



County Offices
Newland
Lincoln
LN1 1YL

29 August 2017

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 6 September 2017 at 10.00 am in Committee Room Three, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tony McArdle', written over a horizontal line.

Tony McArdle
Chief Executive

**Membership of the Adults and Community Wellbeing Scrutiny Committee
(11 Members of the Council)**

Councillors C E H Marfleet (Chairman), Mrs E J Sneath (Vice-Chairman), B M Dobson, M T Fido, R J Kendrick, P M Key, Mrs J E Killey, Mrs C J Lawton, A P Maughan, C E Reid and M A Whittington

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 6 SEPTEMBER 2017**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting of the Adults and Community Wellbeing Scrutiny Committee held on 26 July 2017	5 - 10
4	Announcements by the Chairman, Executive Councillor for Adult Care, Health and Children's Services and Executive Director of Adult Care and Community Wellbeing	
5	2017/18 Adult Care and Community Wellbeing Quarter 1 Themed Performance Report <i>(To receive a report by David Boath (Performance and Intelligence Manager), which provides an update on the 2017/18 Quarter 1 performance)</i>	11 - 22
6	Adult Care & Community Wellbeing 2017/18 Outturn Projection <i>(To receive a report by Steve Houchin (Head of Finance (Adult Care and Community Wellbeing)), which provides an opportunity for the Committee to consider the budget outturn projection for 2017/18 for Adult Care and Community Wellbeing)</i>	23 - 30
7	Strategic Market Support Partner Procurement <i>(To receive a report by Alex Craig (Commercial and Procurement Manager – People Services) and Reena Fehnert (Commercial and Procurement Officer – People Services), which invites the Committee to consider a report due for decision by the Executive Councillor for Adult Care, Health and Children's Services which seeks approval for a change in commissioning arrangements)</i>	31 - 60
8	Adults and Community Wellbeing Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans (Health Scrutiny Officer), which enables the Committee to consider and comment on the content of its work programme for the coming year to ensure that scrutiny activity is focused where it can be of greatest benefit)</i>	61 - 66
9	Domestic Abuse Support Services Re-Procurement <i>(To receive a urgent report from Alina Hackney, Senior Strategy Commercial and Procurement Manager, which invites the Committee to consider a report entitled Domestic Abuse Support Services, which is due to be considered by the Executive Councillor for Adult Care and Health Services, Children's Services on 15 September 2017)</i>	To Follow

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Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

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**ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE
26 JULY 2017**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors Mrs E J Sneath (Vice-Chairman), M T Fido, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, A P Maughan, C E Reid, M A Whittington and Mrs A M Austin

Councillors: Mrs P A Bradwell and P M Key attended the meeting as observers.

Officers in attendance:-

Andrea Brown (Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Steve Houchin (Head of Finance (Adult Care)), Theo Jarratt (County Manager - Performance, Quality and Development) and David Laws (Adult Care Strategic Financial Adviser)

7 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors P M Key and B M Dobson.

The Chief Executive reported that, under the Local Government (Committee and Political Groups) Regulations 1990, he had appointed Councillor Mrs A M Austin to the Committee in place of Councillor P M Key for this meeting only.

8 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of Members' interests at this point in the proceedings.

**9 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY
WELLBEING SCRUTINY COMMITTEE HELD ON 15 JUNE 2017**

RESOLVED

That the minutes of the meeting of the Adults and Community Wellbeing Scrutiny Committee held on 15 June 2017 be agreed as correct record and signed by the Chairman.

10 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR FOR ADULT CARE, HEALTH AND CHILDREN'S SERVICES AND EXECUTIVE DIRECTOR FOR ADULT CARE AND COMMUNITY WELLBEING

The Executive Director of Adult Care and Community Wellbeing advised the Committee that concern had been raised in the Press following guidance from HMRC regarding penalties to social care providers who had failed to pay workers on 'sleep-in' shifts the minimum wage. Government had since announced that it would waive the HMRC requirement for back pay which would give two months for providers to work with Government to find a long-term solution. The effect to providers in Lincolnshire, some of whom were specialist providers, could potentially result in bankruptcy.

There were no announcements by the Chairman or Executive Councillor for Adult Care, Health and Children's Services.

11 BETTER CARE FUND

Consideration was given to a report by the Executive Director of Adult Care and Community Wellbeing which invited the Committee to consider a report on the Better Care Fund due to be considered by the Executive Councillor for Adult Care, Health and Children's Services during August 2017.

At 10.07am, Councillor Mrs P A Bradwell joined the meeting.

Glen Garrod (Executive Director of Adult Care and Community Wellbeing) introduced the report and gave a short presentation which provided background information on the following areas of the BCF:-

- The BCF and Lincolnshire: 3 years on;
- ITF/BCF Funding;
- Where did the money go?
- Disabled Facilities Grant (DFG) funding;
- Signatories;
- Getting Approval;
- National Conditions;
- Planning Overview;
- Metrics; and
- Delayed Transfers of Care (DTC);

It was acknowledged that hospitals were under pressure to clear beds as soon as patients no longer required hospital care. However, there remained a concern that some of these patients would require home care following discharge from hospital and that this took time to arrange. During that interim period, these patients needed care and it was the decision of social care professionals to confirm if the discharge was appropriate. Under the Choice Directive, patients also had the right to opt to stay in hospital or accept the care package offered to them.

Members were invited to ask questions, during which the following points were noted:-

- Members agreed that a convalescent type facility appeared to be a potential solution to alleviate the issue of Delayed Transfers of Care (DToC);
- The Committee was advised that this type of provision would require a considerable amount of capital investment, something which the NHS had included within the Sustainability and Transformation Plan (STP). It was noted that the final decision for this request would be for Ministers to make;
- Lincolnshire had submitted a capital bid for £205m although it was noted that the STP in Lincolnshire was moving forward at a slower rate than other areas which gave the Committee cause for concern that the county would miss out on vital capital investment;
- It was confirmed that a commitment had been made to spend money on a recurrent basis to ensure services continued. However, some of the BCF funding was non-recurrent and, as some local systems would have used the supplementary BCF funding to clear the deficit, further funding would be required next year to be able to continue. A Government Green Paper would be required for Adult Care Funding to produce a solution by 2019/20 otherwise there was a real possibility that some services would cease;
- It was suggested that, in order to develop the STP, health colleagues had focussed on the issues presented at Lincoln County Hospital rather than all facilities in Lincolnshire but that CCGs were now considering how to develop existing hospitals to further support communities;
- Community Nurses would also be a key element to the health care structure to provide patients with the ability to go home;
- The BCF submission included two year funding for MOSAIC which would support adult care, children's services and public health commissioned services. Strategic partners, including Carers First and the sensory impairment service, would also use MOSAIC;
- Tablet technology was key to relieving pressure on the council and investment in a Airedale was being investigated. This system was created by the Airedale Hospital in partnership with Immedicare to provide a range of telemedicine technology (Skype like technology) services including live 'face-to-face' meetings, consultations and training. Diagnostic images could also be transmitted in real time plus vital signs and/or video clips could be monitored and shared remotely resulting in patient data being captured for review without delay;
- This technology had been trialled in America, Canada and Australia where patient assessment had increased from 30-40 patients per day to 70-80 patients per day. The system had also been trialled in northern Scotland where GPs were required to fly or use boats to reach patients in remote areas therefore this system had been more efficient for both GP and patient;
- The Committee was advised that they would be given an opportunity to speak with the Chairman of the provider organisation at its meeting in January 2018;
- Nursing homes had indicated that they would be keen to use this type of technology and it was explained that LCC would purchase the equipment but the maintenance cost would be the responsibility of the NHS;

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- Airedale/Immedicare clinical staff would respond to any call initially whilst clinical staff locally were trained to a safe standard;
- The biggest cost to the council was the implementation of MOSAIC and the purchase of the new equipment but it was stressed that the majority of these funds were non-recurrent;
- The Committee intended to consider an item on the Housing, Health and Care Delivery Group, a sub-group of the Lincolnshire Health and Wellbeing Board, at the meeting in November 2017; and
- In relation to recommendation 3(a) [*Adult Social Care Needs*], the Committee suggested that consideration be given to extending the list to include assessments due to the fact that assessments were driven by an IT platform.

At 11.25am, Councillor Mrs P A Bradwell left the meeting and did not return.

RESOLVED

That the report, presentation and comments be noted and that any relevant comments be passed to the Executive Councillor for Adult Care, Health and Children's Services as part of her consideration of this item.

12 2016/17 QUARTER 4 PERFORMANCE

Consideration was given to a report by the Executive Director of Adult Care and Community Wellbeing which provided an update on 2016/17 Q4 performance of the Adult Council Business Plan measures within the four Commissioning Strategies. The report also provided an update on the progress of the Better Care Fund with reference to Health and Social Care metrics.

Theo Jarratt (County Manager – Performance, Quality and Development) introduced the report and explained that Adult Care activities were arranged under the following four commissioning strategies:-

- Safeguarding;
- Adult Specialist Services;
- Carers; and
- Adult Frailty and Long Term Conditions

Members were invited to ask questions, during which the following points were noted:-

- In regard to safeguarding and "People who report they feel safe", the Committee was advised that adults do make unwise decisions at times and so a visit would take place. For example, an elderly lady may intimate that her son was taking money and not leaving enough food but may prioritise the relationship over her wellbeing. This then left a level of risk which would form part of the 20% of people who suggested they did not feel safe. It was stressed that this indicator did not always relate to social care and that exposure to the media had been found to have caused people to feel unsafe;

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- Members referred to street lighting in the county and highlighted that some elderly residents who were self-sufficient and independent, were worried on the possible increase in crime due to the lights being turned off. This was thought to have a detrimental impact on their health and wellbeing;
- The statutory survey included a question which was more targeted at people who were in receipt of social care services;
- The Committee noted that the report lacked context which increased the number of questions being asked of officers. It was suggested that a summary of the report which contextualised the performance data would be helpful at future meetings;
- Although reporting figures were generally taken from reviews, the Committee was advised that this was difficult to do within adult care as there were a variety of different types of people with different needs. Performance reporting continued to evolve but the last quarter performance was a prediction only following the implementation of MOSAIC;
- It was confirmed that the Carers budget had not been cut and that the BCF included substantial growth for this budget area;
- The Committee agreed to consider the performance report as the first agenda item at future meetings followed by the "theme" item;
- Homecare was cheaper than residential care, however the cut off of 26.5 hours of homecare resulted in it becoming more cost effective to enter residential care. For planning purposes for the BCF, 1160 permanent admissions had been included for 2017/18 which demonstrated a rise in numbers. These demographic pressures had been recognised;
- It was explained to the Committee that there was a sophisticated model in relation to the block purchase of beds but that the rate of return had been minimised as a result. This was a three year agreement which was currently under review prior to the need for a new agreement for 2018/19.

At 12.30pm, Councillor P M Key left the meeting and did not return.

The Committee was asked to note that work was ongoing to provide a reporting solution from MOSAIC which would provide the information required to produce summaries within the performance report. It was expected that the new format would be presented in the Autumn.

RESOLVED

That the report and contents of Appendix A (Adult Care Infographic) and Appendix B (Better Care Fund Performance) be noted.

13 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME

Consideration was given to a report by Simon Evans (Health Scrutiny Officer) which provided the Committee with an opportunity to consider its work programme for the forthcoming year.

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Simon Evans (Health Scrutiny Officer) introduced the report and advised the Committee, following discussion at minute number 12, that the Performance Report to be considered at the meeting on 6 September 2017 would include a summary to contextualise the performance data presented.

The Committee agreed the following themes at future meetings:-

- Theme to focus on IT, including MOSAIC, broader IT investment, mental health awareness training, assessments which were driven by an IT platform and telecare (10 January 2018); and
- Carers (February 2018).

The Health Scrutiny Officer advised the Committee that the Overview and Scrutiny Management Board would be asked to consider and approve two scrutiny reviews at its meeting on 27 July 2017, one of which was entitled "Impact of IT Provision on Operational Field Workers in Adults and Children's social Care". The scrutiny panels would conduct this scrutiny review on behalf of this Committee and the Children and Young People Scrutiny Committee and it was suggested that appropriate input and feedback could be provided by the Committee if it wished.

The Committee expressed concern that it may be too early to review the IT systems, i.e. MOSAIC, before it had been fully implemented and working for a period of time and suggested that this particular review be delayed until a more suitable time. The Chairman was asked to relay these comments to the Overview and Scrutiny Management Board.

RESOLVED

That the Adults and Community Wellbeing Scrutiny Committee Work Programme, with the additional items noted above, be agreed.

The meeting closed at 12.50 pm

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	6 September 2017
Subject:	2017/18 Adult Care and Community Wellbeing Quarter 1 Themed Performance Report

Summary:

This report gives a Quarter 1 position statement and narrative on performance measures relating to Hospital Services in Lincolnshire. It gives some context to the aim of the service and the factors affecting performance in this key area. Officers from the relevant operational area and performance team will attend the meeting, to enable the committee to gain further understanding.

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Themed Performance Report in Appendix A. A summary of the Directorate's Council Business Plan measures is attached at Appendix B for information.

1. Background

Following the presentation of the Adult Care and Community Wellbeing Quarter 4 performance report to the committee in July 2017, it has been agreed to hold a performance workshop for the Committee. This has been arranged to follow the scheduled committee meeting in October 2017. The aim of the workshop will be to allow the committee to further understand the national reporting requirements for the Directorate and to shape future areas of performance focus for the committee.

This Quarter 1 performance report is submitted prior to the workshop taking place. It is a report which is themed around Hospital Services. This theme has been selected for a focussed performance report as it:

- has a major impact on Lincolnshire residents;
- is the prime government priority area for Health and Social Care; and
- is a priority area for the Council and its NHS partners in terms of budget and activity.

The report focuses on key performance measures for Hospital Services. This includes the performance of Lincolnshire County Council Adult Care teams, commissioned provider services and NHS partners, in preventing unnecessary admissions to, and facilitating safe and timely discharge from hospital. A detailed picture of performance is attached at Appendix A to this report. The narrative in this report will give some context to the performance and for the information of the Committee, a summary of the current Council Business plan measures is contained at Appendix B of this report.

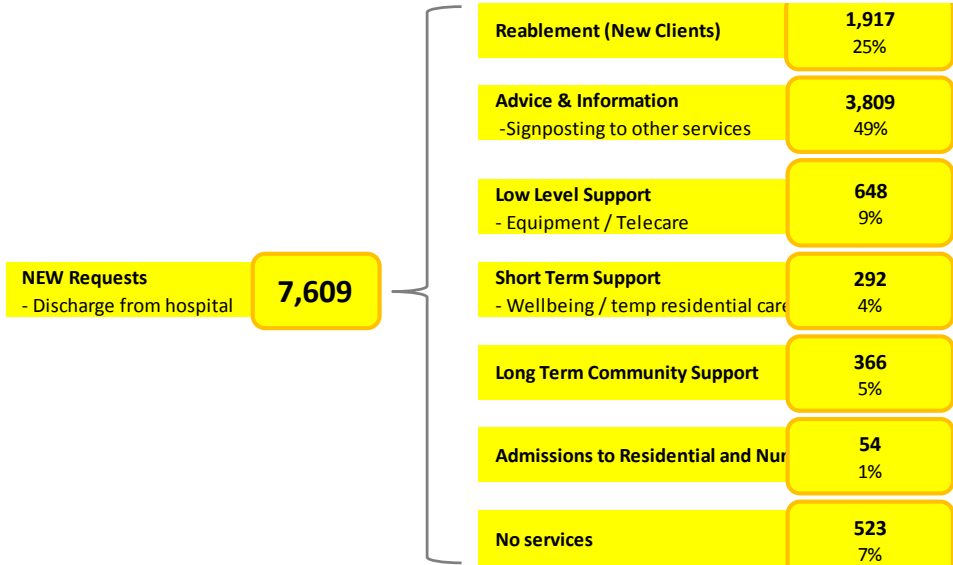
The Lincolnshire Picture

The three acute hospitals in Lincolnshire are each supported by a County Council Adult Care teams on each site. Lincolnshire residents also make up around 25% of patients who are admitted to Peterborough City Hospital, Lincolnshire County Council Adult Care staff based within Peterborough City Hospital provide a dedicated support to this acute hospital. The four hospital based teams also outreach to surrounding acute hospitals to support Lincolnshire residents' safe discharge home, including Scunthorpe, Grimsby and Queen Elizabeth Hospital in Kings Lynn.

There are also four non-acute community hospitals in the county, which are supported by Lincolnshire County Council community-based social work teams.

Demand on these teams is high. In 2016/17 there were 7,609 new requests for support made to the Council as a result of a person's discharge from hospital. These were all requests made from people who were not already known to the Council.

The table below is derived from Lincolnshire County Council's statutory activity return for 2016/17 and shows the sequel to that request for support.



For people who already have a social care package of support, their needs are reviewed following admission to hospital.

In 2016/17 25% of all unplanned reviews were undertaken by the Hospital Social Care teams. That is 770 people during the year having their care and support needs reviewed following a hospital admission.

Performance measures covering Hospital Services are largely those Adult Social Care Outcomes Framework (ASCOF) indicators which make up the Better Care Fund measures – this is the basis of the detailed performance information found in Appendix A.

The narrative in this covering report will summarise the Quarter 1 performance of the following measures:

- **Non-Elective Admissions**
- **People Still at Home 91 days after Reablement**
- **Delayed Transfers of Care**
- **The Performance of the Reablement Service**

Non- Elective Admissions

Across the whole of the county, at the end of Quarter 1, there had been 21,032 individual unplanned admissions to hospitals from people resident in the four NHS CCG [Clinical Commissioning Group] areas in Lincolnshire. This was 2,843 admissions above the planned level for the quarter.

This cumulative indicator shows that the total number of emergency admissions to hospitals in Quarter 1 is 13% higher than the same period in 2016/17. It is also higher than the target set in NHS CCG plans. One area of the county shows better than planned performance – which is continued from 2016/17.

The national picture over the same period, is that there has been a 2.5% increase in Non-elective admissions since the same period in 2016/17.

Proportion of People Still at Home 91 days After Reablement

This indicator is a survey of patients who have returned home after being in hospital and having had reablement or intermediate care services. It is based on a three month sample at the end of the financial year and therefore no update is available for Quarter 1. The end of the 2016/17 year however does provide an opportunity to determine the effectiveness of the providers in terms of people being at home 91 days after their reablement or intermediate care. An analysis of the data has shown that people who received reablement were much more likely to be at home 91 days later than those who had intermediate care.

2016/17 91 day indicator – effectiveness during 3 month sample window

Provider	Number of people receiving the service	Number still at home after 91 days	Percentage
ALL	668	504	75.4%
Allied Healthcare	450	383	85.1%
NHS LCHS	218	121	55.5%

In Lincolnshire, the reablement service is commissioned by the Council and provided by Allied Healthcare, with Intermediate care provided by Lincolnshire Community Health Services.

The annual outturns for 2015/16 and 2016/17 are included for information in Appendix A.

Delayed Transfers of Care

This indicator is viewed by the Government as the principal indication of whether local health and care systems are dealing with demand effectively. The reasons for any delay in leaving hospital are recorded for each patient with the organisation responsible for the delay.

The national picture over the last 12 months is that there has been a 17% increase in the number of delayed days – in Lincolnshire over the same period, we have achieved a 2.3% decrease.

The performance of social care in supporting hospital discharge is very good and is much better than the national picture, as demonstrated by the Quarter 1 performance information. Within Lincolnshire for June, the majority (68%) of delayed days were attributable to Health, with 13% attributable to social care. In the same period, nationally, the picture is that 54% of delays are attributable to Health and 38% to social care.

Overall the total number of delayed days within Lincolnshire has reduced by 21.2% from 2,985 in June 2016 to 2,351 in June 2017. Focusing on delayed days attributable to social care there has been a reduction of 57.2% over this period. Since January 2017 there has been a consistent fall in the number of delayed days attributable to social care from 777 in January to 315 in June.

Reablement Service

The Lincolnshire Reablement Service commissioned by the Council, is a key factor in enabling people with a social care need to leave hospital promptly. The performance of this service is felt to be one of the reasons that delayed transfer of care due to social care is much lower than the national average. The service provided by Allied Healthcare helps people stay at home through visits to provide support to regain skills following a crisis, illness or injury. Allied Healthcare took over this service in November 2015 and has increased its capacity to take on referrals since then. Currently the service makes 560 visits a day and over 300 new people a month receive this service.

The number of contact hours delivered has increased from the same period last year. This measure identifies the number of hours that reablement carers have spent with people who use the service during the month. The rise in the contact hours is consistent with the increased capacity report by the provider to meet increased referrals.

Customer satisfaction with the reablement service has remained consistently high over the contract period. Currently 96% of people who receive the service say they are satisfied or very satisfied with the service they receive.

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the performance information shown in Appendix A. The summary report of Council Business Plan measure performance is attached in Appendix B for information.

3. Consultation

a) Policy Proofing Actions Required

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Hospital Services Key Performance measures Q1 2017/18
Appendix B	Council Business Plan measures summary Q1 2017/18

5. 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 Theo Jarratt, who can be contacted on 01522 555177 or Theo.Jarratt@lincolnshire.gov.uk.

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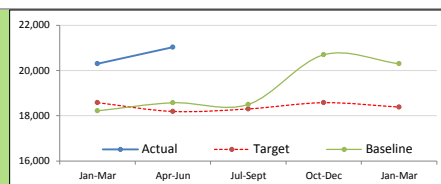
Hospital Services Metrics

1: Total non-elective admissions in to hospital (general and acute)

Definition: The total number of emergency admissions for people of all ages where an acute condition was the primary diagnosis, that would not usually require hospital admission.

Frequency / Reporting Basis: Monthly / Cumulative within quarter only

Source: MAR data (Monthly NHS England published hospital episode statistics)



Observations from the data:

A total of 21,032 admissions were made during Q1, 2843 more than target and 13% increase on the same period last year. The measure has been marked as not achieved for this quarter. Only the South West CCG consistently experienced monthly admission rates lower than the HWB plan.

Prior Year	2016/17 BCF (Calendar Year)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In Month	6,122	6,236	6,214	6,183	6,206	6,112	6,818	6,868	7,009	6,884	6,277	7,138
In Quarter (cumulative)	6,122	12,358	18,572	6,183	12,389	18,501	6,818	13,686	20,695	6,884	13,161	20,299

Current Year	2017/18 BCF (Calendar Year)											
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
In Month	7,246	6,943	6,843									
In Quarter	7,246	14,189	21,032									
HWB NEA Plan - Target	6,063	12,126	18,189									
Actual reduction (negative indicates an increase)	number	-1,183	-2,063	-2,843								
	%	-16.33%	-14.54%	-13.52%								
Performance	Not achieved	Not achieved	Not achieved									

by CCG												
Actual In Quarter	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	2,340	4,871	7,284									
West CCG	2,060	4,156	6,234									
South CCG	1,800	3,031	4,275									
South West CCG	932	1,895	2,883									
Other contributing CCGs	114	236	356									
Total	7,246	14,189	21,032									

HWB Plan	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	1,938	3,876	5,813									
West CCG	1,846	3,692	5,539									
South CCG	1,185	2,371	3,556									
South West CCG	981	1,961	2,942									
Other contributing CCGs	113	226	339									
Total	6,063	12,126	18,189									

Variance from plan (cumulative in Qtr)	monthly increase/reduction	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	■■■	402	995	1,471									
West CCG	■■■	214	464	695									
South CCG	■■■	615	660	719									
South West CCG	■■■	-49	-66	-59									
Other contributing CCGs	■■■	1	10	17									
Total	■■■	1,183	2,063	2,843									

% Variance from plan (cumulative in Qtr)	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	20.76%	25.68%	25.30%									
West CCG	11.58%	12.55%	12.55%									
South CCG	51.86%	27.86%	20.22%									
South West CCG	-4.97%	-3.39%	-2.01%									
Other contributing CCGs	0.88%	4.42%	5.01%									
Total	19.51%	17.01%	15.63%									

Appendix A

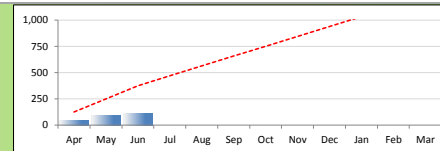
2: Admissions to residential / nursing care homes - aged 65+ per 100,000 population (ASCOF 2A part ii)

Definition: The total number of admissions to permanent residential or nursing care during the year (excluding transfers between homes unless the type of care has changed from temporary to permanent)

Frequency / Reporting Basis: Monthly / Cumulative YTD

Source: AIS data: Local Adult Care Monitoring (LTC admissions report & SALT return) upto Nov 2016. Local finance system from Dec 2016.

Note: Figure reported cumulatively, so monthly figures show increases in placements recorded & not necessarily within that month



Observations from the data:

The number of new admissions to care homes is unusually low in Quarter 1, and is therefore exceeding the target by 264 admissions. Approximately half of the new admissions are brand new clients not previously receiving long term support services; the other half are for adults transferring from existing long term support services in the community (e.g. from a direct payment or home care).

Prior Year	2016/17 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In month	87	120	52	154	123	43	158	63	42	54	62	73
Cumulative YTD	87	207	259	413	536	579	737	800	842	896	958	1,031

Current Year	2017/18 BCF (Financial Year)											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Additions per month	46	42	24									
Cumulative YTD	46	88	112									
Denominator	172,133	172,133	172,133									
Rate per 100,000	26.7	51.1	65.1									
Target (admissions)	125	251	376									
Target (per 100k)	73	146	218									
Performance	Achieved	Achieved	Achieved									

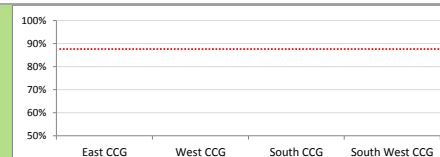
by CCG													
Care home admissions (Cumulative)	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East	409	14	20	11									
West	283	14	11	6									
South	187	11	6	1									
South West	129	7	4	5									
Not Recorded	23	-	1	1									
Total	1,031	46	42	24									
Est. CCG population (aged 65+)	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	62,724	62,724	62,724	62,724									
West CCG	47,550	47,550	47,550	47,550									
South CCG	34,291	34,291	34,291	34,291									
South West CCG	27,568	27,568	27,568	27,568									
Lincolnshire	172,133	172,133	172,133	172,133									
Rate per 100,000	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
East CCG	652	22	32	18									
West CCG	595	29	23	13									
South CCG	546	32	17	3									
South West CCG	468	25	15	18									
Lincolnshire	599	27	24	14									

3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part 1)

Definition: The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.

Frequency / Reporting Basis: Yearly / Cumulative for sample period

Source: Reablement - external service provider - Allied Healthcare, rehabilitation - LCHS



Observations from the data:

Data not reported this period.

	2015/16	2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18
Numerator	728	504					
Denominator	958	668					
Value	76.0%	75.4%					
Target	80.0%	80.0%					TBC
Performance	Not achieved	Not achieved					

by CCG							
Numerator	2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
East CCG	193						
West CCG	145						
South CCG	88						
South West CCG	77						
Not known	1						
Total	504						
Denominator	2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
East CCG	242						
West CCG	211						
South CCG	110						
South West CCG	104						
Not known	1						
Total	668						
Actual	2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	2017/18	
East CCG	79.8%						
West CCG	68.7%						
South CCG	80.0%						
South West CCG	74.0%						
Total	75.4%						

Appendix A

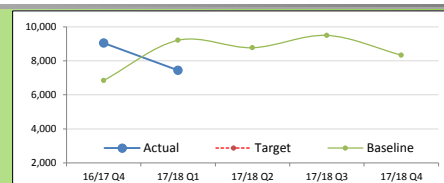
4: Delayed transfers of care (delayed days) from hospital for adults aged 18+, per 100,000 population

Definition: The number of delayed transfers of care (days) for adults who were ready for discharge from acute and non-acute beds, expressed as the rate per 100,000 of the adult population of Lincolnshire.

Frequency / Reporting Basis: Monthly / Cumulatively within the quarter

Source: NHSE Published Delayed Days Report (Sitrep)

Table note: In the analysis by delay reason below, the organisation that the delay reason is attributable to is included in parentheses i.e. NHS, SSD, NHS or SSD, BOTH.



Observations from the data:

There were a total of 7,446 delayed days for patients in Q1, 1772 fewer than the same period last year.

Social Care delays account for 15%, a further fall from the proportion (23%) reported in Q4 of 16/17. The proportion of NHS delays account has remained consistently around 71% of delayed days since Q4 of 16/17.

In terms of delay reasons, 62% of delayed days relate to waiting for further non-acute care, residential or packages in the persons home. Compared to Q4 16/17 the proportion of delays attributable to awaiting residential or nursing care has fallen, although the proportion attributable to awaiting a care package at home has increased.

Prior Year	2016/17 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Numerator	3,006	6,233	9,218	3,048	5,904	8,777	3,347	6,559	9,503	3,066	5,654	8,341
Denominator	598,595	598,595	598,595	598,595	598,595	598,595	598,595	598,595	598,595	602,877	602,877	602,877
Actual	502.2	1,041.3	1,539.9	509.2	986.3	1,466.3	559.1	1,095.7	1,587.6	508.6	938	1,384

Current Year	2017/18 BCF (Financial Year)											
	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
In month	2,391	2,704	2,351									
In Quarter (cumulative)	2,391	5,095	7,446									
Denominator	602,877	602,877	602,877									
Rate per 100,000 population	396.6	845.1	1,235.1									
Target (days)	TBC	TBC	TBC									
Target (per 100k)	-	-	-									
Performance												

by Type of Care	2016/17 Q4												
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute	5,392	1,380	3,208	4,988									
Non Acute	2,949	1,011	1,887	2,458									
Total	8,341	2,391	5,095	7,446									
	2016/17 Q4												
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Acute	65%	58%	63%	67%									
Non Acute	35%	42%	37%	33%									

by Responsible Organisation	2016/17 Q4												
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS	5,898	1,709	3,715	5,321									
Social Care (SSD)	1,890	411	779	1,094									
Both	553	271	601	1,031									
Total	8,341	2,391	5,095	7,446									
	2016/17 Q4												
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
NHS	71%	71%	73%	71%									
Social Care (SSD)	23%	17%	15%	15%									
Both	7%	11%	12%	14%									

by Delay Reason	2016/17 Q4												
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A. Completion of Assessment (BOTH)	875	238	631	867									
B. Public Funding (BOTH)	155	6	90	144									
C. Awaiting NHS Non-acute care (NHS)	1,727	595	1,116	1,559									
D. Residential or Nursing Care (BOTH)	1,969	324	717	1,045									
E. Care Package at home (BOTH)	1,954	709	1,315	2,004									
F. Awaiting Equipment (BOTH)	164	38	119	189									
G. Patient or Family Choice (NHS or SSD)	817	318	786	1,177									
H. Disputes (NHS or SSD)	336	48	81	90									
I. Housing - (SSD)	344	82	153	254									
O. Other^		33	87	117									
Total	8,341	2,391	5,095	7,446									
	2016/17 Q4												
	2016/17 Q4	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
A. Completion of Assessment (BOTH)	10%	10%	12%	12%									
B. Public Funding (BOTH)	2%	0%	2%	2%									
C. Awaiting NHS Non-acute care (NHS)	21%	25%	22%	21%									
D. Residential or Nursing Care (BOTH)	24%	14%	14%	14%									
E. Care Package at home (BOTH)	23%	30%	26%	27%									
F. Awaiting Equipment (BOTH)	2%	2%	2%	3%									
G. Patient or Family Choice (NHS or SSD)	10%	13%	15%	16%									
H. Disputes (NHS or SSD)	4%	2%	2%	1%									
I. Housing - (SSD)	4%	3%	3%	3%									
O. Other^		1%	2%	2%									

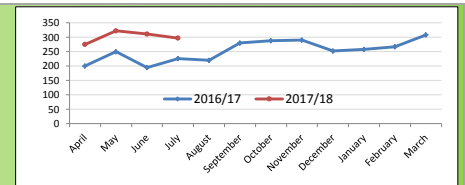
Note: ^ New category added April 17 for non-acute delays, used for delays reported in NHS Digital's Mental Health Services Data Set (MHSDS v2.0) which cannot be mapped to existing codes.

by NHS Trust	2016/17												
	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
ULHT	4,039	1,108	2,379	3,601									
LCHS	574	484	995	1,298									
LPFT	2,332	527	892	1,160									
Total*	6,945	2,119	4,266	6,059									
	2016/17												
	2016/17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
ULHT	58%	52%	56%	59%									
LCHS	8%	23%	23%	21%									
LPFT	34%	25%	21%	19%									

Note: *Total of NHS Trust delayed days will never equal Total LCC delayed days, because NHS delays can relate to treatment of residents from other authorities.

Measures relating to the Reablement service provided by Allied Healthcare

5: Number of referrals accepted by Allied



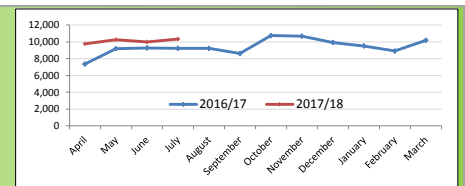
Observations from the data:

within 2016/17 there were 3,034 referrals accepted by Allied, and up to July 2017 there have been 1,205. Within 2017/18 the number of referrals have been consistently higher than at the same point in the previous year.

Prior Year	2016/17 (Financial Year)												
	2016/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Referrals accepted	3,034	200	250	195	226	220	280	288	290	252	258	267	308

Current Year	2017/18 (Financial Year)												
	2017/18 YTD	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Referrals accepted	1,205	275	322	311	297								

6: Total number of contact hours delivered by Allied



Observations from the data:

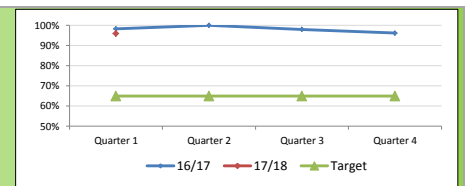
In July 2017 10,345 contact hours were delivered by Allied. The number of contact hours delivered each month so far within 2017/18 is consistently higher than the same month last year.

Prior Year	2016/17 (Financial Year)												
	2016/17	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Hours Delivered	112,853	7,360	9,203	9,270	9,231	9,223	8,612	10,737	10,679	9,930	9,504	8,909	10,194

Current Year	2017/18 (Financial Year)												
	2017/18 YTD	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Hours Delivered	40,366	9771	10,263	9,987	10,345								

7. Proportion of people satisfied with the care and support they receive from Allied

Definition: % of people who are satisfied with the care and support which the service provides
 Numerator: The number responding either 'a) I am extremely satisfied' or 'b) I am very satisfied'
 Denominator: The number of completed survey responses within the reporting period



Observations from the data:

The proportion of people satisfied with the care they received from Allied has consistently been well above the target of 65% for each of the reporting periods. Overall within 16/17, 98.2% of respondents (713) said they were either extremely or very satisfied with the care and support they received. For Q1 2017/18 the performance for this indicator is 96%.

Prior Year	2016/17 (Financial Year)				
	2016/17	Q1 16/17	Q2 16/17	Q3 16/17	Q4 16/17
Numerator	713	169	220	149	175
Denominator	726	172	220	152	182
Actual	98.2%	98.3%	100.0%	98.0%	96.2%
Target	65%	65%	65%	65%	65%
Performance	Achieved	Achieved	Achieved	Achieved	Achieved

Current Year	2017/18 (Financial Year)				
	2017/18 YTD	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Numerator	190	190			
Denominator	198	198			
Actual	96.0%	96.0%			
Target	65%	65%	65%	65%	65%
Performance	Achieved	Achieved	Achieved	Achieved	Achieved

2017/18 Quarter 1 - Adult Care & Community Wellbeing Overview

produced by the Adult Care Performance & Intelligence Team

In September 2017, Adult Care & Community Wellbeing will undergo a systematic review of performance, which will include reassessing priorities, making greater connections with the strategy objectives and choosing council business plan measures, and appropriate targets, to demonstrate the effectiveness of the strategy areas. The review will also include the governance arrangements for presenting information with commentary at department and strategy level, and consider a wider overview of strategy based activities such as measures, activity volumes, finance, staffing, quality, customer feedback, complaints and commissioning activities.

		2016/17	2017/18				CBP Alert Target tolerance of +/- 5% pts
		Actual	Q1 Actual	Q1 Target	Year End Forecast	Trend vs. 2016/17	
Safeguarding							
S1	% of people who report that they feel safe ASCOF 4B **SURVEY MEASURE**	79%	-	94%			Not reported until Q4
S2	% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate, family or friend	100%	100%	100%	-	↔	Achieved
S3	% of safeguarding enquiries where the 'Source of Risk' is a service provider - i.e. social care support SAC SG3d	14%	14%	16%	-	↔	Achieved
S4	% of completed (and substantiated) safeguarding enquiries where the risk was reduced or removed	79%	97%	65%	-	↑	Exceeds
Specialist Adult Services							
SAS1	% of adults with a learning disability (or autism) who live in their own home or with their family ASCOF 1G	77%	77%	76%	-	↔	Achieved
SAS2	% of adults in contact with secondary mental health services living independently, with or without support ASCOF 1H	71%	73%	62%	-	↑	Exceeds
SAS3	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	48%	44%	48%	-	↑	Achieved
SAS4	% of people in receipt of long term support who have been reviewed in the period (learning disability, 18+ plus mental health, 18-64)	88%	22%	24%	88%	↔	Achieved
SAS5	% of learning disability clients who are 'very happy' with the care and support they receive ASCOF 3A **SURVEY MEASURE**	78%	-	81%			Not reported until Q4
Carers							
C1	Percentage of carers who receive a direct payment ASCOF 1C (2b)	81%	76%	85%	-	↓	Not achieved
C2	Carer-reported quality of life ASCOF 1D **SURVEY MEASURE**	7.4 out of 12	-	8.0 out of 12			Not reported in 2017/18
C3	% of carers who have been included or consulted in discussions about the person they care for ASCOF 3C **SURVEY MEASURE**	64%	-	71%			Not reported in 2017/18
C4	Carers supported to delay the care and support for the person they care for	65%	64%	75%	-	↓	Not achieved
C5	% of carers who find it easy to find information about services ASCOF 3D(ii) **SURVEY MEASURE**	59%	-	66%			Not reported in 2017/18
C6	Total number of carers (caring for Adults) supported in the last 12 months Above expressed as a rate per 100,000 population (18 to 64)	8,180 1,375	8,380 1,409	8,565 1,440	-	↑	Achieved
Adult Frailty & Long Term Conditions							
AF1	Permanent admissions to residential and nursing care homes, aged 65+ ASCOF 2A(ii) numerator **Better Care Fund**	1,067	112	1,129	446	↓	Exceeds
AF2	% of requests for support for new clients, where the outcome was universal services/ signposted to other services	59%	n/a	67%			Mosaic reporting in development
AF3	% of people who report that they have control over their daily life ASCOF 1B **SURVEY MEASURE**	80%	-	81%			Not reported until Q4
AF4	% of clients in receipt of long term support who receive a direct payment ASCOF 1C (2a) **AMENDED - now just Adult Frailty clients**	34%	29%	28%	1.16	↓	Achieved
AF5	% of people in receipt of long term support who have been reviewed in the period **AMENDED - now just Adult Frailty clients**	77%	27%	89%	100%	↑	Achieved

Notes:

All survey measures come from the annual Adult Social Care Survey (ASCS) or biennial Survey of Adult Carers in England (SACE).

ASCOF label denotes a nationally collected measure included in the Adult Social Care Outcomes Framework.

AF4 & AF5 - the definitions have been changed to include on those clients supported by the Adult Frailty strategy. The 2016/17 figure has been amended for comparison.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	6 September 2017
Subject:	Adult Care & Community Wellbeing 2017/18 Outturn Projection

Summary:

The Adult Care & Community Wellbeing (AC&CW) net budget is £183.066m. Whilst still at an early stage in the financial year based on current information available to 31 July 2017 it is estimated that AC&CW is likely to balance its budget at the end of 2017/18.

Actions Required:

Adults and Community Wellbeing Scrutiny Committee is asked to note the budget outturn projection for 2017/18.

1. Background

The year-end close down has now been completed hence this is the first projection report for 2017/18. This report is from 1 April 2017 through to 31 July 2017.

Adult Care is now organised into five key commissioning strategies, these being:

- Adult Frailty & Long Term Conditions
- Specialist Services (Mental Health, Autism and Learning Disability)
- Safeguarding Adults
- Carers
- Community Wellbeing

An analysis of the AC&CW Budget for 2017/18 is illustrated below.

Budget Analysis 2017/18	£m
Adult Frailty & Long Term Conditions	£98.913
Specialist Adult Services	£53.220
Safeguarding Adults	£1.777
Carers	£1.889
Community Wellbeing	£27.267
Total	£183.066

In addition to this Adult Care also has a capital budget in 2017/18 of £3.66m.

The report will look at each of these areas in turn.

2. Adult Frailty & Long Term Conditions

The Adult Frailty & Long Term Conditions strategy brings together Older People and Physical Disability services. This commissioning strategy aims to ensure that eligible individuals receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Reablement and Intermediate Care
- Domiciliary Care
- Direct Payments
- Community Support
- Extra Care Housing
- Residential Care
- Dementia Support Services
- Assessment & Care Management and Social Work Service
- Adult Care Infrastructure

The current budget for this commissioning strategy is £98.913m.

a) Older Peoples Services

The current budget for Older People for 2017/18 is £79.836m, at this time it is considered that Older People will be on target.

Day Care spend has increased for the last two years, mainly due to increases in the rates charged, however a small increase in the number of people attending has also been identified, largely to prevent carer breakdown. There is likely to be an over spend on this budget in 2017/18 but other areas of underspend will offset this.

Direct Payments – Older People had started to stabilise towards the end of 2016/17 and this continues, this is partly due to the improvement in brokered home care. It is considered currently that this budget will be on target at the end of the financial year.

Long Term Residential Activity had seen an increase across the county in 2016/17, however this has not been the case in 2017/18, as at the end of July there have been 53 placements less this year, as a result it is considered that this budget will be on target. The change in how Short Term Care was utilised last year is continuing to ensure service users are not in Short Term Care for long periods with spend continuing to stabilise this year, currently the number of nights delivered is 1,600 less than same time last year. It is projected that Short Term Care will be on target for 2017/18.

Improved capacity within the Home Care market continues and an additional contract to block book beds in a number of homes across the county has resulted in an increase in the number of beds available. This ensures that capacity remains

consistent and helps us to keep costs down in areas where there are high top up fees.

The year-end position with regards to Debtor Income is difficult to establish at this time as the first quarter debtor review is still in the process of being completed. There continues to be an increase in unsecured debt because of the decision by the Government to revoke the Health and Social Services and Social Security Adjudications Act 1983 (HASSASSA) where a charge could be secured on a property if there was non-cooperation or legal authority to manage finances was in progress.

As a result it is no longer possible to do this, last year the council increased its bad debt provision to compensate for the additional increase in bad debts, however the debtor review will establish if this position needs to change during the year.

Taking all the above into consideration it is expected that outturn for Older People will be on target in 2017/18.

b) Physical Disability Services

The current budget for Physical Disabilities for 2017/18 is £13.184m with current projections suggesting spend against budget will be on target.

There has been further growth in direct payments, partly due to an increase in average cost, some complex cases through transition from Children's Services, and also to ensure service users can be cared for at home. Supported Living also increased during the latter stages of 2016/17 with the pressure continuing into 2017/18.

The service has also seen an increase in direct payment expenditure due to those cases that used to be part funded via the Independent Living Fund, but utilising the funding received for this, it is expected the budget will be on target. Home Support activity has increased but current levels suggest a small underspend.

Long Term Residential Placement activity is currently below recent historic levels, use of Supported Living has helped reduce the number of Long Term Placements, however it is expected that the budget for this area will be fully utilised. Short Term Care and Carers Respite activity is less than at the same time last year and it is projected that there will be a small underspend in this area.

Income collection based on current levels of collection for Physical Disabilities for 2017/18 is likely to be on target; however there will need to be a review of potential bad debts as the financial year progresses.

Taking all the above into consideration it is expected that outturn for Physical Disabilities will be on target in 2017/18.

c) Infrastructure

The current budget for 2017/18 for Infrastructure is £5.893m.

The infrastructure budget currently includes expenditure in relation to the Director, along with individual Heads of Service covering Operational Services for Older

People/Physical Disabilities, Learning Disability, Policy and Service Development, Performance, Workforce Development and Quality, Carers and Safeguarding.

Current estimates suggest that the infrastructure budget may produce a small underspend in 2017/18 due to a number of vacancies across several teams within the infrastructure area.

3. Specialist Adult Services

This commissioning strategy aims to ensure that eligible Adults with Learning Disability, Autism and/or Mental Health needs receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Residential and Nursing Care
- Community Supported Living
- Homecare
- Direct Payments
- Day Services
- Respite Services
- Adult Supporting Adults
- Transport
- Assessment and Care Management and Social Work Service
- Section 75 agreement with Lincolnshire Partnership Foundation Trust for Mental Health Services

The current budget for this commissioning strategy is £53.220m.

a) Learning Disability Services

The Adult Learning Disabilities service is administered via a Section 75 agreement between the Council and NHS commissioners in Lincolnshire. This is funded via a combination of Council funding, CCG contributions and BCF income.

The total budget which also includes costs for the Council's in-house day care service for 2017/18 is £47.352m. Current estimates suggest that the budget will overspend by £0.781m.

We have a large number of new Direct Payment packages which will commence over the next couple of months due to the school leavers, plus some increases to packages to be applied in respect of having to pay National Minimum Wage to Personal Assistants. Work is currently ongoing to calculate the financial effect of these two issues.

Supported Living budgets are currently showing very small underspends. There hasn't been large growth in this area yet this year, due to limited Community Supported Living placements being available. We have also had two de-commitments who were transferred into high cost packages within residential care. There are two new schemes set to start later this year, once the financial impact of this is known it will be added into the projections. However, as we have already witnessed activity increase substantially more than anticipated in both 2015/16 and

2016/17, further work is ongoing to try to understand any potential budget pressure in this area for 2017/18.

Residential activity has seen an increase in new placements compared to the same time last year but with no service de-commitments. An analysis of the trend for both new placements and cessations from 2016/17 suggests there are two points to take into consideration. Firstly people leaving the service were more towards the second half of the financial year, whilst new placements coming in were all more complex and expensive cases. Hence whilst we had 17 placements and 17 de-commitments in 2016/17, the new placements were on average around £297 per week more expensive than those leaving the service. This coupled alongside the fact that we have also spent £0.150m on paying providers above the £28 weekly fee increase budgeted for, has resulted in a current projection of a £0.920m overspend for Residential Care for this financial year. This will be closely monitored as the year progresses.

Short Term Care is currently showing on target but this may increase for the cases that require services where Community Supported Living is not available.

Income is currently showing on target in all areas except long term care. Due to the new cases, this income is projected to be £0.035m above target. Whilst Supported Living is showing projected additional income of £0.203m, this is due to a change in process whereby service users now pay their income direct to LCC, and then we pay the providers the gross amounts. Hence this additional income will be offset by additional payments to providers.

b) Mental Health Services

The current budget for 2017/18 for Mental Health is £5.868m.

The Mental Health service is run on behalf of the Council by the Lincolnshire Partnership Foundation Trust (LPFT) by way of a Section 75 agreement. Current reports from LPFT suggest an increase in services activity, however there is an expectation that LPFT budgets will remain on target in 2017/18.

4. Community Wellbeing

The current budget for Community Wellbeing is £27.267m.

This marks the first time that Community Wellbeing will be included in this report since responsibility for the service transferred to the Executive Director Adult Care and Community Wellbeing during the last financial year.

Services are delivered as part of the Council's statutory obligation to improve the public health of local populations as per the conditions of the Public Health Grant, in addition there also a number of non-statutory services which the Council deliver.

Community Wellbeing services include:

- Health Improvement Prevention & Self-Management
- Public Health Statutory Services
- Wellbeing Service
- Sexual Health

- Housing Related Service
- Prevention & Treatment of Substance Misuse

Based on information received up to 31 July 2017 it is projected that spend against this budget will be on target.

There are a small number of underspends in specific areas as a result of unfilled staffing vacancies, contracting efficiencies and some reductions in demand led services. However there are some areas of overspend within Long Acting Reversible Contraception (LARC) services and out of county Genito Urinary Medicine (GUM) services.

5. Safeguarding Adults

The current budget for Safeguarding for 2017/18 is £1.777m, at this time it is considered that the Safeguarding budget will be on target.

The Safeguarding Adults strategy aims to protect an adult's right to live in safety, free from abuse and neglect. The service works both with people and organisations to prevent and stop both the risks and experience of abuse and neglect ensuring that an adult's wellbeing is being promoted.

The Lincolnshire Safeguarding Adults Board discharges its function to safeguard adults on a multi-agency basis. This is led by an Independent Chair.

Work is currently ongoing to reduce the backlog of Deprivation of Liberty Safeguarding (DoLS) assessments and reviews that have built up over the last two years due to lack of capacity following the Cheshire West Judgement.

Capacity is now in place with assessments and reviews targets being monitored on a monthly basis to ensure these targets are met alongside all new cases being assessed as they come into the service.

As a result it is anticipated that the backlog will reduce significantly by the end of the financial year.

6. Carers

The current budget for Carers for 2017/18 is £1.889m.

The Carers Strategy aims to prevent or delay ongoing care needs by supporting adult carers so they are able to sustain their caring role, reducing the need for costly services in primary and acute care, and long term social care.

The strategy is also responsible for services provided to young carers helping to prevent inappropriate caring, helping to reduce the negative impact on the child's wellbeing and development by ensuring adequate support for the adult and to support the child to fulfil their potential.

There was a 11% increase in the number of carers receiving services from the Lincolnshire Carers Service during 2016/17. During the first year Carers FIRST has promoted a focus on early identification and support of carers providing a wide

range of services including carers universal support services, community networks, information and advice as well as statutory assessments. This has been delivered within the allocated budget.

7. Better Care Fund

The overall Better Care Fund (BCF) in Lincolnshire for 2017/18 will be an estimated £226m. In addition to the continuation of existing pooled funds additional funding streams have been allocated, these increases result from:

- Inflationary increases in CCG [Clinical Commissioning Group] funding, and as a result in the CCG funding for the Protection of Adult Care Services
- The addition of the iBCF [Improved Better Care Fund] funding that was announced in the Chancellor's November 2015 budget totalling £2.105m in 2017/18.
- The announcement of iBCF Supplementary funding in the Chancellor's March 2017 budget. This provides an additional £15.265m in 2017/18.

Work is ongoing to determine the detail of how the monies will be pooled with Clinical Commissioning Groups (CCGs), however it has already been agreed between the CCGs and the Health & Wellbeing Board that detailed decision-making should be delegated to the Executive Director for Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services.

Those decisions will result in a number of changes to the AC&CW budget reflecting the availability of the additional and supplementary funding detailed above.

8. Capital

AC&CW revised its Capital Strategy and Investment Plan in 2016/17 as part of a renewal of its commitments to infrastructure developments. The plan (shown below) is designed to meet the changing needs of AC&CW over time, but must also recognise that the plan has specific benefits for other commissioning strategies and partners outside of the authority.

Current Capital Projects	2017/18	2018/19	Total
Extra Care Housing	£ 2,500,000	£ -	£ 2,500,000
Telecare	£ 250,000	£ 250,000	£ 500,000
DFG's	£ 500,000	£ 500,000	£ 1,000,000
Day Care Modernisation	£ 200,000	£ -	£ 200,000
EMAS Vehicle	£ 16,000	£ -	£ 16,000
Total	£ 3,466,000	£ 750,000	£ 4,216,000

Information received to date suggests that the full allocation of funding for Telecare will be utilised this year. Capital allocations in respect of Day Care Modernisation will also be utilised.

Colleagues from the Corporate Property Team are continuing to scope options for the development of the Extra Care Housing Strategy with funding being used as a means to encourage development of new schemes in the county.

Funding for Disabled Facilities Grant (DFG) is an annual allocation that is provided for business cases asking to fund large scale adaptations to homes in order to ensure individuals are able to maintain their independence in the long term delaying the need for additional placements into Residential and Nursing homes. As such business cases are assessed on a case by case basis and to date none have been received this year.

In addition to this £0.016m has also been allocated in 2017/18 towards purchasing an additional East Midlands Ambulance Service vehicle in partnership with the CCGs and LPFT.

9. Conclusion

The Adult Care and Community Wellbeing outturn is projected to be £183.066m, producing a balanced budget. This being the case it would be the sixth year in succession that Adult Care & Community Wellbeing has been able to live within its budget allocation.

10. Consultation

a) Policy Proofing Actions Required

n/a

11. 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 Steven Houchin, who can be contacted on 01522 554293 or steven.houchin@lincolnshire.gov.uk.

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	6 September 2017
Subject:	Strategic Market Support Partner Procurement

Summary:

This item invites the Adults Scrutiny Committee to consider a report entitled *Strategic Market Support Partner Procurement* which is due to be considered by the Executive Councillor for Adult Care, Health and Children's Services for decision between 11-15 September 2017. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

Actions Required:

- (1) To consider the report entitled: *Strategic Market Support Partner Procurement* (attached at Appendix 1) and to determine whether the Committee supports the recommendations to the Executive Councillor set out in the report.
- (2) To agree any additional comments to be passed to the Executive Councillor in relation to this item.

1. Background

The Executive Councillor is due to consider a report entitled *Strategic Market Support Partner Procurement* between 11 and 15 September 2017. The full report to the Executive Councillor 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 Councillor. The Committee's views will be reported to the Executive Councillor.

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	Strategic Market Support Partner Procurement – Report to Executive Councillor for Adult Care, Health and Children's Services – 11-15 September 2017.

5. 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 Alex Craig and Reena Fehnert who can be contacted on 01522 554070 or 01522 553658 alexander.craig@lincolnshire.gov.uk / reena.fehnert@lincolnshire.gov.uk

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:	11-15 September 2017
Subject:	Strategic Market Support Partner Procurement
Decision Reference:	I014126
Key decision?	Yes

Summary:

A number of grant funded initiatives have been in place for over two and half years that relate to supporting the Adult Care market. This is primarily supported through a Workforce Development grant together with a separate grant agreement with the same provider for the provision of Discharge Support in Hospitals through the use of Care Home Trusted Assessors (CHTA).

This report seeks approval for a change in the commissioning arrangements for these services from grants to a formal commercial arrangement under contract. It is considered that this will benefit the Council, the eventual provider, and the Lincolnshire market.

Recommendation(s):

That the Executive Councillor:

1. Approves that the commissioning model for Strategic Market Support Services and Trusted Assessor Services be changed from a grant approach to a services contract approach.
2. Approves the carrying out of a procurement to deliver a contract, or contracts, to be awarded to a single provider of a county-wide service for Strategic Market Support services and for the Trusted Assessors services for a period of three years
3. Delegates to the Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care Health and Children's Services the authority to determine the final form of the procurement and the contract and to approve the award of the contract and the entering into of the contract and other legal documentation necessary to give effect to the said contract.

Alternatives Considered:

- 1 Continue with a revised grant agreement with the current provider

Whilst outcomes and performance levels under the grants have been very strong, continuing with the grant approach is not recommended as the ongoing level of spend and the Council's commercial requirements of the service are best supported by a contract for services which will require a procurement exercise to be completed

- 2 To discontinue funding in any form and not commission these services

This is not a viable option as Lincolnshire County Council is committed to support the Care sector markets to sustain capacity and capability. The activities in the scope of this service are crucial to the proper functioning of Adult Care services and compliance by the County Council with its legal obligations.

Reasons for Recommendation:

The performance and capability of the market for Adult Care services is critical to the proper functioning of the Council and fulfilment of its statutory duties. As such there must be effective support and coordination of providers by establishing a strategic partner for the provision of Market Support that offers training, guidance, representation and networking opportunities for adult care markets within Lincolnshire. Furthermore;

1. Service provision under the current grant aid agreement has delivered required outcomes however it is considered that by exposing this service to competition it will provide the opportunity to enhance services. A review, possible revision and clarity around the scope of the current specification may enable further efficiencies and opportunities to set robust outcome based measures.
2. Appointing a Strategic Partner will ensure that the Council can work closely with the Provider with engaging with the market and enabling focused approaches to stimulate the market to meet demand for services.
3. Delivering through a single strategic provider model will provide longer term stability for the Council and Provider which in turn will allow for greater opportunities to develop the service further. It also ensures that the support to the market is placed on a firmer footing, is more sustainable and attractive to the market. This is essential considering the market faces significant challenges.

1.0 Background

The Current Situation

- 1.1 A grant agreement has been in place over two and a half years to provide Workforce Development services for Adult Social Care providers within Lincolnshire.
- 1.2 The purpose of the grant is to develop and deliver workforce and skills development for independent and third sector providers of:
 - Residential and Nursing Home Care Services;
 - Home Care and Community Support Services;
 - Extra-Care Housing.
- 1.3 In addition to this there is a separate grant agreement for the provision of Discharge Support in Hospitals through the use of Care Home Trusted Assessors (CHTA).
- 1.4 The purpose of the grant is to develop and deliver a Discharge Support Programme to support and facilitate discharges into care homes and to avoid Discharge delays from the following hospitals:
 - Boston Pilgrim Hospital
 - Grantham Hospital
 - Lincoln County Hospital
 - Peterborough City Hospital
- 1.5 While both agreements are with the same provider, the Lincolnshire Care Homes Association (LINCA), these initiatives have been created independently of each other and are currently managed separately.

Service delivery

Strategic Market Support Partner services

- 1.6 The current service has engaged successfully with over 90% of the Care Providers in the County. They have in 2016 provided Assessing the Care Certificate training to 178 delegates from 101 Provider organisations.
- 1.7 They work with a variety of organisations to improve work placement opportunities and support future recruitment across Lincolnshire. There is a real shortage of nursing staff available in the County. Since January 2015, the county has lost 368 nursing beds through de-registration, or the closure, of homes in the county. This trend is likely to continue with the strong possibility of losing nursing beds at five further homes in the near future resulting in a further 239 nursing beds being lost from the market. The impact of this will put substantial pressure on the entire health and social care economy through increased costs and the inability to find suitable local placements for vulnerable service users with nursing needs.

Care Home Trusted Assessor (CHTA)

- 1.8 Providers must undertake a needs assessment before providing a service and to do so in collaboration with the person being cared for or someone with legal powers to make a relevant decision which is a major fundamental for providing good care.
- 1.9 Where a provider is confident they can rely on information from the hospital or care management staff and on the basis of this information they are able to meet the person's needs, they do not necessarily need to see them in person. This includes gaining consent to their care or treatment being transferred back to the care home.
- 1.10 The CHTA provides a timely and factual assessment to care homes allowing for a quicker discharge from the Hospital. It is estimated that 1086 bed days were saved across Lincolnshire in from April 2016 to March 2017. Given that there are sustained pressures on Hospitals and acute services any measure that directly supports discharging people effectively and safely directly benefits the Health and Social care system as a whole.
- 1.11 The Agreements under which these services are currently delivered expire in March 2018 and a review has been undertaken of the commercial structure of the Council's requirements to support decisions about the best commissioning approach.

Scope and Commercial Structure

Strategic Market Support Services

- 1.12 The nature of the work being carried out under this contract will take a number of different forms. There will be a core of ongoing work throughout the year that will require sustained funding with variable volume or project work which could be costed on a per day or unit basis. This is estimated as requiring a core budget higher than the baseline £700,000, over three years, for all services which will allow the council to draw down funding for any variable or ad-hoc work.
- 1.13 The core service which is currently being provided undertakes the following activities:
 - Assesses need and produces and sources a wide range of sector specific training workshops and opportunities
 - Sets up and maintains a database of providers and supports consultations
 - Provides leadership support and access to further and higher education and development routes
 - Supports the market by providing networking opportunities
 - Provides recruitment and retention strategies to the market

- Delivers advice, advocacy and liaison and practical business related support where required
- It also currently provides engagement with school leavers and young person's with opportunities to gain employment and/or access education leading to work in the sector, thus building capacity

1.14 Both activities and outcomes are subject to refinement following stakeholder engagement and the development of the procurement and contract documentation. However, the proposed commercial approach is set out in the table below:-

Service Type	Description	Proposed Payment and Performance Mechanism
Workforce development and support as in keeping with the existing grant agreement	<p>Development of a training directory to offer training services to the Lincolnshire Adult Care market</p> <p>Delivery of training sessions to providers, the price of the training being supported by LCC thus encouraging providers to complete sessions.</p>	<p>Core funding for the dedicated staff to develop and deliver training</p> <p>Understanding of unit pricing to support monitoring of training activity levels</p> <p>Performance will be managed through provider engagement and satisfaction</p>
Generic support to the Council in supporting market initiatives including:		
<p>Market liaison activities</p> <p>Promotion of the sector and workforce</p> <p>Event Support</p>	<p>Promotion and communication of key issues</p> <p>This currently forms a part of the existing funding streams however under this arrangement it will be managed separately as a discrete part of the contract.</p> <p>Coordination, marketing and set up of Market related events.</p>	<p>Part of core funding</p> <p>Council involvement in defining key issues and communication approaches</p> <p>Part of core funding</p> <p>Council involvement in identifying strategies and priority areas</p> <p>Day rate as required</p>

Service Type	Description	Proposed Payment and Performance Mechanism
Targeted support to Providers who may require enhanced support (at the Council's direction)	In circumstances where additional training may be insufficient the Provider will be able to offer interim management and/or operational support to providers in crisis.	Day rate as required
A contractual mechanism to allow for new initiatives directly related to Market Support to be considered and approved by the Council with any additional funding to be determined at each point.	<p>For any new initiatives relating to the effectiveness, sustainability or operation of the Adult Care market in Lincolnshire the provider would be able to put forward a business case describing the initiative and any necessary increased funding</p> <p>This option would only be available for new initiatives clearly beyond the scope of the main agreement.</p>	Defined per initiative at the satisfaction of the Council

Care Home Trusted Assessors

1.15 While the Care Home Trusted Assessors project directly supports care homes and hospitals in Lincolnshire the specific nature of the work is quite distinct from the core services outlined above. While training, generic support and promotional activities are county wide and affect all Adults providers the CHTA service is related to discrete locations, specifications and outcomes. The commercial structure for this contract reflects this difference and is set out in the table below.

Service Type	Description	Proposed Payment and Performance Mechanism
Care Home Trusted Assessor Services in Lincolnshire Hospitals as in keeping with the existing grant agreement	Trusted assessors in Lincolnshire hospitals undertake referrals on behalf of Care Homes to expedite discharge.	<p>Core Funding</p> <p>Staff related activity. Performance will be managed through the identification of successful discharges and lower DTOC from supported hospitals</p> <p>Identification of unit costs will assist with the monitoring of activity under the contract</p>

Differences between a grant and a contract

- 1.16 There is no single factor which determines whether funding can and should be provided under a grant or under a services contract. It is only analysis of a specific arrangement as a collective whole which will determine whether the funding is provided as a grant or under a services contract.
- 1.17 A grant is a specific amount of funding given to an organisation for specific activity. HMRC defines a grant as “a financial transfer used to fund an activity which is in broad alignment with the funder’s objectives”. In essence, rather than contract for the provision of specific services to a specific standard, the grant funds a third party to help meet the costs of carrying out certain activities which the Council has determined are of value to the Council or its area. Grant funding is generally therefore paid in tranches. Although it may only be paid against proof of cost being incurred or activity being carried out, it is not ultimately performance related. Nor does it lend itself to flexibility against changing Council requirements or the adoption of a mixture of payment arrangements within the same agreement.
- 1.18 A contract for services between a public authority and a provider is essentially a legally enforceable agreement between those parties under which the provider provides services in return for payment. The services may be provided either directly to the public authority or to third parties. In the latter case the provider would provide services to individuals on a public authority’s behalf in return for payment by the public authority.
- 1.19 A contract for services therefore allows the Council to specify the nature of the service it requires and to amend this requirement as circumstances change. It can define these requirements by reference to outcomes rather than activity. It can specify performance requirements and flex the amount it pays by reference to the provider's performance. It can structure its payments to incentivise performance levels and volumes of activity. It can control the amount of activity undertaken and adopt different payment methodologies to reflect different service requirements and service delivery models.
- 1.20 If a provider under a contract for services fails to meet its obligations, there would be a breach of the contractual relationship which could result in compensation being paid by the party in breach which amount could be more than the total value of the contract. Under a grant agreement, the Council can recover grant paid or withhold future grant payments but cannot sue for the recovery of its losses as a result of the activity that the Council agreed to grant fund not meeting its expectations.
- 1.21 A grant will usually be given for a time limited one-off project whereas a contract for services is applicable to an ongoing requirement.

- 1.22 These distinctions matter because a contract is subject to EU rules on procurement, whereas a grant is not. Any decision to fund services as a grant has some risk since if the courts become involved they will make a decision based on substance, not on what the parties choose to call it. If the public procurement rules apply and are not followed, there could be severe consequences for both the public authority and the grant recipient including the contract being declared void by a court, significant legal costs, costs associated with delays, service disruption and re-procurement and potentially damages being awarded against the Council.
- 1.23 It can therefore be seen that the more the Council's commercial arrangements tend towards those that are best served by a contract for services the more likely it is that a court will consider that any contractual arrangement is a contract for services rather than a grant agreement. In these circumstances the use of a grant approach carries risk of challenge.

Grant or contract for services

- 1.24 As can be seen the commercial structure that the Council envisages for the ongoing provision of the services point to this being a contract for services and in particular
- The need to specify services
 - Flexibility of payments to volumes
 - Payment for services as and when called for rather than a core payment
 - Payment on a mix of bases including day rates
 - Identification of unit pricing to better understand volumes of activity
- 1.25 In addition, the use of a contract for services gives much greater potential for relating payment to performance and exposure of the services to a competitive procurement process enables the Council to explore more innovative and efficient ways in which the service can be provided. Finally a contract management approach provides a more robust means for the Council to monitor performance and value for money across the life of the contract.
- 1.26 For these reasons it is recommended that a contract for services approach is adopted to be awarded following a competitive procurement. It is proposed that the same level of funding is secured for the continuation of the services in scope, the final cost of the service to be determined via competition.
- 1.27 By doing so it will allow;
- the Council to ensure the funding provided to the Provider is part of a legally compliant and effective commercial arrangement
 - a clear governance and reporting structure that will allow for efficient coordination of activities as well as gateways to enable any new initiatives

- The provider to operate with greater clarity with regard to outcomes, objectives, and the agreed scope of work.
- provide greater confidence and financial assurance for the provider.
- a mechanism that would allow for further development of key initiatives the Council may deem worthwhile in contributing to the overall good performance of the sector

Application of the Public Contracts Regulations

- 1.28 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.
- 1.29 The threshold at which LTR contracts must be formally competed for is €750,000 or approximately £640,000. A contract for services which includes both the existing Workforce and Discharge grants will exceed this value and therefore a procurement process is required under the LTR.

Tender process

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

Procurement implications

- 1.32 It is proposed that the procurement will be reserved for certain qualifying organisations relating to the pursuit of a 'public service mission' for Social Care services as detailed in Article 77 of the Public Contracts Regulations 2015.
- 1.33 This reservation is designed to support the establishment of these types of services that have not previously been exposed to more formal commercial arrangements. The maximum duration for such reserved contract is three years.
- 1.34 To verify that there will be sufficient competition within the procurement if such a reservation was put in place, a Prior Information Notice was published on 25th July 2017. This initiated a process of pre-tender market engagement and enabled us to use a questionnaire based on Regulation 77

of the Public Contracts Regulations. Returns are still being processed but if it is the case there are insufficient numbers of viable returns then the Council can then choose to a more traditional process and open the competition to any type of bidder.

- 1.35 It is the intention to issue an OJEU Notice for publication on 22nd September 2017 and a Contract Award Notice will be issued on any award to a successful bidder. In undertaking the procurement the Council will ensure the process utilised complies fully with the EU Treaty Principles of Openness, Fairness, Transparency and Non-discrimination. The procurement process will conform with all information as published and set out in the OJEU Notice. All time limits imposed on bidders in the process for responding to the OJEU Notice and Invitation to Tender will be reasonable and proportionate. The Procurement will be carried out in line with the timetable in Appendix A.
- 1.36 Consideration is being given to whether the Trusted Assessor element can be awarded as a separate lot. However, there are benefits in having a single provider for both lots, most notably with regard to the importance of having strong working links with Providers in Lincolnshire, and as such the procurement design will seek to encourage the award to a single provider where possible.
- 1.37 It is intended that the resulting contractual arrangements of this procurement exercise will provide the following:
- A countywide Service with a single point of contact
 - A Service that is both flexible and responsive to the Adult care markets
 - A Service that will be delivered with the aim of strengthening the market for Adult Care Services across Lincolnshire
 - A Service Provider who will work in strategic partnership with the Council and health to tailor and deliver its services.
 - An affordable service that meets the Council's obligations in carrying it's duties

Public Services Social Value Act

- 1.38 In January 2013 the Public Services (Social Value) Act 2012 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.

- 1.39 It is clear that a stronger and well-resourced market for Adult Care services will have the potential to deliver increased social and economic benefits to the area by helping people live at home for longer; helping relieve pressure on acute hospitals, care homes, and the wider health system by assisting with front line care and preventing avoidable admissions to hospital; Furthermore the service will directly contribute to a more skilled and trained workforce with stronger, more sustainable employment conditions.
- 1.40 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.

2.0 Legal Issues:

Equality Act 2010

- 2.1 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.
- 2.2 The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation
- 2.3 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

- 2.4 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
- 2.5 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
- 2.6 Compliance with the duties in section 149 may involve treating some persons more favourably than others
- 2.7 The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process

The key purpose of the service is to support the better functioning of Adult Care services in Lincolnshire. In that sense the delivery of the service helps to advance equality of opportunity and adverse impact would arise out of a failure to re-procure the services rather than as a result of continued delivery of the service through a different commissioning route. The providers' ability to provide services which advance equality of opportunity will be considered in the procurement and providers will be obliged to comply with the Equality Act.

An Impact Assessment has been completed for the Strategic Market Support Partner re-procurement which addresses the risk of adverse impact on service users which can be found as Appendix B.

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 termination of the current grant agreement. Mitigating factors will relate to the legal protections that will be in place through TUPE and general employment laws. The contract that will be entered into will also contain clauses requiring the contractor to comply with the Equality Act.

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

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

The JSNA is the evidence base that underpins the Joint Health and Wellbeing Strategy and is a crucial commissioning tool to support service.

The JHWS has five priorities, which include improving the Health and Wellbeing of Older People and Delivering high quality systematic care for major causes of ill health and disability. These services would contribute to these priorities.

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

Section 17 matters have been taken into account in preparing the Report. The Proposals in this Report do not directly contribute to the furtherance of the section 17 matters and there is no risk of adverse impact identified.

3.0 Conclusion

3.1 Through undertaking a procurement exercise for the Strategic Market Support Partner services on the basis of a contract for services the Council will establish a formal, sustainable service that builds on the success of the prior grant agreements and will provide vital support to the local market for Adult Social service.

3.2 In addition by including the Care Home Trusted Assessors (CHTA) element will ensure that this specialist element of the service provision will be focused in providing preventative support and critically facilitate decrease in delays of discharges into care homes.

Legal Comments:

The Council has the power to enter into the contract for services proposed in the Report. The legal risks involved in continuing with a grant arrangement are set out in the Report. The procurement proposed is compliant with the Council's legal obligations.

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

Resource Comments:

A number of grant initiatives are currently in place to support the Adult Care market via an arrangement with a Strategic Market Partner, the total value of services supported via this arrangement in 2017/18 is £151m. The grant funding used to support these initiatives will now be funded from Adult Care base funding at a value of £390,000 per annum. As a result it is recommended that these grants along with other activities described in the above report are consolidated into a formal commercial arrangement under a single contract. It is anticipated that this change will encourage financial efficiency and effectiveness with the service delivered on a set of robust outcome based measures

12. Consultation

a) Has Local Member Been Consulted?

N/A

b) Has Executive Councillor Been Consulted?

Yes

c) Scrutiny Comments

This report will be considered by the Adults Scrutiny Committee on 6 September 2017. The comments of the Committee will be reported to the Executive Councillor prior to reaching her decision.

d) Policy Proofing Actions Required

See the body of the Report

13. Appendices - These are listed below and set out at the end of the report

Appendix A	Timeline for 2017/18 Commissioning Process
Appendix B	Equality Impact Analysis

14. 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 Alex Craig and Reena Fehnert who can be contacted on 01522 554070 or 01522 553658 alexander.craig@lincolnshire.gov.uk / reena.fehnert@lincolnshire.gov.uk

Timeline for 2017/18 Commissioning Process

For the Review and Procurement of the Strategic Market Support Partner Project			
Event/ Activity	Responsible	Task	Date (w/c)
Start-up Meeting	All	E	15 th May 2017
SMSP Project Board – Start work on specification	All	E	13 th June 2017
Proposal goes to DMT	AC/RF	M	19 th June 2017
Market Engagement planning (mapping suppliers and comms and engagement strategy)	RF/All	O	For the 13 th July 2017
First Project Board Meeting (planning, Identifying stakeholders, agreeing timescales, project brief and roles and responsibilities etc.)	All	E	19 th July 2017
Report for Scrutiny to DMT	AC	M	14 th July 2017
Market Engagement Activity	RF	O	2 nd August 2017
SMSP Project Board Meeting (review feedback from Market engagement activity)	All	E	10 th August 2017
Final report to be submitted for Scrutiny		M	18th August 2017
Adults & Community Wellbeing Scrutiny 10.00AM	AC/RF	M	6 th September 2017
SMSP Project Board Meeting (review findings from MEA and approve final version of Tender docs)	All	E	14 th September 2017
Procurement Board Approval of Tender docs	AC	M	21 st September 2017
Issue of Tender documents and Invitation	RF	M	22 nd September 2017
Tender out for submissions (33 full days)	RF	E	22 nd September 2017 to 26 th October 2017
Applications evaluated	Evaluation team/RF	E	26 th October 2017 to 13 th November 2017
Evaluation report and Delegated decision	AC/RF	M	14 th November 2017 to 22 nd November 2017
Standstill period	RF	M	24 th November 2017 to 4 th December 2017
Contract Award	RF	E	12 th December 2017
Fourth Project Board Meeting (planning implementation, communications etc)	All	E	14 th December 2017
Implementation period (2 nd Jan 2018 to 31 st March 2018)	All	E	13 weeks
Contract commencement date	RF/AC	M	1 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	Strategic Market Support Partner	Person / people completing analysis	Alexander Craig, Reena Fehnert
Service Area	Commercial Team	Lead Officer	Alina Hackney
Who is the decision maker?	Councillor P Bradwell	How was the Equality Impact Analysis undertaken?	By the Project Board
Date of meeting when decision will be made	06/09/2017	Version control	V1
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	The services is currently funded via a Grant agreement this will change due to going through a formal Procurement process and resulting in a contract.		

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	Positive impact. By increasing the provision and capability of Adult Care providers those in receipt of any Adult Care service should benefit from better outcomes
Disability	Positive impact. By increasing the provision and capability of Adult Care providers those in receipt of any Adult Care service should benefit from better outcomes
Gender reassignment	No impact
Marriage and civil partnership	No impact
Pregnancy and maternity	No impact
Race	Positive impact
Religion or belief	Positive impact

Sex	Positive impact
Sexual orientation	Positive impact

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.

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.

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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 ensure that no protected characteristics are impacted by the change to the way the services are delivered. As there is no reduction in provision, apart from it going through a robust procurement process, the outcomes of the service will only be improved.

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

Age	Yes
Disability	
Gender reassignment	No
Marriage and civil partnership	Yes
Pregnancy and maternity	No
Race	Yes
Religion or belief	Yes

Sex	Yes
Sexual orientation	Yes
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.	Yes
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?	Through an appropriately structured Strategic Contract management process

Further Details

Are you handling personal data?	<p>Yes</p> <p>If yes, please give details.</p> <p>Provider contact details</p>
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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	None		
Signed off by		Date	Click here to enter a date.

**Open Report on behalf of Richard Wills,
Director Responsible for Democratic Services**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	6 September 2017
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

This item enables the Committee to consider and comment on the content of its work programme for the coming year to ensure that scrutiny activity is focused where it can be of greatest benefit. Members are encouraged to highlight items that could be included for consideration in the work programme.

The work programme will be reviewed at each meeting of the Committee to ensure that its contents are still relevant and will add value to the work of the Council and partners.

Actions Required:

The Committee is invited to:

- 1) review, consider and comment on the work programme as set out in Appendix A to this report; and
- 2) highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

1. Background

Overview and Scrutiny should be positive, constructive, independent, fair and open. The scrutiny process should be challenging, as its aim is to identify areas for improvement. Scrutiny activity should be targeted, focused and timely and include issues of corporate and local importance, where scrutiny activity can influence and add value.

Overview and scrutiny committees should not, as a general rule, involve themselves in relatively minor matters or individual cases, particularly where there are other processes, which can handle these issues more effectively.

All members of overview and scrutiny committees are encouraged to bring forward important items of community interest to the committee whilst recognising that not all items will be taken up depending on available resource.

Purpose of Scrutiny Activity

Set out below are the definitions used to describe the types of scrutiny, relating to the items on the Committee Work Programme:

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Policy Review - The Committee is reviewing the implementation of policy, to consider the success, impact, outcomes and performance.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Consultation - The Committee is responding to (or making arrangements to) respond to a consultation, either formally or informally. This includes pre-consultation engagement.

Budget Scrutiny - The Committee is scrutinising the previous year's budget, or the current year's budget or proposals for the future year's budget.

Requests for specific items for information should be dealt with by other means, for instance briefing papers to members.

Identifying Topics

Selecting the right topics where scrutiny can add value is essential in order for scrutiny to be a positive influence on the work of the Council. Members may wish to consider the following questions when highlighting potential topics for discussion to the committee:-

- Will Scrutiny input add value?
Is there a clear objective for scrutinising the topic, what are the identifiable benefits and what is the likelihood of achieving a desired outcome?
- Is the topic a concern to local residents?
Does the topic have a potential impact for one or more section(s) of the local population?
- Is the topic a Council or partner priority area?
Does the topic relate to council corporate priority areas and is there a high level of budgetary commitment to the service/policy area?

- Are there relevant external factors relating to the issue?
Is the topic a central government priority area or is it a result of new government guidance or legislation?

Scrutiny Review Activity

Where a topic requires more in-depth consideration, the Committee may commission a Scrutiny Panel to undertake a Scrutiny Review, subject to the availability of resources and approval of the Overview and Scrutiny Management Board. The Committee may also establish a maximum of two working groups at any one time, comprising a group of members from the committee.

Work Programme items on scrutiny review activity can include discussion on possible scrutiny review items; finalising the scoping for the review; consideration and approval of the final report; the response to the report; and monitoring outcomes of previous reviews.

2. Conclusion

The Committee's work programme for the coming year is attached at Appendix A to this report. Members of the Committee are invited to review, consider and comment on the work programme as set out in Appendix A and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme. Consideration should be given to the items included in the work programme as well as any 'items to be programmed' listed.

3. Consultation

a) Have Risks and Impact Analysis been carried out?

Not Applicable

b) Risks and Impact Analysis

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adults and Community Wellbeing Scrutiny Committee – Work Programme

5. 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 Simon Evans, Health Scrutiny Officer, who can be contacted on 01522 553607 or by e-mail at Simon.Evans@lincolnshire.gov.uk

Adults and Community Wellbeing Scrutiny Committee
Work Programme

6 September 2017 – 10.00am
2017/18 Adult Care and Community Wellbeing Quarter 1 - Themed Performance Report
Adult Care & Community Wellbeing 2017/18 Outturn Projection
Strategic Market Support Partner Procurement (<i>Pre-Decision Scrutiny</i>)

25 October 2017 – 10.00am
Care Quality Commission Update
Shared Lives Services – Procurement (<i>Pre-Decision Scrutiny</i>)
Domestic Abuse Support Services - Procurement (<i>Pre-Decision Scrutiny</i>)

29 November 2017 – 10.00am
2017/18 Adult Care and Community Wellbeing Quarter 2 - Themed Performance Report
Adults and Community Wellbeing - Budget Monitoring Report
Health and Wellbeing Board's Housing, Health and Care Delivery Group
Adult Care Local Account 2016/17
Stop Smoking Services – Procurement (<i>Pre-Decision Scrutiny</i>)
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - 26 September 2017

Other Potential Items for Autumn 2017

- Wellbeing Service
- Transforming Care – Learning Disabilities.
- National Carers Strategy / Carers Items – Themed Meeting.

10 January 2018 – 10.00am
Budget Proposals 2018/19
IT Overview for Adult Care (Telecare, Telehealth, Mosaic) and its Support of Assessments

14 February 2018 – 10.00am
2017/18 Adult Care and Community Wellbeing Quarter 3 - Themed Performance Report
Residential and Nursing Care Fee Levels - Adult Care
Lincolnshire Safeguarding Boards Scrutiny Sub-Group Minutes - January 2018

11 April 2018 – 10.00am
Annual Report of the Director of Public Health

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