue an OJEU Notice for publication on 17 January 2018 and a Contract Award Notice will be issued on any award to a successful bidder.

6.6. To verify that there will be sufficient competition within the procurement, a Prior Information Notice was published on 27 October 2017. This initiated a process of pre-tender market engagement.

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

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

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

6.10. The Procurement will be carried out in line with the timetable in Appendix A.

7. Public Services Social Value Act

7.1. 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.

7.2. It is clear that an effective Stop Smoking Service will have the potential to reduce the burden of disease e.g. respiratory, cardiovascular, cancer to help relieve the pressure on acute hospitals, care homes and the wider health system. The effects can be felt in the short term through reduced activity in primary care, fewer outpatients and emergency admissions to hospitals for people who have stopped smoking. Furthermore there is a

direct relationship with adult smoking and children smoking behavior, a reduction in adult smoking contributes to a decline in children's smoking rates. Consideration will be given through the design of the procurement as to how wider social value can be obtained – e.g through apprenticeships or the use of local service providers.

7.3. 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 are well understood. This is not a statutory service and it is unlikely that any wider consultation would be proportionate to the scope of the procurement.

Legal Issues:

8. Equality Act 2010

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

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

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

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

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

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

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

* Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it

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

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

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

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

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

8.1. The key purpose of the service is to support people to stop smoking. Smoking is linked to health inequalities and people who smoke the most tend to come from groups with a protected characteristic e.g. LGBT, pregnant women and long term health and disabilities. 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.

8.2. 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.

8.3. An Impact Assessment has been completed and copy of is appended to this report at Appendix B. It is emphasised that as the core model has not changed the client journey will not be adversely affected and the service is and will remain open to all groups regardless of protected characteristic. In addition the improvements relating to the access for the dispensing of medications will benefit the client and have a positive impact on their ability to quit and thereby improving the provider's outcomes.

8.4. There is a risk that 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 end of the current contract. 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.

8.5. 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.

9. <u>Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)</u>

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

9.1 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.

9.2 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

9.3 Under the strategic theme promoting healthier lifestyles there are two priorities that are relevant;

- Reduce the number of people who smoke by supporting those who want to quit, discouraging people from taking up smoking and normalising smoke free environments
- Support people to be more active more often

9.4 Under the strategic theme of Delivering high quality systematic care for major causes of ill health and disability there are two priorities that are relevant;

- Reduce unplanned hospital admissions and mortality for people with Chronic Obstructive Pulmonary Disease.
- Reduce mortality rates from Coronary Heart Disease and improve treatment for patients following a heart attack

9.6 The Local Stop Smoking Service will contribute directly to these priorities.

10. Crime and Disorder

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

10.1 In commissioning a service that delivers positive outcomes for individuals by reducing the number of people who smoke, supporting those who want to quit, discouraging people from taking up smoking and normalising smoke free environments, the Stop Smoking Service may contribute indirectly to the achievement of obligations under section 17.

11. Conclusion

11.1. Local Stop Smoking Services are a fundamental part of the preventative care and support system in Lincolnshire and play a significant role in reducing the burden on the overall healthcare system. By providing appropriate interventions for smokers, helping to decrease the need for longer-term and higher cost social care and health services that smoking causes, and reducing pressure on an already overburdened system.

11.2. The challenges posed by the current contract scope, mechanism and performance means the procurement needs to go ahead in 2018. However by revising the scope, updating the payment mechanism, and implementing an effective performance management mechanism, the issues that are affecting the service will be more suitably addressed.

11.3. 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 Local Stop Smoking Services in Lincolnshire.

11.4. In addition by the embedding of Tobacco Control across directorates of the council, these elements will focus on prevention, enforcement, regulation and raising awareness across multi agency partnerships, and improve the Value for Money delivered by the tobacco control coordination budget.

Legal Comments:

The Council has the power to procure the contract proposed.

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

Resource Comments:

The current contracted Local Stop Smoking Service (LSSS) has been in place since January 2016, the current annual cost of the service is £1.249m. Proposed changes to current payment mechanism to one that is split between a core and performance related payments should allow a degree of flexibility and has the

potential to drive greater efficiencies than those that are currently recognised is the existing contract. It is estimated that the absence of a Local Stop Smoking Service would result in additional cost pressures close to £2m per annum across the Health and Care system, therefore the continued maximum annual investment of £1.249m remains a prudent preventative investment.

Consultation

Has The Local Member Been Consulted?

N/A

Has The Executive Councillor Been Consulted?

Yes

Scrutiny Comments

This report will be considered by the Adult Care and Community wellbeing Scrutiny Committee on 10th January 2017. The comments of the Committee will be reported to the Executive Councillor prior to reaching her decision.

Has a Risks and Impact Analysis been carried out?

Yes

Risks and Impact Analysis

Attached at Appendix B.

Appendices

These are listed below and attached at the back of the report: Appendix A – Procurement Timeline LSSS Appendix B – Equality Impact Assessment LSSS

Background Papers

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

This report was written by Phil Garner and Reena Fehnert who can be contacted on 01522 552292 or 01522 553658 philip.garner@lincolnshire.gov.uk / reena.fehnert@lincolnshire.gov.uk

APPENDIX A

For the Review and Re-Procurement of the Smoking Cessation Service Contract: Philip Garner, Ros Watson, Bryony Morris, Reena Fehnert, Becky Walls, Paul Collins, Rachel Ogden.

Event Activity	Responsible	Date (w/c)
Paper to Procurement Board	RW	21 September 2017
Issue Contract extension or termination	MW/RW	30 September 2017
Recommendations to PH SMT	RW/PG	16 October 2017
Project Board Meeting – review financials and discuss evaluation criteria		24 October 2017
Sub group work on evaluation criteria	RW/RF/BW	24 October 2017
Draft Scrutiny Paper to Procurement Governance	AC/BM/RF	2 November 2017
Commissioning and Commercial Board (Councillor Hill)		**27 November 2017**
Project Board Meeting (approve final version of Tender docs)	All	12 December 2017
Adult Care & Public Health Scrutiny 10.00AM		10 January 2018
Procurement Board Approval of Tender docs (Mgt team meeting)	BM/RF	29 January 2018
Issue of Tender documents and Invitation	RF	30 January 2018
Tender out for submissions (30 full days)		31 January 2018 to 5 March 2018
Supplier Day		16 February 2018
Applications evaluated Evaluation Team: BM, PG, RW + RF (Moderating)	Evaluation Team & RF	6 March 2018 to 15 March 2018
Evaluation report and Delegated decision (PH SMT)	PG	16 March 2018 to 23 March 2018
Inform Bidders and initiate standstill	RF	26 March 2018
Standstill period	RF	27 March 2018 to 5 April 2018
Contract Award	RF	6 April 2018
Project Board Meeting (planning implementation, communications etc)	All	10 April 2018
Implementation/ mobilisation period	RW/BW	12 weeks
Project Board Meeting (planning implementation, communications etc)	All	10 April 2018

Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

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

Using this form

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

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

Equality Act 2010

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

Protected characteristics

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

Section 149 of the Equality Act 2010

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

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

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

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

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

Conducting an Impact Analysis

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

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

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

Impact – definition

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

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

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

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

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

Background Information

Title of the policy / project / service being considered	Re-procurement of the stop smoking service	**Person / people completing analysis**	Rosalind Watson
Service Area	Health Improvement, Public Health	**Lead Officer**	Philip Garner
Who is the decision maker?	Glen Garrod	**How was the Equality Impact Analysis undertaken?**	Desk Based – review of 2016/17 user data and National data.
Date of meeting when decision will be made	01/11/2017	**Version control**	0.3
Is this proposed change to an existing policy/service/project or is it new?	Existing policy/service/project	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Commissioned
Describe the proposed change	Re-procure Lincolnshire's stop smoking service – Contract length proposed 5 +2 years starting from 1st April 2018. The service will be available countywide to adults and young people 12+ with a particularly focus on Pregnant smokers, smokers with serious mental health issues (SMI's) and smokers with long term medical conditions or planned surgical procedures. The service will be enhanced to provide direct supply of nicotine replacement therapy (NRT); and have a Patient Group Directive (PGD) in place to enable the provision of Champix to clients.		

Evidencing the impacts

In this section you will explain the difference that proposed changes are likely to make on people with protected characteristics.
To help you do this first consider the impacts the proposed changes may have on people without protected characteristics before then considering the impacts the proposed changes may have on people with protected characteristics.

You must evidence here who will benefit and how they will benefit. If there are no benefits that you can identify please state 'No perceived benefit' under the relevant protected characteristic. You can add sub categories under the protected characteristics to make clear the impacts. For example under Age you may have considered the impact on 0-5 year olds or people aged 65 and over, under Race you may have considered Eastern European migrants, under Sex you may have considered specific impacts on men.

Data to support impacts of proposed changes

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

Population data and the Joint Strategic Needs Assessment

The Lincolnshire Research Observatory (LRO) holds a range of population data by the protected characteristics. This can help put a decision into context. Visit the LRO website and its population theme page by following this link: http://www.research-lincs.org.uk If you cannot find what you are looking for, or need more information, please contact the LRO team. You will also find information about the Joint Strategic Needs Assessment on the LRO website.

Workforce profiles

You can obtain information by many of the protected characteristics for the Council's workforce and comparisons with the labour market on the Council's website. As of 1st April 2015, managers can obtain workforce profile data by the protected characteristics for their specific areas using Agresso.

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

Age

Evidence:

Smoking rates vary with age with over 80% of smokers beginning to smoke when they are under 18. The rate of smoking drops in the oldest age groups due to the impact of smoking related diseases and smokers die earlier than non-smokers on average.
Parents that smoke increase the likelihood of their children starting to smoke.

In 16/17 the Lincolnshire service had 4,788 people setting a quit date spread across the age ranges, the largest proportion 1,443 coming from the 45 – 59 age range, with 1,285 coming from 18 – 34 year olds.

The World Health Organisation report that people of all ages who have already developed smoking-related health problems can still benefit from quitting.

Benefits in comparison with those who continued to smoke:

- At about 30: gain almost 10 years of life expectancy.
- At about 40: gain 9 years of life expectancy.
- At about 50: gain 6 years of life expectancy.
- At about 60: gain 3 years of life expectancy.
- After the onset of life-threatening disease: rapid benefit, people who quit smoking after having a heart attack reduce their chances of having another heart attack by 50%.

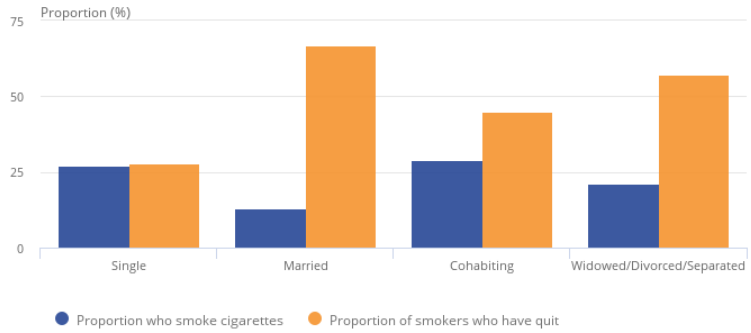
Lincolnshire Stop Smoking Service Data 2016/17 - Numbers setting a quit date and quit at 4 weeks by age and sex:

	Sex	All Ages	Under 18	18 - 34	35 - 44	45 - 59	60 and over
Number setting a quit date	Male	2,245	18	552	401	694	580
Number setting a quit date	Female	2,576	31	741	470	760	574
Total		**4,821**	**49**	**1,293**	**871**	**1,454**	**1,154**
Number quit at 4 weeks (self-report)	Male	1,113	4	205	185	381	338
Number quit at 4 weeks (self-report)	Female	1,199	8	302	201	390	298
Total		**2,312**	**12**	**507**	**386**	**771**	**636**

	Impact: Positive impact on number of life years saved by those people who maintain their quit attempt long term.
Disability	**Evidence:** Smoking causes a wide range of diseases. Some of these long term conditions lead to disability e.g. loss of limbs due to peripheral vascular disease; diminished lung capacity due to COPD. Low birth weight due to smoking is linked to both learning disability and physical disability. People with mild to moderate learning disability and low risk perception who smoke are less likely to quit without support, leading to a shorter life expectancy. People with mental health problems especially those with drug and alcohol problems are more likely to smoke than the general population and need more support to help them quit. Smokers with a serious mental health issue (SMI) are likely to die between 10 – 20 years earlier than a smoker without a mental health issues. Smoking rates are higher in people with HIV and smoking further depresses their immune system. **Figures for Lincolnshire in 2016/17 358 sick/disabled and unable to return to work smokers set a quit date, with 161 of these reaching a 4 week quit outcome.** **Impact:** Positive impact on the quality of life for those people who maintain their quit attempt. In addition people with SMI's on psychotropic medication such as Schizophrenia could see their medication dosage reduced once they come off tobacco, as drugs are no longer being suppressed.
Gender reassignment	**Evidence:** Evidence suggests that smoking rates are higher among lesbian, gay, bisexual and trans (LGB&T) people than among other communities. The reasons why LGB&T people smoke may be different from the reasons why other people smoke and so the necessary motivations for stopping smoking may also be different. Some LGB&T people will feel less comfortable accessing generic smoking cessation services. **Gender identity related surgeries**: Gender transition surgery can often require individuals to give up smoking being that smoking is a significant risk factor during and after any surgery. Smokers are 38% more likely to die after surgery (Turan et al**,** 2011) and more likely to experience wound infection (Sørenson, 2012).)

	Whilst evidence on the efficacy of specialist outreach services for the LGBT communities is sparse, there is no reason not to believe that generic stop smoking services are less effective. However there is some rational in ensuring that stop smoking services offer support from specialist advisors who understand particularly the needs of this community; and that services should be delivered by organisations serving LGB&T communities to ensure that LGB&T people receive effective smoking cessation services in the community settings. **Impact:** Positive impact, whilst the current service will support clients from this community there is no evidence that any specialism is offered from the generic service and clinics.
Marriage and civil partnership	**Evidence:** The Office for National Statistics report that "*single people are more likely to be younger, with married people, cohabiters and those who are widowed, divorced or separated are more likely to be older. However when age was controlled for, unmarried people were almost twice as likely to be cigarette smokers as married people.* *Married smokers were more likely than other smokers to have quit, but it is not clear whether those who had quit had done so before or after marriage".*

Figure 7: Proportion who smoke cigarettes and proportion of smokers who have quit, by marital status, Great Britain, 2013



Source: Opinions and Lifestyle Survey - Office for National Statistics

Notes:

1. The group 'married' includes those in same-sex civil partnerships
2. The proportion of smokers who have quit is the proportion of all those who said that they have smoked cigarettes regularly, who do not currently smoke

There is no locally gathered information available to confirm if this pattern is replicated in Lincolnshire.

Impact:
Positive impact, the service will continue to support clients regardless of their marital status.

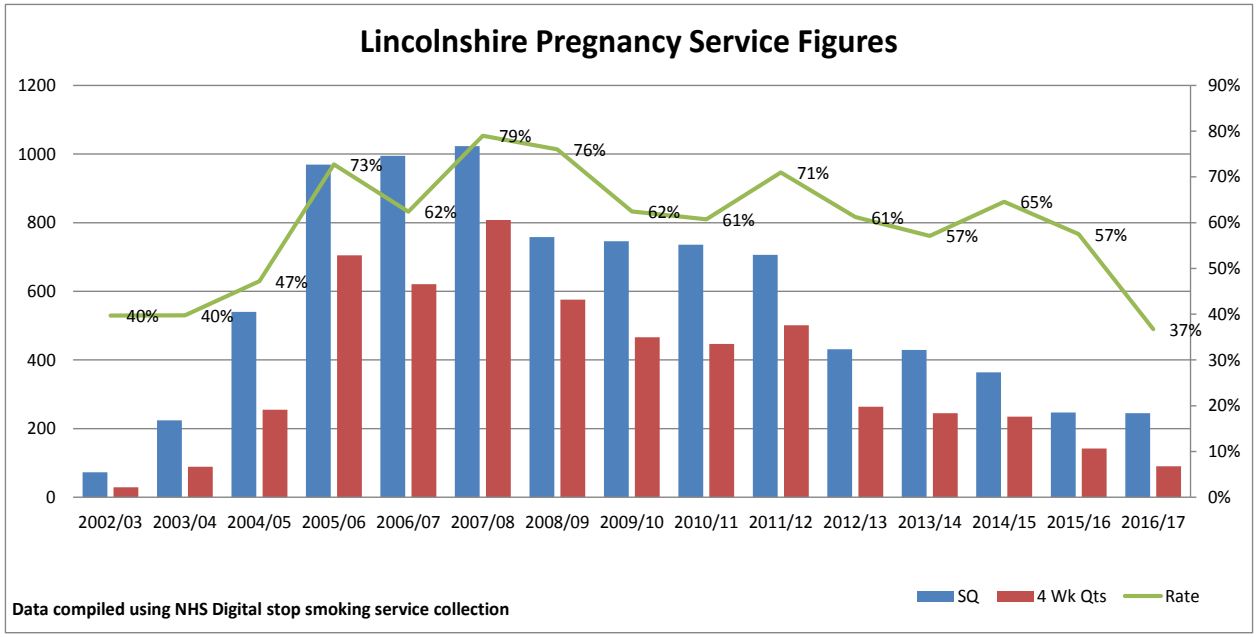
Pregnancy and maternity	**Evidence:** The Tobacco Advisory Group (TAG) of the Royal College of Physicians (RCP) reviewed the evidence available on the adverse effects of active and passive smoking amongst pregnant women. It states: 'Active maternal smoking causes up to 5,000 miscarriages, 300 perinatal deaths, 2,200 premature singleton births and 19,000 babies to be born with low birth weight in the UK each year these adverse effects are entirely avoidable. Tackling the issue of smoking in pregnancy is regarded as extremely important within Lincolnshire, so much so that it has been an area of focus in previous contracts and will continue to be a focus within the newly procured service.

Data collected in 2013/14 by United Lincolnshire Hospital Trust (ULHT) suggests that the smoking prevalence in pregnancy at booking is 18%, equating to approximately 1,300 women reducing to 15%, 1,080 at delivery, significantly higher than the England average of 11.4% and East Midlands average of 13.7%. However data collection issues have meant that the national reporting of smoking at time of delivery (SATOD), (the national indicator) for Lincolnshire is currently unreliable and has been estimated for the past two years.

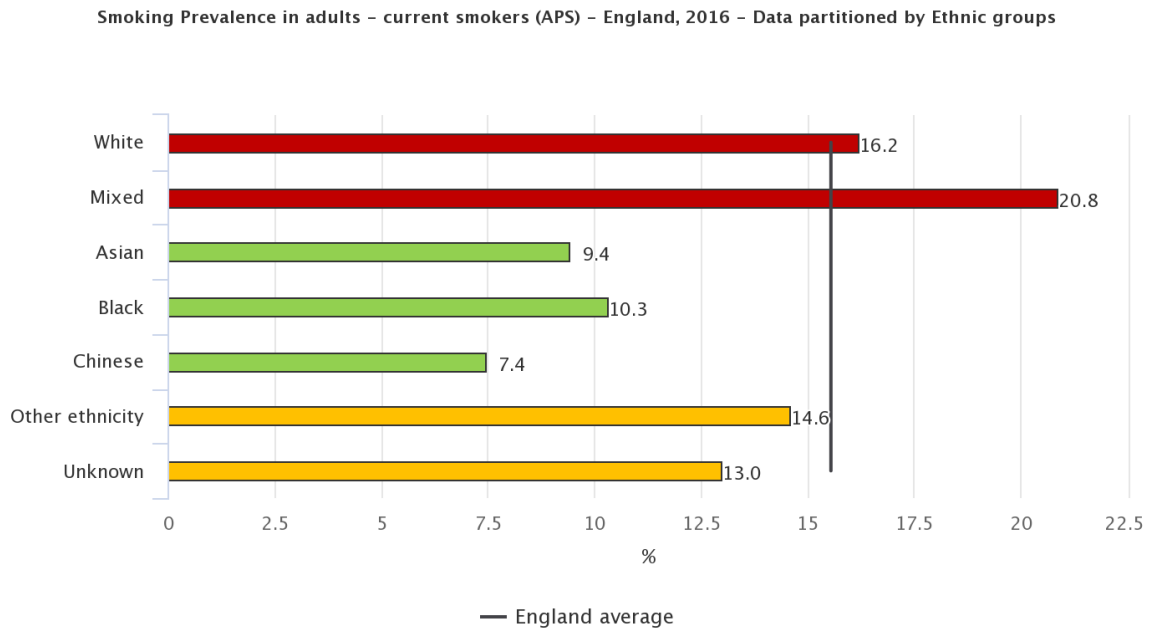
The Governments recently published (July 2017) Tobacco Control Plan – A Smokefree Generation, has a national ambition to reduce rates of smoking during pregnancy from 10.7% to 6% or less by 2022.

Work within ULHT midwifery department and the SSS has been reviewing existing validation and referral processes and developing systematic approaches to pathways between the services. It is planned that this work will continue over the remainder of the contract with Q51 and be part of the transition when the new provider is in place.

The table below tracks the pattern of engagement by pregnant women into the SSS over time, measured by set quit and 4 week quits. The table highlights how numbers coming into the service have diminished over the years and how the percentage quit rate has also fallen considerably.



	Impact: Positive impact on both the mother and child if stops smoking before conception or early in pregnancy. The longer the woman smokes during pregnancy the greater the risks for a healthy and normal weight baby.)
Race	**Evidence:** The ethnic profile of the smoking population has changed considerably in recent years as a consequence of migration from a number of countries with high smoking prevalence as well as continued increases in the 'mixed' ethnicity population which has traditionally had high smoking rates. Analysis of data from the Integrated Household Survey (2009-10 and 2011-12) and the GP Patient Survey (2012) indicated that among UK born groups, smoking prevalence is highest among 'White and Black African' men (36%) and 'White and Black Caribbean' women (37.5%). Among non-UK born men, prevalence is highest in the 'White and Black African' (31.9%) and Bangladeshi (31.5%) groups while for non-UK born women, rates are highest in the 'Other White' group (20.9%). Smoking prevalence is substantially higher among migrants from East European countries, Turkey and Greece, compared with most other non-UK born groups. Smoking rates are highest in the Gypsy or Irish Traveller group, 49% (of 162) and 46% (of 155) for males and females respectively. Lincolnshire is a rural county with much of its employment aligned to agriculture. Over the past several years migrant workers from across Europe have moved and later settled within the county with higher penetration in areas such as Boston, Spalding and South Holland. Smoking rates have remained high in these areas compared with other areas of the county but it is difficult to say with any confidence whether this is purely down to ethnicity. The table below shows the 2016 Public Health Profiles:

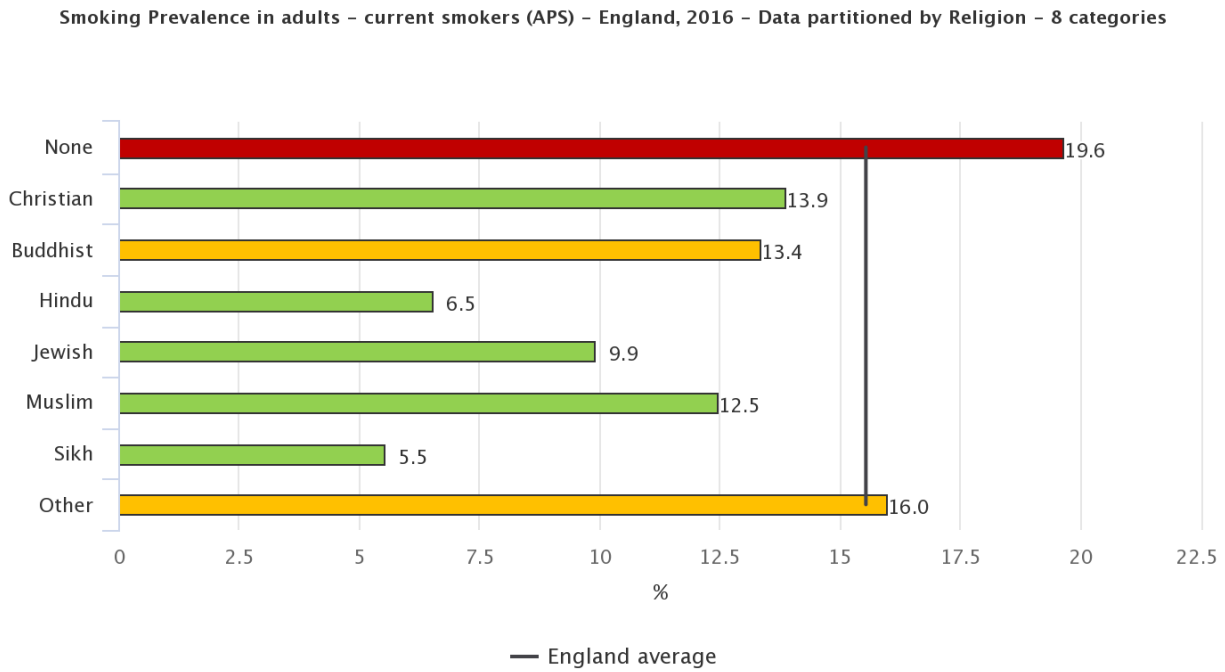


Across ethnic groups, rates are almost always higher in the UK born than non-UK born population with the notable exception of the 'Other White' group. In 2016/17, the majority (86%) of people setting a quit date with NHS Stop Smoking Services were 'White' (265,628). Among the ethnic minority groups, the 'Asian or Asian British' ethnic group had the largest number of people setting a quit date (13,038) and successfully quitting (self-reported) (7,268). The success rate of those giving up smoking was highest among the 'Asian or Asian British' group (56%) which is higher than the 'White' group (51%). The lowest quit rate amongst the ethnic minority groups was 'Mixed' at 46%.

Overall more women set a quit date through the services than men however, among most of the ethnic minority groups, the opposite was reported.

In 2016/17 the Lincolnshire stop smoking service had 2,312 people go through the service and set a quit date, the biggest proportion of these were 'White British' (88%) followed by 'Other White' at (0.07%). Other ethnicities were very small numbers (below 10). More work needs to be done to engage with ethnic smokers to help them quit smoking.

Impact:
Positive impact as the service will continue to support clients regardless of their race. Although the offer may need to be more focused towards identifying the barriers experienced for ethnic groups accessing the service.

Religion or belief	**Evidence:** Local evidence is not available at time of writing however nationally Lincolnshire smoking prevalence by religion is reported through the Public Health Profiles and shown in the table below:  **Impact:** Positive impact as the service supports all smokers that seek help to quit regardless of their religion or belief.
Sex	**Evidence:** Results of the Annual Population Survey (APS) for England 2016 show that the prevalence of cigarette smoking is higher for men (17.7%) than women (14.1%) however a higher proportion of women 61.4% quit smoking in 2016 than men 60.7%. **Stop Smoking Service Data 2016/17 - Numbers setting a quit date and quit at 4 weeks by age and sex:**

	Sex	All Ages	Under 18	18 - 34	35 - 44	45 - 59	60 and over
Number setting a quit date	Male	2,245	18	552	401	694	580
Number setting a quit date	Female	2,576	31	741	470	760	574
Total		**4,821**	**49**	**1,293**	**871**	**1,454**	**1,154**
Number quit at 4 weeks (self-report)	Male	1,113	4	205	185	381	338
Number quit at 4 weeks (self-report)	Female	1,199	8	302	201	390	298
Total		**2,312**	**12**	**507**	**386**	**771**	**636**

Impact:

Positive impact with numbers in Lincolnshire following a similar pattern to national figures: 52% of females quit at 4 weeks compared to 48% of males.

Sexual orientation

Evidence

National data taken from the Integrated Household Survey for 2014 shows that lesbian and gay people are much more likely to smoke than the general population (Gay /Lesbian smoking prevalence 25.3% v Heterosexual 18.4%).

Whilst there is a lack of research on smoking among bisexual and trans people, surveys do show both bisexual and trans people are more likely to smoke (Stonewall, 2012; Rooney, 2012).

Young LGB people are also more likely to smoke, to start smoking at a younger age and smoke more heavily (Corlissetal, 2013).

Mental Health: LGBT people are more likely to suffer from mental ill health. Smoking cessation is associated with reduced depression and improved quality of life (Taylor et al, 2014).

HIV: Men who have sex with men (MSM) are most at risk of acquiring HIV in the UK (PHE, 2014). As many as 47% of HIV positive men smoke. (Hickson et al, 2005).
HIV positive smokers are more likely to develop cancers of the lung, anus, mouth and throat. (Tirreli et al, 2000) and are more likely to suffer from respiratory disease (Diaz et al, 2000).

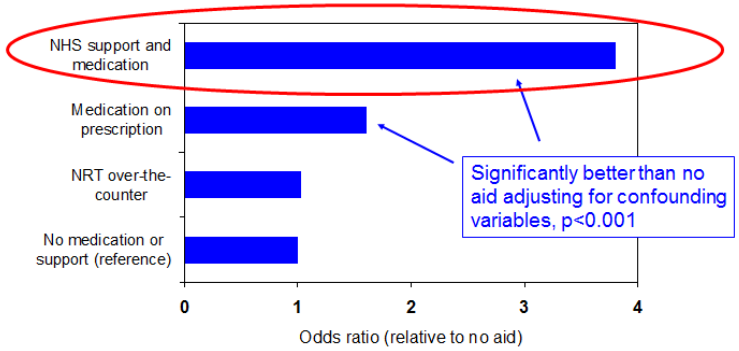
Whilst there is a lack of robust evidence to confirm the best approach to tackling the issue of smoking within the LGBT community, where studies have been undertaken the evidence suggests that current SS services are as effective within the LGBT community as with non-LGBT people. Therefore consideration should be focused on engagement of this community and offering support in settings that are already accessible and appropriate for LGBT communities.

	Impact: Positive impact as the service will continue to support clients regardless of their sexual orientation.

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

Socio economic status:

Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200-1,300 in Lincolnshire. The evidence demonstrates the model of behavioural support with pharmacotherapy improves a smoker's chance of successfully quitting to 4 times greater than attempting to stop without additional support. See graph below:



Additional factors associated with higher smoking prevalence include living in a deprived area and lower socio economic status; smoking is a leading cause of health inequalities in England. There is an established and well-recognised socio economic gradient in smoking prevalence. For example in 2016 the APS reported that the proportion of people that smoke from routine and manual occupation was 24.9% compared to 10.9% among people in managerial and professional occupations.

Furthermore, unemployed people (35%) are almost twice as likely to smoke as those either in employment (19%) or economically inactive (16%) - for example, students or retired people. Data from the HSE 2013 indicate that the proportion of current smokers in the lowest two income quintiles was double the proportion in the highest income quintiles (36-40% for men in the lowest quintiles, 17-18% in the highest). Among women, prevalence was 22-30% in the lowest quintiles and 10-14% in the highest.

Geographical variation: There is also considerable variation in smoking prevalence between different regions in England (APS 2016-17) with an observable North/South

divide. Smoking prevalence in London (15.2%), the South East (14.6%) and the South West (13.9%) is significantly lower than the North East (17.2%), the North West (16.8%) and Yorkshire and The Humber (17.7%). The East Midlands (16.1%) and West Midlands (15.4%) sitting somewhere in between.

These geographical variations persist at local authority level with the most deprived areas having the highest proportion of current smokers. In 2016, Boston had the highest smoking prevalence rate in Lincolnshire (24.9%) whilst North Kesteven had the lowest at (11.1%). Regional prevalence rates range between 21.5% in Nottingham to 13.5% in Leicestershire. Lincolnshire prevalence is 17.7%.

Homeless people: The prevalence of smoking has been found to reach up to 96% among homeless people with smoking-related morbidity and mortality consequently very high in this population. Given the commonly poor engagement with general health services, access of free NHS Stop Smoking Services (SSS) is likely to be rare.

Refugees and asylum seekers: Asylum seekers and refugees are not a homogeneous group of people but it seems likely that smoking rates will be relatively high among certain national and/or ethnic groups. There are also likely to be barriers to refugees and asylum seekers accessing cessation support: these include inadequate information, particularly for new migrants unfamiliar with health care systems in England, insufficient support in interpreting and translating for people with limited English fluency, and confusion around entitlement to some types of services particularly among migrants with insecure immigration status.

Transient and travelling populations: Analysis of data from the Integrated Household Survey (2009-10 and 2011-12) and the GP Patient Survey (2012) indicated that smoking prevalence is substantially higher amongst migrants from East European countries, Turkey and Greece, compared with most other non-UK born groups. Smoking rates in the Gypsy or Irish Traveller group are very high, 49% (of 162) and 46% (of 155) for males and females respectively.

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

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

Age	No perceived adverse impact
Disability	No perceived adverse impact
Gender reassignment	No perceived adverse impact
Marriage and civil partnership	No perceived adverse impact
Pregnancy and maternity	No perceived adverse impact

Race	No perceived adverse impact
Religion or belief	No perceived adverse impact
Sex	No perceived adverse impact
Sexual orientation	No perceived adverse impact

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

Stakeholders

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

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

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

Objective(s) of the EIA consultation/engagement activity
To understand the impact that the Lincolnshire stop smoking service has on people who want to stop smoking.

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

Age	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Disability	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Gender reassignment	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Marriage and civil partnership	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Pregnancy and maternity	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Race	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Religion or belief	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.

Sex	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Sexual orientation	This was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	No as this was a desk exercise and people from this protected characteristic have not been approached. It is our intention to test for impact within the first 6 to 12 months of new contract being in place.
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	We will work with the Community Engagement team and the new provider to review the service and any impact on users. Any negative impacts will be identified and plans put in place to reverse this trend.

Further Details

Are you handling personal data?	No If yes, please give details.

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
	It is our intention to test for impact within the first 6 to 12 months of new contract being in place.	Ros Watson	By April 2019
Signed off by		**Date**	Click here to enter a date.

Policy and Scrutiny

Open Report on behalf of Glen Garrod Executive Director of Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**10 January 2018**
Subject:	**Procurement and Contract Management Arrangements for Adult Care and Community Wellbeing**

Summary:

This report presents an overview of the current contract management arrangements for Adult Care and Community Wellbeing within the Commercial Team. Additionally an analysis is provided of the work plan for procurement and commercial activity currently being undertaken and planned for the coming year.

Actions Required:

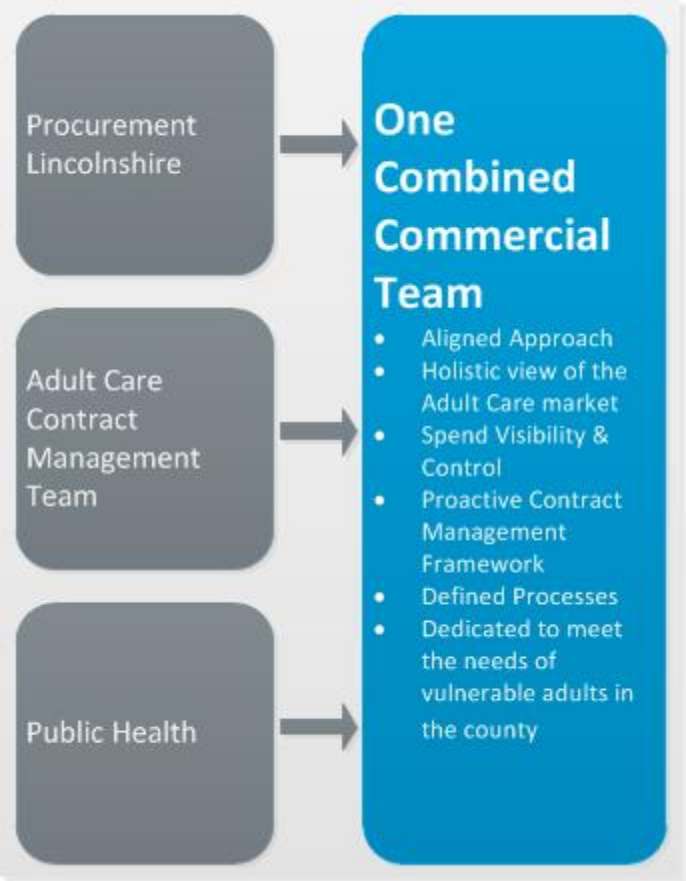
To consider and comment on the content of the report.

1. Background

a) Who we are

Since the new Commercial Team – People Services was established in January 2015 the team has played a central role in supporting critically important Council contracts.

The Team was brought together in 2013, combining the skills of 'Procurement Lincolnshire' and the Adult Care Contract Management Team to support the Directorate in its commercial activity. From the 31st October 2016, colleagues from Public Health were integrated with the Commercial Team. The integration has led to an even larger number of new items on the team's work plan, both in terms of procurement exercises and contract management activity. The inclusion of public health commercial activity has brought new opportunities, meaning we are now a fully integrated commercial unit for all externally commissioned services relating to adults. The team is responsible for over 600 contracts covering care homes, nursing homes, community support providers and a range of other support services for vulnerable adults in the County



Further to this the team continues to make real progress in joint commissioning work with Health partners with successful arrangements in ICES and Transitional Care and Reablement Beds, both delivered via a s.75 agreement, as well as exciting new opportunities for much wider joint working.

b) <u>What we've achieved over the last three years</u>

In 2015, the Team successfully delivered a very substantial and ambitious procurement work plan working primarily with Commissioners in Adult Care re-procuring almost 60% of the overall Adult Care expenditure in 2015 to the value of £260m and entailing over seven separate major procurements many of them running at the same time.

This included:

- Homecare: a fundamental change in the commercial model for a critical front line services;
- Residential Rate and Contract Review;
- Integrated Community Equipment Service;
- Community Supported Living;
- Home Based Reablement;

- Carers Support Service;
- Advocacy Services;
- Sensory Impairment;

In February 2016, the Team achieved national recognition for its work by being shortlisted as a finalist for three categories in the National Government Opportunities awards, in the categories:

- Procurement team of the year (H&SC)
- And twice in Procurement innovation or initiative of the year (H&SC) for the Homecare and CSL projects

The team was delighted to win the award in the latter category for the Homecare project. To have achieved this award, for excellence in public procurement, and in competition with some high profile public and private sector organisations is a real testament to the hard work, skill and dedication of the team.

In 2016, following on from the large number of major procurements in 2015 the team worked hard to support a number of challenging transitions, most notably Home Care, providing intensive support over a prolonged period to minimise disruption stemming from the introduction of the new commercial model and market rationalisation. In addition to this procurement projects were delivered to a value of £31m (including Transitional Care & reablement beds and the carers support service). Another eight represented ongoing work to a value of a further £12m, (including day care, tender support for some key children's services projects, and Wellbeing services).

The Commercial Team produces annual reports aligned to the calendar year setting out in more detail the activity carried out in the relevant reporting period. The last available report is for the period 1 January-31 December 2016 which is attached at Appendix A to the report.

In 2017 some of the major projects being delivered or developed are:

- Wellbeing Services retender via a competitive dialogue
- Transitional Care and Reablement Beds (Round 2)
- Residential Rate Review – setting the usual costs for all residential services alongside the launch of a new cost model for LD services.
- Strategic Market Support
- New contract management system for the Commercial Team

With some 377 registered providers of social care in Lincolnshire it is important that a high level of engagement is maintained. To this end the team has also re-launched the Provider Forums with events being held, in summer 2016, April 2017 and October 2017 at 6 different sessions. Feedback has been very positive and plans are underway to make even more progress on this front in early 2018.

Another important development the team have been spearheading is a potential Joint Commissioning programme with Health Partners, where the expertise and

commercial services provided by the team are made available to Clinical Commissioning Groups for Community Services. This could represent a major change to the provision of health and care services in Lincolnshire with real opportunities to make real improvements across the system.

Over and above the mandatory core services that have been managed and procured the team has also worked hard to improve its ability to make better commercial strategies and decision making through the better use of data and commercial intelligence. New reporting systems, databases and performance analysis initiatives have been developed on an ad-hoc basis over the last years and in the last month a new Commercial Development and Intelligence Manager (fixed term) has been appointed to better support the team through programme management, data analysis and performance management of the teams objectives.

c) Contract Management

Contract management activity is critical to the effective delivery of commissioned services. The contract management role has developed since the inception of the Team, and contract officers are now managing a variety of high risk and high profile situations consistently and in accordance with the Council's contract management framework which sets out good practice. There are currently over 600 contracts managed by a team of 15 officers.

A risk management tool has been developed to enable the Contracts Team to prioritise workloads and to provide oversight of the residential and domiciliary care markets. The Risk Matrix covers 302 residential and community support contracts across all categories of care. The risk tool examines 10 criteria and calculates an overall risk score, enabling the team to maximise the effective use of our limited resources. A similar premise has been used to develop a Risk Matrix for the 25 Tier One strategic Public Health contracts. This combines the quality score rating arising from Full contract management meetings with a number of key risk criteria based on the methodology already in operation within the Adult Care Risk Matrix. A similar risk management tool is under development for all primary care contracts. This includes 170 contracts with GP practices and 30 Pharmacy contracts covering nearly 100 pharmacies across the County.

A new contract management framework has been developed and implemented. This is a step change in the way in which the team delivers contract management and provide better oversight for management as well as ensuring a consistent approach across all contracts. To complement this, an in-depth 'Poor Practice Concerns' process has been developed for use with Adult Care contracts and a similar Serious Incident reporting process has been refreshed and launched with Providers of Public Health services.

A new contract management system has just been commissioned and awarded. This will provide further consistency in the way all contracts are managed across the service as well as providing an in-depth reporting tools and risk management.
Contract Management Statistics:

Contract Type	2016/17 Actual	2017/18 Live year to date Actual
Total no. of provisions in place	**652**	**607**
Residential - In County	277	276
Residential - Out of County	221	159
Community Supported Living	30	34
Homecare (includes Extra Care)	12	12
Day Care	83	97
Home Based Reablement Service	1	1
Strategic Contracts	9	9
Block Beds	19	19
Public Health Tier 1		25
GPs		170
Pharmacists		30

Contract Activities		2016/17 Actual	2017/18 Live YTD Actual	2017/18 % Providers Visited in Last 12 Months
Number of ALL PROVIDER VISITS Undertaken	Cumulative	947	792	
Number of ALL FULL **CONTRACT MANAGEMENT VISITS** undertaken	Cumulative	319	484	83%
Percentage of **RESIDENTIAL IN-COUNTY** contracts that have had a ***full contract management visit*** **since April 2017**	Latest	66.7%	62.5%	81%
Percentage of **COMMUNITYY SUPPORTED LIVING** contracts that have had a ***full contract management visit*** **since April** 2017	Latest	66.7%	32.0%	88%
Percentage of **HOMECARE** contracts that have had a ***full contract management visit*** within the last month	Latest	100.0%	100.0%	100%
Percentage of **STRATEGIC CONTRACTS** that have had a contract management meeting undertaken within the last quarter (8 per quarter)	Latest	100.0%	100.0%	83%
Percentage of **PUBLIC HEALTH TIER 1** contracts that have had a **full contract management** visit within the **last quarter**	Latest	N/A	52.0%*	92%

*Full contract management visits take place annually for Public Health contracts, a total of 64 contract management visits have taken place since reporting began in April 17 across the 25 contracts.

Since 2016 there were no Care Quality Commission (CQC) regulated services in Lincolnshire rated as Outstanding however since then this number has risen to four and is expected to increase to five very shortly. More broadly Lincolnshire has the third lowest proportion of Residential Homes rated as 'Good' in the region however this is an improvement from the previous year and this trend continues to grow. Lincolnshire also has the best (lowest) number of Residential Homes rated as

inadequate in the region. While the providers are ultimately responsible for their CQC rating, the Commercial Team has undoubtedly played a significant role in holding providers to account and supporting them to improve services. There continue to be challenges with individual providers and broader market trends however we believe the Commercial Team has already made a real and positive impact in the management of risk and quality in Lincolnshire.

d) Looking forward to the next 24 months

Key pieces of work which are currently in progress include:

Procurement Activity	Contract Start Date Due
Wellbeing, including Telecare	April 2018
Shared Lives	January 2019
Strategic Market Support Partnership	April 2018
Residential Rate Review (from April 2018)	April 2018
Local Stop Smoking Service	July 2018
NHS Health Checks	April 2018
Domestic Abuse	August 2018

These will all include an in-depth mobilisation period to ensure a seamless transition where the service has been recommissioned for the people using the service.

Additional procurement activity due to commence in 2018 includes a review of homecare arrangements and the decision to extend some or all contracts, and the recommissioning of existing Housing Related Support service provision. For the sake of completeness the Commercial Team's People Services current work programme is attached at Appendix B.

The sector faces significant financial challenges and this team continues to play a forward role in helping the council to support and manage the sector, these include important issues on recruitment and retention of care staff and particularly nurses, national changes and challenges around homelessness, the work around the Sustainability and Transformation Plan and the future direction and funding of Health and Social Care.

2. Conclusion

Before 2012 Adult Care contract management had a strained relationship with the sector due the scale of the work involved and the emerging pressures within the health and social care system leading to increasing potential risk to the Council. In the preceding years considerable progress has been made to strengthen contract management and procurement to excellent effect.

The Team continues to build a strong reputation for delivering results despite operating within this particularly challenging environment. As health partners and others, increasingly look to the Commercial Team for direct support this presents opportunities to build a stronger joint commissioning platform for health and care within the County.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

No

b) Risks and Impact Analysis

N/A

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Commercial Team People Services Annual Report 2016
Appendix B	Work Plan 2017-18

This report was written by Bryony Morris, who can be contacted on 01522552727 or Bryony.Morris@Lincolnshire.gov.uk.

APPENDIX A

TO: **Sophie Reeve – Chief Commercial Officer**
Adult Care & Community Wellbeing DMT

FROM: **Alina Hackney**
Senior Strategic Commercial & Procurement Manager – People Services

DATE: **10th May 2017**

COMMERCIAL TEAM – PEOPLE SERVICES ANNUAL REPORT COVERING JANUARY – DECEMBER 2016

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1. INTRODUCTION

2016 has been another year of hard work and great progress for the team with a number of new initiatives successfully being delivered, more integrated work with Health, and new opportunities with the inclusion of Public Health commercial activity. Following the unprecedented number and value of contracts being procured during 2015 a key focus for the team during 2016 has been in ensuring the effective transition and mobilisation of the new services. In addition to this, the team has continued to foster strong relationships with colleagues across the directorate, with service providers, and with other key stakeholders across the sector in order to help enable the effective delivery of an extensive programme of work in support of effective services and sustainable markets for Adult Care services.

In February 2016, the team achieved national recognition for its contribution of working collaboration with Adult Care by being shortlisted as finalist for three categories in the prestigious National Government Opportunities (GO) Awards, two projects in the category of Procurement Innovation or Initiative of the Year Award – Health and Social Care Organisations and Procurement Team of the Year. The two projects achieving Finalist status were the Homecare and Community Supported Living procurement projects both undertaken during 2015, with the Homecare project winning in the category outright. To have achieved this National award for excellence in public procurement, competing against high profile public and private sector organisations from across the UK is a testament to the hard work, dedication and skill of the team, and something we are very proud of.

Inevitably following such a transformative year of procurement activity 2016 has meant an equal, or even greater, level of work for Contract Management. Establishing the new model for Home Care has required monumental efforts from the team in building new relationships, navigating through new challenges, ensuring the concept of the new model was thoroughly embedded.

From the 31st October 2016, colleagues from Public Health, working within Contracting and Procurement, integrated with the Commercial Team creating a central service for all significant externally commissioned services. The integration has led to a large number of new items on the work plan, both in terms of procurement exercises and contract management activity.

With these changes and alongside the growing portfolio of work this has resulted in a number of new colleagues joining the Commercial unit early in 2017. The team is now made up of 34 FTE posts. This underlines the value and significance the organisation places on a strong and effective commercial service in supporting some of its most critical services.

The Commercial Team – People Services remains in a strong position to support the Council to meet the challenges that face us over the coming year. This report provides an insight into the work of the service over the last year and highlights some of our key achievements.

2. PROCUREMENT ACTIVITY

Following on from the large number of major procurements in 2015 the Team has worked hard to support a number of challenging transitions, most notably Home Care, providing intensive support over a prolonged period to minimise disruption stemming from introduction of the new commercial model and market rationalisation. In addition we have continued to drive forward and deliver a number of high value and strategically significant projects in full compliance with the statutory framework we work within. These include:

- **Transitional Care and Reablement Beds** *Annual Value £2m*
  Increasing market pressures within the residential care sector led the team to review the available options to the Council in ensuring it is in the best position to manage demand for vital care services. The long standing Residential Framework has allowed for a responsive and flexible approach to making effective residential placements however as demand increases and available supply becomes more limited the need for a level of guaranteed capacity becomes greater. Following in depth analysis of the Lincolnshire residential market a procurement exercise for the block purchase of a number of beds was completed in August. This initiative was a successful example of integrated working with Health partners. Underpinned by a new section 75 agreement the competition was carried out by the Commercial Team for the Council and LCHS on behalf of CGGs. The contract is managed by the Commercial Team and is the first time that the Council has contract managed provision on behalf of health. It has been welcomed by the sector, enabled LCHS to benefit from the Council's commercial relationships and has provided much needed contract management capacity to the Team. Based on the success of this work, a further competition for more beds will be carried out later this month.

- **Telecare Implementation**
  As part of the ICES procurement carried out in 2015 it had been identified that there were strong reasons for including Telecare services alongside the core ICES provision. Following the competition and the successful implementation of the new ICES service it was determined that Telecare services would best fit within ICES. The monitoring services have now transferred (April 2017) early to ICES with the remaining Telecare equipment provision will come online in April 2018 in line with the end of the current Wellbeing contracts.

- **Strategic Review of Learning Disability Residential Providers**
  In advance of 2017's launch of the formal Residential Rate Review the team have supported the AD for Specialist Services and carried out a preliminary exercise with the top 12 Learning Disability Residential [including] a detailed analysis of the current cost of providing specialist care. This work will contribute towards the formal Residential Rate Review programme that will be carried out later in 2017.

- **Community Supported Living Open Select list Re-Opening** *Annual Value £16m*

  Community Supported Living is intended to enable vulnerable adults to develop existing skills or acquire new skills to increase their independence in daily living through appropriate risk taking, their opportunities for education and employment, and ultimately meet their desired outcomes as detailed within their Personal Plan. Following the successful procurement and implementation of the 'Open Select List' during 2015, which resulted in 21 Providers being approved for the provision of CSL services, the open select list was re-opened to new entrants during 2016. The process resulted in an additional 5 providers being approved for the provision of CSL services with effect from April 2016. It also enabled us to support the work of colleagues in Children's Services by facilitating the addition of care and support for 'Children in Transition' to the scope of services provided under the contract.

- **Community Provision Accommodation & Support Programme**
  In support of the development of an integrated commissioning strategy for learning disability services, during 2016, a dedicated project team was established. The focus for this team is in ensuring sustainable value for money solutions are established for LD community supported living (CSL) placements, including an adequate level of appropriate housing accommodation. The focus of work so far has been to undertake a comprehensive analysis and assessment of current and future CSL needs and existing provision, including housing type, location and quality to inform the development of a CSL housing strategy. Alongside the demand planning, development of commissioning and procurement plans to implement the agreed strategy is underway, with a view to initiating market engagement and procurement activity during 2017.

- **Carers Support Service** *Annual Value £1m*
  A joint commissioning project with Public Health and Children's Services intended to consolidate multiple independent arrangements across multiple providers to a single contract and lead provider for specialist support services to carers in Lincolnshire, including provision of information advice and signposting, face to face assessment, guidance and various other measures. A procurement process for this service formed part of the wider procurement exercise which encompassed the Dementia Family Support Service. A procurement process was undertaken, which successfully resulted an award of contract in late February 2016. Working closely with the Carer's Commissioning Team and the new service provider, the new service was successfully mobilised and commenced in June 2016.

- **Hospital Dementia Support Service (HDSS)** *Annual Value £120k*
  The Dementia Family Support Service (DFSS) was established following a formal tender process, on 1 October 2015 and in line with the Lincolnshire Joint Strategy for Dementia 2014 - 2017 and is delivered by Alzheimer's Society. Alzheimer's Society was also funding a pilot Hospital based service at Boston Pilgrim Hospital from 2014, which formed part of the Lincolnshire Joint Strategy for Dementia 2014 - 2017 Action Plan, with the pilot coming to an end in 2016. It was identified that this pilot could be developed to support the Council in better discharging its responsibilities under the Care Act 2014 in respect of people affected by Dementia, by working collaboratively in hospitals to assist timely and effective discharges. The Hospital based service links the patient and carer/family to the wider

DFSS and a fifth of all referrals received by the DFSS were from the hospital service in the pilot area.

The proven success of the HDSS piloted and funded at Pilgrim Hospital by Alzheimer's Society, and the synergies and efficiencies associated with continuing such a service alongside the existing contract for the delivery of the DFSS with the same provider resulted in a decision to commission a continuation and expansion of the HDSS service for a further 12 to 24 months with Alzheimer's Society. The approval for the standalone contract meant that this particular element of the Lincolnshire Joint Strategy for Dementia 2016 - 2017 Action Plan would be met and delivered by the most appropriate provider, enabling a seamless delivery alongside a pre-existing contract with very similar objectives.

- **Discharge Support Programme Grant** *Annual Value £100K*

  The Discharge Support Programme was established in 2015 as a pilot programme with the aim to support and facilitate discharges into care homes and to avoid Discharge delays from Lincoln County Hospital (LCH). The programme funded by LCC via the Helping People Home Grant and delivered by the Lincolnshire Care Association (LinCA) ran for an initial 6 month period through to April 2016. It places a Care Home trusted assessor into the discharge hub team at the hospital to undertake reassessments and assessments on behalf of Residential and Nursing Homes to facilitate a safe and timely discharge. This negates the need for individual Homes to send in their own Assessor to the hospital, saving everyone time and resources.

  After the pilot proved successful at LCH, a decision was made to continue the programme and expand it to cover the following acute hospital sites:

  - Boston Pilgrim Hospital
  - Grantham Hospital
  - Lincoln County Hospital
  - Peterborough City Hospital

  This was facilitated by the drafting of a Grant Aid Agreement with LinCA, through which a set of outcomes and deliverables were established and is to be reported against as part of the grant monitoring process, which will in turn be used to inform and agree any allocation of funds in subsequent periods against agreed Discharge Support Programme Plans.

- **Provider Forums**

  In June and July the Team held three Residential Care Provider Forums across the County which were attended by over half of the County's residential providers. This was an opportunity for the Commercial Team along with Adults Commissioning to share important messages with the market and to allow for the sector to feedback on key issues. Feedback from all events was very positive. Following on from the success of these events the Team lead a further set of events at the end of April.

- **Sensory Impairment Support Service** *Annual Value £600k*

  The Sensory Impairment service was re-procured and awarded in January 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.

The new Contract offers an improved person centred service delivery, providing flexible and innovative solutions within a fixed budget that offers value for money year on year. It allows for potential further development of the Service through the provision of the following:

- A commitment to working in partnership with both local and national organisations, with the aim of creating a sensory impairment care pathway;
- Numerous added value services that people who are sensory impaired expressed as important for their wellbeing (Care Act 2014) during engagement, including Befriending, Talking News, Hearing Aid Support, Transcribing, iPad training, Eye and Ear Clinic Support Desks, Children's Activities, Social Groups, Visual Impairment and Deaf Awareness Training; and
- A locally managed and delivered service, whilst having the benefit of support from a national infrastructure in areas such as legal, risk, finance, HR and IT.

- **Sexual Health Services** *Annual Value £5m*

In collaboration with National Health Service England LCC commissioned an integrated sexual health and HIV service model which aims to improve sexual health by providing access to services through 'one stop shops', where the majority of sexual health and contraceptive needs can be met at one site, often by one health professional, in services with extended opening hours and accessible locations, improving sexual and reproductive healthcare for persons living with HIV, and reducing HIV transmission and late HIV diagnoses. The "Lincolnshire Integrated Sexual Health Service" (LISH service) brings together level 2 and 3 GUM/HIV/sexual health and community contraception, psycho-sexual therapy (sexual health aspects), chlamydia screening and treatment in under 25s, C-card scheme and sexual health promotion. This will enable more strategic planning of locations and accessibility of services, as well as a more joined up approach to provision and quality. The services shall be jointly commissioned with HIV treatment and care services under the national standard specification (adults only) through a S75 arrangement between the Council and NHS England. This will ensure consistency of provision and avoid siloed services. The service commenced 1st April 2016, delivers a managed sexual health service based on the Supplier model, and aims to reduce sexual health inequalities by providing an equitable service to Lincolnshire residents facilitating prompt access in line with need.

The contract also offers the flexibility of including the GP based Long acting Reversible Contraception (LARC) provision, Young People's sexual health pharmacy provision and Public Sex Environment (PSE) Outreach and community sector HIV prevention and support services at a later date. Prior to this inclusion these services are working together to ensure a seamless service for the Lincolnshire population.

- **Substance Misuse Services** *Annual Value £7m*

The substance misuse delivery model now commissioned is a holistic system which aims to provide an integrated treatment system for drugs and alcohol which will more effectively meet the needs of the local population. The treatment system will be outcome and recovery focused. The expectations for recovery and reintegration will be explicit and characterised by the ability to motivate and support clients to achieve short and longer term goals and move through the treatment system into mainstream health provision free from dependence.

The treatment service will be supported by a recovery service, which will wrap around treatment, offering support to people before, during and after treatment by building a recovery community across the county. It will provide a supportive environment to help those in recovery address any remaining issues as well as prevent those accessing recovery services from escalating their substance misuse to a level that may require formal treatment. The specification has a clear focus on outcomes for all service users engaged with the treatment Provider(s), rather than a detailed description of the mechanisms for service provision. It seeks to empower providers to use best evidence, to be innovative and to develop services to deliver outcomes that are meaningful for service users, families and communities. In addition, it is expected that the service will be sensitive to the evolving nature of substance misuse and develop effective, timely responses based on evidenced need and ever changing trends.

The contract commenced 1st October 2016 and is performing well despite a reduction in the financial envelope and an extremely challenging mobilisation period.

- **Pre-Paid Cards** *Annual Value £51K*

  The Council's Personalisation Agenda Project Group identified that utilising Pre-paid cards as a way to receive direct payments would potentially make direct payments more attractive and to more people who are eligible for it. The Council currently pay out over £22m (minus Service User Contributions) a year in direct payments and evidence from other local authorities has shown that savings of up to 10% of the overall budget can be achieved within the first year and 4-5% year on year.

  A market engagement exercise was undertaken to research the market and decide on the best procurement route. Market research identified four main suppliers in the market all of whom are on a framework set up by Surrey County Council. The Council has opted for a three year contract with the option to extend for one further year. The procurement exercise has concluded with the implementation planned for June 2017. It is hoped this new initiative will allow for greater choice for service users as well as much stronger protections and controls in ensuring personal budgets are managed well.

- **Building Based Day Care Services** *Annual Value £2m*

  We have undertaken reviews of current contracted service provision in both OP/PD and LD user groups, in context of the Care Act, to assess adequacy and value for money, and to understand market capacity and choice. This was followed by a procurement strategy, and recommendation made to the Executive Councillor to undertake a re-procurement process for building based day services to ensure that they are both cost effective, and effective in meeting the needs of the service users who access them. Approval was given and the procurement activity is scheduled to take place later in 2017.

3. CONTRACT MANAGEMENT ACTIVITY

The sharp-end of the impact and consequences of any 'crisis' in Social Care could not have be more felt than by the Commercial Team in its management of the social care market and Providers within Lincolnshire. Overall the Sector has faced an accumulating number of challenges to delivering financially sustainable and quality care services. These challenges include: the recruitment and retention of staff, the consequences of national minimum wage; more stringent CQC regulation, inspection and formal actions, a higher cost base with increasing overheads.

The 2016 calendar year is featured by a number of service failures and deregistration of nursing care. With regards to nursing deregistration, there has been a net reduction of 218 nursing beds across the county since 2015 and this is primarily due to inability of homes to recruit qualified nurses. The lack of qualified nurses reflects the general pressures on the Health and Social Care sector, especially with the NHS seeking to achieve a seven day week working from its five day base. Pressures on nursing homes are particularly being felt in the West CCG area where we have seen a number of service defaults over the last 12 months.

A significant challenge for the Team in 2016 came from those residential services which were unable to rectify their 'Inadequate' or 'Requires Improvement' rating. Of 171 CQC reports published in 2016, 55 homes had a 'Requires improvement' rating and 2 were rated 'inadequate'. Additionally, from those residential services that deteriorated over a relatively short period of time from being CQC rated 'Good', to being in a state of poor quality and delivering concerning levels of care.

The Team undertook a total of 453 visits during 2016, but spent considerable time and energies with a smaller number of providers who were in difficulty. With the exception of [one home], which closed following the owners decision in December 2016, progress has been achieved, or is still ongoing, with all the others homes in respect of achieving improvement.

Despite the challenges outlined, the Commercial Team continues to work closely with the Care Quality Commission and in 2016 there was an overall improvement in the quality ratings of services across the county. 60.5% of services inspected in 2015 were rated as good, whereas in 2016 66% of services inspected received a Good rating. Lincolnshire also received its first Outstanding rating at The Old Hall in Billingborough. A priority for the Commercial Team is to continue to support those homes that require improvements in 2017.

- **Service Quality Review**

A key success within the management of the market and the individual Providers within it has been the development of a risk rating methodology and the Service Quality Review Group (SQR) which works to manage those risks. The SQR has achieved a significant amount during 2016. It has a multi-agency representation which works together most effectively and is recognised as doing so, by all partner agencies.

Its monthly meetings have been key in deploying resources, not only from within the Contracts Team but also from Partners in responding to individual Provider's situations and performance. This has seen joint visits and action planning. This has also resulted in a consistent and unambiguous approach from a Provider perspective. Indeed, the SQR and risk rating methodology has attracted much interest from across the East Midlands and wider area.

The agency partners involved within the SQR include CCG and CQC representation. The involvement and increasing confidence between all partners has been fundamental. Focusing on CQC, there is regular information sharing and transparency on the assessment/risk of providers which has ordinarily allowed for a 'common mind'. That having said the relationship with CQC is not without its difficulties.

To mitigate and come to a resolution on these difficulties there is a formal monthly liaison meeting between the respective Heads of Service for the Council and CQC, as well as ongoing discussion/liaison where CQC are likely to take action against a service.

- **Contract Management Framework**

The year has not only seen a refinement to the SQR risk methodology and other processes, but it has also seen a revamping of the Contract Management Framework (CMF). This includes the associated standard operating procedures. This suite of documentation and processes ensures that the Team works in a standardised way and that all information is triangulated into a Provider's risk rating. A new contract management visit template and methodology was introduced in the early part of the year with a complementary template being introduced for homecare and CSL later in the year. This methodology also sets out standards that the reports should be written to and timescales for their production.

The new CMF has been very well received by providers. Providers have received it as a good and collaborative approach and are also respecting of the transparency that is brings, with risk rating being shared with them. It must also be noted that both the relationship and support from LinCA in the development/implementation of this has been fundamental to its success.

During 2016 a service specification has been developed for the procurement of a new Contract Management System to support the ongoing effective operation of the CMF. This has been through a formal business case and senior management approval. It is intended to procure and implement the system during 2017. The system will streamline existing standalone systems and spreadsheets in to one common platform, which will further enhance management information arrangements.

- **Strategic Contract Management**

In addition to the Contract Management of the residential CQC regulated services the team is responsible for the performance of a number of strategic contracts. These contracts include Homecare, ICES, Penderels Trust, and Short-Breaks amongst a portfolio of over 600 contracted services. All of these services are performing well and are providing significantly good outcomes for our service users. The following paragraphs provide an update on the some of the most significant of those services.

  - **Homecare**

    Homecare capacity has increased significantly across all 12 Homecare zones during 2016; the pending list of cases waiting for care being at its lowest level, currently under 100, since the start of the contract. Some rural areas remain difficult for Providers to recruit to, but through contract management individual solutions have been put into place to address specific areas of need. The numbers of Poor Practice Concerns have drastically reduced throughout 2016 with the process being revised to ensure its effectiveness in addressing concerns raised. Senior Contract Officers continue to conduct monthly contract management meetings to monitor the service and have also undertaken more targeted work with individual Providers when necessary to ensure contractual standards are met.

  - **ICES**

    The new ICES Contract went live in May 2016, with NRS reappointed as the Service Provider. The service supports the County Council and its CCG and NHS Trust partners through the provision of a 6 days per week service, which will increase to a full 7 days per week service once the local Health and Social Care hubs and networks are fully established. Performance has been strong overall, but with some lower than target figures. These have not been of significant concern to warrant action other than

through the monthly Contract Management route. The Contract is seeing efficiencies compared with the previous ICES Contract.

- **Transitional Care and Reablement Beds**

  Earlier in the report an update was provided regarding the procurement of a new contract for multi-purpose beds. These 50 plus beds were procured on behalf of both Health (LCHS) and Social Care and essentially to give contingency capacity to manage demands for hospital discharge.

  In addition to being commissioned by LCHS to procure the beds, the Council has also been commissioned to provide a contract management service. Consequently, the Council has appointed additional resource in order to manage the service. The remit is to ensure both the Provider side contract management and a role in the overall management of the service seeing significant relationship management with LCHS.

- **Public Health Contract Management**

Contract Management is critical to the effective delivery of Public Health services. Programme Officers and Programme Support Officers take the lead on Contract Management and Quality Assurance activity within Public Health. These staff members transferred to the Commercial Team on 31st October 2016. A decision was taken that for the first six months of the transition, contract management would continue as part of business as usual to enable the teams to fully integrate. This has also enabled the Commercial Team to take stock of the current position and to align all contract management activity into the current work plan.

4. KEY CHALLENGES

- **Budget pressures and the impact of NLW and NMW Increases**

  The Care Act places a market oversight role on local authorities which requires that there is strategic and operational assurance of effective markets for care. The current environment for Social Care is one of increasing demand and decreasing funding which has and will continue to present a genuine risk to the sustainability and resilience of social care markets. Over the last 12 months, several factors have been particularly significant in increasing the financial pressures felt by both commissioners and providers of care services, including the wider roll out of pension auto-enrolment, CQC registration cost increases, but most significant of all has been the introduction of the National Living Wage in April 2016, which represents a fundamental challenge to a sector so heavily reliant on lower paid workers. A significant number of our providers across our regulated care services provision have made representation that unless there was direct recognition of the increased costs as part of the available funding, the risk of market failure or providers leaving the market was highly probable.

  To help tackle this challenge, we have worked in a co-ordinated way with colleagues across Adult Care; to undertake a detailed analysis of how the National Living Wage would impact on contract rates for residential care, home care and community supported living, and commensurate uplifts agreed to enable the Council's rates for these services to remain fair, legally compliant and affordable. The Team was at the front line in managing the difficult communications and engagement with the market through the review and implementation of increased rates, and continues to manage representations from and relationships with providers in the context of ongoing budget pressures. The Head of Service continues to

meet regular with LinCA, attended also by the Assistant Directors of Adult Care, and these meetings act as the gateway for our market engagement activity.

- **CSL Night Time Support**
  The team has faced an increasing level of challenge in respect of the Council's approach to funding sleep in support in community supported living services. In response to the emerging view of HMRC in their interpretation of statutory guidance around the qualification of sleep in support for payment of NMW, and their approach to investigation of providers in the care sector, many providers have taken the view that they must increase remuneration levels for support workers or face severe consequences. As a result many are seeking commensurate increases in contract rates from the Council to directly fund this. In recognition of the pressure being exerted on providers to respond to this issue, and that this is a vexed and emerging issue, the team has needed to seek advice on, monitor and keep under review the Council's positon in order to help ensure any changes that may be considered necessary are proportionate, sustainable and affordable, and undertaken at the appropriate time and in the appropriate way.

- **Volume of activity**
  The amount of procurements successfully delivered during 2015 was unprecedented both in terms of volume, complexity and significance to the council. With the implementation of these new contracts the Council is in a much stronger strategic position to be able to deliver cost effective services as well as explore innovative new ways to improve outcomes, but the sheer number of new contracts has resulted in increased demands on contract management activity in particular.

- **Integration of Public Health commercial activity**
  The integration of Public Health commercial activity into the remit of the Commercial Team – People Services is a positive step that will bring a number of benefits for the Council, in particular by helping to in align and bring consistency of approach to commercial activity across preventative and regulated health and care services commissioned by the Council. The resulting change has presented a number of challenges that the team will need to address, which include the amalgamation of work programmes and management of resource capacity, managing the transfer of knowledge both between responsible officers and through access to files and networks, building strong relationships and defining roles and responsibilities with the public health Commissioning Team, and establishing and integrating suitable governance structures moving forward.

- **Residential and Nursing Market Capacity**
  Although the Transitional Care and Reablement Beds contract secures capacity, it also puts pressure on the remaining capacity within the system. Working in partnership with the respective Commissioning Teams, the Commercial Team is helping to develop integrated commissioning strategies. These strategies will provide a platform on which new investment in future service provision in Lincolnshire will be made.
  Over the past few years the Council recognises that this has been for the most part been speculative development on the Providers' part and that it needs better to match supply and demand. Generally, investment will be needed in additional nursing care provision; new extra care and CSL accommodation; expanded capacity in homecare; better use of other care options for example shared lives.

5. LOOKING FORWARD TO THE NEXT YEAR

The public sector and in particular the care sector will continue to face significant financial challenges and the Commercial Team expects to play a full role in supporting the Council to manage these challenges.

There are potentially a high number of new Procurement activities for Public Health over the next 12 months which the Commercial Team will be taking a commercial lead on in collaboration with Public Health commissioners. Additionally the internal audit team will be undertaking an assurance review of key Public Health Procurement Activities and Contract Management practice. This will help to focus attention on the most urgent priorities that require attention whilst realigning commercial practice with Adult Care.

There will also be plans to bring the Contract Management activity in line with that undertaken within Adult Care contracts. This will strengthen risk management across the services and provide more robust reporting mechanisms moving forward.

We will build on and develop the strong working relationships established with key individuals and teams across the Adult Care and Community Wellbeing Directorate, and work together with stakeholders across the Council and its partner organisations to identify and take full advantage of opportunities to deliver maximum efficiency and effectiveness from our contracted spend.

KEY WORK PROGRAMME ACTIVITY FOR THE COMING YEAR:

a. **Well-Being Service (WBS)**

The scope of the existing WBS will be split into two key work-streams for future delivery of services. Telecare will be integrated into the existing ICES contract, beginning with the monitoring service with effect from April 2017, and followed by the installation and maintenance services in April 2018. The remainder of the service, including assessment, generic support, small aids and adaptations, telecare response and hospital in reach will be subject to re-procurement during 2017, following a process designed to enable us to test a range of proposals for future service delivery through dialogue with bidders, providing the opportunity for improved service providing good value for money and effective preventative services.

b. **Day Care**

A review of externally commissioned buildings based day care services was undertaken during 2016, and a decision was made to proceed to establish a new contract mechanism to improve consistency of services and management of costs. The detailed planning and associated procurement process to ensure that the new contract mechanism is both cost effective, and effective in meeting the needs of the service users who access them, will be undertaken during 2017.

c. **Shared Lives**

A review of our existing shared lives services to ensure that they are both cost effective, and effective in meeting the needs of the service users who access them will includes

consideration of the most appropriate delivery channel for the services in future. Subject to the outcome of the review, if appropriate a procurement process will be undertaken to establish a new contract at the appropriate time.

d. **CSL Accommodation Development**
Significant work has been undertaken alongside colleagues in the commissioning and care management teams to understand the future demand for CSL accommodation across the County over the next 5 years and beyond; and to develop a number of options to deliver the required development. This includes re-provision of existing services plus new services, mini-tenders and placements in existing services and will continue throughout 2017.

e. **Residential Rate Review**
Spend on residential and nursing care represents 42% of all Adult Care and Community Wellbeing expenditure at approximately £103m per annum. As such it is vital to manage the costs of residential and nursing care whilst also ensuring the market is being paid a fair and sustainable price for their services in support of our obligations to maintain a healthy market offering a choice of high quality services. The current contract framework and fee mechanism for residential care comes to an end in March 2018. Therefore throughout 2017, we will be working closely with colleagues from across the Directorate to undertake a thorough and comprehensive review and revision of fee levels for the period from April 2018; incorporating the work undertaken as part of the Strategic Review of Learning Disability Residential Providers during 2016, the wider residential rate review process will involve a comprehensive programme of engagement with the across all sectors of the residential care market in order to support effective market management in future years. In addition the Commercial Team will undertake a comprehensive review of the current Contract terms.

6. CONCLUSION

In summary we are pleased to report the following activity for 2016:

<table>
<tr><td colspan="4">Number of procurement projects delivered</td><td>8</td></tr>
<tr><td colspan="4">Annual Value of procurement projects delivered</td><td>£31m</td></tr>
<tr><td colspan="4">Number of live procurement projects</td><td>8</td></tr>
<tr><td colspan="4">Annual Value of live procurement projects</td><td>£12m</td></tr>
<tr><td colspan="4">No. of Contract Management Visits Undertaken (Dec15-Dec16)</td><td rowspan="3">453</td></tr>
<tr><td>Residential</td><td>Homecare</td><td>CSL</td><td>Other/ Strategic</td></tr>
<tr><td>284</td><td>103</td><td>38</td><td>28</td></tr>
<tr><td colspan="4">Reduction in high risk contracts (Jan 16 – Dec 16) from 39 to 27</td><td>Reduction of 12</td></tr>
<tr><td colspan="4">Number of poor practice concerns received and processed (Dec15-Dec16</td><td>969</td></tr>
<tr><td colspan="4">No. of contract default notices resulting from poor performance issued</td><td>17</td></tr>
<tr><td colspan="4">No. of action plans resulting in successful resolution of default issue - lifted</td><td>15</td></tr>
</table>

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COMMERCIAL TEAM – PEOPLE SERVICES
WORKPLAN 2017/18
STRATEGY / PROCUREMENT

STAGES	1 PLANNING	2 GOVERNANCE	3 MARKET ENGAGEMENT	4 TENDER DEVELOPMENT	5 ACTIVE TENDER PROCESS	6 EVALUATION	7 CONTRACT AWARD	8 MOBILISATION	9 REVIEW

					PROGRESS				
SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	CONTRACT START / GO LIVE DATE	STAGE	EXPECTED PROGRESS
Commercial Team	Pro-Contract Implementation	Sophie Reeve Alina Hackney	Working group lead for CT - People. Support the team in systems transition and implementation including train the trainer activity at appropriate levels for various staff roles. Ongoing maintenance.	Mark Fowell	01 July 2016	30 December 2016	**COMPLETED**	4. REVIEW	End Date Lapsed
Specialist Services	"Usual Costs" Review (Value for Money Programme Residential Work stream)	Justin Hackney	Support development of an Integrated Commissioning Strategy for LD focused on improving cost transparency for the interim until new Usual Costs are established	Alex Craig	01 April 2017	30 January 2018	**01 April 2018**	2. GOVERNANCE	91%
Public Health	Review of GP Contracts Annual Review of the Open Select List for the provision of LARC	Commercial Team	Consolidate contracts into a framework/OSL to manage enhanced services	Claire Taylor	01 January 2017	01 February 2018	**01 April 2018 -** Potential Extension to 01/04/2019	1.PLANNING	93%
Commercial Team	Contract Management System Tender	Alina Hackney	Confirm Budget, Pricing & Performance Mechanism (dependency) Specification and Procurement Documentation Tender Process Management, Contract and System Implementation.	Dionne Soonthornsaratoon	01 March 2016	26 March 2018	**01 April 2018**	8. MOBILISATION	89%
Adult Frailty & Long Term Conditions **and** Specialist Services	Review of Residential Framework including review of "Usual Costs"	Carolyn Nice Justin Hackney Alina Hackney	Work to determine the usual cost rate with effect from 2018/19 as well as a review of the commercial model and T&Cs within the framework agreement. Preliminary work underway for LD costs.	Alex Craig (Steven Houchin)	01 January 2017	30 March 2018	**01 April 2018**	2. GOVERNANCE	81%
Public Health	NHS Health Checks Programme	Chris Weston	85 Public Health Service contracts with General Practices across the county. General Practices are paid on the number of invitation letters they send to people aged between 40-74 years old in their practice population and the number of assessments they undertake during the course of the year to their eligible patient	Claire Taylor	01 April 2014	31 March 2018	**01 April 2018**	3. MARKET ENGAGEMENT	94%
Public Health	Smoking Cessation and Tobacco Control Activity Service Contract (North 51 now Quit 51)	Chris Weston	Services for quitting smoking A GP and Community Pharmacy network support the service through the provision of Nicotine Replacement Therapy via a prescription.	Reena Fehnert	01 April 2016	31 March 2018	**01 April 2018**	4. TENDER DEVELOPMENT	88%
Public Health	HealthWatch Local	Tony McGinty	Local Authority needs to establish a local healthwatch service. Currently a grant of £300K. Review of requirements needed	Mark Fowell	01 April 2017	31 March 2018	**01/04/2018 -** Potential Extension to 2019		76%
Public Health	Annual Review of the Open Select List for EHC and Pregnancy Testing Services in GPs and Pharmacies	Shade Agboola and Carol Skye	Tender process management and contract implementation for any new General Practices and Community Pharmacies.	Mark Fowell	01 January 2017	31 March 2018	**01 April 2019**	1. PLANNING	81%

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					PROGRESS				
SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	CONTRACT START / GO LIVE DATE	STAGE	EXPECTED PROGRESS
Adult Care DMT	Workforce Development	Carolyn Nice Justin Hackney Alina Hackney	New project stream to develop a commercial partnership model for work with LinCA or another provider to support the market and develop the sector. Will result in a procurement to be completed for April 2018 wherein the new contract(s) will be established.	Alex Craig Reena Fehnert	01 April 2016	01 April 2018	**01 April 2018**	6. EVALUATION	88%
Public Health	Wellbeing Service **Lot 1 -Telecare** Mears 24/7 Limited **Lot 2 - Generic Support**	Robin Bellamy	Re-procurement of the Wellbeing contracts Competitive Dialogue for Lot 2 Lot 1 work to be transferred to NRS within 2018/19. Monitoring services transferring early in April 2017 due to Mears leaving the	Carl Miller Claire Taylor	01 April 2013	01 April 2018	**01 April 2018**	8. MOBILISATION	95%
Specialist Services **and** Adult Frailty & Long Term Conditions	Day Care Framework	Justin Hackney Carolyn Nice	Finalise Pricing Strategy Specification and Procurement Documentation Tender Process Management and Contract Implementation.	Linda Turnbull (Matt Broomfield)	01 June 2017	30 May 2018	**01 June 2018**	1. PLANNING	60%
Specialist Services & Adult Frailty & Long Term Conditions	Shared Lives Service Re-Procurement	Justin Hackney Carolyn Nice	. Analysis of: Business Requirement and Demand Market Engagement Commercial and Procurement Strategy Development Specification and Procurement Documentation Tender Process Management and Contract Implementation.	Reena Fehnert	01 October 2016	01 July 2018	**01 January 2019**	3. MARKET ENGAGEMENT	72%
Public Health	**Domestic Abuse Floating Support** Nottingham Community Association in East Lindsey.	Kakoli Choudury	Re-procurement necessary in 2017 in order for new contracts to start in April 2018 Commissioning review to be undertaken to determine future commissioning intentions.	Marie Kaempfe-Rice Bryony Morris	01 July 2013	31 July 2018	**01 August 2018**	4. TENDER DEVELOPMENT	89%
Public Health	NHS Health Checks Audit	-	Audit of the Health Checks Programme. Needs commissioning review as to scope and purpose. Could be an in-house option. Currently with Arden Gems. Under review.	Mark Fowell	01 April 2017	31 March 2019	**01/04/2018** Potential Extension to 01/04/2019	3. MARKET ENGAGEMENT	38%
Specialist Services	Community Supported Living - Placement Brokerage and Open Select List mini-tender activity	Justin Hackney	Attendance and admin of fortnightly 'Pre-PEG' meeting (on rotation). Provider liaison and mini-tender management (spec / e-tendering administration / evaluation).	Karley Beck Linda Turnbull Sam Shields Eilidh Stewart Jonathan Carr	01 April 2017	Ongoing	**Ongoing Project**	5. ACTIVE TENDER PROCESS	Ongoing
Adult Care DMT	Provider Forums	Carolyn Nice Justin Hackney Alina Hackney	Development and continuation of Provider Forums.	Reena Fehnert	Jun 2016	Ongoing	**Ongoing Project**	3. MARKET ENGAGEMENT	Ongoing
Specialist Services **and** Adult Frailty & Long Term Conditions	Review of Respite Short Breaks	Justin Hackney Carolyn Nice	Complete analysis of capacity and demand for short breaks services. Identify any gaps in provision and support the development of a strategy to manage these, whether directly commissioned or otherwise.	Claire Taylor	01 March 2016	Ongoing	**Ongoing Project**	N/A	Ongoing

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					PROGRESS				
SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	CONTRACT START / GO LIVE DATE	STAGE	EXPECTED PROGRESS
Specialist Services	Community Provision Accommodation and Support (Value for Money Programme CSL Work stream)	Justin Hackney	Support development of an Integrated Commissioning Strategy for LD. - Project coordination and management including: - Demand Forecasting - Data Cleansing	Carl Miller	01 February 2016	Ongoing	**Ongoing Project**	N/A	Ongoing
Children's Services	Hidden Harm	Simon Gladwin	Traning for frontline practitioners to deal with the impact of acohol and drug us	Mark Fowell	01 November 2017	01 April 2018	March 2018 ideally - but will slip	Applied through ESPO framework	42%
Adult Services	Adutl Frailty and Long Term Conditions Assessments	Carolyn Nice	Short term requirement to carry out additional Adult Care asssesments	Mark Fowell	01 December 2017	01 April 2018	Jan-18	Live on Procontract	27%
Adult Services	Supported Employment	Julia Beard	Project to support LD service users in finding employment.	Mark Fowell	01 July 2017	01 July 2018	Jul-18	Finalise specification docs then prepare tender documents	51%
Adult Services	Adult Care Manual	Sam Francis	Retender for the existing Tri-x manual for operatinal staff	Mark Fowell	01 July 2017	01 April 2018	Apr-18	Live on Procontract	68%
Adult Services	Library Information Services	Sam Francis	Online library of Adult Care services in Lincolnshire.	Mark Fowell	01 July 2017	01 August 2018	? July/August 18	Preparation of specification	47%

COMMERCIAL TEAM – PEOPLE SERVICES
WORKPLAN 2017/18

CONTRACT MANAGEMENT

05/09 Update: ALL CONTRACTS ARE BEING CONTRACT MANAGED

SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	GOVERNANCE	Notes and updates
Adult Frailty & Long Term Conditions	Residential & Nursing Framework: Care Home Site Visits (in-county)	Carolyn Nice	Annual review as a minimum. Dependent on: Risk Rating/Service Quality Review Performance Defaults Poor Practice Concerns Safeguarding Enquiries Residential Homes - 122 Nursing Homes - 81 (actual numbers may vary slightly through the year)	Ed Baker (Contract (Officers x 4)	**Apr 2015**	Mar 2018	Quality and Safeguarding Board	All care Homes Assigned
Specialist Services	Residential & Nursing Framework: Care Home Site Visits (in-county)	Justin Hackney	Annual review as a minimum. Dependent on: Risk Rating/Service Quality Review Performance Defaults Poor Practice Concerns Safeguarding Enquiries Residential Homes - 58 Nursing Homes – 12 (actual numbers may vary slightly through the year)	Jonathan Carr (Contract Officers x 2)	Apr 2015	Mar 2018	Quality and Safeguarding Board Divisional Team	
Adult Frailty & Long Term Conditions & Specialist Services	Residential & Nursing Framework: Care Home Site Visits (out of county)	Carolyn Nice Justin Hackney	Annual review as a minimum. Dependent on: Risk Rating/Service Quality Review Performance Defaults Poor Practice Concerns Safeguarding Enquiries Residential Homes - TBC Nursing Homes - TBC 10% of site visits undertaken	Ed Baker Jonathan Carr	Apr 2015	Mar 2018	Quality and Safeguarding Board Divisional Team	
Adult Frailty & Long Term Conditions	Community Support (Homecare): Homecare Site Visits	Carolyn Nice	Monthly strategic contract management performance reviews as a minimum (daily contact). Lead Prime Providers – 12 Zones (11 Providers)	Bryony Morris Melissa Coleman Sarah Fry	Sept 2015	Sept 2020	Quality and Safeguarding Board	
Specialist Services	Community Supported Living Framework: Provider Site Visits	Justin Hackney	Quarterly strategic contract management performance reviews as a minimum (weekly contact). Providers – 25	Karley Beck Linda Turnbull Helen Johnston Sam Shield	Jun 2015	May 2020	Quality and Safeguarding Board Divisional Team	

COMMERCIAL TEAM – PEOPLE SERVICES
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CONTRACT MANAGEMENT

05/09 Update: ALL CONTRACTS ARE BEING CONTRACT MANAGED

SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	GOVERNANCE	Notes and updates
Adult Frailty & Long Term Conditions	Block Transitional Care & Re-ablement Beds	Carolyn Nice	Quarterly strategic contract management performance reviews as a minimum (weekly contact): LOT 1 - 8 Providers LOT 2 - 11 Providers	Sarah Fry	Aug 2016	Aug 2019	Quality and Safeguarding Board LCHS Partnership Board	
Adult Frailty & Long Term Conditions	Home Based Reablement (Intermediate Care)	Carolyn Nice	Monthly strategic contract management performance reviews with Allied Healthcare as a minimum (weekly contact).	Sarah Fry	Nov 2015	Oct 2020	Quality and Safeguarding Board	
Adult Care DMT	Direct Payments Support Service	Carolyn Nice Justin Hackney	Quarterly strategic contract management performance reviews with Penderels Trust as a minimum (monthly contact).	Linda Turnbull	Apr 2015	Mar 2018 (2020)	Quality and Safeguarding Board	**JC** is doing this. **AH** to obtain confirmation about Penderels Contract Management meetings.
Adult Care DMT	Carer Support Service	Glen Garrod	Quarterly strategic contract management performance reviews with Carers First as a minimum (monthly contact).	Melissa Coleman	Jun 2015	May 2018	Quality and Safeguarding Board	
Adult Care DMT	Advocacy	Justin Hackney	Quarterly strategic contract management performance reviews with Total Voice/VoiceAbility as a minimum (monthly contact).	Marie Kaempfe-Rice	Jul 2015	Jun 2018 (2020)	Quality and Safeguarding Board Divisional Team	
Adult Care DMT	Lincolnshire Sensory Impairment Service	Carolyn Nice	Quarterly strategic contract management performance reviews with Lincolnshire Sensory Services as a minimum (monthly contact).	Marie Kaempfe-Rice	Apr 2016	Mar 2019 (2021)	Quality and Safeguarding Board	
Adult Care DMT	Dementia Family Support Service and Hospital Support Service	Carolyn Nice	Quarterly strategic contract management performance reviews with Alzheimer's Society as a minimum (monthly contact).	Eilidh Stewart	Oct 2015	Sept 2018	Quality and Safeguarding Board	Should this Align with Carers? **AH** to talk to **CM.**

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CONTRACT MANAGEMENT

05/09 Update: ALL CONTRACTS ARE BEING CONTRACT MANAGED

SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	GOVERNANCE	Notes and updates
Specialist Services	Shared Lives Service	Justin Hackney	Quarterly strategic contract management performance reviews with ASA as a minimum (monthly contact).	Matthew McKeown	Jun 2014	Jul 2017 (2019)	Quality and Safeguarding Board Divisional Team	
Specialist Services	Emergency Response and Short Breaks Service	Justin Hackney	Quarterly strategic contract management performance reviews with Making Space as a minimum (monthly contact).	Samantha Shields	Dec 2014	Dec 2017 (2019)	Quality and Safeguarding Board Divisional Team	**EB** to check QSB Report.
Specialist Services	Step Forward	Justin Hackney	Quarterly strategic contract management performance reviews with Lincoln and Boston College as a minimum (monthly contact).	Reena Fehnert	Jan 2016	Sept 2017 (2019)	Quality and Safeguarding Board Divisional Team	This activity is coming to and end. Everything is running smoothly. No reported issues.
Public Health	ICES	Tony McGinty	Monthly strategic contract management performance reviews with NRS as a minimum (daily contact).	Wendy Ramsay	May 2016	Apr 2021 (2023)	Partnership Board JCB	
Commercial Team	Review of Contract Management Framework	Alina Hackney	Contract Management Visit Process Reporting Poor Practice Concerns Learning and Development Standard Operating Procedures Suspensions Provider Guidance Notes Out of County Contract Management System Office Processes, Procedure and Practices.	Jo Ogden	Jan 2016	Mar 2017	Quality and Safeguarding Board DMT for specific areas	Session to be arranged with **AH** within the next two weeks. **DS** to touch base with Dale on progress with Public Health.
Commercial Team	Care Homes Closure Guidance	Alina Hackney	Review of Lincolnshire Procedures.	Melissa Coleman	Oct 2016	Mar 2017	Executive DMT	On-track.
Adult Care DMT	Quality Assurance Review for Day Care Units	Justin Hackney	Designing the structure/format of proposed reviews in relation to in-house services.	Bryony Morris	Oct 2016	Dec 2016	Executive DMT Quality and Safeguarding Board	Managers to discuss resource.

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Public Health	**The Avenue** **HRS Technology solution**	Robin Bellamy Alina Hackney	The Housing Related Support Gateway provides the web based entry point for eligible individuals accessing HRS services. This allows authorised referrers to risk assess individuals prior to referring them to appropriate accommodation.	Rebecca Walls)	July 2015	June 2018 Can run to 2020	Sponsor The Avenue Working Group	
Public Health	**DA Refuge Services** Domestic Abuse Support Nottingham Community Association – East Lindsey REFUGE West Lincolnshire Domestic Abuse Services - Lincoln (Accommodation based) REFUGE	Kakoli Choudury	**Quarterly contract and performance management** meetings with each provider. Annual quality assessment framework visits are scheduled with each provider. Managing safeguarding reports as and when they come through dedicated email address. Managing the interface between accommodation service providers and the Avenue and any issues that emerge. Facilitating referrer and provider training on The Avenue.	Matt Wilson	July 2015	2018 (2020 max extensions)	Sponsor, PH Senior Management Team, Domestic Abuse Management Board	
Public Health	**Domestic Abuse Floating Support** Nottingham Community Association in East Lindsey, West Lincolnshire Domestic Abuse Services in West Lindsey and Lincoln Boston Mayflower in Boston and South Holland	Kakoli Choudury	As per refuge services	Matt Wilson	1st October 2013	April 2018	Sponsor, PH Senior Management Team, Domestic Abuse Management Board	

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Public Health	**Housing Related Support** (Emergency and Non-Emergency Accommodation) Framework HA, Lincolnshire Support Partnership, Salvation Army, Richmond Fellowship (Mental Health Crisis Houses) Contracts started 1st July 15 on a 3+1+1 contract term.	Kakoli Choudhury	As per refuge services	Rebecca Walls		2018 (2020 max extensions	PH Senior Management Team	
Public Health	**Housing Related Support** (Floating Support) P3	Kakoli Choudhury	As per refuge services Now includes Social Impact Bond grant work to extend the original term and scope up until 2021	Rebecca Walls		2018 (2021 Full Duration)	PH Senior Management Team	
Public Health	Lincolnshire Integrated Sexual Health Service including HIV Treatment and Care. (LCHST)	Shade Agboola	Monthly contract management meetings to support and monitor contract progress. Quarterly contract, financial and performance management meetings scheduled the end of the month that follows the end of each quarter to review KPI performance, management information in respect of the service and financial information supplied through open book contract management approach. Quality Assessment Framework visit planned for February 2017. (Weekly contact)	Rachel West	April 2016	March 2021	Sponsor Joint PH Clinical Assurance Board	

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SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	GOVERNANCE	Notes and updates
Public Health	Lincolnshire Integrated Sexual Health Service including HIV Treatment and Care. GUM Out Of Area recharges - Reduction Scheme	Shade Agboola	Analyse GUM out of area data from key Trusts on the north and south borders of the county. Work with MapInfo tool to identify target areas in Lincolnshire where patients reside and their proximity to the LISH clinics in the county. Work with LCHST to understand how this correlates with demand for GUM from patients that reside in North Lincolnshire, Nottinghamshire, Peterborough and Cambridgeshire to support a risk sharing arrangement. Work with LCHST and neighbouring Trusts to understand reasons why a Lincolnshire patient attends a GUM clinic in a neighbouring Trust. Discuss a risk sharing arrangement with Cambridgeshire Community Services, Virgin Care and Sherwood Services to reduce the number of patients exiting the county for sexual health services offered by our provider. A new tariff has been applied to GUM OOA by some Trusts, which has been declined because it doesn't align to the Council's position statement as at 1 April 2016. However, from 1 April 2017, there may be an appetite to undertake a cost analysis of the new tariff compared to the DoH 2014/15 non-mandatory tariff that has been applied this year to assess whether it would be more cost effective to apply the new tariff across the board.	Commissioner led with support from Rachel West	April 2016	Within LISH duration	Sponsor Joint PH Clinical Assurance Board	
Public Health	LISH HIV Treatment and Care Service for Adults (Section 75 Agreement with NHSE)	Shade Agboola	Quarterly strategic contract management meetings with NHSE specialist commissioners and specialist pharmacists regarding implementation of new ART prescription legislation, forecasted spend against HIV treatment pooled fund, actual vs budget and risk management of the service (fortnightly contact).	Bryony Morris	April 2016	March 2021	Sponsor Joint PH Clinical Assurance Board	
Public Health	LISH Sexual Health Outreach and HIV Prevention Support Service	Shade Agboola	Quarterly strategic contract, performance and financial reviews with Positive Health (monthly contact).	Rachel West	Apr 2016	Mar 2021	Sponsor Joint PH Clinical Assurance Board	
Public Health	Long Acting Reversible Contraception (LARC) GP based Contracts	Shade Agboola	Activity based service. Claim forms are received from GPs on a quarterly basis to Business Support. Spot checks and reviews are undertaken using LARC analysis tool. This identifies whether high volumes of activity in terms of administration of LARC correlates to the number of LARC devices prescribed during the same period. If there is an anomaly this is flagged and further investigations can commence.	Matt Wilson	April 2016	March 2019	Sponsor Joint PH Clinical Assurance Board	

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Public Health	LISH Emergency Hormonal Contraception (EHC) and Pregnancy Testing Service Contracts with Community Pharmacies.	Shade Agboola	Activity based service. Claim forms are received from GPs on a quarterly basis to Business Support.	Rachel West	Apr 2016	March 2019	Sponsor Joint PH Clinical Assurance Board	
Public Health	Prescribing Medicines Optimisation Service (PMOS) One year contract with Arden and GEM CSU, soon to be Optum.	Tony McGinty	The Council has a Prescribing Medicines Optimisation Service (PMOS) contract with Arden and Greater East Midlands Commissioning Support Unit for the provision of a range of key prescribing management objectives most notably support with the development of a Pharmaceutical Needs Assessment, Patient Group Direction (PGD) support for our Public Health primary care commissioned services and Public Health representation on the PACEF committee. This service will be delivered by Optum from April 2018, with existing staff. CCGs use this service for all PMOS activity and therefore exploring alternative suppliers would be counterproductive. Draft specification from Public Health and Children's Services colleagues has been prepared. Re-negotiations in respect of a new contract to be agreed with Optum. £60k Total Spend £40k Public Health £20k ASC	Bryony Morris / Matt Wilson	Novemb er 2016	March 2017	PH Senior Management Team and DMT	
Public Health	DCLG Rough Sleeper Programme	Robin Bellamy	West Lindsey District Council (WLDC) has contacted Public Health on behalf of all of the District Councils and P3 (an organisation that is currently commissioned by LCC to deliver a countywide floating support service) to seek support and lead commissioner status for a bid they intend to submit to DCLG's Rough Sleeping Programme. WLDC are in the process of writing an application to request funding through the Social Impact Bond element of the DCLG bidding prospectus. Approval to proceed was agreed with Legal Services provided the nature doesn't alter the Once approved there will be a requirement to vary the existing contract with P3 to reflect the conditions of the rough sleeping programme based on the grant conditions.	Rebecca Walls	Nov-16	Apr-17	Sponsor, County Homelessness Strategy Group	

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SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	GOVERNANCE	Notes and updates
Public Health	Wellbeing Service Lot 1 Mears 24/7 Limited Lot 2 LILP NKDC ELDC	Robin Bellamy	Quarterly contract and performance management meetings with each provider. Annual quality assessment framework visits are scheduled with each provider. Managing safeguarding reports as and when they come through dedicated email address. Telecare monitoring to transfer from Mears to NRS in April 2017 in advance of the new Wellbeing contracts. Specific contract management work required to establish new relationships and referral pathways	Rachel West	Apr 2013	April 2018	Partnership Board and DMT for Lot 1; DMT for Lot 2	
Public Health	Smoking Cessation and Tobacco Control Activity Service Contract (North 51 now Quit 51)	Chris Weston	Quarterly contract management meetings. Payment by Results model with a set tariff for set quits and 4 week quits across a range of client groups including acute, pregnancy, mental health and routine and manual. A GP and Community Pharmacy network support the service through the provision of Nicotine Replacement Therapy via a prescription.	Matt Wilson (Ros Watson provides topic lead support from PH)	January 2016	March 2018	Sponsor, S.T.P Governance Arrangements	
Public Health	NHS Health Checks Programme	Chris Weston	85 Public Health Service contracts with General Practices across the county. General Practices are paid on the number of invitation letters they send to people aged between 40-74 years old in their practice population and the number of assessments they undertake during the course of the year to their eligible patient population. Incentive payments for 65% or more of their patient population receiving an assessment.	Matt Wilson (Sue Cecconi topic lead)	April 2014	March 2018	PH Senior Management Team, Health Scrutiny, S.T.P Governance Arrangements	
Public Health	Lincolnshire Substance Misuse Services Lot 1 Lincolnshire Alcohol and Drug Community Treatment Service (Addaction) Lot 2 Lincolnshire Recovery Service (Addaction – sub contracted to Double Impact)	Chris Weston Simon Gladwin (Topic Expert)	Monthly strategic contract, performance and financial reviews with Addaction. (weekly contact)	Matt Wilson	October 2016	September 2021	Sponsor PH Joint Clinical Assurance Board, Substance Misuse Management Board	

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Public Health	Pharmacy Based Supervised Administration Programme (PBSAP)	Simon Gladwin	Discrete contracts are in place with Community Pharmacies in the county to deliver and administer the provision of methadone to those patients currently in receipt of substance misuse treatment from Addaction. Pharmacies submit a quarterly claim form referencing the number of methadone prescriptions they administer during the period at a cost of £2.20 per administration. Due to PID limitations, we are unable to request monitoring forms for activity. The contract with Addaction for community treatment services will ensure that we are able to ensure that the volumes claimed for by pharmacies correlate to treatment packages.	Matt Wilson	Apr-14	Mar-17	Sponsor, Substance Misuse Management Board	
Public Health	Review of GP Public Health service contracts (Confidential)	Tony McGinty	Two GP practices in the county are being investigated by LCC, CQC and NHSE.	Bryony Morris	September 2016	December 2016	Sponsor	
Public Health	Fluoridation Payments	TBC	Contribution payment to Anglian water for fluoridation of mains water. £325k pa. Verification of need and cost to be carried out.	Bryony Morris	-	-	TBC	
Public Health	Healthwatch	TBC						
Public Health	Health Check Audits	TBC						

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STRATEGY / PROCUREMENT

DEFERRED ACTIVITY

Can we have specific dates?

							GOVERNANCE	
SERVICE AREA	**PROJECT TITLE**	**SPONSOR**	**ACTIVITY**	**COMERCIAL TEAM CONTACT**	**START DATE**	**END DATE**	**GOVERNANCE**	**Notes and updates**
Public Health	The Avenue The Housing Related Support Gateway provides the web based entry point for eligible individuals accessing HRS services. This allows authorised referrers to risk assess individuals prior to referring them to appropriate accommodation.	Robin Bellamy Alina Hackney	Re-procurement in line with the Housing Related Support contracts. There are extensions available to run to 2020	Bryony Morris	July 2015	2018 (2020 max extensions)	Sponsor	Move to the 2019 Work Programme. Councillor Bradwell and Tony McGinty.
Public Health	Housing Related Support (Emergency and Non-Emergency Accommodation) Framework HA, Lincolnshire Support Partnership, Salvation Army, Richmond Fellowship (Mental Health Crisis Houses)	Kakoli Choudhury	Preparation for re-procurement.	Marie Kaempfe-Rice Bryony Morris	July 2015	2018 (2020 max extensions)	Sponsor	
Public Health	**Housing Related Support** **(Floating Support)** **P3**	Kakoli Choudhury	Preparation for re-procurement	Marie Kaempfe-Rice Bryony Morris	Jul-15	2018 (2021 full duration)	Sponsor	
Public Health	**Domestic Abuse Refuge Services** Nottingham Community Association – East Lindsey REFUGE West Lincolnshire Domestic Abuse Services - Lincoln (Accommodation based) REFUGE	Kakoli Choudury	Preparation for re-procurement	Marie Kaempfe-Rice Bryony Morris	Jul-15	2018 (2020 max extensions)	Sponsor, Adult Care and Public Health Scrutiny and/or Commuinities and Public Safety Scrutiny Committee, Domestic Abuse Management Board	

COMMERCIAL TEAM – PEOPLE SERVICES
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STRATEGY / PROCUREMENT

ARCHIVED PROJECTS

Can we have specific dates?

SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	TARGETED OUTCOMES	ESTIMATED PROJECT VALUE	PROCUREMENT METHOD	COMERCIAL TEAM CONTACT	START DATE	END DATE	TARGET CONTRACT START DATE	GOVERNANCE	GOVERNANCE DATE	Notes and updates
Specialist Services	Annual Review of Open Select List for Community Supported Living – Feb 2017	Alina Hackney	Tender process management and contract implementation for any new providers.				Karley Beck	Nov 2016	Mar 2017		Sponsor & DMT		
Adult Care DMT	Market Intelligence	Pete Sidgwick Justin Hackney Alina Hackney	Strategic analysis of supply and demand for ASC based upon existing held data. Follow on from the cost analysis work for Transitional Care and Reablement Beds procurement.				Alex Craig	Jun 2016	Sept 2017		Sponsor & Adults Executive DMT		REMOVED AS THIS IN AN ONGOING PIECE OF WORK TO BE PICKED UP BY DS
Specialist Services & Adult Frailty & Long Term Conditions	Pre-Paid Cards	Justin Hackney Pete Sidgwick	Tender process management (framework competition) and contract implementation for any new providers.				Reena Fehnert	Sept 2016	Mar 2017		Sponsor		
Children Services	Early Years	Andrew McClean	Advisory support to Children's Services project team. Direct support for market engagement and evaluation.				Marie Kaempfe-Rice	Feb 2016	Jul 2017		Sponsor		
Children Services	Looked After Children – Residential and Fostering	Andrew McClean	Advisory support to Children's Services project team. Direct support for market engagement and evaluation.				Reena Fehnert	Mar 2016	Feb 2017		Sponsor		
Children Services	Independent Non Maintained Schools	Andrew McClean	Advisory support to Children's Services project team. Direct support for market engagement and evaluation.				Reena Fehnert	Mar 2016	Feb 2017		Sponsor		
Children Services	Accommodation for Unaccompanied Asylum Seekers	Andrew McClean	Advisory support to Children's Services project team. Direct support for market engagement and evaluation.				Reena Fehnert	Mar 2016	Mar 2017		Sponsor		
Children Services	Intensive Support for Care Leavers	Andrew McClean	Advisory support to Children's Services project team. Direct support for market engagement and evaluation.				Reena Fehnert	Mar 2016	Feb 2017		Sponsor		
Adult Care DMT	Market Management and Managing Provider Failure	Alina Hackney	Support the development and implementation of the provider failure policy. Undertake contingency planning activity for failure of key regulated and strategic contracts managed within the Commercial Team.				Melissa Coleman	Ongoing	Ongoing		Sponsor		Removed from workplan as covered by Management WP.
Public Health	Wellbeing Service re-procurement Incl. Telecare integration with ICES	Tony McGinty Glen Garrod	Support to Public Health for the Wellbeing Service re-tender. Joint work on a Telecare proposal to be taken to NRS (ICES provider). Commercial Team to negotiate direct with NRS.				Carl Miller Claire Taylor (Telecare Alex Craig Marie Kaempfe-Rice)	Mar 2016	Oct 2017		Sponsor and DMT		Currently in Dialogue Phase. In **CM's** absence, **AC** confirmed that this is on-track. **CM** to confirm.
Public Health	PMOS	David Stacey	New contract for medicines optimisation. RFQ out at the moment. Good EOI numbers and questions.				Mark Fowell	Jan-17	Jul-18		Sponsor		Awarded.

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ARCHIVED PROJECTS

SERVICE AREA	PROJECT TITLE	SPONSOR	ACTIVITY	COMMERCIAL TEAM CONTACT	START DATE	END DATE	GOVERNANCE	Notes and updates
Public Health	0-19 Pathway - Scoping of LISH to deliver clinic in a box provision to schools in Lincolnshire	Shade Agboola	Children's Services have received democratic approval to insource a 0-19 pathway that incorporates the Health Visitor service and NCMP. The decision included approval that the clinic in a box provision as delivered by School Nurses should be amalgamated into the current LISH as delivered by LCHST. An initial meeting with CS took place on 30 November 2016 and CS colleagues were requested to provide data on the current service including throughput and expectations from a countywide service. A financial envelope has been floated however realistic expectations for this need to be realised. If viable will potentially require a variation	Rachel West	Nov-16	Mar-17	Sponsor, PH Senior Management Team, Women and Children Board	Remove and Archive as per 05/09 Time Out Meeting
Public Health	Clinical Governance Arrangements for Public Health Contracts	Kakoli Choudhury	Public Health, Lincolnshire County Council and NHS Lincolnshire West Clinical Commissioning Group have developed a Joint Memorandum of Understanding to set out their commitment to work in partnership to achieve the common goal of ensuring a robust Clinical Governance/Quality process is embedded within the County Council's Public Health Directorate. Principally, this goal has been achieved by Lincolnshire West CCG providing the expertise in supporting or undertaking (as appropriate) investigations around any Serious Untoward Incidents. Lincolnshire West CCG provides generic advice and support to ensure Clinical Governance/Quality best practice is embedded across the Public Health Directorate on a consistent basis. A decision as to whether the Council continue to pay for this support will need to be made before March 2017 when the existing agreement expires. The Sexual Health and Substance Misuse contracts benefit from this support and guidance and have called on this accountability and access to STEISS the NHS SUI service. Preliminary discussions have been held with Children's Services to jointly commission clinical governance support through one agreement that covers the 0-19 clinical requirements as well as the scope for a public health service contract. This approach has been approved by PH SMT.	Bryony Morris	Dec-16	Mar-17	Sponsor, Joint Public Health Assurance Board	
Public Health/ Economic Regeneration	Citizens Advice Lincolnshire Income Maximisation Core Service	Nicole Hilton	Grant Aid Agreement in place due to end March 2018. Quarterly contract management performance review meetings. Ongoing work to determine detail of future GAA post April, performance monitoring, future sustainability post GAA ending.	Bryony Morris Matt Mckeown (Topic Lead Lynne Faulder Communities Commissioning Team)	April 2015	March 2018	Sponsor, Community Engangement SMT	Grant that we helped shape but isn't ours - legacy from public health - REMOVE

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