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27 August 2019

## Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 4 September 2019 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

Debbie Barnes OBE  
Head of Paid Service

## 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 Adams, Mrs P Cooper, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid, C L Strange and M A Whittington



**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA**  
**WEDNESDAY, 4 SEPTEMBER 2019**

Item	Title	Pages
1	<b>Apologies for Absence/Replacement Councillors</b>	
2	<b>Declarations of Councillors Interests</b>	
3	<b>Minutes of the meeting held on 3 July 2019</b>	5 - 16
4	<b>Announcements by the Executive Councillor and Lead Officers</b>	
5	<b>Wellbeing Service - First Year Update</b> <i>(To receive a report by Rachel West, Senior Contract Officer, and David Clark Programme Manager, which provides the Committee with an update on the performance of the first year of the Wellbeing Service which went live on 1 April 2018)</i>	17 - 26
6	<b>Housing Related Support Service</b> <i>(To receive a report by Carl Miller, Commercial and Procurement Manager – People Services, which invites the Committee to consider the commissioning and procurement of housing related support services which is due to be considered by the Executive on 1 October 2019)</i>	27 - 66
7	<b>Adult Care and Community Wellbeing Performance Report - Quarter 1 2019/20</b> <i>(To receive a report by Katy Thomas, County Manager – Performance and Intelligence, Adult Care and Community Wellbeing, which presents performance against Council Business Plan Targets for the Directorate as at the end of Quarter 1 2019/20)</i>	67 - 124
8	<b>Adult Care Activity Data for 2018/19</b> <i>(To receive a report by Glen Garrod, Executive Director Adult Care and Community Wellbeing, which provides a detailed understanding of the full year activity in Adult Care 2019)</i>	125 - 128
9	<b>Adult Care and Community Wellbeing Scrutiny Committee Work Programme</b> <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which provides the Committee with an opportunity to consider its future work programme for the coming year)</i>	129 - 138

Democratic Services Officer Contact Details

Name: **Rachel Wilson**

Direct Dial **01522 552107**

E Mail Address [rachel.wilson@lincolnshire.gov.uk](mailto:rachel.wilson@lincolnshire.gov.uk)

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**ADULTS AND COMMUNITY  
WELLBEING SCRUTINY COMMITTEE  
3 JULY 2019**

**PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)**

Councillors Mrs E J Sneath (Vice-Chairman), B Adams, R J Kendrick, Mrs C J Lawton, R B Parker, C E Reid and M A Whittington

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Emma Farley (Strategic Finance Manager - Adult Care Operations), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Heston Hassett (Section 117 Specialist Project Manager), Carl Miller (Commercial and Procurement Manager - People Services), Katy Thomas (County Manager - Performance and Intelligence, Adult Care and Community Wellbeing) and Rachel Wilson (Democratic Services Officer)

**9        APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors Mrs J E Killey, Mrs M J Overton MBE and C L Strange.

The Chief Executive reported that having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, she had appointed Councillor R B Parker as a replacement member of the Committee in place of Councillor Mrs J E Killey for this meeting only.

**10      DECLARATIONS OF MEMBERS' INTERESTS**

Councillor M A Whittington wished it be noted that his mother was in a residential care home part funded by Lincolnshire County Council.

Councillor C E Reid wished it to be noted that in relation to agenda item 5 – Extra Care Housing, that he was a City of Lincoln Councillor and was a member of the Housing Forum.

Councillor Mrs C J Lawton also wished it to be noted in relation to agenda item 5 – Extra Care Housing, that housing came under her portfolio as an Executive Councillor on South Holland District Council.

**2**

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
3 JULY 2019**

**11      MINUTES OF THE MEETING HELD ON 22 MAY 2019**

**RESOLVED**

That the minutes of the meeting held on 2 May 2019 be signed by the Chairman as a correct record.

**12      ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR, CHAIRMAN  
AND LEAD OFFICERS**

It was reported that the authority had received a 'Highly Commended' at the Municipal Journal Awards in the Category of Digital Transformation for the work which had been undertaken to create a Digital Roadmap for Social Care. This included the implementation of Connect to Support in partnership with the NHS, as a one stop shop for information and advice, the sharing of access to Mosaic across partner organisations, roll out of 4G laptops to all frontline staff and improving the digital maturity of the Council's care providers through access to NHS mail. The Chairman requested that the Committee's best wishes be passed on to all those involved.

**13      EXTRA CARE HOUSING**

Consideration was given to a report which set out the business case for the provision of Council funding for an Extra Care Housing (ECH) Development at De Wint Court, Lincoln.

The report recommended that £2.8m of the £11.886m Adult Care Capital grant was used to enable the De Wint Extra Care Housing scheme to commence development in October 2019. The proposed De Wint ECH scheme in the City of Lincoln was a partnership between the City of Lincoln Council (CoLC) and the County Council to provide Extra Care Housing for the anticipated demand in the City. The development would provide a total of 70 units of accommodation for a minimum 30 year period enabling choice for residents and revenue savings by providing an alternative to expensive residential care. The total cost of the development would be £12m, with the CoLC contributing £6m, Homes England £3.2m and the County Council £2.8m that provides Adult Care with nomination rights on 35 units for 30 years using a process of first right of refusal with no void risk.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was highlighted that there were four other probable schemes, but each would have its own business model, and would have different levels of contribution from the Council. The four schemes under development were for locations in Louth, Horncastle, Spalding and Nettleham.
- The scheme in Lincoln was not primarily about saving money, but instead about promoting independence and increasing resilience. However, after 15 years, the council would recover its funding.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**  
**3 JULY 2019**

- De Wint Court would be primarily focused on older people and would work across three levels of dependency:- high, medium and low. The authority would be more interested in nominations for people with high or moderate levels of need who were close to entering residential care.
- The quality of life for people in extra care housing developments was found to be better than for those living home alone or in residential care.
- It was queried whether there were any plans to sell any of the units and members were advised that there were two business models for extra care housing - those developers who would sell properties on a complex and then residents would pay a service charge; and those developments where units were available to rent. It was agreed that those schemes that the Council should invest in would be for those Lincolnshire residents who could not afford to buy their own home. All the schemes would be on a tenancy basis as it was believed this was the best model for those that the Council was seeking to target.
- In terms of financial implications, it was queried whether the authority would face increasing costs. Members were advised that most extra care housing was developed by housing associations. However, two years ago the Government had set a rent cap which discouraged housing associations from renting. The Government had recently announced that it would remove the cap for people living in supported housing.
- De Wint Court would have 70 tenants, but the authority would not necessarily be supporting all the tenants. However, as the other schemes were developed, it was expected that more working age adults with profound disabilities would become extra care tenants.
- Standard housing developments did not necessarily focus on the needs of people who would be living in them, but instead focused on meeting building regulations and environmental assessments.
- Members were advised that these developments would be suitable for people with dementia with a low or moderate need, where it would be a suitable option. There was an expectation that people with a diagnosis of dementia would be entitled to access this type of accommodation. It was noted that there were people with early onset dementia who were still in employment.
- It was queried whether the planned scheme for Spalding was in addition to the scheme being developed by LACE Housing which would have a mixture of accommodation available to buy or rent. It was confirmed that the County Council scheme would be in addition to this. LACE was one of organisations the authority was in conversation with. These developments were not just about providing care, but also about improving people's quality of life.
- It was queried how provision in the south of the county would be met, and it was reported that this was very dependent on the district councils and the availability of land or funding for schemes in particular areas. All those areas identified had a demand based on data collected. There was a funding envelope that would sit alongside this.
- The Spalding scheme was probable, but was not as developed as the Nettleham scheme. Population projections support the view that there was a need for further schemes outside of Lincoln.
- The resources that the authority had available were either land or funding.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE****3 JULY 2019**

- It was commented that local government was being encouraged to borrow money to fund these long term developments. Members were advised that from a Lincolnshire County Council point of view, there was no requirement for borrowing as there was £11m available for these schemes. There was a possibility of this funding between 4 - 7 schemes depending on where else funding would come from and also locations would be dependent on the negotiations which would be held with districts. There was enthusiasm to progress schemes for working age adults.
- It was understood that there was already extra care housing in Grantham, and it was confirmed that there were some developments happening without council contributions, but there were some which required a small amount of additional funding which would then give the authority nomination rights.
- The Council's contribution would depend on the scheme itself, as the contribution maybe land or members may wish to retain some capital.
- It was commented that the Lincoln development was very welcome, and in terms of design it was queried whether it was based on a national standard or if there had been additional design work. Members were advised that there were three initial elements which would affect the design – the footprint of the land available, population in question and cost. However, cost was not a material factor in any of the schemes which were being negotiated. The design for the Lincoln scheme had been made by housing specialists as they knew what worked. Some organisations, such as LACE, had their own design portfolio.
- It was highlighted that South Kesteven District Council did not have a land bank so would schemes be dependent on developers bringing forward proposals for these developments. It was noted that some schemes were just about supported living, officers were talking with housing associations, as they knew Lincolnshire and knew what worked. Each scheme would be dependent on who could contribute what and the County Council was in a very good position as it had both land and funding available as a contribution. Work was underway to find suitable parcels of land and plan for the future.
- It was queried whether there had been any discussion about a percentage of houses on housing developments being designated for extra care. However, members were advised that extra care housing was purely bespoke. There were plans to build 200,000 houses in greater Lincolnshire over the coming years and it was expected that some of them would be designed to accessible standards. Work was underway to try and influence the housing developers to build houses which would meet people's future needs.
- In terms of identifying land for these developments, it was suggested that they needed to be located within walking distance of the town, as residents of these developments would still want to be part of the community and would need to be able to access the amenities of the town. It was highlighted that one of the benefits of extra care developments was the connectivity with the community, with access to local activities. It was suggested that there may also be a need instead to build satellite centres, with cafes and shops, as it was not always possible to walk to the centre of the town.
- It was commented that with the expected reduction of rural bus services, consideration of suitable locations would be vital.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**  
**3 JULY 2019**

- It was highlighted that there were a lot of people with profound learning and physical disabilities cared for by their parents who were now becoming elderly, and it was confirmed that the Nettleham development would be suitable for people in this situation.
- Health colleagues had been encouraged to participate in all developments and were very aware of the plans for all schemes.
- These schemes were more relevant to GP's, primary care and district nurses rather than hospitals.
- It was acknowledged that it had taken time to get to this point, but the importance of giving thorough consideration to the plans was recognised.

**RESOLVED**

1. That the Adults and Community Wellbeing Scrutiny Committee support the recommendations to the Executive as set out in the report.
2. That the following additional comments be passed to the Executive:

*On 3 July 2019, the Adults and Community Wellbeing Scrutiny Committee agreed to support the two recommendations on page 61 of the report, which would deliver an extra care housing scheme at De Wint Court in Lincoln, as the first of several schemes currently being developed. Whilst it had taken time to bring forward proposals, the Committee recognised that it was essential that the plans had been given thorough consideration.*

*The Committee discussed the issue of accessibility across the county and was advised that schemes were also being developed by the County Council in partnership with the respective district council in Louth, Horncastle, Spalding and Nettleham. A key factor was the availability of land, and certain district councils in Lincolnshire did not have a bank of available land.*

*In welcoming and supporting the scheme in Lincoln, the Committee emphasised extra care housing as supportive of independent living and part of this was enabling residents to remain active and participate in their local communities.*

**14      SHORT BREAKS PROVISION IN LINCOLNSHIRE**

A report was received which invited the Committee to consider the re-procurement of the Short-Breaks and Emergency Placements Service for people with Learning Disabilities which was due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 4 and 5 July 2019.

Members were guided through the report and were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- One member commented that they knew what a vital role Cedar House in Spalding played for people who stayed there and for their families.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE****3 JULY 2019**

- Members were advised that there had been a good level of interest from providers, and it was thought that there would be more providers who would come forward once the contract went out to tender.
- One member commented that they were fully supportive of this provision continuing, and were reassured by the staffing ratio's proposed. Gratitude for the work that the officers did was expressed and it was commented that the Council should be proud that they offered this service.
- In terms of 'Alternatives Considered' it was queried what consideration had been given to examine whether there were benefits to bringing the service in-house. Members were advised that contracted services were performing well, and so there had been a focus on a continuation of these contracted services. It was highlighted that one of the responsibilities of the executive director had been to make £40m in savings, and these savings had in part been made by outsourcing. It was unlikely that the authority would be able to run these services at the same cost as the providers. If there was any scheme which would be better value to be run in-house, it would be brought to members.
- Members were advised that there were currently no regulated care services provided in-house. It was highlighted that for the Council to provide regulated services, there would be a need to review the skills base of the directorate.
- It was commented that this model did provide the authority with flexibility, and the authority was commissioning services for its own assets.
- It was suggested that there should be a comparison on costs for providing the service in house.
- Queries were raised regarding the presentation of the finance information, as members could not determine whether it was value for money.
- It was clarified that the contract cost of £4,609,925 was the total cost of the contract over 5 years, based on the combined spend for 2018-19 for Cedar House and Swallow Lodge of £921,985. It was hoped to manage the 1:1 costs by specifying the staffing. A request was made for a financial schedule for this proposal to be made available, and this be included in future reports to the Committee.
- It was queried what evidence the providers had given the authority that they had incurred additional expenditure, and members were informed that this would be based on the assessments made by council officers. All additional spend would need to be evidenced and substantiated.
- The strategy was to support people and it needed to be acknowledged that it would not be possible to identify every cost, particularly in relation to 1:1 costs.
- It was queried whether the costs could be compared to what other councils provide, to provide some benchmarking information.

**RESOLVED**

1. That the Adults and Community Wellbeing Scrutiny Committee support the recommendation to the Executive Councillor as set out in the report.
2. That the following comments to be passed to the Executive Councillor:

*On 3 July 2019, the Adults and Community Wellbeing Scrutiny Committee supported the three recommendations in the report to the*

## ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE 3 JULY 2019

*Executive Councillor. The Committee recorded its strong support for the re-procurement of this important service, which was vital for carers across the county. Several members of the Committee were aware of the excellent physical environments in Swallow Lodge (North Hykeham) and Cedar House (Spalding); and the high quality services provided currently, including the expertise in dealing with the various levels of need of service users.*

*The Committee explored whether an in-house option for this service had been considered as part of the 'Alternatives Considered' section of the report. This discussion took place within the overall context of the Council's commissioning policy and the importance of securing value for money so that the existing high quality Short Breaks service continued. The Committee concluded by stressing the importance of value for money in the procurement process and noted that certain future procurement reviews might include a comparison with in-house option, in particular where there was evidence of the independent sector not being able to provide value for money.*

### 15 SECTION 117 JOINT POLICY

The Committee received a report which invited members to consider the creation of the Section 117 Joint Policy for Lincolnshire County Council (LCC), Lincolnshire Clinical Commissioning Groups (CCGs) and Lincolnshire Partnership Foundation Trust (LPFT), which was due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 22 July and 2 August 2019.

This was a new multi-agency policy replacing the existing arrangements in the three individual organisations. The policy had been ratified for use by the LPFT's Executive Board and was due to be approved by the CCG's appropriate governance processes in July 2019. The policy required a decision from the Executive Councillor for its use across LCC for multi-agency working.

Members were advised that Section 117 of the Mental Health Act (MHA) 1983 (as amended by the MHA 2007) provided a responsibility on Local Authorities and Clinical Commissioning Groups to provide/commission After-Care Services. It was noted that LCC, in partnership with the Lincolnshire CCG's had been reviewing their approach to the funding of s.117 cases following negotiation in relation to the s.75 Agreement for Learning Disability Services. As a result, LCC, Lincolnshire CCG's and Lincolnshire Partnership NHS Foundation Trust had been set an inter-agency requirement to review their s.117 policy provisions.

Members were provided with an opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was commented that it was very important that people were supported after leaving hospital treatment. It was encouraging that this was now more of a collaborative approach.
- It was queried whether there would be performance monitoring, and members were advised that reviews would take place at 3 months and 12 months.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
3 JULY 2019**

- It was highlighted that the report stated that there would be assessments every six or twelve months, and it was queried how long it would take to implement any actions that emerged from the review. This referred back to the Mental Health Act code of practice and was a way of ensuring that the health care professionals were being proactive. It was noted that quality audits of case files would take place where it would be looked at how the individual practitioner operated. It was important that practice was of the highest standard. Care plans for S.117 were very specific.
- It was confirmed that this policy had been agreed by all partners, but it still needed to go through the governance procedures. It was also noted it would be considered by the Children and Young People Scrutiny Committee. The policy would be considered by the CCGs' executive meeting during the coming week.
- Work was taking place to create an accessible version which could be accessed by members of the public.
- One of the alternatives considered was to develop a single agency policy, however this would not have addressed how the relevant bodies, particularly the CCG's and Council worked together to discharge their joint responsibility under s.117 MHS 1983.
- It was noted that the care plan would be an electronic record to ensure that the record was accessible.
- It was noted that information could be entered directly into mosaic by LPFT staff who had access, and the quality of data was now much better. Most of the data was now benchmarked with other councils that were similar to Lincolnshire.
- It was queried whether this covered those people who had been released from secure hospitals, and members were advised that this would be dependent on which section of the MHA applied to them.
- In terms of financial implications, the costs were currently shared equally and there was an ongoing piece of work reviewing s.117 cases.
- In working with people with learning disabilities and mental health issues, it could be difficult to determine what was a social care need and what was a mental health need. However, the experience of individuals going through these processes in Lincolnshire was materially better than in those areas where services were delivered separately.
- In the future it was hoped that there would be an envelope of funding for those with a profound need.
- Members were pleased to see that the policy would be meeting the needs of those people leaving prison with a mental health need.
- The data regarding the numbers of people in secure mental health facilities and prisons would be held by the NHS.

**RESOLVED**

1. That the scrutiny committee support the recommendations to the Executive Councillor as set out in the report.
2. That the following additional comments be passed to the Executive Councillor:

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**  
**3 JULY 2019**

*The Adults and Community Wellbeing Scrutiny Committee supports the approval of the adoption of the policy under Section 117 of the Mental Health Act 1983. The Committee stressed the importance of aftercare services, to avoid the 'revolving door' approach, whereby service users might again require services, if they did not receive appropriate aftercare support. The Committee also recorded its support for the collaboration between the County Council and other agencies in delivering the policy.*

*The Committee suggested a summary or easy-to-read version of the policy is prepared so that individuals and their families would be able to access the key points in the policy. This could complement the information contained in Rethink's Section 117 Aftercare Factsheet.*

*The Committee also explored the financial implications, as set out in Section 5 of the report. It was noted that the section 75 arrangements would be reviewed in the coming year.*

**16     ADULT CARE AND COMMUNITY WELLBEING PERFORMANCE REPORT**  
**- QUARTER 4 2018/19**

Consideration was given to a report which presented the performance against Council Business Plan targets for the Directorate as at the end of Quarter 4 2018/19. A summary of performance against target for the year was provided in Appendix A of the report and a full analysis of each indicator over the year was provided in Appendix B of the report.

Members were guided through the report and those indicators which had not been achieved but were amber were highlighted to the Committee. It was noted that no indicators were showing as red. Members were provided with the opportunity to ask questions to the officers present and some of the points raised during discussion included the following:

- Measure 34 – Chlamydia diagnoses per 100,000 15 – 24 year old – the target population was the 18-25 age range, with the University of Lincoln being a hot spot. Young people increasingly did not want to go their GP's, and the testing kits available through the post were producing the best results.
- Measure 63 - % of clients in receipt of long term support who receive a direct payment – it was agreed that this was a high target. However, current performance suggested that Lincolnshire was in the upper quartile.
- There were regular reports on delayed transfers of care, and a national change of definition was due which would mean that there would be an increase in the figures by 5 – 10%. It was expected that this would affect all councils equally.
- It was queried whether the University of Lincoln supported students who had received a positive chlamydia diagnosis, for example by offering counselling. Members were advised that both Bishop Grosseteste University and the University of Lincoln were quite well engaged with this.
- Measure 31 - % of alcohol users that left drug treatment successfully who do not re-present to treatment within six months – it was queried what

performance was like across the county, and members were advised that it was very variable as the service was dealing with people's ability to change their own behaviour.

- It was reported, as an example, that Doncaster Council had invested heavily in mental health, drugs and alcohol services with a very dedicated and well-resourced service which supported a relatively small number of people. Individuals would be receiving this service for 4-10 years. It was noted that this was easier to deliver this service as a unitary council in an urban area.
- Measure 130 - % of Adult Safeguarding Concerns that lead to a safeguarding enquiry – it was reported that on 27 June 2019 the Overview and Scrutiny Management Board had recorded its concern that this new Council Business Plan measure had replaced the previous indicator '*enquiries where the source of risk is a service provider*' and had recommended that both measures should be included in the Council Business Plan and also agreed that these measures should be considered by the Adults and Community Wellbeing Scrutiny Committee, whose advice would be reported to the Executive on 9 July 2019. It was stated that the Committee had endorsed the new indicator on 10 April 2019 and it was further clarified that the replaced measure still existed in the suite of intelligence utilised by the service to identify themes, and was reported as part of required returns to Government and other agencies. However, on its own the former measure did not represent the most appropriate indicator of service performance and risk, requiring the further context and understanding. The Scrutiny Committee accepted the rationale that the new indicator provided a better standalone measure of the level and consistency of understanding of safeguarding responsibilities and processes across the system. The Committee concluded with a recommendation that only the new measure should continue to be presented in the Council Business Plan. It was noted that approximately 50% of safeguarding concerns did not progress to a safeguarding enquiry.
- It was queried how outcomes were recorded and whether there was a 'loop back' to how many cases had a substantive risk. Members were advised that that data was still captured by the authority, and it was also monitored whether the enquiry was upheld.
- It was noted that there was a significant number of performance measures that were monitored even though they were not included within this report.
- It was noted that the Overview and Scrutiny Management Board and Adults and Community Wellbeing Scrutiny Committee were both meetings open to the public, and when reports were in the public domain, they needed to be understandable by the public.

#### RESOLVED

1. That the performance of Adult Care and Community Wellbeing for Quarter 4 2018/19 be noted.
2. That the Executive be advised that the Committee's recommendation was that only the new measure (*concerns that lead to a safeguarding enquiry*) should be presented as part of the Council Business Plan, while the former measure

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
3 JULY 2019**

(enquiries where the source of risk is a service provider) would continue to be recorded for management and any required statutory purposes.

**17    ADULT CARE & COMMUNITY WELLBEING 2018/19 FINAL BUDGET OUTTURN**

Consideration was given to a report which set out the 2018/19 final budget outturn for Adult Care and Community Wellbeing (AC&CW). The Adult Care outturn was £212.963m, an under-spend of £2.019m (0.94%) against a budget of £214.982m.

Officers were congratulated on producing a balanced budget, and it was highlighted that there were many more complex cases than in the past, particularly in relation to discharges.

Members were provided with an opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- In relation to Deprivation of Liberty Safeguards (DoLS), a new model for authorising deprivations of liberty in care was expected going forward as Parliament had passed legislation to replace the current Deprivation of Liberty Safeguards. It was expected to come into force in October 2020 and would be known as the Liberty Protection Safeguards (LPS). It was noted that Lincolnshire was one of the few councils who no longer had a backlog of cases, but there would be no additional funding from Government for the changes.
- It was commented that Government funding for Adult Social Care had dropped since 2010, and it was queried how the directorate would spend extra money if it was available. Members were advised that a report by the House of Lords Economic Affairs Select Committee had just been published entitled "Social Care Funding: Time to End a National Scandal" which set out the premise that Adult Social Care was substantially under-funded. If the authority did receive additional funding it would be for the Council to decide how to spend it, however recommendations from the Executive Director would fall into three broad groupings – (1) prevention, in particular those that had a low level of need; (2) increase of the pay rates for care workers, as there were 20,000 care workers in Lincolnshire and they did not always get recognition for the difficult job they did; and (3) increasing the amount of time that staff had to do their jobs, as time was a very expensive commodity in health and social care.
- It needed to be recognised that Lincolnshire had a relatively stable service, and it did a lot of joint working with the health service, district council and a lot of what the authority did would not be possible without these partnerships.
- It was confirmed that there was a training provision for carers. The authority spent around £2.4m on block contracts with Carers First, who were commissioned to support the authorities with different activities. There was an estimated 80,000 carers in Lincolnshire (including family and friends) and the authority was engaged with about 10,000 of them. The authority had invested in employment support for carers, as evidence suggested that if carers were supported in work they would be able to continue with their caring responsibilities.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**

**3 JULY 2019**

- In terms of benchmarking, Lincolnshire's overall expenditure was in the lowest quartile for the region. The commissioning model worked very well for the authority and Derbyshire and Nottinghamshire were cited as examples where the unit cost was higher than Lincolnshire's.

RESOLVED

1. That the Adults and Community Wellbeing Scrutiny Committee note the final budget outturn for 2018/19.
2. That the House of Lords Economic Affairs Select Committee's report "Social Care Funding: Time to End a National Scandal" be circulated to members of the Committee for information.

**18      ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
WORK PROGRAMME**

The Committee received a report which provided the opportunity to consider the work programme for the coming year and the following was noted:

- It was proposed to move the reports on Rural and Coastal Communities in Lincolnshire and Integrated Lifestyle Support Service to the 9 October 2019 meeting.
- It was noted that Councillor C E H Marfleet was unable to attend the next meeting on 4 September 2019, therefore Councillor Mrs E J Sneath would be chairing the meeting.
- It was highlighted that there was a need to ensure that there was someone from this Committee available to attend meetings of the Overview and Scrutiny Management Board.

RESOLVED

That the work programme, subject to the above amendment, be noted.

The meeting closed at 1.14 pm

# Agenda Item 5



## Policy and Scrutiny

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

Report to:	<b>Adult Care and Community Wellbeing Scrutiny</b>
Date:	<b>4 September 2019</b>
Subject:	<b>Wellbeing Service - First Year Update</b>

#### **Summary:**

The Wellbeing Service was recommissioned by Lincolnshire County Council and successfully went live on 1 April 2018. The service is delivered by Wellbeing Lincs, a consortium of all seven district councils, as described in the previous report to this Committee on 28 November 2018. East Lindsey District Council is the contracted lead provider.

The service is available to individuals aged 18 years and over who are resident within Lincolnshire and meet the eligibility criteria. The Wellbeing Service is designed to promote confidence and resilience to support individuals to live independently for longer. Following assessment, the range of services offered includes individualised generic support, simple aids to daily living, minor adaptations, 24-hour responder provision and signposting.

The contract started in April 2018 and ends in March 2023 with the opportunity to extend for a further five years pending review.

#### **Actions Required:**

The Adults and Community Wellbeing Scrutiny Committee is asked to note the performance of the first year of the new delivery model of the Wellbeing Service.

#### **1. Background**

The Wellbeing Service is available to eligible Lincolnshire residents aged 18 years and over. Provision of the service contributes to the following outcomes for individuals, their families and the wider community:

- timely support which enables and empowers people to live healthy independent lives;
- reducing or delaying escalation into more costly health and care services;
- coordinating and simplifying the process for a person to access the help required, when they need it, in order to remain safe and well in their home;

- increasing the number of people who are able to live independently with support and technology in their own home;
- providing proactive, integrated, quality care delivered through multi-disciplinary working which has the potential to generate a reduction in attendances at A&E, emergency admissions, and length of stay in residential care; and
- improving or preventing the deterioration of service users health and wellbeing and overall quality of life.

The new service is one of the Council's primary methods of discharging its prevention duty under the Care Act 2014, which specifically aims to promote wellbeing; prevent, reduce and delay need; and provide information and advice where appropriate.

The Wellbeing Service consists of the following six components:

1. Assessment.
2. Generic Support - providing up to a maximum of 12 weeks personalised interventions based on the customers self-identified needs during their assessment.
3. Hospital and Care In-Reach - developing effective referral mechanisms to integrate the service into Lincolnshire's hospitals and evolving health and care landscape, supporting discharge pathways and service navigation.
4. Small aids and Adaptations; supporting the provision and/or installation of simple aids and adaptations purchased by the individual based on their assessment and customer choice.
5. Resettlement; a service which meets individuals upon their return home following a stay in hospital or care facility, ensuring initial needs are met and facilitating access to wider service support as appropriate.
6. Telecare Response; a 24 hour response service to telecare alerts where the customer registers and pays for the service. Telecare response provides support to customers needing assistance including those who have fallen, utilising lifting equipment to assist where appropriate.

Referrals are screened for eligibility, using the criteria outlined in Appendix A, predominantly via the Customer Service Centre.

Analysis of the first year of referral and eligibility data has highlighted:

- 6,400 referrals received during the first contract year.
- 99.3% of individuals were eligible for the service following screening.
- The most commonly met eligibility trigger across all customers was difficulty managing a long term condition, identified by 73% of individuals. This was closely followed by stress and low level mental health concerns (71%) and challenges with mobility (70%).
- Across age range 18 to 69 the key eligibility indicators were stress and low level mental health concerns (84%), difficulty managing a long term condition (75%) and issues with managing money (65%).
- Whereas for customers aged over 70 mobility challenges were the highest criteria met (78%), followed by long term conditions (66%) and stress related problems (57%).

All eligible individuals are referred into the East Lindsey District Council Wellbeing Hub, via Mosaic, for initial triage before allocation for a full assessment. The strengths focused assessment process enables individuals to self-identify the aspects of their health and wellbeing that could be improved. The service seeks to support individuals to achieve positive change across the following key outcomes areas:

- managing money
- participation
- social contact
- physical health
- mental health and wellbeing
- substance misuse
- independence
- staying safe

## **2. Performance Summary**

The Wellbeing Service contract is managed by the Commercial Team - People Services. Contract management meetings are held on a monthly basis to review the performance of the provider against the key performance indicators that measure service user outcomes and service timescale targets. A recent audit deemed this approach to contract management as providing high assurance to the Council of the 'robust monitoring of performance and data analysis of the contract'.

Over the last 16 months performance has consistently demonstrated a positive impact on service users' health and wellbeing. In 2018-19, 96% of customers were successfully supported to achieve an overall improvement in their outcomes, evidencing a high level of service user achievement.

Highlights in the first year of service delivery also include:

- 97% of individuals referred into the service in 2018-19 did not go on to receive long term funded support from adult care in this period.
- Continued growth in referral numbers indicating the service is well embedded within local communities with 6,400 referrals received during the first contract year. The last quarter of 2018-19 saw referrals rise above projected volumes (29 per day) with an average of 32 per day maintained into 2019-20.
- 3,166 individuals supported to increase their independence representing 94% of all those seeking an improvement in this area.
- 2,602 individuals supported to manage their money and/or debt more effectively, which equates to 91% of those identifying this need.
- 1,546 individuals supported to increase their social contact, and/or reduce social isolation; 89% of those requesting this input.
- Strong working relationships established with statutory, commissioned and voluntary services leading to over 330 teams and organisations making referrals to Wellbeing Lincs so far.

- Provider-led analysis of referral volumes, distribution and sources; enabling evidence based service development decisions whilst demonstrating equitable countywide access.
- Wellbeing Lincs being shortlisted for a *Local Government Chronicle* Award in the Public/Public Category only nine months into service delivery. The award sought to recognise public sector bodies and councils joint working initiatives that drive service improvements and/or improved efficiency.

Wherever areas for development have been identified over the last 16 months the service has consistently been responsive, transparent and undertaken a collaborative approach in working alongside the Council to drive forward continuous improvements. Challenges for the service to date have included:

- Consistently meeting service timescales targets for assessment and generic support. This was predominantly due to the legacy of embedding transitioning staff into the new service ethos and ways of working. To improve this Wellbeing Lincs has invested in coaching and brand consultants to work with the teams to drive a one-service culture and increase productivity. Internal structural changes have also been enacted to reinforce this work which has positively impacted on intervention timescales in recent months.
- Utilisation of the resettlement element of the service with in-reach staff experiencing considerable challenge in sustaining referrals from within hospitals. This is largely due to the high turnover of staff within the wards making embedding this pathway ineffective. In response Wellbeing Lincs is reviewing both the hospital in-reach role and resource allocation to re-position its focus in the urgent care landscape to maximise opportunities to embed resettlement as a key component of discharge planning options.
- Consistently achieving the 45 minute response service target across a predominantly rural county. Successfully establishing the service was initially hampered by the disparity between the transitioned customer base and TUPE staff numbers and working locations. The service initiated a consultation with staff to amend their allocated work bases underpinned by intelligence from service demand and growth modelling to identify optimum locations. Working alongside commissioners, the provider also developed a strong partnership with Lincolnshire Fire & Rescue securing agreement for responding staff to be based in four retained stations across the county (Lincoln North, Horncastle, Spilsby and Billingborough). Co-location of staff began on 8 July; initial data indicates this change has led to a significant increase in performance with target levels now being achieved, thus allowing further opportunities for joint working with this key partner to be explored.

As part of the contract management process, case studies and feedback are submitted by the provider on a monthly basis. A small selection has been attached in Appendix B highlighting the individual impact of the Wellbeing Service interventions. The predominant themes of the case studies demonstrate how individuals are effectively supported both directly and through connections to community resources to maintain their independence and ability to self-care for longer.

### **3. Additional Service Successes**

Whilst work has been on-going to improve the response times achieved, performance data shows the telecare response element is continually fulfilling its intended purpose; relieving pressure on emergency services and hospital admissions whilst ensuring customers receive appropriate support to prevent further deterioration and distress:

- 77% of all response call outs in 2018-19 have been to support customers following a non-injury fall or to attend to a no-response activation of a telecare alarm,
- 45% of all responses are for non-injury falls and are consistently the highest reason for dispatching a responder each month. In 2018-19 this equated to over 330 occasions when customers were supported following a non-injury fall at home.
- Responders also supported customers on over 60 occasions whilst awaiting an ambulance attendance, providing updates on customer's condition and offering reassurance.

The annual contract visit led by the Commercial Team in conjunction with Public Health commissioners took place in April 2019 and culminated in the Wellbeing Service receiving an overall 'Good' judgement for quality and contract compliance. Engagement with staff and observation of service delivery provided an extremely positive insight into customer experience and the holistic support provided to individuals in often complex circumstances. Recognition was given to the customer outcome measures which were consistently on or above target during 2018-19 despite the challenges of transition and increasing service volumes. Other key highlights included the clear commitment to service development, partnership working and strong governance through the Wellbeing Lincs Management Board.

### **4. Future Developments**

Wellbeing Lincs is currently constructing an annual report to reflect the first year of delivery and promote the service offer. The first draft is scheduled to be completed by mid-August once all performance data is fully reported for 2018-19. The report will focus on the District partnership, the level and type of outcomes being achieved, falls response interventions, customer testimonials, partnership case studies and the impact on wider services. The annual report will be presented to the Executive Directorate Leadership Team in September.

Although summer is now here, work has begun in recent weeks to explore what Wellbeing Lincs can offer to support the winter pressure agenda for 2019-20. It is envisaged that this may include an urgent 'next day' assessment for those who have fallen and being responded to by the LIVES response service, alongside an urgent equipment provision for falls patients and developments to the telecare response service reach.

In addition, the wellbeing offer and presence in Lincolnshire hospitals will be enhanced by the co-located hospital link workers to enable the service to fulfil its current commissioned role and explore opportunities to support further prevention initiatives alongside health colleagues. Work continues with Pilgrim Hospital to base staff in their emergency department, who would directly track patients through the system and eventually into the resettlement service, reducing readmissions and subsequent costly packages of care.

In October, the Wellbeing Service will begin transition of its full case management system into Mosaic. This will allow assessments, support and equipment provision to be recorded more efficiently and facilitate information sharing between involved teams and services to benefit both individuals and wider partnership working arrangements.

## **5. Conclusion**

The first year of the contract has shown many positive outcomes for service users with a continued theme of early intervention leading to de-escalation of need as individuals are empowered to remain independent for as long as possible. The provider has performed consistently well against performance measures and where needed, has been responsive to addressing areas of improvement whilst showing a clear commitment to service development, working in partnership with designated officers. The continued growth of referrals into the service demonstrates the need for the provision, as well as the successful working relationships the Wellbeing Service has established locally. The annual report due to be shared at the Executive Directorate Leadership Team in September will provide further detail and examples of the positive impacts this service delivers for the residents of Lincolnshire.

## **6. Consultation**

- a) Have Risks and Impact Analysis been carried out? - No
- b) Risks and Impact Analysis – N/A

## **7. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Appendix A – Wellbeing Service Eligibility Criteria
Appendix B	Appendix B – Customer Feedback and Case Studies

## **8. 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 Rachel West, Senior Contract Officer, and David Clark, Programme Manager, who can be contacted on 01522 555690 or via [rachel.west@lincolnshire.gov.uk](mailto:rachel.west@lincolnshire.gov.uk) and [davidr.clark@lincolnshire.gov.uk](mailto:davidr.clark@lincolnshire.gov.uk).

## **APPENDIX A**

### **Wellbeing Service Eligibility Criteria**

The following criteria were put together using current evidence as predictors for future Adult Care and/or Acute Health and Care needs. By working with individuals who display with the risk factors it is predicted that we may be able to manage down demand into more costly statutory heath and care services. To be eligible for the Wellbeing Service an individual must meet four or more of the following:

- Is over 65 years old
- Is unable to manage their long term health / medical condition
- Regularly visits the GP for the same medical condition or for non-medical reasons
- Has had an unplanned hospitalisation or A&E attendance in the last 90 days
- Has accessed social care services in the previous twelve months including: assessment, day care, home care, re-ablement or residential care services
- Has had a bereavement (spouse / partner) or divorce in the past twelve months
- Has had a fall in the past three months, either at home or away from the home
- Is unable to manoeuvre around the home safely
- Lacks social support and/or interaction with family, friends or carers, or feels isolated
- Feel stressed, depressed or anxious
- Is unable to sustain work, education, training or volunteering
- Is unable to manage money or is in considerable debt
- Has poor lifestyle management and behaviours which impact on their overall health and wellbeing.

## **APPENDIX B**

### **Customer Feedback and Case Studies**

#### **Customer Feedback**

*'A genuine empathy and desire to assist without being patronizing - Wellbeing is a valuable service for those of us who have no clue as to how the system works'* (October 2018)

*'Many thanks; your web site is very informative. I have used your services for advice on how best to support my mother as she lives alone and has a life limiting condition. Your staff were excellent and went the extra mile making a big difference by clarifying what help I could get when needed'* (February 2019)

The Wellbeing Service was highly praised; *'people finally listening and helping the person and seeing beyond the condition.'*  
(Fibromyalgia Support Group, February 2019)

*'A professional team providing realistic advice about what a customer was entitled to and not.'* (April 2019)

*'Thank you very much to the Wellbeing team for their prompt and reactive help in relation to adaptations to enable my Dad to continue living independently'*  
(May 2019)

*'Thank you to your Response Service for the excellent help given to me following a fall. In particular I found it very comforting that a responder stayed with my husband until my stepdaughter was able to get here after I was taken to hospital, he is 92, has dementia and is not steady on his feet. Many thanks for the very efficient service.'*  
(July 2019)

## **Case Studies**

### Response Service Intervention

90 year old response customer activated his telecare to advise he had fallen. Responder arrived within 8 minutes and found the customer on the floor, although unhurt. Responder cleared the area and successfully used the Mangar Elk device to raise the customer to his feet. The customer was assisted with emergency personal care and made comfortable before leaving and securing his property. The customer subsequently contacted the Control Centre later that evening to thank the service for their prompt response and the kind and professional way they had dealt with his predicament. The responder noted they had dispatched from their newly designated Fire Service work base in North Lincoln; previously it would have taken at least 30 minutes to reach this particular customer.

### Generic Support Intervention

P was struggled with his mental health; he had recently lost both parents whom he had been caring for the previous 15 years. P is in his 60s and had multiple health issues of his own, requested help with sorting out his paperwork and help around the home. P identified as being very isolated and was using chat rooms to keep him company but they were costing a lot of money, he requested information about befriending services as an alternative.

Outcomes - P was supported to access bereavement counselling which reportedly helped him feel more motivated to get more on top of things around the home. The Wellbeing Service put him in touch with the Red Cross who supported with decluttering his home and befriending services. P is reportedly hoping to attend some community events in their area in the coming weeks after information provided by his Wellbeing officer. P was also signposted to a local organisation that is supporting him with organising his paperwork and correspondence.

### Generic Support Intervention

S was struggling with getting out into the garden and has not long lost her husband who was her main carer. Her daughter had stepped in to the breach and was struggling with finances since becoming the main carer for S.

Outcomes - With support, an application has been made for a Blue Badge and Bus Pass which will help S when she would like to leave the property. An application has been made to pension's credit which will enable S to have enough money to support her living at home and manage her finances accordingly without getting into debt. Currently daughter has no income, with the advice and guidance; this has enabled her to make the relevant claims for carers allowance so she is able to afford to support her mother. Information was also been provided about Carers First to ensure there is no relationship breakdown in the caring role.

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# Agenda Item 6



## Policy and Scrutiny

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>04 September 2019</b>
Subject:	<b>Housing Related Support Services</b>

#### **Summary:**

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the commissioning and procurement of housing related support services, which is due to be considered by the Executive on 1 October 2019. The views of the Scrutiny Committee will be reported to the Executive, as part of its consideration of this item.

#### **Actions Required:**

- (1) To consider the attached report and to determine whether the Committee supports the recommendation(s) to the Executive set out in the report.
- (2) To agree any additional comments to be passed to the Executive in relation to this item.

#### **1. Background**

The Executive is due to consider a report on *Housing Related Support Services* on 1 October 2019, which is attached as Appendix 1.

#### **2. Conclusion**

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

#### **3. Consultation**

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

No

## **b) Risks and Impact Analysis**

N/A

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor – Housing Related Support Services

## **5. Background Papers**

Document title	Where the document can be viewed
Housing Related Support Commissioning Plan	Public Health

This report was written by Carl Miller, who can be contacted on 01522 553673 or [carl.miller@lincolnshire.gov.uk](mailto:carl.miller@lincolnshire.gov.uk)

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

Report to:	<b>Executive</b>
Date:	<b>1 October 2019</b>
Subject:	<b>Housing Related Support Services</b>
Decision Reference:	<b>I018554</b>
Key decision?	<b>Yes</b>

**Summary:**

The Council currently commissions a number of contracts to deliver housing related support services to adults. These contracts comprise of:

- emergency accommodation based support - offering intensive support for up to three months in designated accommodation;
- non-emergency accommodation based support - offering support for up to six months in designated accommodation;
- floating support - offering support for up to six months, (not linked to designated accommodation) ; and
- rough sleeper street outreach - offering assertive outreach and targeted support for up to a maximum of 18 months.

The services work together to form a structured model of support for people who are currently homeless or at risk of losing their home. The support helps people with their immediate housing need and to regain or sustain their independence.

The Council also commissions the following services, linked to housing, which were packaged together with housing related support services when they were last commissioned in 2015:

- two domestic abuse refuges - offering a place of safety and support for up to six months for victims of domestic abuse; and
- mental health crisis houses - offering a step down from hospital admission or a preventative stay for up to ten days.

With the exception of the floating support and rough sleeper street outreach elements, which conclude on 31 March 2021, these contracts are all due to end on 30 June 2020, and as a consequence decisions need to be made about the future commissioning of the services.

This report presents the case for re-commissioning a reconfigured housing related support service for adults in Lincolnshire.

Lincolnshire County Council Children's Services also currently commission housing related support through a range of supported accommodation services for young people who are homeless or at risk of homelessness.

These arrangements are due to come to an end on 30 June 2020.

The re-commissioning of Children's Services housing related support is the subject of a separate report to the Executive, which is due to be considered by the Children and Young People Scrutiny Committee on 6 September 2019.

### **Recommendation(s):**

That the Executive:

1. Approves the commissioning of a housing related Support service, and the undertaking of procurement to establish a contract, to be awarded to a single provider of a countywide service effective from 1 July 2020.
2. Approves the commissioning of services to provide two domestic abuse refuges, and the undertaking of procurement to establish a contract(s), to be awarded to a single provider of service at each refuge site, effective from 1 July 2020.
3. Approves the commissioning of a mental health crisis houses service funded by Lincolnshire Clinical Commissioning Groups to be awarded to a single provider of the service, effective from 1 July 2020.
4. Delegates to the Executive Director - 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 service; the procurement and the contract; the award of the contract; and entering into the contract, and any other legal documentation necessary to give effect to the above decisions.

### **Alternatives Considered:**

1. Negotiate a revised contract with the current provider

The Council has existing contracts for delivery of housing related support services. These contracts do not have provision for any further extension.

2. To do nothing

- There is no statutory duty to provide housing related support or accommodation for adults, domestic abuse refuges or crisis houses. However, the Council does have target duties, under the NHS Act 2006 and Care Act 2014.

- Housing related support services for adults are part of the Council's prevention offer, helping the County Council to discharge its duties under the NHS Act 2006 and the terms of the public health grant. Housing and substance misuse services play a major part in the *Public Health Outcomes Framework*; and the *Joint Strategic Needs Assessment* and the *Joint Health and Wellbeing Strategy* identify housing as a priority in Lincolnshire.
- Housing related support is an early intervention that prevents people from needing statutory services such as adult care and safeguarding. As such, ceasing to commission housing related support services is likely to result in additional pressure on statutory service provision.
- To cease commissioning of housing related support services may lead to an increase in homelessness in Lincolnshire, as vulnerable people for whom the services are targeted may be unable to access or sustain accommodation without access to support when they need it.

### **Reasons for Recommendation:**

1. Since they were commissioned in 2015, housing related support services have supported over 8,000 service users to improve their health and wellbeing, and regain their independence by either sustaining or finding suitable accommodation.
2. Changes in legislation mean that some of these people will now be fully supported by the district councils instead; however, all service user needs are not covered by the changes in legislation and without a housing related support service as proposed in this report particularly vulnerable people will be left without the most directly relevant support.
3. The proposed model targets support at the most vulnerable people, supplements the statutory support provided by the district councils, and aims to achieve a more effective and integrated offering for housing related support between Lincolnshire County Council and district councils.
4. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

## **1. Background**

### **1.1 The Services**

- 1.1.1 Homelessness can take many different forms from the most visible rough sleeping, to families and single people sleeping in temporary accommodation, such as living with families and friends, 'sofa surfing', living in bed and breakfasts, hotels, hostels, night shelters or refuge environments. The law defines someone as being homeless:

*'If they do not have a legal right to occupy accommodation or if their accommodation is unsuitable to live in. This can cover a wide range of circumstances, including but not restricted to the following:*

- *having no accommodation at all*
- *having accommodation that is not reasonable to live in, even in the short term*
- *having legal right to accommodation that you cannot access (i.e. if evicted illegally)*
- *living in accommodation you have no legal right to occupy (for example, a squat or living with friends temporarily)'*

*(Source: Shelter, 2018)*

- 1.1.2 The current public health housing related support services started in July 2015. The service model comprises: emergency (up to three months) and non-emergency (up to six months) accommodation based support for homeless adults; a countywide 'floating' support service for those at risk of homelessness; and a rough sleeper street outreach service. Domestic abuse refuge accommodation and mental health crisis houses (funded by the Clinical Commissioning Groups (CCGs)) were also tendered under this umbrella. It is important to note that the County Council only funds support; accommodation is funded by the service user through their rent or welfare benefit payments.
- 1.1.3 Access to all of the above services is by professional referral through *The Avenue* electronic gateway; self-referrals are not permitted. Exceptions are in place for the domestic abuse refuge accommodation and the crisis houses. Services provide housing related support to individuals in line with an agreed support plan, including but not limited to:

- assisting with income maximisation by supporting service users when dealing with welfare benefits and other benefit issues;
- making referrals to specialist advice and debt agencies, where necessary;
- providing crisis intervention support to problems that pose an immediate risk, for example eviction notices;
- assisting service users to access a range of specialist and general health services, counselling, education and employment opportunities, legal advice, leisure and cultural services etc. by sign posting and referring; and
- advising and assisting service users in relation to the safety and security of themselves and their accommodation.

## **1.2 Legislation, Strategic and Policy Drivers**

- 1.2.1 Housing related support services for adults are discretionary. There is no statutory duty on the Council to provide housing related support or accommodation for adults, domestic abuse refuges or crisis houses, however the provision of a housing related support service helps the Council to fulfil a number of duties as described in this section.
- 1.2.2 The Council has target duties, under the NHS Act 2006 and Care Act 2014. Housing related support services for adults are part of the Council's prevention offer, helping the Council to discharge its duties under the NHS Act 2006 and the terms of the public health grant.
- 1.2.3 The Council has a duty under s2B of the NHS Act 2006 to take such steps as the authority considers appropriate for improving the health of the people in its area.
- 1.2.4 The Council has a duty under section 73B to have regard to any document published by the Secretary of State for the purposes of the section. This includes the *Public Health Outcomes Framework*. The *Public Health Outcomes Framework* sets out a vision for public health and the indicators help to measure progress in meeting the vision. Housing, homelessness and substance misuse services play a major role in supporting the achievement of *Public Health Outcomes Framework* indicators.
- 1.2.5 The Council has a duty under section 116B of the Local Government and Public Involvement in Health Act 2007 to have regard to the *Joint Strategic Needs Assessment* and the *Joint Health and Wellbeing Strategy* in exercising its functions. The *Joint Strategic Needs Assessment* and the *Joint Health and Wellbeing Strategy* identify health and housing as a priority in Lincolnshire. Lincolnshire's Health and Wellbeing Board has established the Housing, Health and Care Delivery Group to address needs. The Council is under an obligation to have regard to all of these issues in reaching a decision about the future shape of the service. Tackling homelessness features in the delivery plan of the Housing, Health and Care Delivery Group.
- 1.2.6 Reducing homelessness and domestic abuse are both high priorities for the Government. For example, the Homelessness Reduction Act 2017 came into force in 2018, and made significant changes to the Housing Act 1996. Its main effect is to place increased duties on district councils to assess an applicant's needs and to prevent and relieve homelessness.
- 1.2.7 In addition to this, a new duty to refer was introduced, requiring many organisations (hospitals, prisons and more) to set up procedures to ensure that they refer anyone at risk of homelessness to local authorities.
- 1.2.8 The Government has committed to halve rough sleeping by 2020 and eliminate it by 2027. To support this agenda they have worked with a multitude of agencies to develop *The Rough Sleeping Strategy*. The strategy has introduced a number of different non-recurrent funding streams

for which the district councils in Lincolnshire have successfully made bids, something that would not have been possible without Lincolnshire County Council housing related support provision to pin the small projects to. This has made Lincolnshire an area of interest for the Ministry of Housing, Communities and Local Government. Lincolnshire County Council's housing related support has been highlighted as an area of good practice. The Government has recently announced that it will be releasing a Domestic Abuse Bill and that this bill is likely to make refuge provision and support a statutory responsibility of upper tier local authorities. The new duties will have new funding attached and quality guidelines.

### 1.3 **Level of Need**

- 1.3.1 In 2018 the Ministry of Housing, Communities and Local Government released information indicating that the numbers of people accepted as being homeless and in priority need for housing had increased by 6% nationally from 2008/09 to 2017/18.
- 1.3.2 National statistics have shown further that the number of couples with dependent children accepted as owed a main homelessness duty has risen from 7,410 households to 11,200 households between 2009/2010 and 2017/2018. This is an increase of 51%. This number was higher in 2016/2017, at 12,760 households.
- 1.3.3 Furthermore, the number of lone parents with dependent children owed a main homelessness duty has risen by 49% from 2009/2010 to 2017/18 from 19,440 households to 28,910 households. This was higher in previous year with 29,940 households in 2016/17.
- 1.3.4 Of those accepted by local authorities as 'owed a main homelessness duty', the majority were due to relatives no longer providing accommodation, relationship breakdowns (45%) or due to loss of rented or tied accommodation (shorthold tenancy) (27%). Of those accepted, the majority (66%) comprised a household with children.
- 1.3.5 Since 2010, rough sleeping has increased across England by 169% (*Ministry of Housing, Communities and Local Government 2018*), and Public Health England predicts it will continue to rise over the coming years. In England, rough sleeping in particular is set to increase from 5,000 in 2011 to 38,000 people by 2041.
- 1.3.6 According to Public Health England, the health and wellbeing of people who experience homelessness is poorer than the general population, and they experience the most significant health inequalities. The longer a person experiences homelessness, the more likely their health and wellbeing will be at risk. For the long-term homeless population it is not uncommon to experience co-morbidity (two or more diseases or disorders occurring in the same person).

- 1.3.7 From July 2015 to October 2018 adult housing related support services have supported a total of 8,018 clients (excluding the Lincoln rough sleeper project and ACTion Lincs).
- 1.3.8 The demand for adult housing related support services has increased over the life of the contracts. The number of referrals increased by 11% for emergency accommodation, 4% for non-emergency accommodation, 28% for countywide floating support and 13% for the street outreach team comparing 2016/17 to 2017/18. Providers report that they are struggling to meet demand and manage waiting lists.
- 1.3.9 This reflects the national picture of increasing visible homelessness (for example, rough sleeping) and unseen homelessness (for example, people/families living in temporary accommodation). Locally, there has been a disproportionate impact in Lincoln, but numbers have risen countywide. National studies highlight poor health and reduced life expectancy for people who are homeless. Locally there is an increase in rough sleepers with tuberculosis.
- 1.3.10 It is difficult to quantify demand for domestic abuse refuges due to national systems that are in place to assist with referrals; however, our data shows that they have high levels of utilisation.

- 1.3.11 Crisis houses have been underutilised for the majority of the contract, however, after working with the CCGs to increase referral rates there has recently been an increase in utilisation levels to an average of 74.2% across the two sites. Commissioners at South West Lincolnshire CCG are clear that crisis houses are a necessary provision in their pathway reducing pressure on hospital beds and reducing the need for out of county provision and have requested that the Council recommissions this provision on its behalf.

#### **1.4 Current Contracted Services**

- 1.4.1 Lincolnshire County Council spends £3.05m per annum for street outreach, floating support and accommodation-based support (note: Lincolnshire County Council funds the cost of support but not the accommodation costs); and just under £200,000 per annum providing two domestic abuse refuges. A more detailed description of current contracted provision is detailed below.

- a) Emergency and non-emergency accommodation-based support for homeless adults with support needs**

This service comprises of emergency (up to three months) and non-emergency (up to six months) accommodation based support designed to provide people who are homeless with stability and personalised support to address their initial crisis, and put in place mechanisms to prevent a repeat crisis with a view to enabling and sustaining independence. The nature of the support provided is as described at paragraph 1.1.3. Transfer between the two types of accommodation is expected to support an individual to move on effectively, and

subsequently utilising floating support to settle into independent accommodation. There are seven contracts for this service, corresponding to each district council area, split across three separate providers.

**b) A Countywide 'Floating' Support Service for those at risk of homelessness**

Floating support is a preventative service supporting people with accommodation to maintain their tenancy (or mortgage). The service supports people who are not homeless but are in danger of losing their home and those who have experienced homelessness, either as a step down provision from accommodation based housing related support or when they move from the streets straight into a tenancy. The nature of the support provided is as described at paragraph 1.1.3, and is available for up to six months.

**c) A Rough Sleeper Outreach Service**

The rough sleeper outreach service provides assertive outreach, finding people who are rough sleeping, and offering them either support off the street into accommodation or planned reconnection to where they have a local connection. It is available to all verified rough sleepers throughout the County. In general, this service is provided to an individual for a possible maximum duration of 18 months. This forms part of the floating support service contract.

**d) Domestic Abuse Refuge with support**

The domestic abuse refuges offer accommodation, housing related support, and domestic abuse support to those aged 16 and over who are unable to return to their own home due to the threat of domestic abuse. There are two purpose built refuges in Lincolnshire, one of eleven units and one of five units. There are also dispersed units of accommodation within the county which can provide accommodation for males and have the ability to house a larger family or family with older males. This support is available for up to six months.

**e) Mental health crisis housing (funded by the Clinical Commissioning Groups).**

Mental health crisis houses offer respite accommodation to alleviate an individual's mental health crisis. Services are commissioned by Lincolnshire County Council but wholly funded by the CCGs. This support is available for up to ten days.

**f) ACTION Lincs Initiative (funded by the Ministry of Housing, Communities and Local Government)**

Commissioned via a social impact bond and delivered by a variation to the floating support and rough sleeper outreach contract, the ACTION Lincs initiative has a predetermined cohort of the most entrenched rough sleepers in Lincolnshire. The service operates on 'housing first' principles; providing service users with their own long term accommodation (usually single units) first and then bringing support to them in their home. Support includes substance misuse treatment and mental health support.

**g) The Complex Needs Service (funded by the Ministry of Housing, Communities and Local Government)**

This is part of the Lincoln rough sleeper interventions initiative and is paid for by Ministry of Housing, Communities and Local Government and delivered by a variation to the Lincoln accommodation-based housing related support service contract. The service provides intensive accommodation-based support to people with complex needs. Support includes substance misuse treatment and mental health support.

- 1.4.2 The current commissioned services are generally successful in meeting their objectives and providers are performing well against their performance targets. For example, across all adults housing related support services the percentage of people successfully meeting their outcomes is 98% against a target of 90%. Planned departures from services are exceeding targets across the County and service types, with an average of 79% of service users moving on in a planned and timely way, against a target of 70%. The percentage of services with an unplanned extended length of stay is 11% against a target of 15% (with lower being better).
- 1.4.3 The key challenges for providers include service utilisation, for which a target was set against all services at 98%. This has proved to be unachievable for most, with utilisation running at an average of 90% across the services, which despite showing as an area of poor performance based on strict interpretation of the performance targets, is felt to be acceptable. This is because, in large part, of the time it takes to turn-over the accommodation to a new individual (cleaning, decorating, new furniture etc). Another significant challenge for providers is the complexity of needs for service users. Mental health related issues have increased and the providers are finding it increasingly difficult to access mental health support services, and the availability of illegal drugs, including new types of drugs adds to the issues presented by the service users. Lack of availability of move on accommodation in certain parts of the County is also resulting in people needing to stay longer than they need to in the services.

## **1.5 Drivers for change**

- 1.5.1 The Homelessness Reduction Act 2017 has increased the responsibility of district councils to prevent and relieve homelessness in their district, increasing funding to meet the additional duties. This has led to some duplication and inefficiencies in the current provision of housing related support. The new model will need to take account of the changes in legislation removing duplication and creating a clear service provision pathway. For example, district councils will now become the usual first port of call for everyone who is homeless or at risk of homelessness.
- 1.5.2 Lincolnshire County Council is facing significant financial challenges and budget constraints in the coming years. Housing related support is a discretionary service. Duties to deliver public health services give the Council an important role in commissioning services to help individuals to address behaviours which prevent them from securing or sustaining a tenancy. However, the discretionary nature of the service, coupled with the greater responsibilities of the district councils to prevent and relieve homelessness, present an opportunity to reduce County Council spending in this area, whilst maintaining a significant role in supporting the housing and homelessness agenda. This can be achieved by eliminating duplication in the model as it currently operates and targeting spending at support for those adults who are most vulnerable, enabling the impact of the funding to be maximised.

## **1.6 Proposed Changes to the Scope of the Service**

- 1.6.1 The proposal is to procure a countywide floating support service to facilitate access to housing related support services and prevent needs escalating to reach statutory service thresholds for adult safeguarding and adult care services.
- 1.6.2 This is to be facilitated within a reduced budget (currently £3m per annum reducing to £2m per annum), and a redesigned service access pathway to ensure that all housing and homelessness needs are considered in the first instance by district councils.
- 1.6.3 The intention is that support will not be linked to designated accommodation, on the basis that district councils will be responsible for supporting individuals to identify suitable accommodation under their new duties. If the identification of suitable accommodation proves to be problematic in the limited time available then one option would for the County Council to step in to assist the district councils and procure the accommodation on their behalf on the basis that the accommodation cost would not fall on the County Council, as it would be paid for through benefit and other funding streams.

- 1.6.4 Rather than support being provided to all adults, support will be targeted at the most vulnerable groups based on the eligibility criteria. Groups who will no longer be eligible are described at paragraph 3.1.2:

Adults (aged 18+) who require support to enable them to secure and maintain their accommodation and avoid eviction

AND

Have an identified or suspected mental health need which impacts on their ability to secure or maintain a tenancy

AND/OR

Have an identified or suspected substance misuse issue which impacts on their ability to secure and maintain a tenancy

- 1.6.5 In order to safeguard the new housing related support service from inappropriate and excess referrals, a nationally recognised non-clinical screening tool will be incorporated within the eligibility test. Prior to finalisation, this tool will be thoroughly tested with key stakeholders, including the current providers to ensure effectiveness.
- 1.6.6 The service access pathway is redesigned to ensure that district councils' housing and homelessness reduction duties are considered first, with Lincolnshire County Council-commissioned housing related support being utilised only by those who meet the revised eligibility.
- 1.6.7 The referral process is illustrated in Appendix A. Referrals for adults to housing related support will only be accepted from:
- a) district councils as the primary referral gateway; and
  - b) vulnerable adults panels as the secondary referral gateway, for those with the highest complexity / levels of need.
- 1.6.8 Vulnerable adults panels are district council-led meetings that bring together professionals from a number of different agencies to discuss how they can support people with multiple and/or complex needs. These meetings currently struggle with membership and commitment and there is a lack of consistency across the county. Adult Care and Community Wellbeing are currently initiating a separate project to work with stakeholders to develop and improve vulnerable adults panels. Although beyond just housing related support, this work will enhance the new housing related support model.
- 1.6.9 Street outreach, targeting support at people who are rough sleeping, will not be provided by the County Council after 31 March 2021 as part of the housing related support service but assistance to homeless people will be covered by the new legal and funding arrangements under the Homelessness Reduction Act.

1.6.10 The Council commissions support for those accessing domestic abuse refuges. This costs £200K per annum based on two block contracts for provision of support to their clients, including help with finances, benefits, housing, 1:1 support programmes, courses, signposting and counselling. The services are provided at two purpose built locations in the County, and accommodation is funded via housing benefits. The services perform well and it is proposed to retain the current service model.

## **2. Engagement Activity**

2.1 A process of market and stakeholder engagement has been undertaken and remains ongoing, to test whether the service model proposed and described in section 1.6 is viable, affordable, deliverable and attractive potential providers; whether it is viable and sustainable as part of an integrated housing and homelessness support solution between the Council, district councils and other key partners; and whether it meets the needs of users.

### **2.2 Market Engagement**

2.2.1 A PIN notice was published and a market engagement event held for interested providers that described the principles of the proposed service, covering scope, structure, demand, and budget. This was followed up with a questionnaire to elicit more detailed feedback.

2.2.2 In both cases, feedback was sought on the market's likely interest and capacity to undertake such a service, and their preferred approach to a number of important issues impacting on the commercial model, including contract duration, coverage, mobilisation, performance management and the payment mechanism. This information was used to support and inform the development of the commercial approach described.

2.2.3 It should be noted that the market did highlight risks in the proposal associated with the removal of designated accommodation from the Council's proposed new model. This risk and proposed mitigation are set out further at section 3.4.

### **2.3 District Councils**

2.3.1 One of the fundamental elements of the new model is that people will be directed through to district councils as their first point of call. To enable this to happen, co-production work with district councils has taken place in the form of workshop sessions, held initially in April, July and August, and continuing beyond. This was reinforced through early engagement between leaders and chief executives, helping to set the right conditions to facilitate the necessary change.

2.3.2 All stakeholders are aware of the drivers for the change, the details of the proposed new model, and the timeframe the Council is working to. There has been in-principle agreement to support the development and implementation of the model proposed and there is a desire to work together with the Council to re-design services and influence the wider system.

#### **2.4 Service Users**

- 2.4.1 Whilst no formal consultation is required for the proposed change, for a variety of reasons detailed in the engagement plan, the Council is committed to co-producing the service and engaging as widely as possible, including service users, and face to face interviews have been undertaken with individuals in existing accommodation based services, and with people who sleep rough.
- 2.4.2 This underlined the value the users of the service feel it brings to them, and identified several key opportunities for improvement, such as development of mechanisms to enable timely access to specialist mental health and substance misuse support. These opportunities were also highlighted in the market engagement, and in developing the new model, are being addressed. For example, the new service access pathway includes Vulnerable Adults Panels which will bring multi-agency input to support identification of needs and access to appropriate and timely support, including mental health and substance misuse support interventions.

### **3. Commercial Approach**

#### **3.1 Service Demand**

- 3.1.1 Estimated Service Users volumes for the new service are 1167 per annum. This is based on evidence that of the 1874 people who had a needs assessment in 2017/18 (for all existing housing related support services); 1167 people would have met the proposed new eligibility criteria.
- 3.1.2 The new eligibility criteria restrict the numbers of people who will be eligible for housing related support services in future by approximately 37%, aiming to focus resources on those that are most vulnerable. There are two main groups that will no longer be eligible:
- People with a low level of need who have accommodation but are at risk of homelessness - The new Homelessness Reduction Act, now requires district councils to support this group of people to prevent their homelessness.
  - People who have no 'local area connection' to a district in Lincolnshire – District councils will have obligations to such individuals under the 2017 Act although they may choose to refer such individuals to another authority to which the individual has a local area connection. Support for such reconnection will be offered by both street outreach (Lincolnshire County Council commissioned until March 2021) and district councils.

### **3.2 Pricing and affordability**

- 3.2.1 This proposal reduces the budget by approximately one third to £2m per annum. Calculations suggest the revised budget envelope of £2m will create appropriate capacity to meet demand as summarised below.
- 3.2.2 Estimated service user volumes are 1,167 per annum, see paragraph 3.1.1 above.
- 3.2.3 The estimated average duration of support in the new model is three months/twelve weeks/84 days, with a proposed maximum of six months. The current average length of stay is 123 days; however, the development of vulnerable adults panels is expected to have a significant impact in reducing this in the future. Additionally, a twelve weeks' review point will ensure that support only continues where necessary beyond twelve weeks.
- 3.2.4 Estimated frequency of support is an average of 7.6 hours a week per user.

### **3.3 Service Outcomes**

- 3.3.1 The overarching outcome of the service will be to improve the health and wellbeing of the most vulnerable people by ensuring access to early support to prevent their needs escalating to statutory service thresholds such as adult safeguarding and adult care services.
- 3.3.2 More specifically, the service will be outcome focused, with the commissioned support and provider performance to be measured on outcomes for eligible individuals.
- 3.3.3 An exhaustive list of tasks/activities will not be prescribed in the specification. Service delivery outcomes will link to individuals being supported to improve their health and wellbeing in order to sustain independent tenancies and service support will need to be designed to address the barriers preventing people from achieving this.
- 3.3.4 The proposed service would prioritise those referred by vulnerable adult panels and others deemed to be the most vulnerable.
- 3.3.5 The proposed service will aim to complement but not duplicate services provided by district councils or other bodies.

### **3.4 Risks and Dependencies**

- 3.4.1 The primary risk to the new service is a lack of interest from potential providers in the model in the event that accommodation is removed. The market has given a clear steer that they have concerns about the model and that the model would be far more attractive if accommodation was included. Some reasons stated are: reduced risk to staff; and the ability to generate economies of scale from managing the building and running support.

- 3.4.2 Mitigation for the risk identified in paragraph 3.4.1 is that Lincolnshire County Council could commission (but not fund) some element of accommodation as part of the housing related support service. This should not impact on overall costs because the housing element is paid by housing benefit, and it may even have the effect of improving cost effectiveness of Lincolnshire County Council-commissioned support in cases where lone working risks would otherwise be too great. This possibility should be borne in mind if it is necessary to ensure a robust procurement of the service by ensuring market interest. A decision whether to include accommodation either under this paragraph or on behalf of the district councils under paragraph 1.6.3 would be taken under the delegation at recommendation 4.
- 3.4.3 Finally, a need to strengthen mental health support, in particular timeliness of intervention, has been fed back through market engagement. The Team Around the Adult (TAA) programme is in development, and through the enhancement and utilisation of the vulnerable adults panels to ensure timely and effective multi-agency interventions, will be critical in enabling this to be addressed. There needs to be a mechanism in place to ensure that County Council-commissioned housing related support is available for individuals receiving support coordinated in the TAA/vulnerable adults panel approach. A suitable mechanism might be that a proportion of the overall housing related support budget will be ring-fenced for support to this cohort of eligible individuals.

### **3.5 Payment and performance management**

- 3.5.1 Under the new model, there will be a single lead provider for countywide service, enabling us to rationalise and focus contract and performance management capacity.
- 3.5.2 Core service funding will be constrained by the maximum available budget, with expectations placed on the service provider to deliver flexible person-centred support and to manage throughput and capacity within the annual service cost, supported by appropriate triage and eligibility controls. These controls will enable a tightening of the eligibility test should it become apparent that service throughput is too high to maintain affordability, and vice versa.
- 3.5.3 As district councils will operate as the prime referrer to the service it will be necessary to work in partnership with them in the effective management and oversight of the service, both in the context of throughput and eligibility, and the provision of a sufficient quantity of suitable accommodation.
- 3.5.4 A link between service funding and contract performance will be further explored prior to finalising the payment and performance mechanism, although payment by results is unlikely to be a sustainable payment mechanism. It is more likely that financial consequences for underperformance will be created through the utilisation of service credits linked to key performance indicators, with safeguards against excess provider profits built in through open book accounting.

### **3.6 Contract Commencement and Duration**

- 3.6.1 The seven emergency and non-emergency accommodation based support contracts, the two domestic abuse refuge contracts and the mental health crisis housing contract all conclude on 30 June 2020, with no further extension options available. It is therefore necessary to undertake and conclude the procurement phase in time for new services to mobilise and commence on 1 July 2020.
- 3.6.2 The existing countywide floating support and rough sleeper outreach service contract concludes on 31 March 2021. This nine month overlap will enable impact of the transition to the new housing related support service model to be more effectively managed, helping to minimise impact on vulnerable service users during the transition as district councils build their capacity to support people with lower level housing related support needs, and for street outreach, targeting support at rough sleepers.
- 3.6.3 The proposed contract term is three years with options to extend by up to a further two years (3+1+1). Evidence from market engagement feedback suggests that this is an acceptable term for the arrangement and would provide sufficient financial assurance for the provider.

### **3.7 Tender Process**

- 3.7.1 The procurement will be undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "light touch regime" utilising a restricted procedure method. The ultimate decision as to which provider is awarded the single provider status will be based on their evaluation performance.
- 3.7.2 The *Invitation to 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.
- 3.7.3 The provisional tender timeline is as follows: -

Issue the Invitation to Tender	15 October 2019
Evaluation Period	5 January to 14 February 2020
Standstill Period	2 March to 12 March 2020
Contact Award	13 March 2020
Mobilisation period	14 weeks
Go Live	1 July 2020

#### **4. Legal Issues**

##### Equality Act 2010

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

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

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

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

- \* Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic.
- \* Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.
- \* Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

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

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

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

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

4.1 The key purpose of the service is to improve the health and wellbeing of the most vulnerable people by ensuring access to support; to prevent their needs escalating to more costly statutory service thresholds; and to help them access and maintain stable, settled and appropriate accommodation.

- 4.2 The services are targeted at delivering interventions necessary to effectively support substance misuse, physical and mental health issues.
- 4.3 An impact assessment has been completed and copy of is appended to this report at Appendix B.
- 4.4 It is emphasised that the removal of street outreach and the emergency and non-emergency accommodation may have an impact on those people who district councils have no statutory duty to house. Currently this mainly affects the protected characteristics of age (single men (without dependents)) disability (due to the disproportionate representation among homeless people of people with mental health difficulties) and sex (single men (without dependents))
- 4.5 Therefore any reduction in these services may have an adverse impact on younger men specifically.
- 4.6 Primary mitigation for this potential adverse impact is with the fact that the district councils have statutory responsibilities and new funding to prevent homelessness. This includes a responsibility to help individuals to secure that accommodation becomes available for their occupation.
- 4.7 Further mitigation, should it be required as a result of a lack of other supply of suitable accommodation, could be to include a requirement to offer an element of designated accommodation as part of the new housing related support contract. This would be at no additional cost to the contract due to the provider claiming the intensive housing management payments via the district councils, which would cover the cost of providing this designated accommodation, for up to an estimated 200 units. This would also allow for economies of scale to be made within the model, and, based on market feedback, may be more appealing to potential providers.

## **5. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy**

The Council must have regard to the *Joint Strategic Needs Assessment* and the *Joint Health and Wellbeing Strategy* in coming to a decision.

- 5.1 The *Joint Health and Wellbeing Strategy* for Lincolnshire, agreed by the Lincolnshire Health and Wellbeing Board in June 2018, has a strong emphasis on prevention and early intervention, with a clear aim to deliver transformational change which shifts the focus from treating ill health and disability to prevention and self-care.
- 5.2 Housing related support services for adults are part of the Council's prevention offer, helping Lincolnshire County Council to discharge its duties under the NHS Act 2006 and the terms of the public health grant. Housing and substance misuse services play a major part in the *Public Health Outcomes Framework*; and the *Joint Strategic Needs Assessment* and the *Joint Health and Wellbeing Strategy* identify housing as a priority in Lincolnshire. The Health and Wellbeing Board has established the Housing, Health and Care Delivery Group (HHCDG) to address needs. The HHCDG includes all seven district councils, along with representatives from the Registered Providers Forum, Lincolnshire Partnership NHS Foundation Trust, Integrated Neighbourhood Teams and the Department of Work and Pensions.
- 5.3 The *Joint Health and Wellbeing Strategy* describes the following key objectives within the housing section, which the housing related support service contributes to:
- concerted action across partners to tackling homelessness; and
  - ensure people have the knowledge and capability to access and maintain appropriate housing.
- 5.4 The *Lincolnshire Homelessness Strategy 2017 – 2021* has been produced by the Lincolnshire housing authorities. The strategy sets out the key challenges, priorities and objectives for preventing and tackling homelessness across Lincolnshire.

## **6. 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.

- 6.1 The safer communities service scans crime and disorder trends on a regular basis. In January 2019 safer communities produced a report highlighting a strong association between the levels of deprivation and the levels of crime and disorder in neighbourhoods. Areas of higher deprivation were found to have higher levels of crime and disorder. The report states that data shows an increase in crimes against the homeless and that this correlates with an increase in homelessness. The report also highlights how this growth is disproportionate to crimes against more affluent groups. Lincolnshire County Council data shows that the majority of people who access housing related support are successfully meeting their outcomes and therefore the services are

preventing homelessness. It could therefore be argued that providing a housing related support service is preventing the trends highlighted by safer communities being more pronounced than reported.

6.2 Lincolnshire County Council commissioned support enables people who would not otherwise receive any provision around their housing need to begin to address their other support needs such as physical health, mental health, substance misuse. It is vital that their housing need is met first in order to address other support needs such as substance misuse, and physical and mental health issues. The clinical guidelines for substance misuse that were issued in 2017 (*The Orange Book*) refer to the importance of stable accommodation in delivering interventions. To illustrate the significance of housing related support in this regard, 71% of service users accessing emergency accommodation and 65% accessing non-emergency accommodation required support with the management of substance misuse.

## 7. Conclusion

- 7.1 Evidence shows that homelessness and rough sleeping continue to increase locally and nationally, and that cases are becoming increasingly complex.
- 7.2 The Homelessness Reduction Act 2017 confirmed and extended the district councils' lead role in preventing and relieving homelessness, increasing funding to meet the additional duties. It also established a duty to refer for key partners, which has been expanded in Lincolnshire to enable any agency to refer.
- 7.3 Lincolnshire County Council has statutory duties for care leavers up to the age of 21 and for adult safeguarding. The Council also has responsibilities for delivering Public Health services and under the Care Act 2014 to ensure that services prevent an escalation of need. It therefore has a role in commissioning services which help individuals to address behaviours which prevent them from securing or sustaining a tenancy and increasing the risk of needing support from Council services, for example adult safeguarding and adult care.
- 7.4 The current housing related support commissioned services are performing well and are well received by service users but the model needs modifying to remove duplication arising from changes in the legislation and in the delivery of related services. These include proposed changes to adult safeguarding arrangements.
- 7.5 The new service pathway has been developed to ensure that all agencies fulfil their individual and shared obligations to the most vulnerable people. Locating housing related support services within these arrangements increases the likelihood of these achieving positive outcomes for service users, reduces the risk of them needing other Lincolnshire County Council services and maximises the effectiveness and efficiency of the investment in housing related support.

## **8. Legal Comments**

The Council has the power to enter into the contract proposed. The legal considerations to be taken into account in reaching a decision are dealt with in the report.

The decision is consistent with the Council's Policy Framework and within the remit of the Executive.

## **9. Resource Comments**

This report seeks to present the case for commissioning housing related support based on a revised model that aims to remove duplication arising from changes in legislation and in the delivery of related services, focussing on support to groups that are deemed to be the most vulnerable.

The Council has a budget in 2020/21 of £2,321,767 to fund the service from existing funds available via the public health core budget.

In 2019/20 the Better Care Fund contributed an additional £250,000. At this point we are not aware of the funding arrangements from 2020/21 onwards as the Better Care Fund agreements cease on 31 March 2020.

In relation to domestic abuse refuges, the delivery model for which is proposed to be in line with the current model, the Council has a budget of £205,650 to fund the service from existing funds through the public health core budget.

Current commissioning intentions and delegated approvals recommended within this report meet the criteria set out in the Council's published financial procedures.

## **10. Consultation**

**a) Has Local Member Been Consulted? - N/A**

**b) Has Executive Councillor Been Consulted? - Yes**

### **c) Scrutiny Comments**

This proposed decision will be considered by the Adults and Community Wellbeing Scrutiny Committee on 4 September 2019 and the comments of the Committee will be reported to the Executive prior to their decision making.

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

**e) Risks and Impact Analysis** - See the main body of the report and Appendix B

## **11. Appendices**

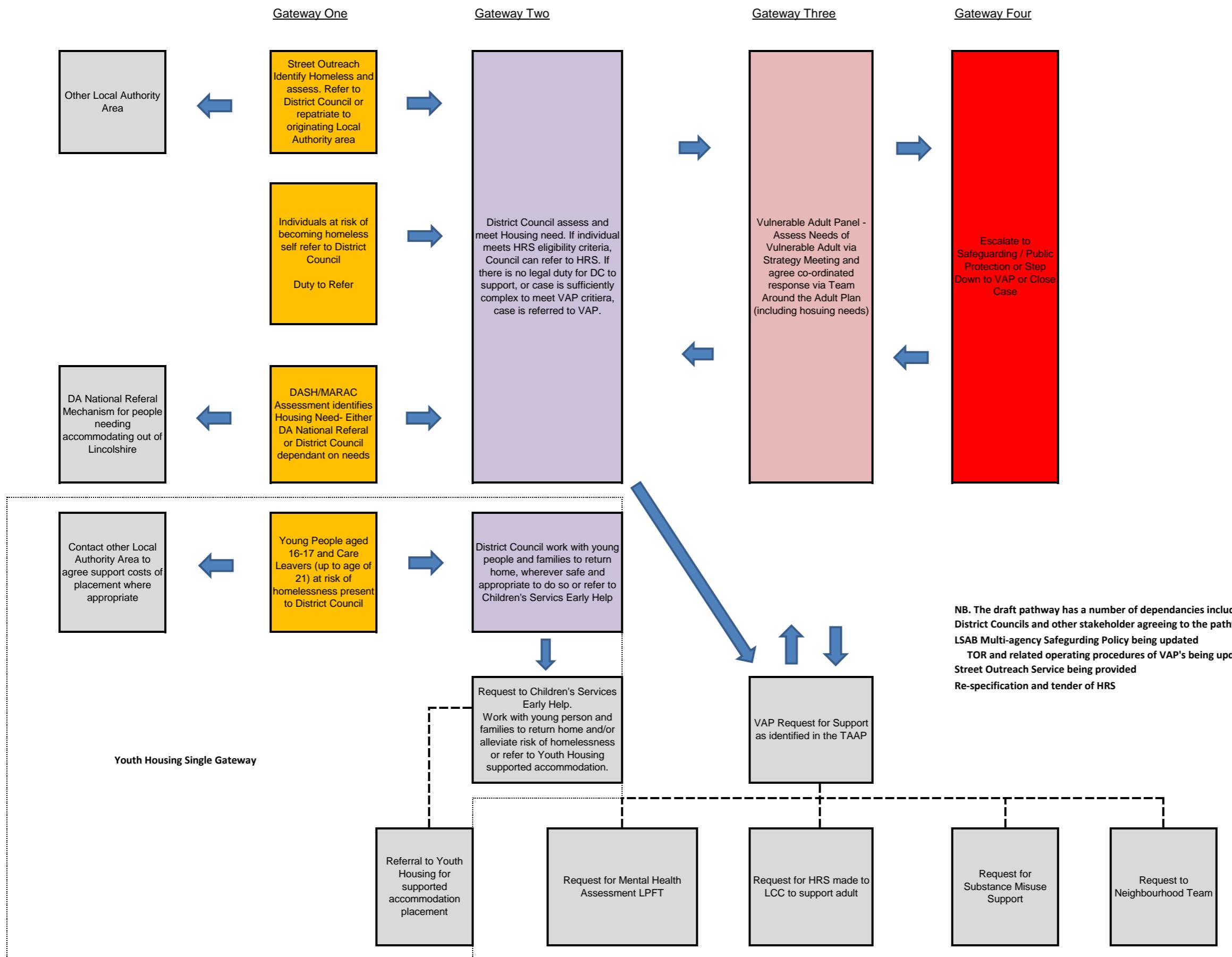
These are listed below and attached to the report.

Appendix A	Service Model and Pathway Diagram
Appendix B	Equality Impact Assessment

## **12. Background Papers**

Document title	Where the document can be viewed
Housing Related Support Commissioning Plan	Public Health

This report was written by Carl Miller, who can be contacted on 01522 553673 or at  
[carl.miller@lincolnshire.gov.uk](mailto:carl.miller@lincolnshire.gov.uk)



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## **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

<b>Title of the policy / project / service being considered</b>	Re-commissioning of Lincolnshire's Housing Related Support Service (HRS)	<b>Person / people completing analysis</b>	David Clark, Amy Smithson
<b>Service Area</b>	Public Health	<b>Lead Officer</b>	Semantha Neal
<b>Who is the decision maker?</b>	Derek Ward, Director of Public Health	<b>How was the Equality Impact Analysis undertaken?</b>	<ul style="list-style-type: none"> <li>• Service user, provider and professional stakeholder feedback,</li> <li>• Desk top exercise</li> <li>• Ongoing</li> </ul>
<b>Date of meeting when decision will be made</b>	Click here to enter a date.	<b>Version control</b>	0.03
<b>Is this proposed change to an existing policy/service/project or is it new?</b>	Existing policy/service/project	<b>LCC directly delivered, commissioned, re-commissioned or de-commissioned?</b>	Re-commissioned
<b>Describe the proposed change</b>	<p><b>Proposed Adults Housing Related Support Service Model</b></p> <p>The proposed Housing Related Support model will replace the existing service provision, reflecting new duties and an increase in funding for homelessness services being directed to the district councils.</p> <p>Due to the increase in responsibility brought in by the Homelessness Reduction Act 2017, district councils will now become the first port of call for everyone who is homeless or at risk of homelessness. LCC's Housing Related Support will complement but not duplicate district council statutory duties to prevent and relieve homelessness (part of the Homelessness Reduction Act).</p> <p>The proposed model for Adults Housing Related Support is to commission a tenure blind floating support service and that accommodation for those that require it will be facilitated by the District Councils (regardless of whether they are legally required to provide it). It is not proposed to re-commission emergency or non-emergency-based accommodation services or street outreach. However, if it would assist District Councils in fulfilling their responsibilities accommodation could be added to the model to support those immediately at risk of becoming street homeless and not eligible for district accommodation</p>		

provision. This will not be an additional cost to LCC. As support will be tenure-blind it will be open to those who meet the eligibility criteria regardless of how they are accommodated.

The proposed eligibility criteria for the new service will be:

- Have a local area connection to Lincolnshire (as determined by the District Housing authority making the referral)
- AND
- *Require support to enable them to maintain their accommodation and avoid eviction*  
*AND have one (or both) of the following:*
  - *Have an identified or suspected mental health need which impacts on their ability to secure or maintain a tenancy,*
  - *Have an identified or suspected substance misuse issue which impacts on their ability to secure and maintain a tenancy.*

The service will aim to improve the health and wellbeing of the most vulnerable people by ensuring access to early support to prevent their needs escalating to more costly statutory service thresholds such as Adult Safeguarding and Adult Care Services, and to help them access and maintain stable, settled and appropriate accommodation.

Under the proposals:

- current accommodation based support and services will end on 30 June 2020
- Street Outreach will end on 31 March 2021.

#### **Domestic Abuse Refuge with Support**

The contract for Domestic Abuse Refuges with Support is not proposed to change at the moment and we will be commissioning a like for like service to commence when the existing service ends on 1<sup>st</sup> July 2020.

#### **Mental Health Crisis Houses**

LCC commissions two units of accommodation (10 beds in two locations) funded by the Clinical Commissioning Groups (CCGs). The service provided is unrelated to Housing Related Support and sits outside the current and proposed service pathways.

#### **Summary**

New legislation, greater clarity of statutory duties, increasing numbers of homeless people and especially those with complex needs and pressure on public services requires a new model of service delivery to support the most vulnerable people in

Lincolnshire. The proposals outlined above seek to address ongoing needs whilst also reducing duplication and re-focussing activity to support those most in need to prevent their needs escalating and increasing demand on LCC and other services. The new approach ensures that the council continues to support this non-statutory service, during a time of unprecedented budget pressure, whilst continuing to work with local district councils to ensure there are efficiencies within both the Housing Related Support and district provision, and reducing service cross over.

### 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 1<sup>st</sup> 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*'.

<b>Age</b>	<i>No positive impact</i>
<b>Disability</b>	<i>The continued provision of mental health crisis houses will ensure the continued support of people suffering a mental health crisis</i>
<b>Gender reassignment</b>	<i>No positive impact</i>
<b>Marriage and civil partnership</b>	<i>No positive impact</i>
<b>Pregnancy and maternity</b>	<i>No positive impact</i>
<b>Race</b>	<i>No positive impact</i>

Religion or belief	<i>No positive impact</i>
Sex	<i>The continued commissioning of domestic abuse refuges ensure continued support for victims of domestic abuse which impacts disproportionately on women.</i>
Sexual orientation	<i>No positive impact</i>

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**

The removal of street outreach and the emergency and non-emergency accommodation may have an impact on those people that district councils have no statutory duty to house. Currently this mainly affects single men (without dependents) and this is likely to remain the largest affected group. Data collected from current services from 2015/16 to October 2018/19 shows us:

The majority of 1,694 clients supported by the Street Outreach Team were aged 25-29, followed by 14% aged 60+ and 13% aged 0 to 24 in the period 2015/16 to October 2018/19. The biggest increase in the number of clients supported are seen in those aged 18-21 years, they are 7 times higher in 2017/18 (42) compared to the period 2015/16 (6), the age groups 25-59 and 60+ also more than doubled in the same time period.

Of the 1,753 clients receiving Housing Related Support services during the time period 2015/16 to October 2018/19, aged 18 and over: 46% were aged 25-59, 15% were aged 18-24, and only 3% were aged 60+. The biggest increase was seen in the age group 18-21 with three and half times as many clients using the service in 2017/18 compared to 2015/16.

Therefore any reduction in these services will have an adverse impact on younger men specifically.

#### **Mitigation**

District councils will have a responsibility supported by new funding towards all homeless people although they may refer individuals to another area where there is a local connection to that area.

District councils will have a responsibility to help individuals to secure that accommodation becomes available for their occupation. If this is not possible for lack of suitable accommodation the Council could consider procuring accommodation for the most vulnerable individuals by adding in some capacity for accommodation via an addition to the Housing Related Support model at district council cost.

<b>Disability</b>	<p>The removal of street outreach and the emergency and non-emergency accommodation may have an impact on those people that District Councils have no statutory duty to house. This is likely to have a disproportionate impact on people with a disability as homeless people and particularly street homeless people are disproportionately likely to suffer with their mental health.</p> <p>People with mental health difficulties can also be expected to be more difficult to find accommodation for.</p> <p><b>Mitigation</b></p> <p>District Councils will have a responsibility supported by new funding towards all homeless people although they may refer individuals to another area where there is a local connection to that area.</p> <p>District Councils will have a responsibility to help individuals to secure that accommodation becomes available for their occupation. If this is not possible for lack of suitable accommodation the Council could consider procuring accommodation for the most vulnerable individuals by adding in some capacity for accommodation via an addition to the Housing Related Support model at district council cost.</p>
<b>Gender reassignment</b>	No perceived adverse impacts
<b>Marriage and civil partnership</b>	No perceived adverse impacts
<b>Pregnancy and maternity</b>	No perceived adverse impacts
<b>Race</b>	No perceived adverse impacts
<b>Religion or belief</b>	No perceived adverse impacts

**Sex**

The removal of the emergency and non-emergency accommodation is likely to have an impact on those who the Districts have no statutory duty to house. Currently, these are predominantly males without dependants.

Emergency and non-emergency accommodation currently accommodates these men. These men would be difficult to find accommodation for. This is due to their needs making them 'unattractive tenants' as they may have rent arrears, exclusions from social landlords due to anti-social behaviour, criminal records, mental health and/or substance misuse issues.

**Mitigation**

District councils will have a responsibility supported by new funding towards all homeless people although they may refer individuals to another area where there is a local connection to that area.

District councils will have a responsibility to help individuals to secure that accommodation becomes available for their occupation. If this is not possible for lack of suitable accommodation the Council could consider procuring accommodation for the most vulnerable individuals by adding in some capacity for accommodation via an addition to the Housing Related Support model at District Council cost.

**Sexual orientation**

No perceived adverse impacts

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

**Stakeholders**

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

**Objective(s) of the EIA consultation/engagement activity**  
**Who was involved in the EIA consultation/engagement activity?**

Engagement activity has been undertaken with a wide range of key stakeholders, including existing and potential service providers, users of the existing commissioned services, district councils, the Police and health partners. The objective of the engagement activity has been to find out what stakeholders value about the existing service, what barriers to accessing the service may be experienced, and what changes they would recommend. This is intended to support the development of the new service model.

**Detail any findings identified by the protected characteristic**

<b>Age</b>	No specific feedback identified
<b>Disability</b>	No specific feedback identified
<b>Gender reassignment</b>	No specific feedback identified
<b>Marriage and civil partnership</b>	No specific feedback identified
<b>Pregnancy and maternity</b>	No specific feedback identified

<b>Race</b>	No specific feedback identified
<b>Religion or belief</b>	No specific feedback identified
<b>Sex</b>	No specific feedback identified
<b>Sexual orientation</b>	No specific feedback identified
<b>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?</b> The purpose is to make sure you have got the perspective of all the protected characteristics.	To be updated upon further development
<b>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?</b>	<p>The Equality Impact Analysis will be a live document, regularly reviewed by commissioning leads and commercial colleagues.</p> <p>There will be regular implementation meetings with the successful providers as part of awarding the contracts. These meetings will review whether there are any impacts against individual service users, particularly those who are protected under the Equality Act 2010. A review of any adverse impacts will be carried out six months after the new service has been implemented.</p> <p>Following implementation there will be quarterly contract management meetings, again these will review the service delivery and will identify any protected groups or individuals who may be impacted either in a positive or negative way.</p>

## Further Details

Are you handling personal data?	Yes
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Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	Action	Lead officer	Timescale
Signed off by		Date	Click here to enter a date.

# Agenda Item 7



Policy and Scrutiny

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>4 September 2019</b>
Subject:	<b>Adult Care and Community Wellbeing Performance Report - Quarter 1 2019/20</b>

### **Summary:**

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 1 2019/20.

A summary of performance against target for the year has been provided in Appendix A of this report.

A full analysis of each indicator over the year has been provided in Appendix B of this report.

### **Actions Required:**

The Committee is requested to consider and comment on the performance of Adult Care and Community Wellbeing for Quarter 1.

### **1. Background**

This report provides an overview of performance for the suite of Council Business Plan measures designed to reflect the impact of the work of Adult Care and Community Wellbeing across five commissioning strategies:

- Community Wellbeing;
- Safeguarding Adults;
- Specialist Adult Services;
- Carers; and
- Adult Frailty and Long Term Conditions.

As in previous performance reports to the Committee, a one-page summary has been provided as **Appendix A**. This shows at a glance the status against target for each measure. For a selection of measures, there is a time delay in reporting, so the latest available figures have been included and the period they relate to clearly marked.

More detail, including indicator definitions and commentary on current performance from strategy owners is provided in **Appendix B**, produced by the County Council's Commercial and Performance Team. For consistency and comparability, the Council Business Plan measures have been largely based on Adult Social Care statutory datasets, which enables benchmarking of performance against other local authorities. Benchmarking information is also provided in Appendix B where available.

Overall, 20 of the 26 measures are achieving or exceeding the agreed targets at the end of Quarter 1, with four measures not available for reporting in this quarter. Three of these are survey measures which are reported annually in Quarter 4. The remaining measure relates to the percentage of adults in contact with secondary mental health services living independently, with or without support, where there have been concerns about data quality this quarter. The measure is based on individuals who fall under both section 75 and the Care Programme Approach (CPA) and this requires data cleansing and matching across two systems. The issue is being investigated and Lincolnshire Partnership Foundation Trust is currently manually data cleansing the Community Mental Health Team caseloads on the CPA recording system to identify the correct cohort for inclusion in the measure. The care pathway is also under review to ensure appropriate recording on the CPA system and Mosaic (the County Council's Social Care case management system) to enable up to date reporting for this measure in Quarter 2.

Out of the 22 measures reported in Quarter 1, 15 are being achieved and five have been exceeded. Reporting by exception, the targets for just two measures have not been achieved at the end of this period. These are both within the Community Wellbeing commissioning strategy and relate to successful alcohol dependency treatments and smoking cessation.

The percentage of alcohol users who left specialist treatment successfully has improved, to 36% from 32% last quarter. The data has a three month time delay. Recent benchmarking and value for money exercises have shown local performance good compared to other areas with a similar demographic. It is envisaged this target will fluctuate around 35%.

The re-presentation rate to the service is among the best in the country with only 3.3% of all those successfully completing alcohol treatment re-presenting. This is a good indicator that long term recovery is being achieved, making relapse less likely.

The measure for people successfully supported to stop smoking has a three month time delay and so represents data to Quarter 4 of 2018/19. Performance for the quarter shows an increase in the number of people who successfully stopped smoking compared to the previous quarter (715 in Quarter 1 compared to 521 in Quarter 4 2018/19). Whilst the overall target has not been achieved this shows improvement in the service and commitment of staff, who have subsequently moved to the newly commissioned service in July 2019. This new integrated lifestyle service will incorporate stop smoking services alongside other services such as weight management and support to increase physical activity.

All measures for the Safeguarding Adults, Specialist Adult Services, Carers and Adult Frailty and Long Term Conditions commissioning strategies are achieving or exceeding targets.

## **2. Conclusion**

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report and the Council Business Plan information shown in Appendix A.

## **3. Consultation**

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

No

### **b) Risks and Impact Analysis**

N/A

## **4. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Quarter 1 Adult Care and Community Wellbeing Performance Summary
Appendix B	Quarter 1 Adult Care and Community Wellbeing Full Performance Analysis

## **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 Katy Thomas, who can be contacted on 01522 550645 or [katy.thomas@lincolnshire.gov.uk](mailto:katy.thomas@lincolnshire.gov.uk).

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## Appendix A: 2019/20 Q1 - Adult Care & Community Wellbeing Overview



		2018/19 Actual	2019/20			
			Q1 or as stated	Target	Trend vs. 2018/19	CBP Alert Tolerance: +/- 5% pts
<b>Community Wellbeing</b>						
31	Percentage of alcohol users that left specialist treatment successfully	32%	36% Mar-19	40%	↑	Not achieved
33	% of people aged 40 to 74 offered and received an NHS health check <b>PHOF 2.22iv</b>	63%	62% Mar-19	55%	↓	Exceeds
34	Chlamydia diagnoses per 100,000 15-24 year old <b>PHOF 3.02</b>	1,794	2,086 Dec-18	2,045	↑	Exceeds
109	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	1,126	78	50	Cumulative	Exceeds
110	Older people supported by the Wellbeing Service to improve their outcomes	96%	97% Mar-19	95%	↔	Achieved
111	People successfully supported to stop smoking	1,545	2,260 Mar-19	3,200	Cumulative	Not Achieved
112	People accessing Housing related support that are successfully supported to access and maintain their settled accommodation	96.0%	95%	90%	↓	Achieved
113	Percentage of emergency & urgent deliveries & collections completed on time within ICES	99.0%	99%	98%	↔	Achieved
<b>Safeguarding Adults</b>						
28	% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate <b>SAC SG3a</b>	100%	100%	100%	↔	Achieved
116	Concluded enquiries where the desired outcomes were fully or partially achieved <b>SAC SG4a</b>	96%	97%	95%	↑	Achieved
130	% of Adult Safeguarding concerns that lead to a Safeguarding enquiry <b>**NEW FOR Q4** SAC SG1f</b>	43%	48%	50%	↑	Achieved
<b>Specialist Adult Services</b>						
49	% of adults with a learning disability (or autism) who live in their own home or with their family <b>ASCOF 1G</b>	77%	77%	80%	↔	Achieved
51	% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	51%	51%	49%	↔	Achieved
118	% of adults with a learning disability in receipt of long term support who have been reviewed in the period	96%	25%	24%	Cumulative	Achieved
119	% of adults aged 18 to 64 with a mental health need in receipt of long term support who have been reviewed in the period	98%	30%	24%	Cumulative	Achieved
<b>Carers</b>						
59	Number of carers (caring for Adults) supported in the last 12 months - above expressed as a rate per 100,000 population (18 to 64)	10,324 1,692	10,481 1,718	10,550 1,730	↑	Achieved
121	Carers who have received a review of their needs in the last 12 months	89%	86%	85%	↓	Achieved
<b>Adult Frailty &amp; Long Term Conditions</b>						
60	Permanent admissions to residential and nursing care homes, aged 65+ <b>ASCOF 2A(ii) numerator **Better Care Fund**</b>	1,005	137	288	Cumulative	Exceeds
63	% of clients in receipt of long term support who receive a direct payment <b>ASCOF 1C (2a)</b>	33%	32%	34%	↓	Achieved
65	% of people in receipt of long term support who have been reviewed in the period	93%	32%	23%	Cumulative	Exceeds
122	% of requests for support for new clients, where the outcome was no support or support of a lower level <b>SALT STS001</b>	91%	95%	93%	↑	Achieved
124	% of people with a concluded episode of reablement who subsequently require no ongoing support or support of a lower level <b>ASCOF 2D</b>	88%	98%	95%	↔	Achieved

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## Communities are safe and protected

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

### Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.

An advocate can include:-

- \* An Independent Mental Health Advocate (IMHA);
- \* An Independent Mental Capacity Advocate (IMCA); or
- \* Non-statutory advocate, family member or friends.

Numerator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend

Denominator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the period, where the person at risk lacks Mental Capacity

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

A higher percentage of cases supported by an advocate indicates a better performance.



Achieved

100  
%  
Quarter 1 June 2019

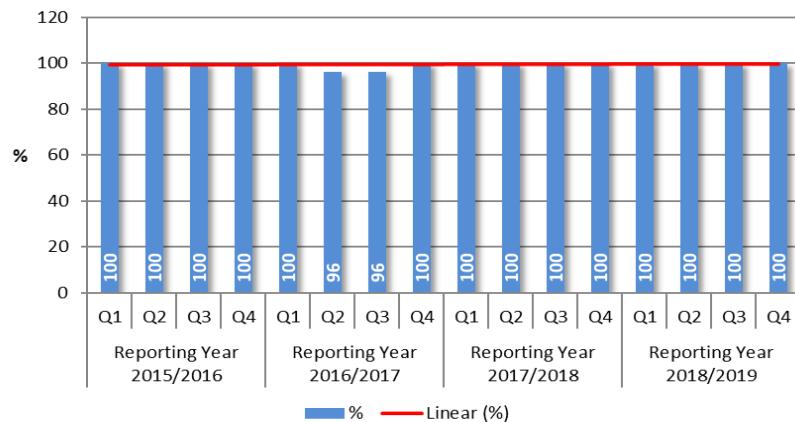


100  
%  
Target for June 2019

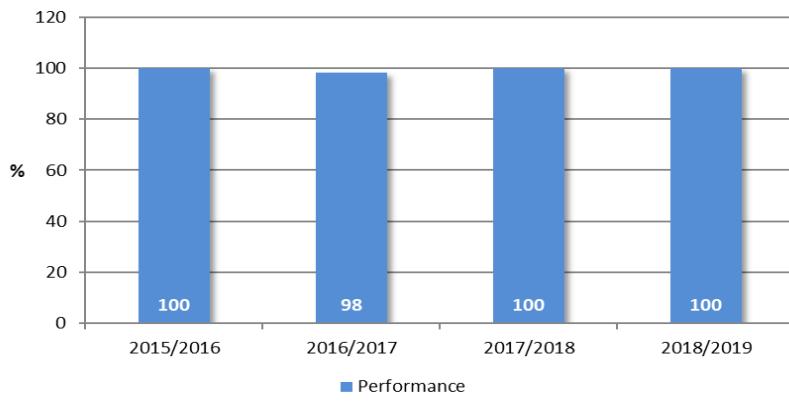


Further details

### Percentage of Safeguarding Cases Supported by an Advocate



### Annual Percentage of Safeguarding Cases Supported by an Advocate



About the target

Targets are based on trends and CIPFA group averages.

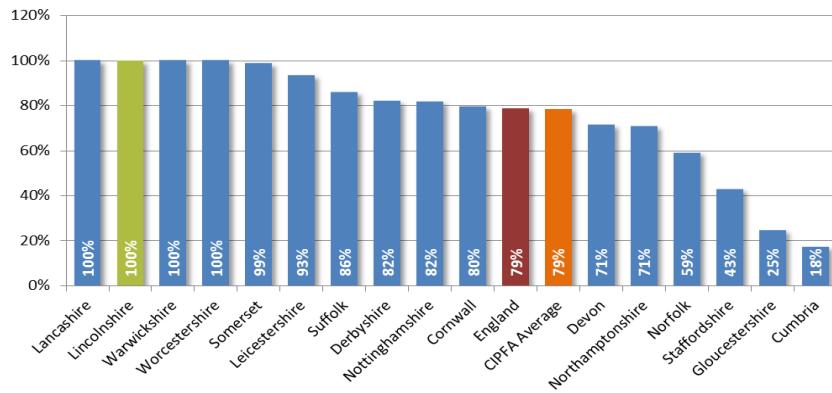
About the target range

This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health.

#### About benchmarking

Benchmarking data is available for all councils in England in the summer following the annual submission of the Safeguarding Adults Collection (SAC). There was significant variation in the figures across the return. This is most likely to be differences in practice and interpretation of the SAC return descriptions, and many councils were unable to complete the return. For this reason, benchmarking must be treated with caution and is not necessarily a true reflection of comparative performance. As a result, the SAC return is being reviewed.

**Safeguarding cases supported by an advocate**  
Source: SAC SG3a: Mental Capacity 2017/2018





## Communities are safe and protected

### Making safeguarding personal

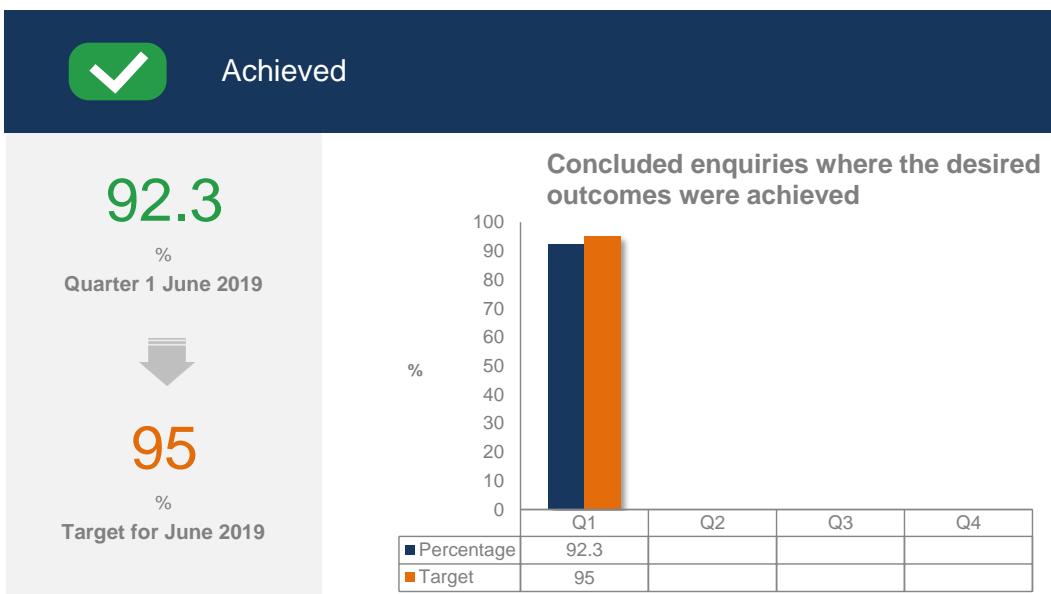
#### Concluded enquiries where the desired outcomes were achieved

This measure records the proportion of concluded enquiries ('Section 42' under the Care Act 2014 and other), where the desired outcomes were fully or partially achieved. This measure is a key element of the Making Safeguarding Personal (MSP) national agenda, and monitors the effectiveness of Safeguarding interventions where desired outcomes were expressed and met. The figures are taken directly from the Safeguarding Adults Collection, and is therefore underpinned by statutory guidance on recording and reporting.

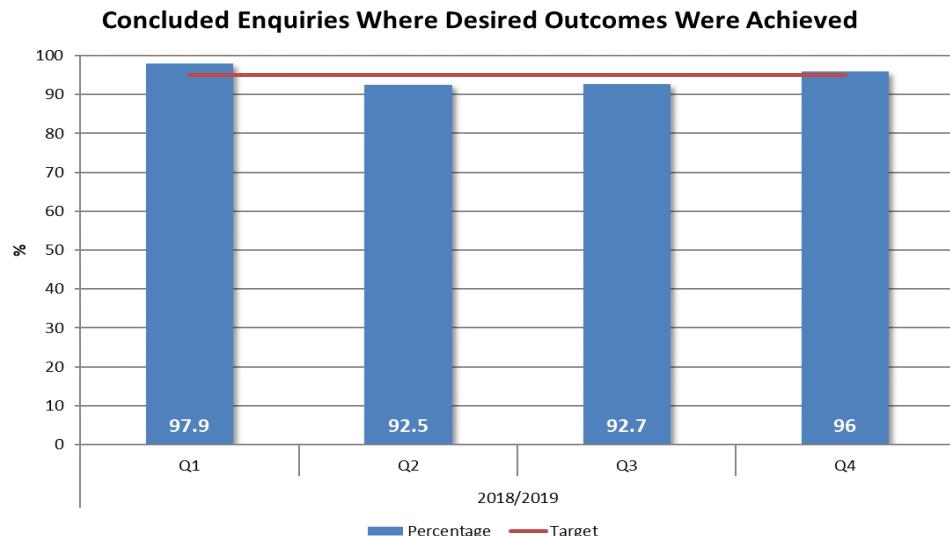
Numerator: The number of concluded enquiries in the denominator where the person's desired outcome was fully or partially achieved.

Denominator: The total number of S42 safeguarding enquiries concluded in the period where the person or their representative was asked about and expressed their desired outcomes.

A higher percentage indicates a better performance.



Further details



About the target

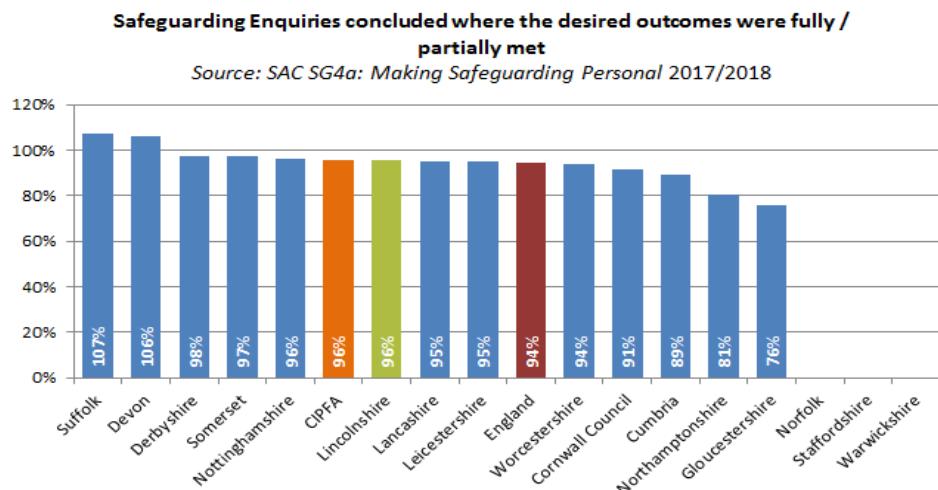
The target for this measure has been set to 95%. This comes from the CIPFA comparator group average for 2016/2017 based on incomplete voluntary submissions from Councils.

About the target range

This measure has a target range of +/-5 percentage points.

About benchmarking

Benchmarking data is available for all councils in England in the summer following the annual submission of the Safeguarding Adults Collection (SAC). There was significant variation in the figures across the return. This is most likely to be differences in practice and interpretation of the SAC return descriptions, and many councils were unable to complete the return. For this reason, benchmarking must be treated with caution and is not necessarily a true reflection of comparative performance. As a result, the SAC return is being reviewed.



**Note:**

3 Local Authorities did not submit any data in 2017/18



## Communities are safe and protected

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

### Adult Safeguarding concerns that lead to a Safeguarding enquiry

The LCC Safeguarding Service want to encourage providers, partners and professionals to submit concerns to the Local Authority only where appropriate, and to ensure these concerns have already been managed and considered within the remit of their organisations and only escalated to the authority as necessary. The Safeguarding Service would therefore expect a higher proportion of concerns progressing to an enquiry, with a corresponding reduction in concerns that do not warrant a full enquiry.



Achieved

**48.11**

%

Cumulative Actual as at June  
2019

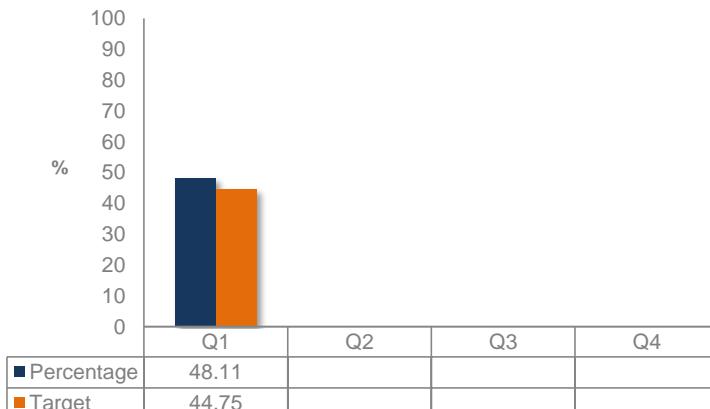


**44.75**

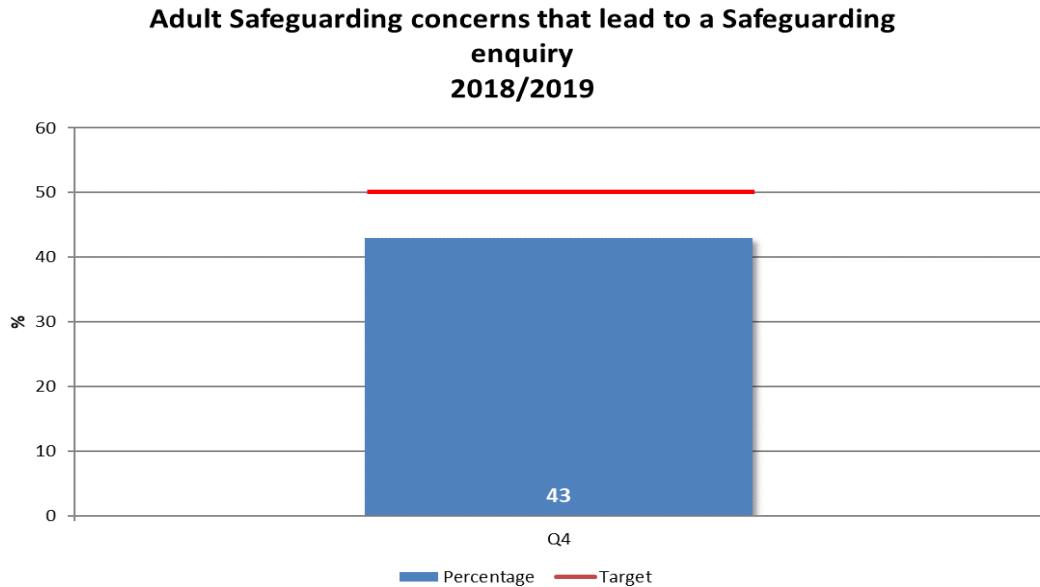
%

Cumulative Target for June  
2019

**Adult Safeguarding concerns that lead to a  
Safeguarding enquiry**



## Further details



### About the target

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date. An increment of 5 percentage points for each subsequent year has been proposed, however this may need to be reviewed after a period of monitoring to determine whether this is realistic.

### About the target range

This measure has a target range of +/-5 percentage points.

### About benchmarking

CIPFA Benchmarking 2017/18 - Although available it will not be provided due to significant variation in council SAC returns. To be treated with caution as councils operate and interpret the statutory reporting guidance very differently. As a consequence there is a review of the SAC return and the guidance to ensure the submissions from all LA's is robust and comparable.



## Health and Wellbeing is improved

People are supported to live healthier lifestyles

### Percentage of alcohol users that left specialist treatment successfully

This measure tracks the proportion of clients in treatment in the latest 12 months who successfully completed treatment. Data is reported with a 3 month (1 quarter) lag.

Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in the 'Protecting the public' commissioning strategy.

The definition for this indicator has been revised in Quarter 2 of the 2018/19 reporting year to align more closely with the National Drug Treatment Monitoring System (NDTMS); this has no effect on previous figures reported for this measure.

Numerator: Number of successful completions  
National Drug Treatment Monitoring System (NDTMS)

Denominator: Number of completions  
National Drug Treatment Monitoring System (NDTMS)

A higher percentage of alcohol users that leave specialist treatment successfully indicates a better performance.



Improving but  
not achieved

**36.1**

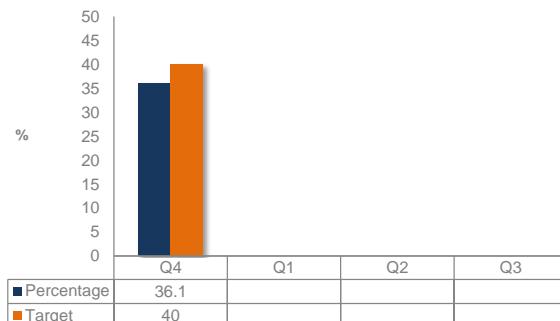
%  
Quarter 4 March 2019



**40**

%  
Target for March 2019

Percentage of alcohol users that left specialist treatment successfully

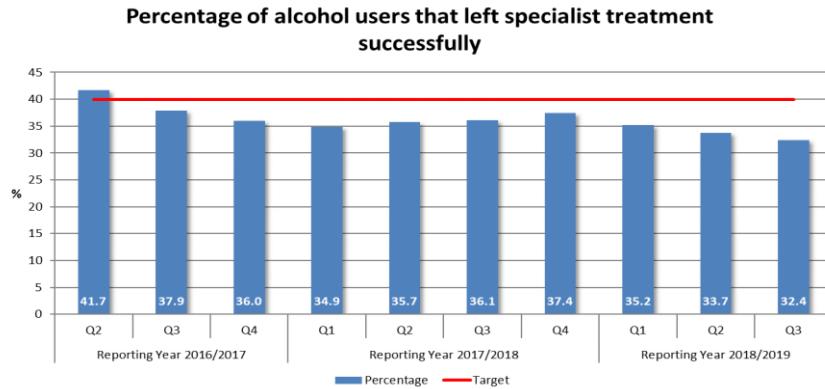


#### About the latest performance

Performance for this reporting period is higher than the previous quarter. Recent benchmarking and value for money exercises have shown local performance is good when compared to other areas with a similar demographic. It is envisaged this target will fluctuate around 35%.

The re-presentation rate to the service is among the best in the country with only 3.3% of all those completing alcohol treatment re-presenting. This is a good indicator that long term recovery is being achieved, making relapse less likely.

#### Further details



#### About the target

A target of 40% has been set to reflect the wording and definition of this measure.

#### About the target range

The target range for this measure is between 38% and 42% (of people who leave specialist treatment in a planned and successful way). This is based on an expectation of fluctuation in performance across the year.

#### About benchmarking

No Benchmarking data is available as this is a commissioned service producing local level meaningful information to help tell the story of our services to members and the wider public.



## Health and Wellbeing is improved

Peoples' health and wellbeing is improved

### People aged 40 to 74 offered and received an NHS health check

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Checks are important to identify early signs of poor health leading to opportunities for early interventions.

This measure tracks the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS health check, which is measured on a 5 year rolling cycle. So for example performance reported at Q2 2018/2019 is cumulative from April 2014 to 30th September 2018.

#### Numerator:

Number of people aged 40-74 eligible for an NHS Health Check who received an NHS health check in the financial year.

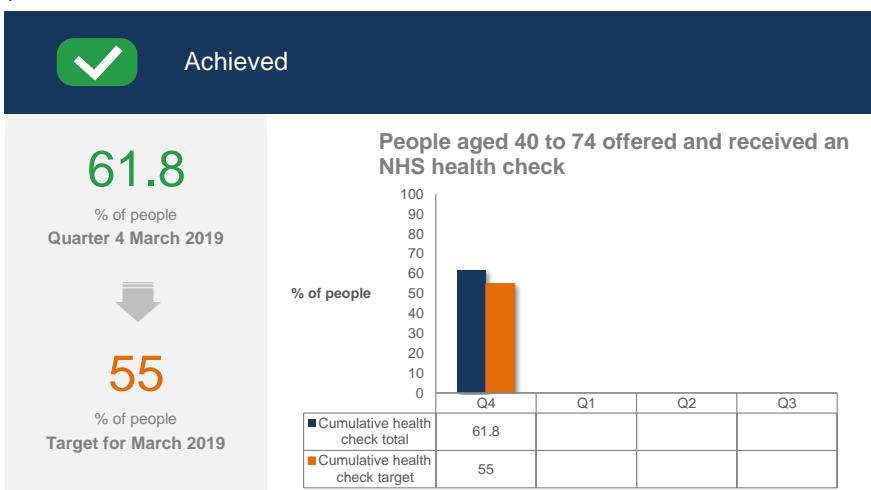
(Integrated Performance Measures Monitoring Return (IPMR\_1), NHS England)

#### Denominator:

Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the financial year.

(Integrated Performance Measures Monitoring Return (IPMR\_1), NHS England)

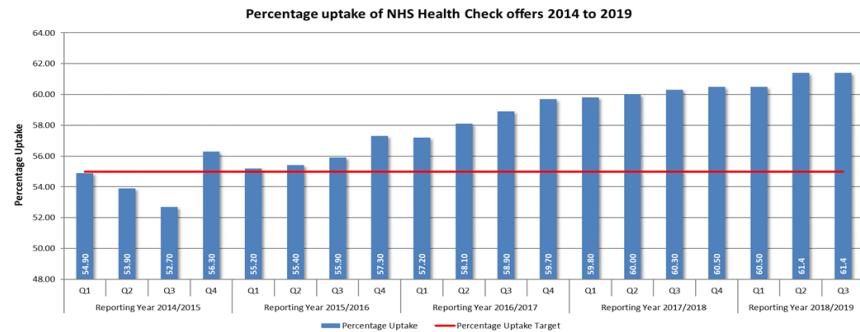
A higher percentage of people who were offered and received an NHS health check indicates a better performance.



#### About the latest performance

The NHS Health Check data for Q4 shows that we continue to exceed our target and outperform regional and national average performance (we are ranked 15th of 152 counties in England).

## Further details



## About the target

The target has been set to ensure our programme exceeds the national average and is in line with regional performance.

## About the target range

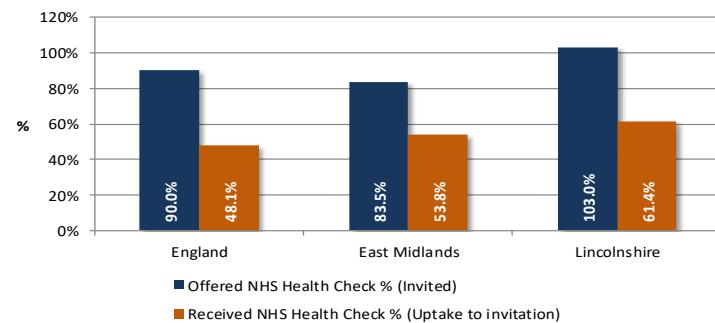
The target range for this measure is between 50% and 60%, this is based on an expectation fluctuation in performance across the year

## About benchmarking

Benchmarking currently available for this measure is comparator local authorities based on CIPFA nearest neighbours.

Numbers for those offered NHS health checks are subject to change on an annual basis. PHE methodology dictates that the number of people offered an NHS health check is applied to the full 5 year activity; as the numbers of people offered an NHS health check are lower than in previous years, to date Lincolnshire's performance is reported as over 100%.

**Cumulative NHS Health Check Data**  
**Q1 2014/15 to Q4 2018/19**



	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	90.0%	83.5%	103.0%
Received NHS Health Check % (Uptake to invitation)	48.1%	53.8%	61.4%



## Health and Wellbeing is improved

Peoples' health and wellbeing is improved

### Chlamydia diagnoses

Crude rate of chlamydia diagnoses per 100,000 young adults aged 15-24 based on their area of residence. Data is reported with a 6 month (2 quarter) lag. A higher rate of chlamydia diagnoses indicates a better performance.

Chlamydia is the most commonly diagnosed sexually transmitted infection. It causes avoidable sexual and reproductive ill-health, including symptomatic acute infections and complications such as pelvic inflammatory disease (PID), ectopic pregnancy and tubal-factor infertility. The chlamydia diagnosis rate amongst under 25 year olds is a measure of chlamydia control activities. It represents infections identified (reducing risk of sequelae in those patients and interrupting transmission onto others). Increasing diagnostic rates indicates increased control activity: it is not a measure of morbidity. Inclusion of this indicator in the Public Health Outcomes Framework allows monitoring of progress to control chlamydia.

Detection Rate Indicator definition: All Chlamydia diagnoses in 15-24 year olds attending specialist and non-specialist sexual health services (SHSs), who are residents in England, expressed as a rate per 100,000 population.

Numerator: The number of people aged 15-24 diagnosed with chlamydia (<http://www.chlamydiascreening.nhs.uk/ps/data.asp>)

Denominator: Resident population aged 15-24 (Office of National Statistics)



Achieved

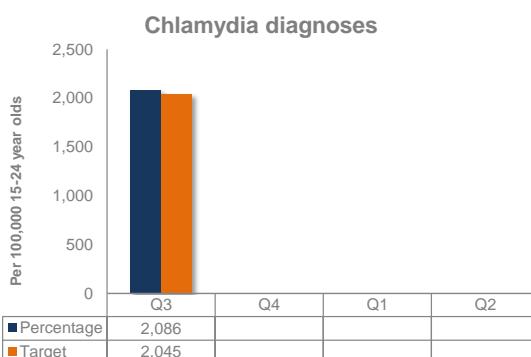
**2,086**

Per 100,000 15-24 year olds  
Quarter 3 December 2018



**2,045**

Per 100,000 15-24 year olds  
Target for December 2018

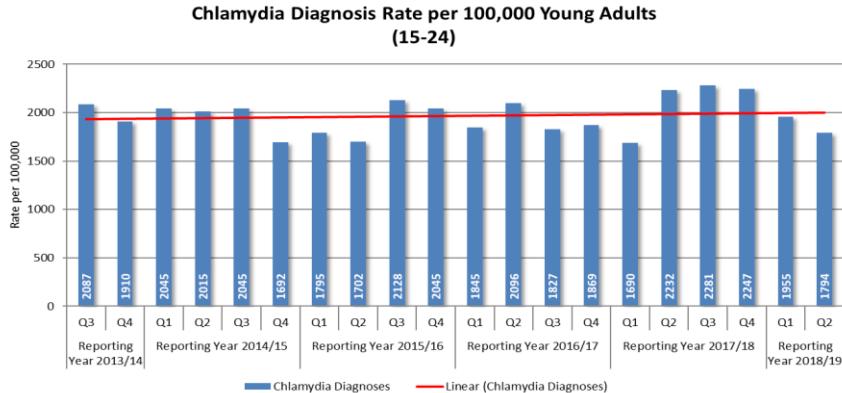


### About the latest performance

Lincolnshire is ranked second out of 9 Comparator Local Authorities in the East Midlands Region for the Detection Rate Indicator. Positive test results remain high at 12% (target 8%) suggesting the services remain well targeted. Online self-testing remains a popular and growing pathway for many and provides high positivity levels. New young person clinics have been well-received, indicating this service is well targeted.

The Service continues to seek to improve performance through partnership work and collaboration.

Further details



About the target

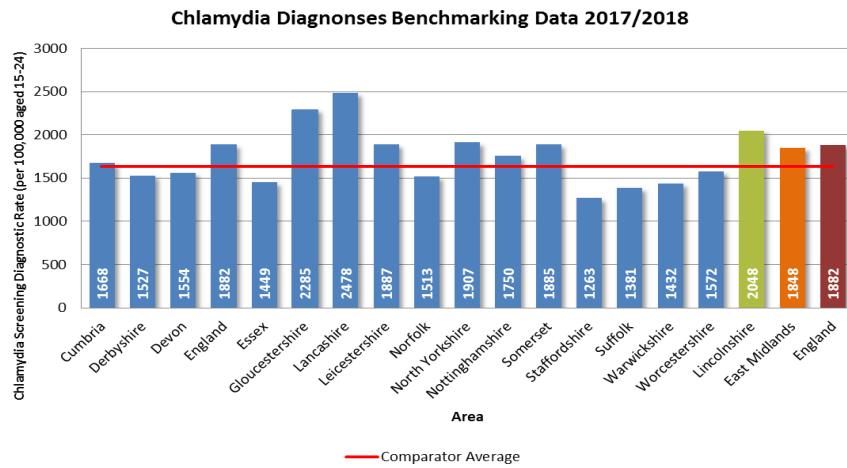
The target of 2,045 has been set in 2019/20 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if so, whether it is due to a general decline in chlamydia within the population at large.

About the target range

The target range for this measure is between 2004 and 2086, this is based on an expectation of fluctuation in performance across the year.

About benchmarking

Benchmarking currently available for this measure is comparator local authorities based on CIPFA nearest neighbours.



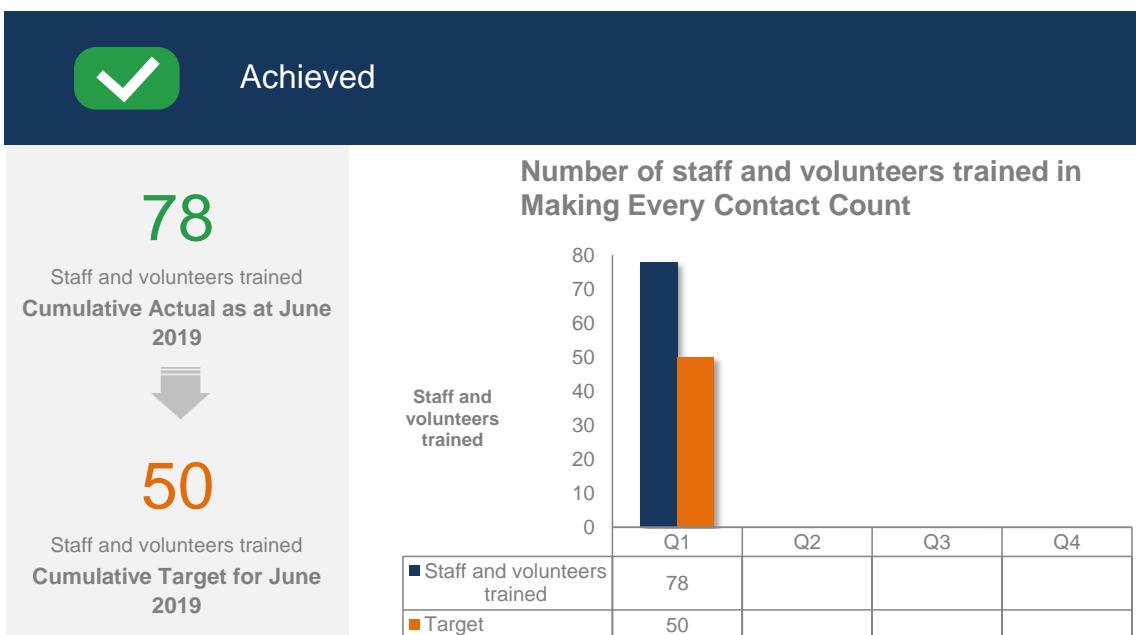


## Health and Wellbeing is improved

Work with others to promote community wellbeing

### Number of staff and volunteers trained in Making Every Contact Count

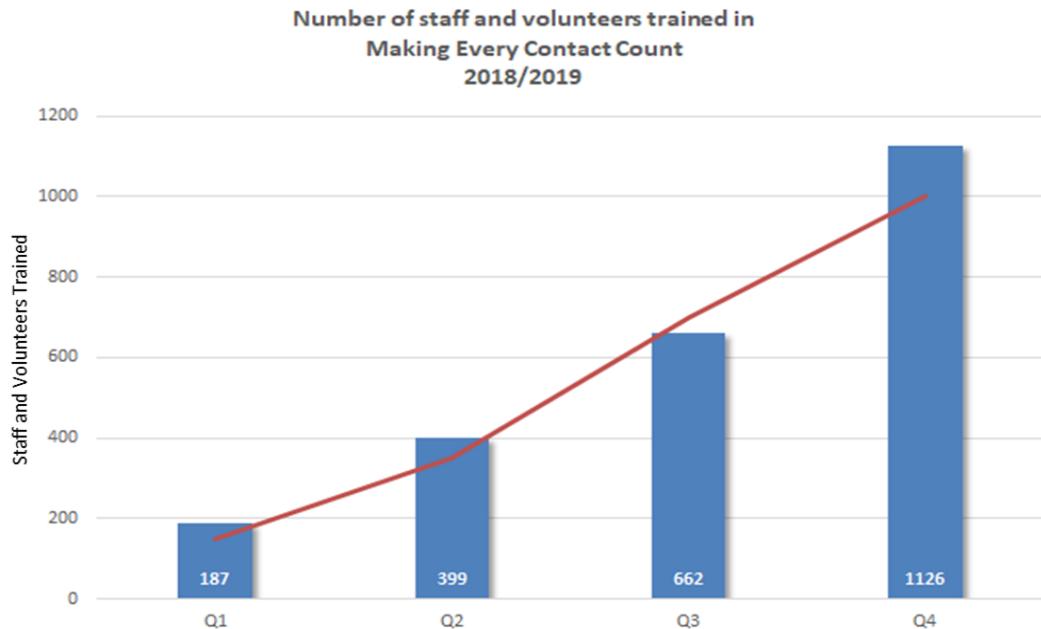
This measure records the number of Health and Social Care frontline staff and volunteers who receive training to offer brief advice to service users; they are also trained in referring people to the appropriate services in order to make positive changes to their health and wellbeing, both mentally and physically. The training completed by staff and volunteers will either be face-to-face training or e-learning. The aim of this measure is to ensure that Health and Social care staff and volunteers 'Make Every Contact Count' (MECC). A higher number of Health and Social care staff trained indicates a better performance.



#### About the latest performance

MECC maximises the opportunity within routine health and care interactions for a brief discussion on health or wellbeing. The annual target for MECC has changed to 400 this year as the focus will be on training and supporting a small number of key staff as cascade MECC trainers. These trainers will subsequently be responsible for delivering MECC within their own organisations. This new sustainable model, which is accredited by the Royal Society of Public Health, is more in-depth and so the impact on health outcomes should be greater.

## Further details



## About the target

The annual cumulative target has been calculated based on previous activity on the MECC programme. The targets are profiled to reflect the current work plan.

## About the target range

An intuitive target range of +/- 5% has been set.

## About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.



## Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

### People supported to improve their outcomes

This measure identifies the percentage of people exiting the Wellbeing Service who demonstrated overall improvements across the outcomes they identified when entering the service. There are eight outcomes which the service focuses on and these are around supporting people to Manage Money, Participation, Social Contact, Physical Health, Mental Health and Wellbeing, Substance Misuse, Independence and Staying Safe. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.

Numerator: The number of service users exiting the service with a higher Exit Score than Entry Score  
Denominator: The total number of service users exiting the service.

A higher percentage of people supported to improve their outcomes indicates a better performance.



Achieved

**97**

%

Quarter 4 March 2019

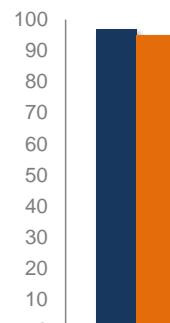


**95**

%

Target for March 2019

### People supported to improve their outcomes

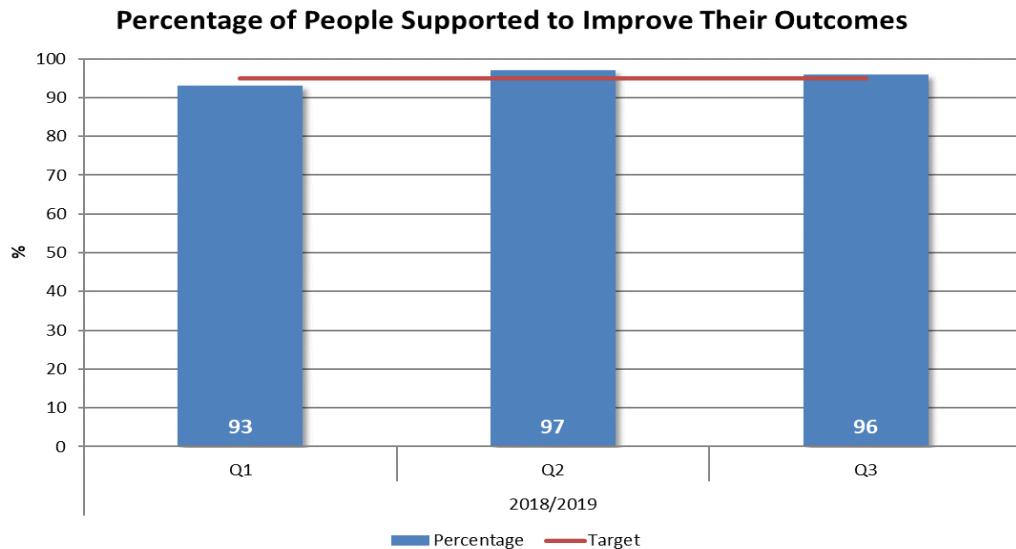


	Q4	Q1	Q2	Q3
Percentage	97			
Target	95			

#### About the latest performance

The Wellbeing Service has consistently met this customer-led outcome measure throughout their first year of service delivery. In 2018-19 customers most frequently requested support to maximise their independence, manage their money and improve their social contacts. Customers were supported to achieve their self-determined outcomes through up to 12 weeks of direct support and signposting to local community resources.

## Further details



### About the target

By reducing and delaying escalation of individuals into more costly care services, the Wellbeing Service enables users to maintain and enhance their independence for longer. This measure supports and monitors the effectiveness of the service and supports the Council to meet its Care Act responsibilities regarding prevention. The measure is aligned to a crucial Key Performance Indicator (KPI) in the newly commissioned Wellbeing Service.

### About the target range

The target range for this measure has been set to +/-5 percentage points.

### About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.



## Health and Wellbeing is improved

People are supported to live healthier lifestyles

### People supported to successfully quit smoking

This measure identifies all those people who are supported to quit smoking by stop smoking and tobacco control services. These services raise awareness about the harms of tobacco and encourage and support smokers to quit smoking. People accessing the service are measured at 4 weeks; this will be the time at which it is deemed whether they have successfully quit smoking, which aligns to Public Health England reporting standards. However, the service is still available to support clients after the 4 week measurement point. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year. A higher percentage of people supported to successfully quit smoking indicates a better performance.



Improving but  
not achieved

**2,260**

people

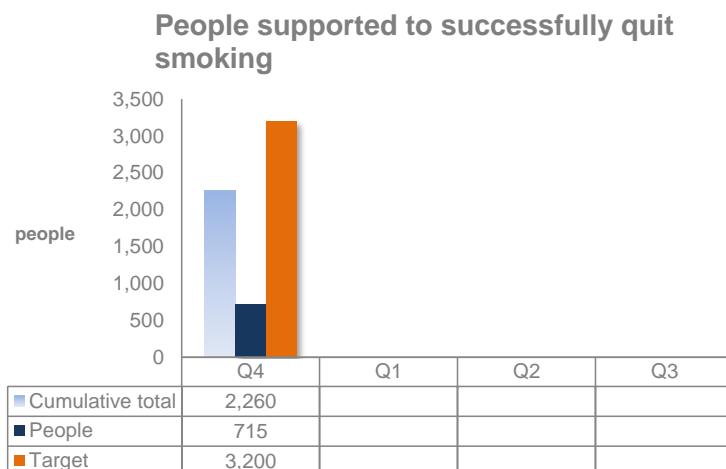
Cumulative Actual as at March  
2019



**3,200**

people

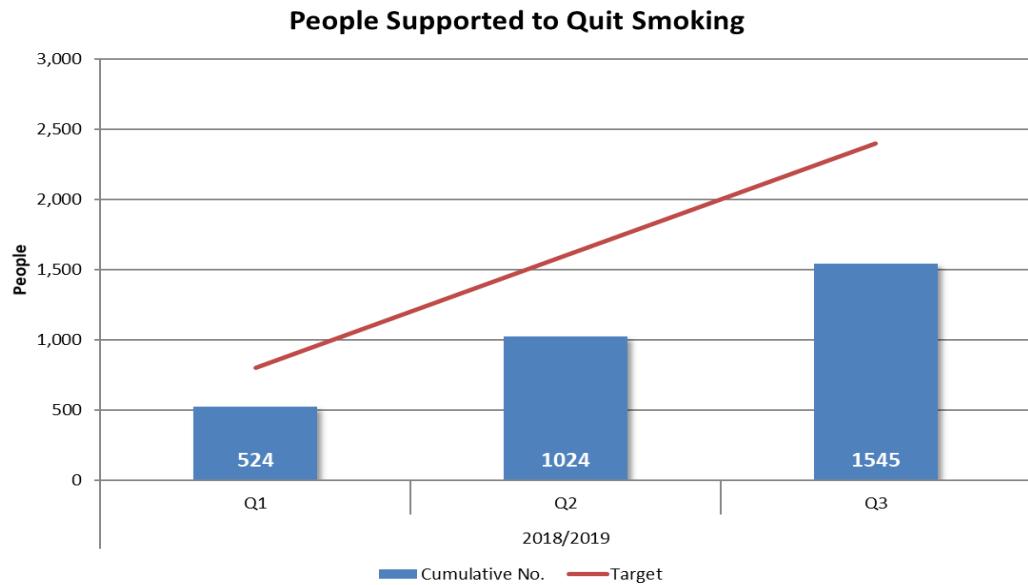
Cumulative Target for March  
2019



#### About the latest performance

Performance this quarter represents an increase of 194 people successfully stopping smoking compared to the previous quarter (715 vs. 521). Whilst the overall target has not been achieved this is still a good improvement. This shows a good level of commitment by current staff who will all move to the newly commissioned service in July 2019. This new integrated lifestyle service (commencing in July) will incorporate stop smoking service alongside other interventions such as weight management and support to increase physical activity.

#### Further details



#### About the target

Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF) which measures a number of population level outcomes regarding smoking. Target is aligned to the Key Performance Indicator within the contract which is considerably higher than baseline performance level.

#### About the target range

The target range for this measure has been set to +/-5%.

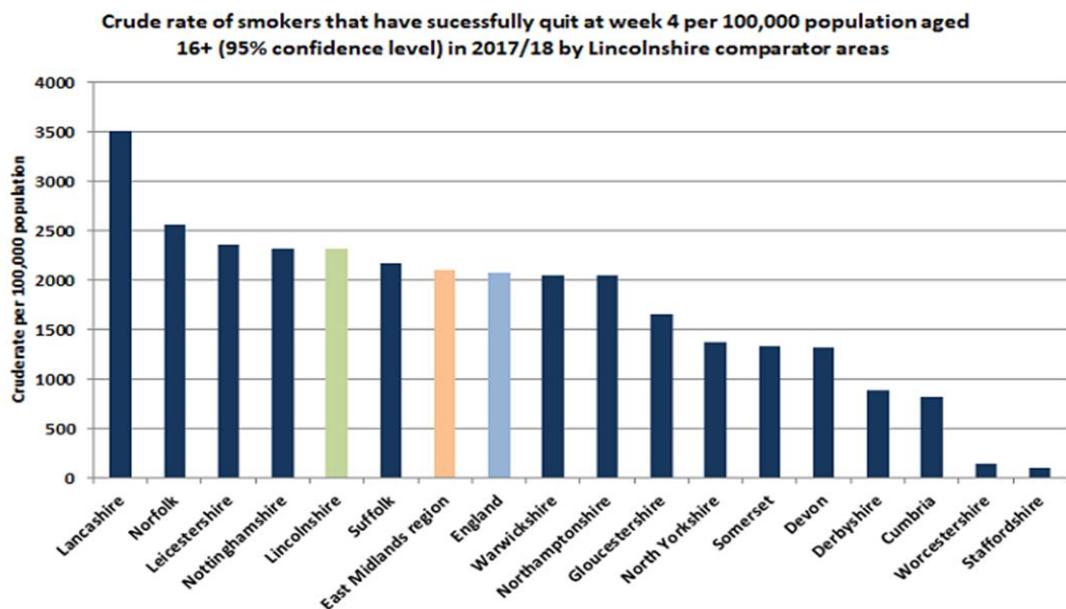
## About benchmarking

The latest published data by PHE for 2017/18 showed that the crude rate per 100,000 population aged 16+ for smokers that successfully quit at 4 weeks in Lincolnshire was 2,315; this is similar to the regional levels (2,102 per 100,000 population aged 16+). National levels are not compared for this indicator.

Of Lincolnshire's comparator areas Lancashire (3,514 per 100,000 population aged 16+) performed significantly better than its counterparts for smokers that successfully quit at 4 weeks, whilst Worcestershire (137 per 100,000 population aged 16+) and Staffordshire performed significantly worse (101 per 100,000 population aged 16+).

Since 2015/16 the crude rate per 100,000 population aged 16+ performed for smokers that successfully quit at 4 weeks, is similar to national levels. A recent trend cannot be calculated yet, as not enough data points are available yet.

Source: PHE fingertips, Local Tobacco Control Profiles



Area Name	Value
Lancashire	3514
Norfolk	2559
Leicestershire	2365
Nottinghamshire	2321
Lincolnshire	2315
Suffolk	2166
East Midlands region	2102
England	2070
Warwickshire	2051
Northamptonshire	2046
Gloucestershire	1652
North Yorkshire	1379
Somerset	1335
Devon	1323
Derbyshire	886
Cumbria	820
Worcestershire	137
Staffordshire	101



## Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

### People supported to maintain their accommodation

This measure captures the overall improvement in outcomes achieved by people accessing housing related support services following on from their contact with the service. A individual will self-report improvements in self harm and reduction in medication, reduced dependency on substance misuse avoiding harm to others.

Numerator: Number of clients whose 'need' score has improved by at least 1 point.

Denominator: All needs highlighted by clients during their contact with services.



Achieved

95  
%  
Quarter 1 June 2019



90  
%  
Target for June 2019

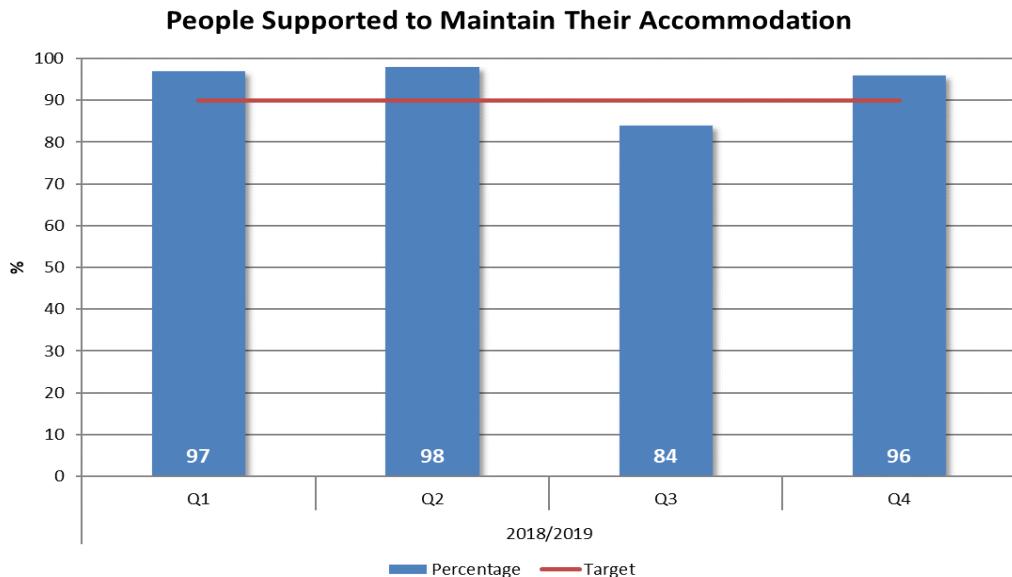
### People supported to maintain their accommodation



#### About the latest performance

Housing Related Support Services have exceeded the target on this outcome measure for people accessing their services. This means that 95% of service users who identify that access to settled accommodation is a barrier to them living independently have been successfully supported to reduce this.

## Further details



### About the target

Housing related support services help people to access and maintain accommodation in order to prevent them from needing more costly forms of support. This measure is crucial to ensure service quality, assessing needs highlighted versus needs met for all people accessing services. It also supports the Council to meet its Care Act responsibilities regarding prevention and supports wider Public Health Outcome Framework (PHOF) outcomes regarding housing. The target is aligned to the KPI in the provider's contract.

### About the target range

This measure allows for no fluctuation against the target.

### About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.



## Health and Wellbeing is improved

People are able to live life to the full and maximise their independence

### Emergency and urgent deliveries and collections completed on time

The delivery of emergency and urgent pieces of equipment is crucial as the situations within which these are requested will often involve individuals who require equipment in order to support discharge from hospital, prevent hospital admission or provide end of life care. In the event of the death of a service user, it is crucial to commence the process of collecting equipment quickly to ensure that, where possible, it can be recycled to support other users who may have need for it. Emergency deliveries and collections are defined as being undertaken within 4 hours of receipt of the authorised order. Urgent deliveries are within 24 hours and urgent collections are within 48 hours of receipt of the authorised order. The measure is an amalgamation of four KPIs within the Integrated Community Equipment Service contract which consist of: Number of emergency deliveries (within 4 hours); number of emergency collections (within 4 hours); number of urgent deliveries (within 24 hours) and; number of urgent collections (within 48 hours).

Numerator: Number of emergency deliveries and collections within 4 hours, number of urgent deliveries within 24 hours and number of urgent collections within 48 hours.

Denominator: Total number of emergency and urgent deliveries and collections.

A higher percentage indicates a better performance.



Achieved

99

%

Quarter 1 June 2019

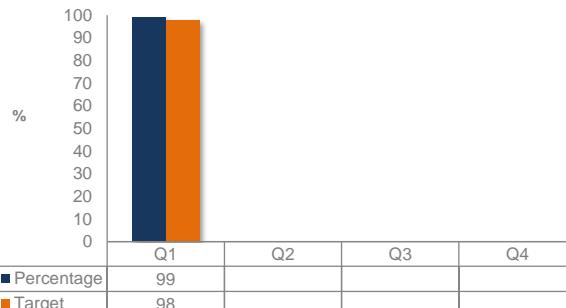


98

%

Target for June 2019

#### Emergency and urgent deliveries and collections completed on time



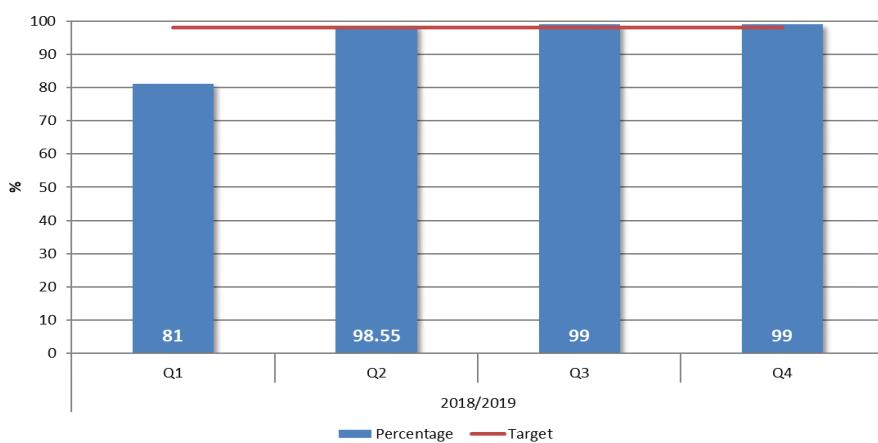
#### About the latest performance

The service provider has exceeded targets consistently over the last three months (first quarter). There was a slight increase in demand in the month of May. This was managed effectively by ensuring adequate resources were in place to cater for increased demand.

Further details

#### Emergency and Urgent Deliveries and Collections

##### Completed on Time



##### About the target

This is a core commissioned service within the Community Wellbeing Commissioning Strategy and supports the Council to meet its Care Act responsibilities. Target is aligned to four KPIs within the Integrated Community Equipment Service contract.

##### About the target range

This measure allows for no fluctuation against the target.

##### About benchmarking

No benchmarking data is available as this is a service commissioned specifically for Lincolnshire and not part of a wider national programme.



## Health and Wellbeing is improved

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

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

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.

Individuals 'known to the council' are adults of working age with a learning disability who received long term support during the year.

'Living on their own or with family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.

Numerator: For adults in the denominator, those who were recorded as living in their own home or with their family.

Denominator: Adults aged 18 to 64 with a primary support reason of learning disability, who received long-term support during the year .

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

A higher percentage of adults with learning disabilities living in their own home or with family indicates a better performance.



Achieved

**77**

% of adults

Quarter 1 June 2019

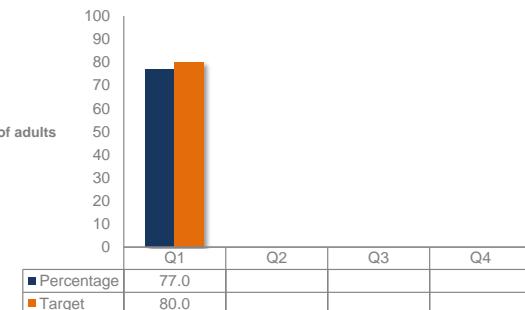


**80**

% of adults

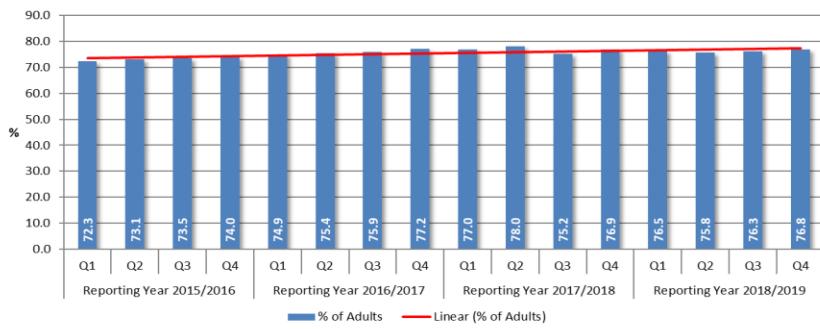
Target for June 2019

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

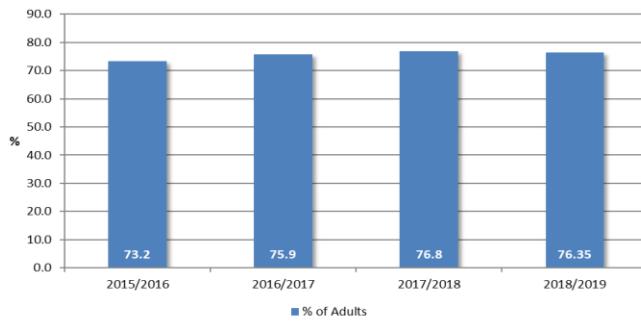


## Further details

### Percentage of Adults with Learning Disabilities Who Live in Their Own Home or With Family



### Average Annual Percentage of Adults with Learning Disabilities Who Live in Their Own Home or With Family



## About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

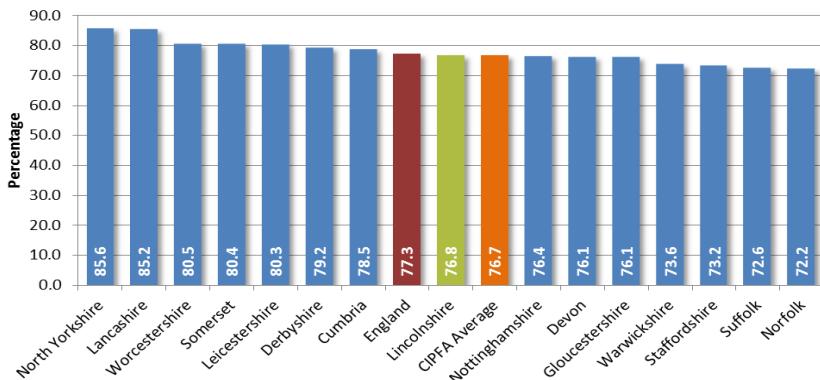
## About the target range

This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health.

## About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

### The proportion of adults with a learning disability who live in their own home or with their family (2017/2018)





## Health and Wellbeing is improved

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

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

This measure reflects the proportion of people using services who receive a direct payment.

Numerator: Number of Learning Disability and Mental Health service users receiving direct or part direct payments.

Denominator: Number of Learning Disability and Mental Health service users aged 18 or over accessing long term support.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.

A higher percentage of adults who receive a direct payment indicates a better performance.



Achieved

**51.3**

%

Quarter 1 June 2019

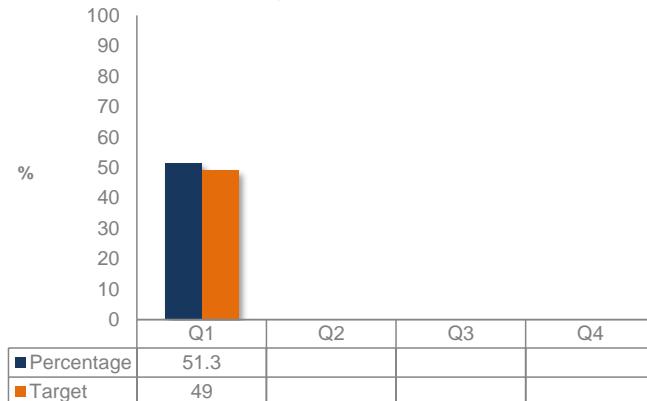


**49**

%

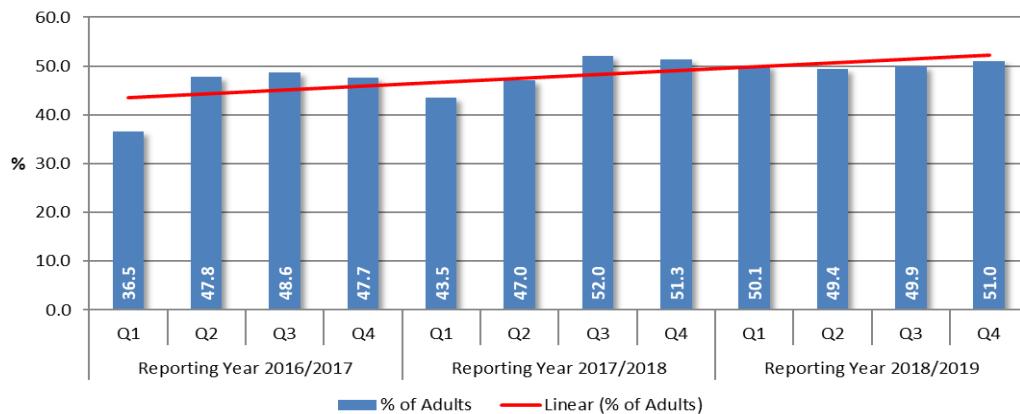
Target for June 2019

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



Further details

### Percentage of adults who receive a direct payment (Learning Disability or Mental Health)



#### About the target

The target is based on historical trends and is indicative of the expected direction of travel.

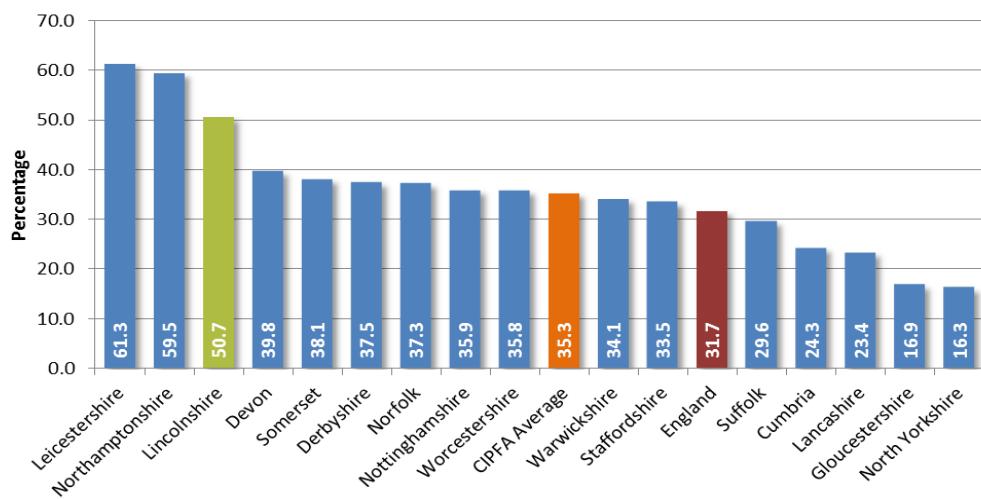
#### About the target range

This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health.

#### About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

LD & MH Direct Payments (2017/2018)





## Health and Wellbeing is improved

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

### Adults aged 18-64 with a mental health problem living independently

This measure has been adapted from an Adult Social Care Outcomes Framework national measure, ASCOF 1H, which identifies all mental health clients aged 18 to 69 in contact with secondary mental health services on the Care programme Approach (CPA) who are living independently. The measure to be reported in the Council Business Plan is a subset of the national measure - mental health clients aged 18 to 64 who are also receiving long term funded support from the authority. These clients are supported by the Lincolnshire Partnership Foundation Trust (LPFT) under a S75 agreement whereby the authority delegates responsibility of service provision to the mental health trust. This is a contract measure with the Trust and only these clients in the national measure can be influenced under the contract, making it more meaningful. Since this is a local measure, there will no longer be a 3 month time lag waiting for the official publication of the MHMDS (Mental Health Monthly Data Set) submission.

Data not available

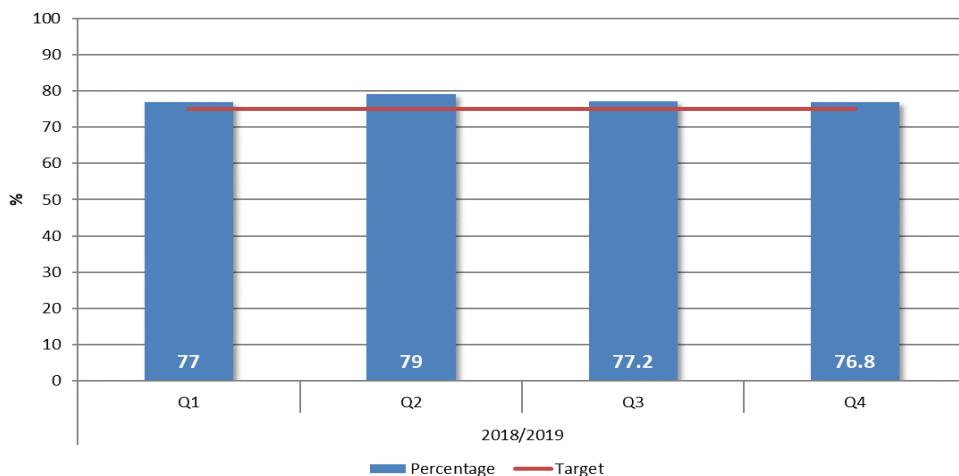
Quarter 1 June 2019

#### About the latest performance

Lincolnshire Partnership Foundation Trust (LPFT) are currently data cleansing the Community Mental Health Team caseloads on RIO (patient records system used to record the Care Programme Approach - CPA) to identify people recorded as being under both S75 and CPA. The care pathway is under review to ensure that all those that fall under Mental Health S75 are on CPA where appropriate and recorded on Mosaic (LCC's Social Care case management system) to enable up to date reporting for this measure. Therefore, we are not in a position to report this measure until Quarter 2.

#### Further details

##### **Adults Aged 18-64 With a Mental Health Problem Living Independently**



#### About the target

The target for this measure has been set at 75% - this is based on the care setting of Lincolnshire County Council funded clients, and the expectation that we should aim to maximise the independence and security of tenure for clients in the community.

#### About the target range

The target range for this measure is set at +/- 5 percentage points.

#### About benchmarking

Direct comparisons with other published benchmarking data is not possible for this measure. Although the source data is submitted in the Mental Health Minimum Dataset on a quarterly basis, this is for all clients on the Care Programme Approach (CPA) in contact with secondary mental health services, not just those that are also receiving funded social care support.



## Health and Wellbeing is improved

People have a positive experience of care

### Adults with a learning disability in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a learning disability, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.



Achieved

24.8  
%  
Cumulative Actual as at June 2019



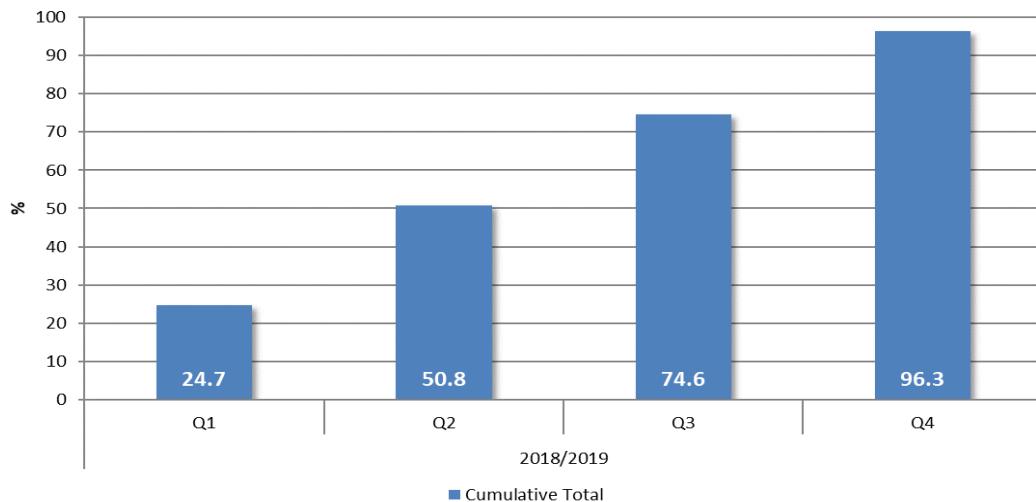
23.8  
%  
Cumulative Target for June 2019

Adults with a learning disability in receipt of long term support who have been reviewed



Further details

### Adults with a learning disability in receipt of long term support who have been reviewed



#### About the target

The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

#### About the target range

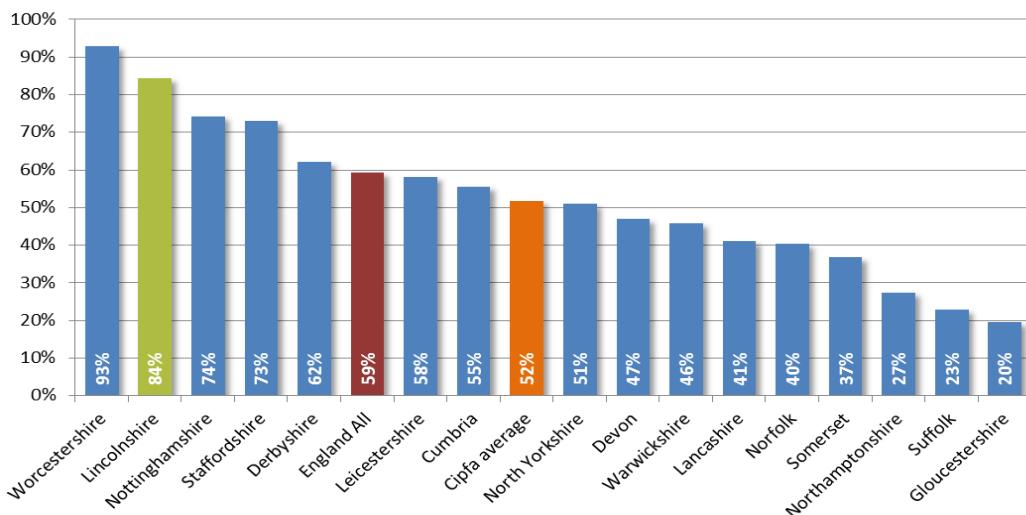
The target range for this measure is set at +/- 5 percentage points.

#### About benchmarking

Benchmarking from the statutory SALT collection is possible at an aggregated level, that is for all clients supported by Adult Care for 12 months or more where a review has taken place. However, it cannot be disaggregated by client category. The figures provided are therefore an indication of general review performance for all ages and client groups.

#### People in receipt of long term support who have been reviewed

Source: SALT Data file 2017/2018





## Health and Wellbeing is improved

People have a positive experience of care

Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed

This measure is designed to monitor the reviewing activity for clients aged 18+ with a mental health need, who are currently in receipt of funded long term support from Adult Care, and have been for 12 months or more. It is these clients specifically who are entitled to an annual review of their needs. The measure is based on the reviews table (LTS002b) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting.



Achieved

# 29.6

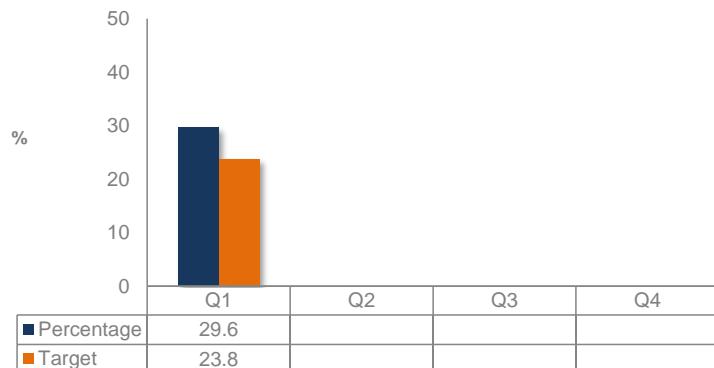
%  
Cumulative Actual as at June  
2019



# 23.8

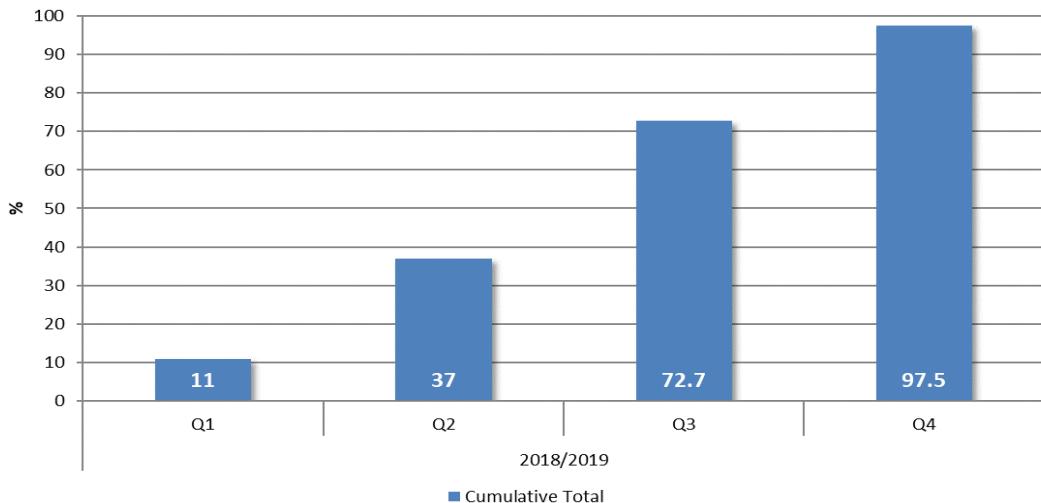
%  
Cumulative Target for June  
2019

Adults aged 18-64 with a mental health need  
in receipt of long term support who have  
been reviewed



Further details

### Adults aged 18-64 with a mental health need in receipt of long term support who have been reviewed



#### About the target

The year-end target for this measure is set at 95% and the aim is to maintain this level of performance.

#### About the target range

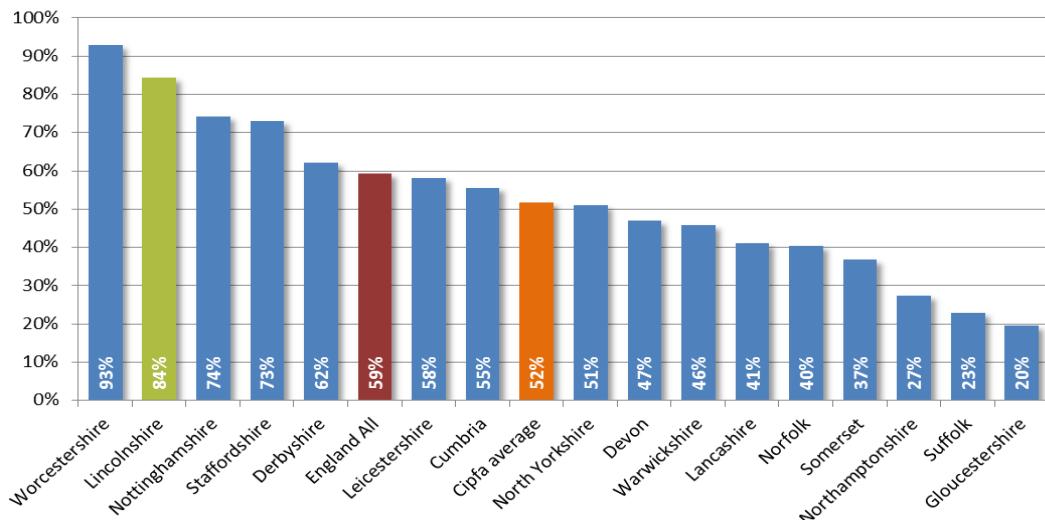
The target range for this measure is set at +/- 5 percentage points.

#### About benchmarking

Benchmarking from the statutory SALT collection is possible at an aggregated level, that is for all clients supported by Adult Care for 12 months or more where a review has taken place. However, it cannot be disaggregated by client category. The figures provided are therefore an indication of general review performance for all ages and client groups.

### People in receipt of long term support who have been reviewed

Source: SALT Data file 2017/2018





## Health and Wellbeing is improved

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

### Carers supported in the last 12 months

This measure reflects the number of carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population.

A higher rate of carers supported indicates a better performance.



Achieved

**1,718**

Rate per 100,000 population

Quarter 1 June 2019

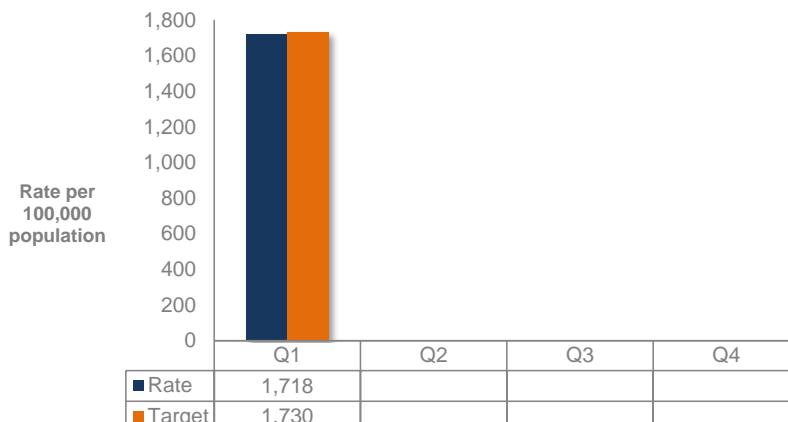


**1,730**

Rate per 100,000 population

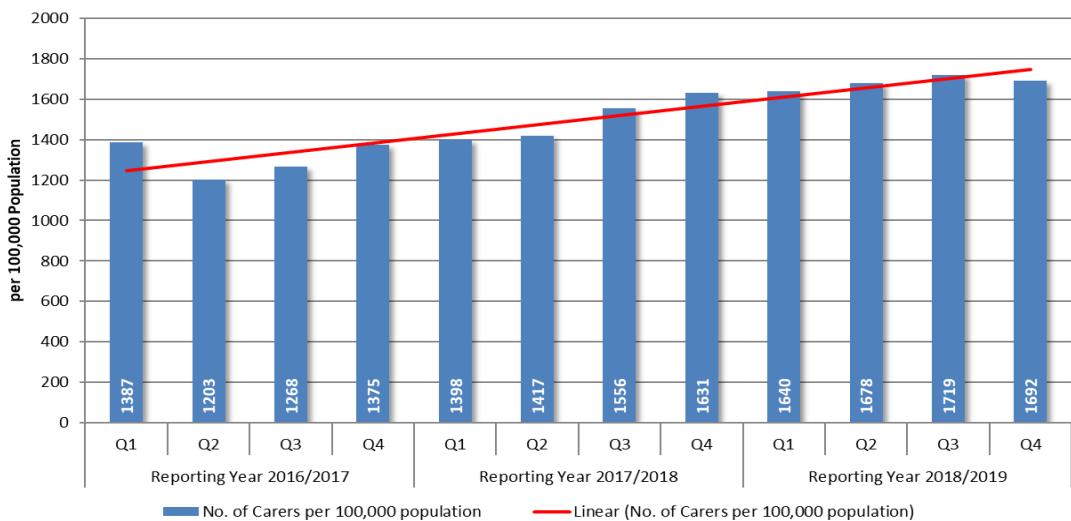
Target for June 2019

### Carers supported in the last 12 months



## Further details

### Carers supported in the last 12 months



## About the target

The target is based on historical trends and is indicative of the expected direction of travel.

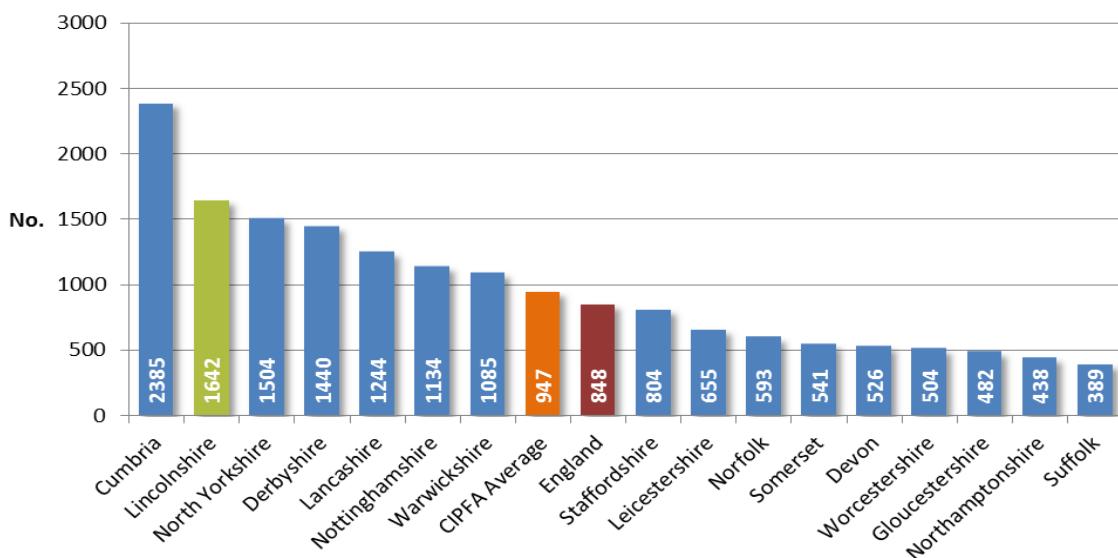
## About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health.

## About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

### Carers supported per 100,000 population (2017/2018)





## Health and Wellbeing is improved

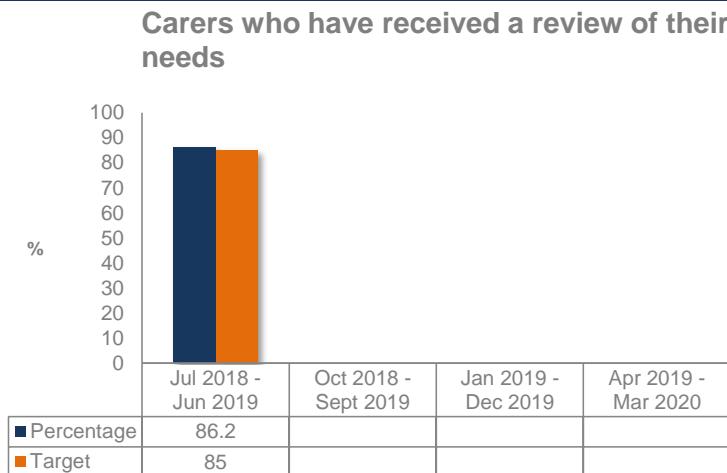
Carers feel valued and respected and able to maintain their caring roles

### Carers who have received a review of their needs

This measure monitors whether carers, who were eligible for support under the Care Act 2014 and who received funded direct support, received their annual review of needs as per their entitlement. The measure is based on the carers table (LTS003) in the statutory Short and Long Term (SALT) collection, and is therefore underpinned by statutory guidance on recording and reporting. This measure is reported on a rolling 12 month basis e.g. Quarter 1 will show performance from July of the previous year to June of the current reporting year.

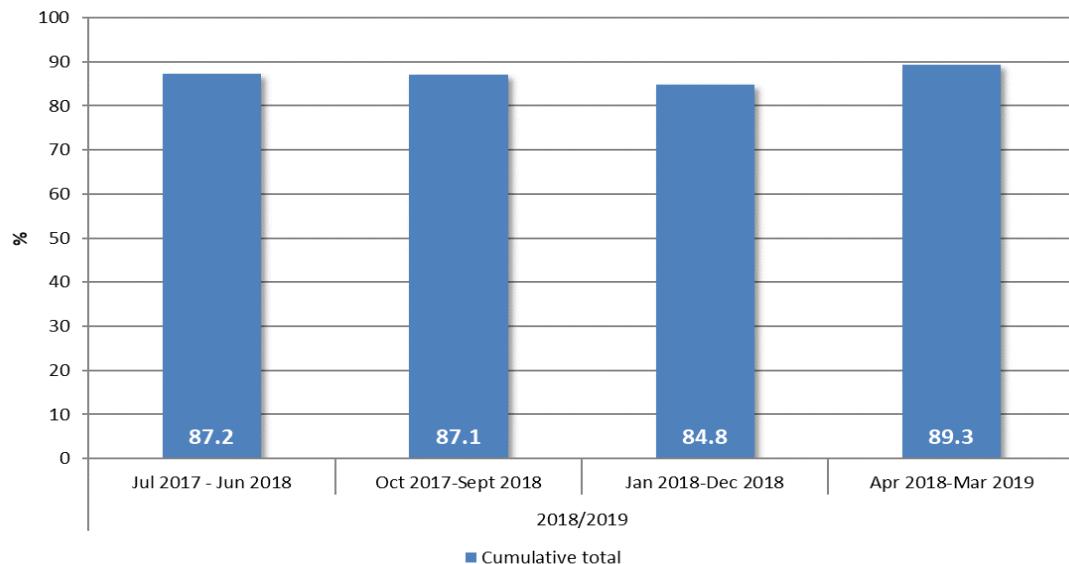


Achieved



Further details

### Carers who have received a review of their needs



#### About the target

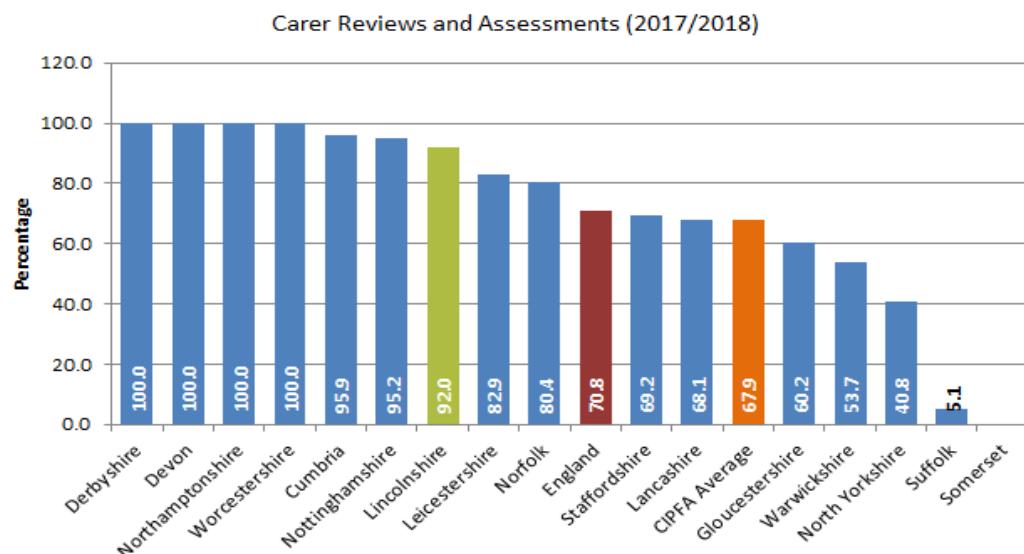
The target for this measure has been set to 85%. The baseline for this new measure is 70% and so this is an aspirational target.

#### About the target range

The target range for this measure is set at +/- 5 percentage points.

#### About benchmarking

Benchmarking is available for this measure from the SALT return on an annual basis.



No data for Somerset reviews



## Health and Wellbeing is improved

Delay and reduce the need for care and support

### Permanent admissions to residential and nursing care homes aged 65+

The number of Lincolnshire County Council funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.

This is a Adult Social Care Outcomes Framework (ASCOF) 2a part 2 and reported in the Better Care Fund (BCF).

A smaller number of people permanently admitted to residential and nursing homes indicates a better performance.



Achieved

**137**

People

Cumulative Actual as at June  
2019

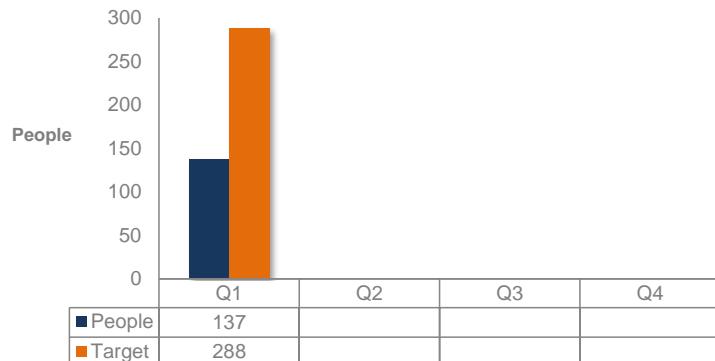


**288**

People

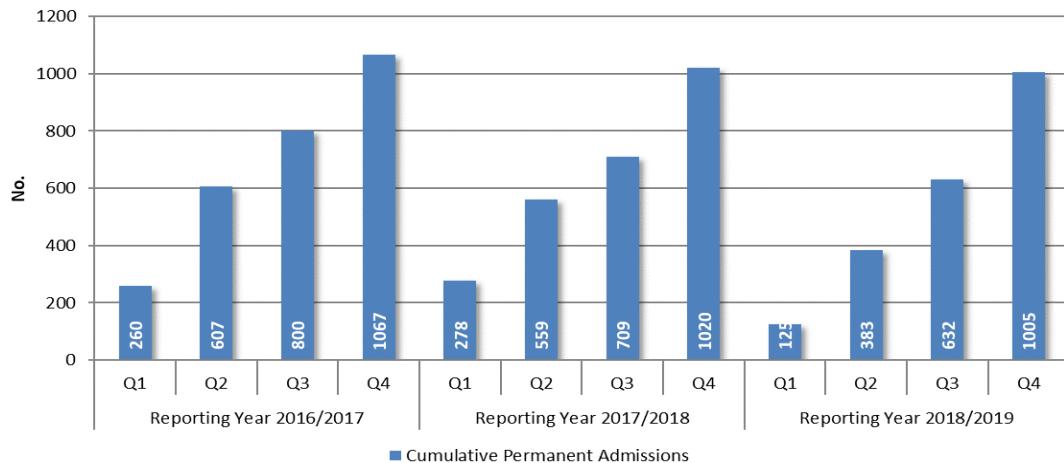
Cumulative Target as at June  
2019

#### Permanent admissions to residential and nursing care homes aged 65+



Further details

### Cumulative permanent admissions to residential and nursing care homes aged 65+



#### About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

#### About the target range

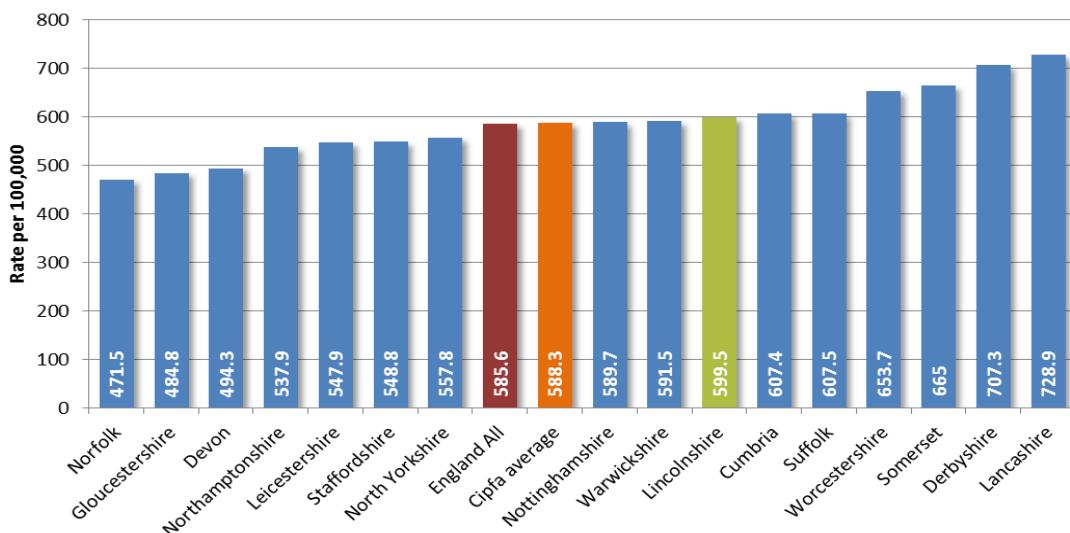
This measure has a target range of +/- 5% based on tolerances used by Department of Health.

#### About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

### Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - CIPFA Benchmarking 2017/2018





## Health and Wellbeing is improved

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

### Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.

Numerator: Number of users receiving direct or part direct payments.

Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.

A higher percentage of adults that receive a direct payment indicates a better performance.



Achieved

**31.7**

%

Quarter 1 June 2019



**33.5**

%

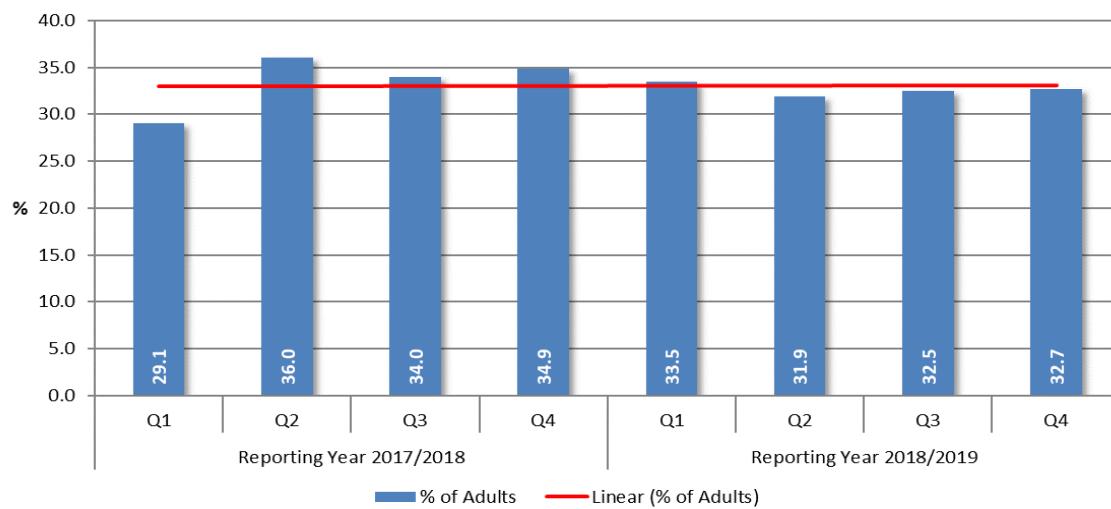
Target for June 2019

**Adults who receive a direct payment**



#### Further details

### Percentage of Adults Who Receive a Direct Payment (Adult Frailty and Long Term Conditions)



#### About the target

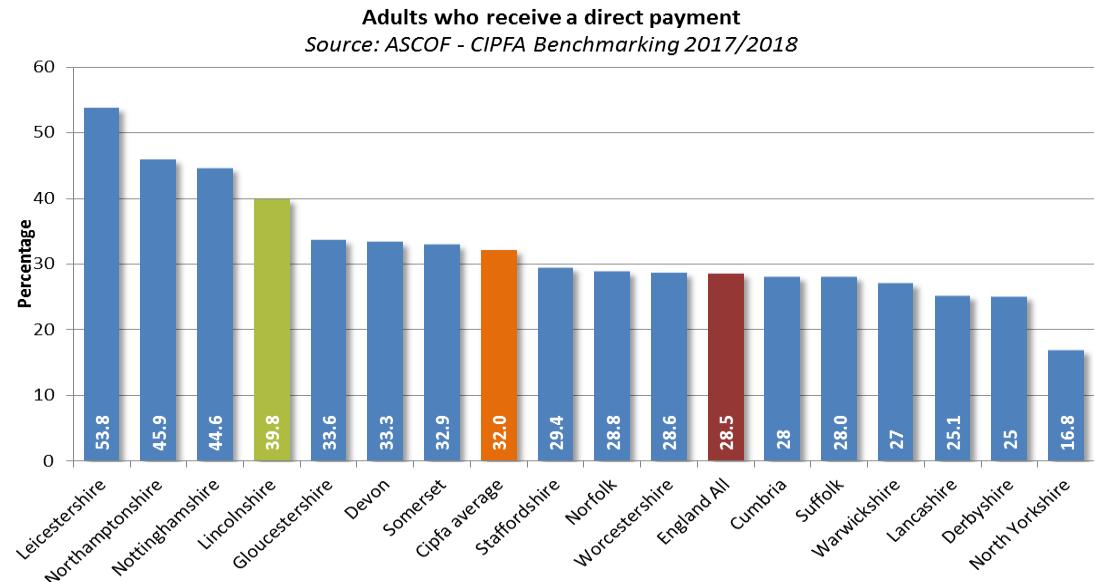
Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2018/19 we have set a revised target of 33.5% for the 2019/20 reporting year.

#### About the target range

This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health.

## About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.





## Health and Wellbeing is improved

Ensure that people have a positive experience of care and support

### People in receipt of long term support who have been reviewed

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.

Numerator: For adults in the denominator, those that have received an assessment or review of their needs in the year.

Denominator: Number of current Adult Frailty and long term conditions (Older people and physical disability) service users receiving long term support in the community or in residential care for 12 months or more.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100. A higher percentage of people that have been reviewed indicates a better performance.



Achieved

# 32.3

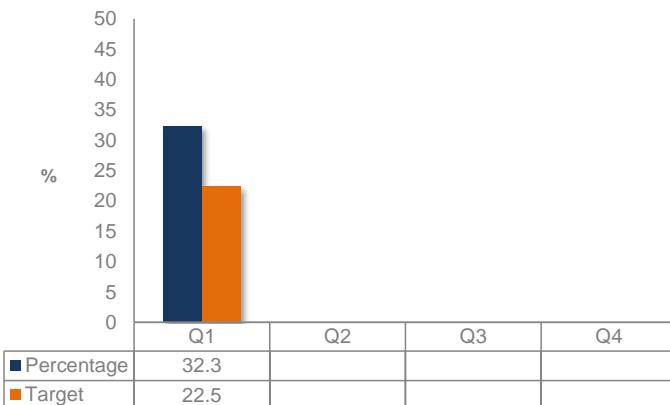
%  
Cumulative Actual as at June  
2019



# 22.5

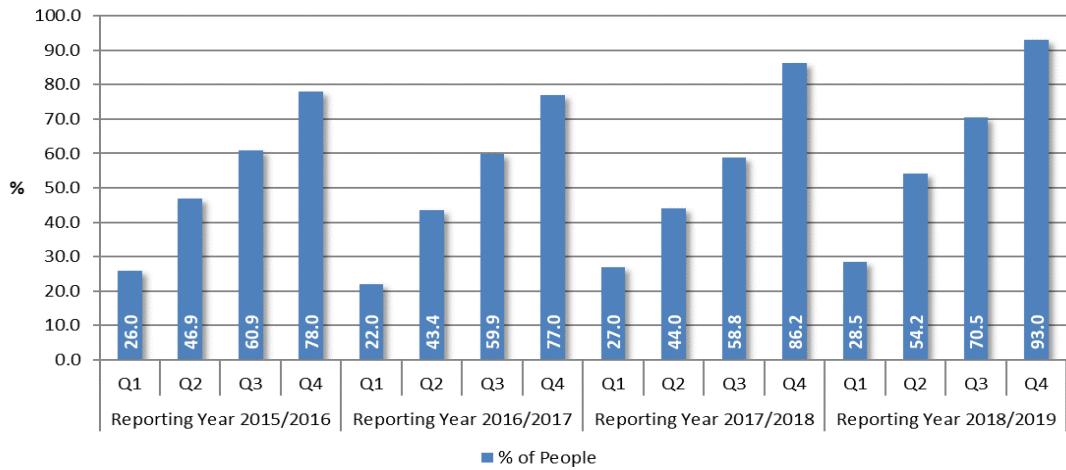
%  
Cumulative Target as at June  
2019

People in receipt of long term support who have been reviewed

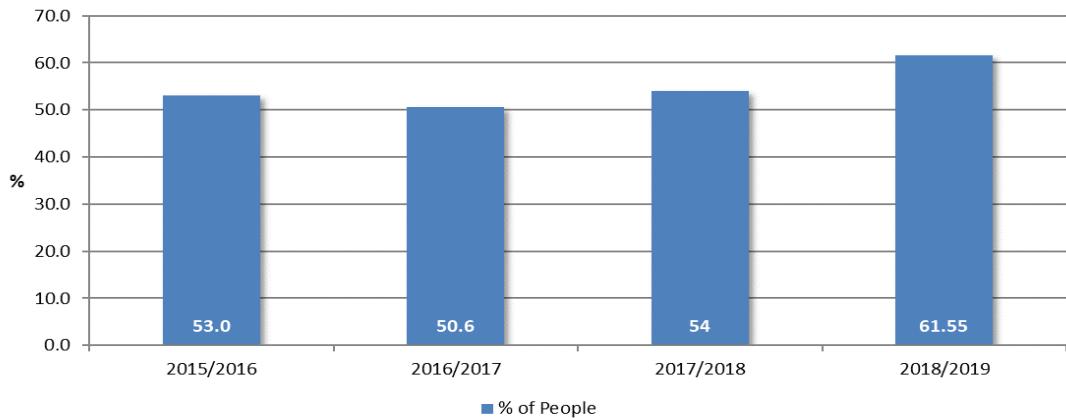


#### Further details

#### Percentage of people in receipt of long term support who have been reviewed (cumulative)



#### Average Annual Percentage of people in receipt of long term support who have been reviewed



#### About the target

The target is based on historical trends and is indicative of the expected direction of travel.

#### About the target range

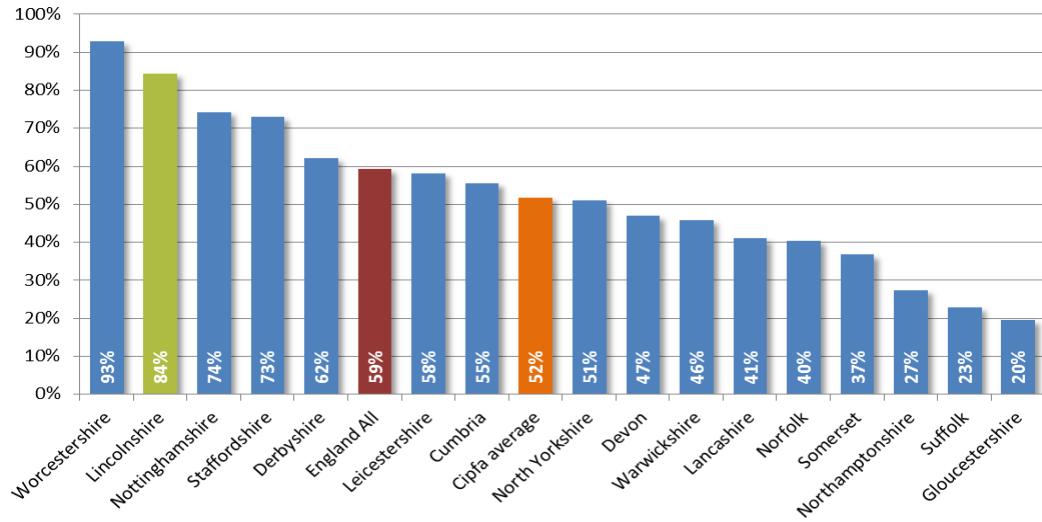
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health.

#### About benchmarking

Benchmarking from the statutory SALT collection is possible at an aggregated level, that is for all clients supported by Adult Care for 12 months or more where a review has taken place. However, it cannot be disaggregated by client category. The figures provided are therefore an indication of general review performance for all ages and client groups.

**People in receipt of long term support who have been reviewed**

*Source: SALT Data file 2017/2018*





## Health and Wellbeing is improved

Delay and reduce the need for care and support

**Requests for support for new clients, where the outcome was no support or support of a lower level**

For all distinct requests for support from new clients aged 65 or over, the proportion where the outcome to the request was no support or support of a lower level. New clients are defined as people who were not receiving long term funded support at the time of the request. This is another demand management measure which monitors the number / proportion of people who approach the council and are signposted away from more intensive support. This measure will come directly from the SALT requests table for people aged 65+ (STS001 table 2), and as such is underpinned by statutory guidance for recording and reporting. A higher percentage indicates a better performance.



Achieved

**94.8**

%

Quarter 1 June 2019

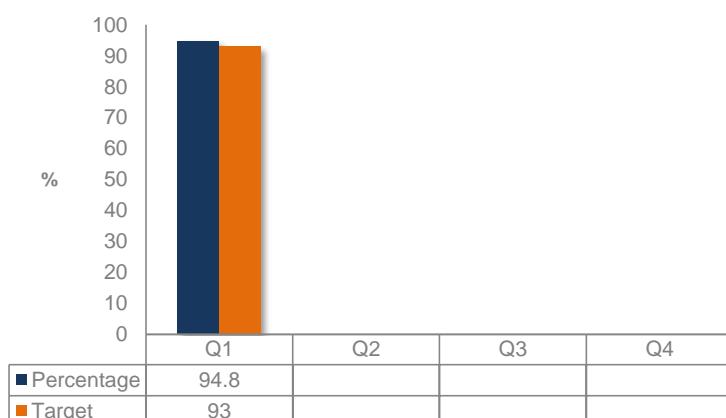


**93**

%

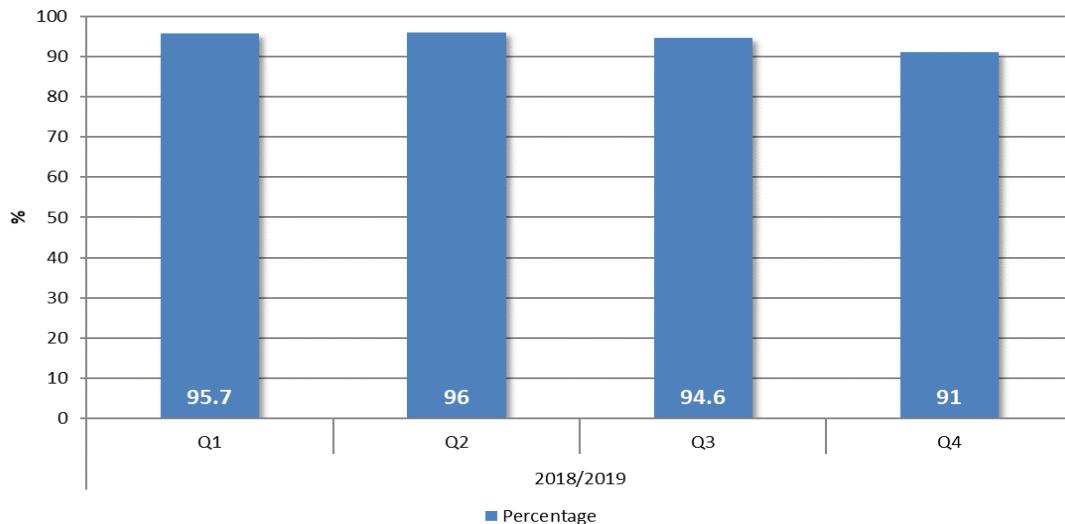
Target for June 2019

Requests for support for new clients, where the outcome was no support or support of a lower level



## Further details

### Requests for support for new clients, where the outcome was no support or support of a lower level



## About the target

The target for this measure has been set to 93% which will maintain our current level of performance.

## About the target range

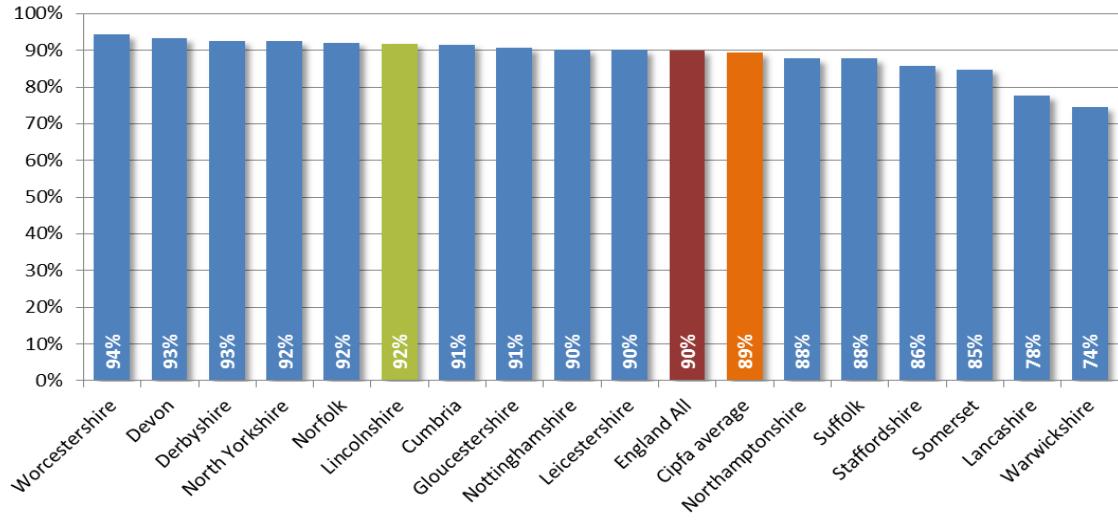
A target range for this measure is set at +/- 2 percentage points - the tolerance level is lower than other measures because any more than a 2% adverse variance from the target would equate to several hundred extra people accessing intensive services.

## About benchmarking

Benchmarking is available for all councils from the SALT return at the end of the summer each year and will be added when it becomes available.

**Requests for support for new clients, where the outcome was no support or support of a lower level**

*Source: SALT Data file 2017/2018*





## Health and Wellbeing is improved

Delay and reduce the need for care and support

### Completed episodes of Reablement

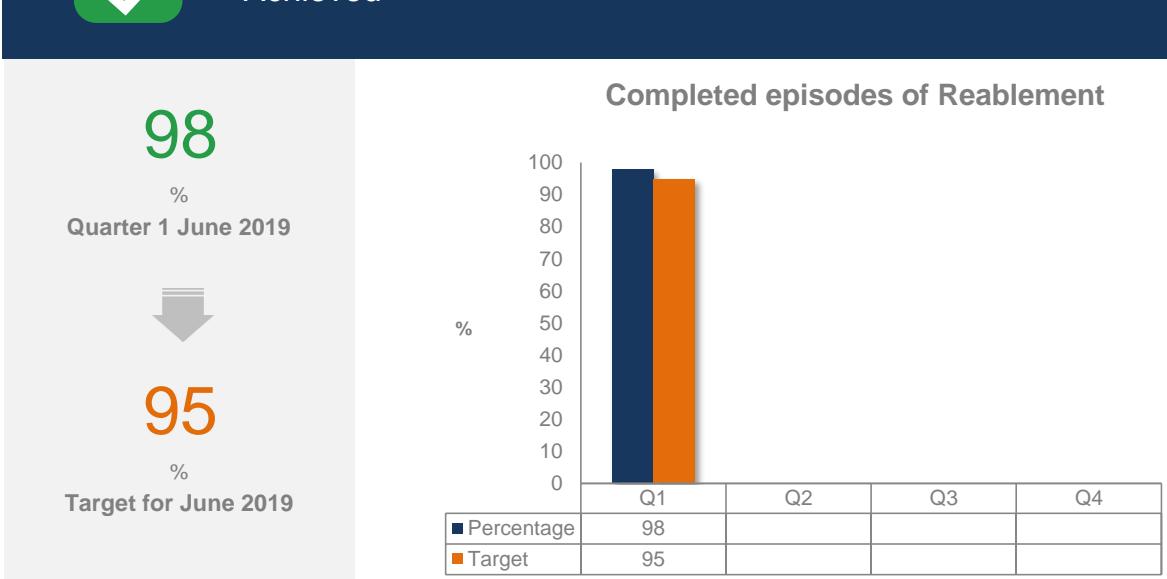
Reablement is an early intervention for vulnerable people to help them restore their independence, accessed before a formal assessment of need. This is a key part of demand management for Adult Care and Community Wellbeing. Positive outcomes for those people who use the service are a good measure of the effectiveness of the intervention and help to delay or reduce the need for longer term funded support from the authority. The measure is the annual ASCOF 2D measure, so is underpinned by national guidance for recording and reporting. A higher percentage of completed episodes of Reablement indicates a better performance.

Numerator: Of the episodes in the denominator, the number where the outcome to Reablement was: "Ongoing Low Level Support" or "Short Term Support (Other)" or "No Services Provided - Universal Services/Signposted to Other Services" or "No Services Provided - No identified needs".

Denominator: Number of new clients who had completed an episode of short-term support to maximise independence (aka Reablement) in the period. (SALT STS002a)

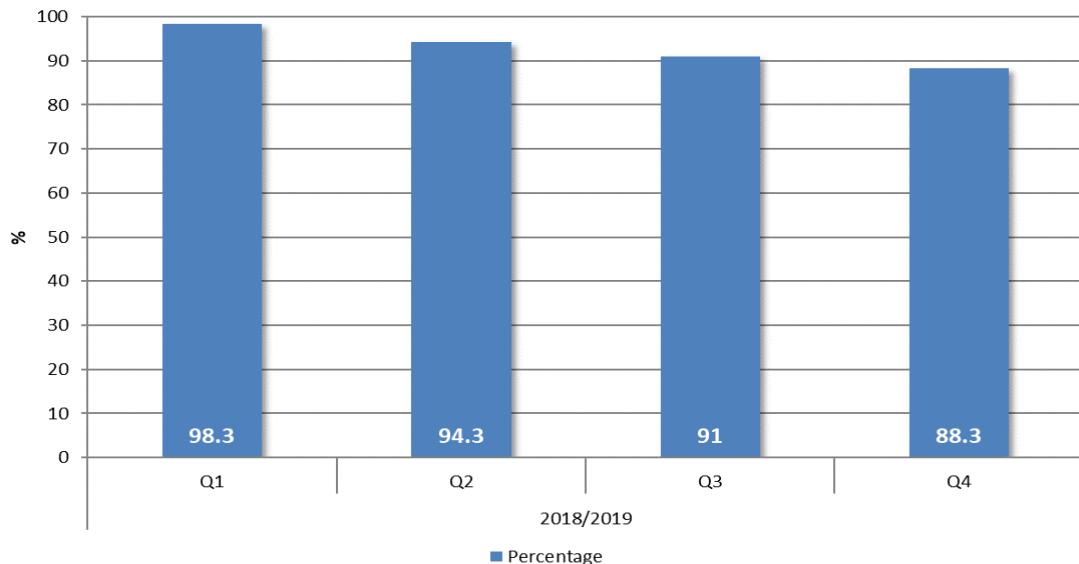


Achieved



Further details

### Completed Episodes of Reablement



About the target

The target for this measure has been set to 95%, based on CIPFA comparator averages. Our aim is to maintain this level of performance.

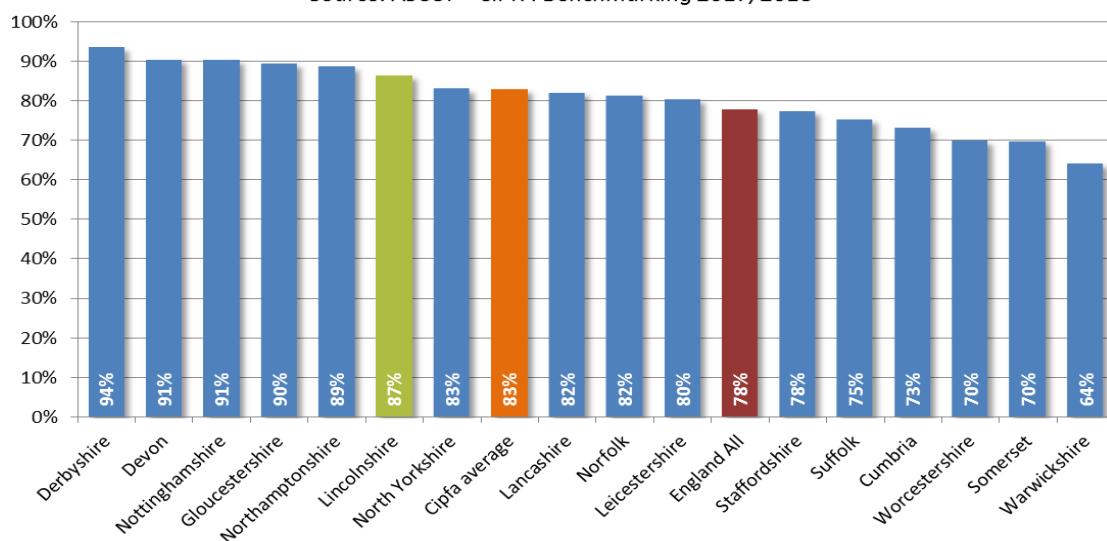
About the target range

The target range for this measure is set at +/- 5 percentage points.

About benchmarking

Since this measure is an ASCOF measure, benchmarking is available each year in the Summer.

Completed episodes of reablement  
Source: ASCOF - CIPFA Benchmarking 2017/2018



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# Agenda Item 8



Policy and Scrutiny

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>4 September 2019</b>
Subject:	<b>Adult Care Activity Data for 2018/19</b>

### **Summary:**

The spreadsheet attached at Appendix A to this report provides a detailed understanding of the full year activity in Adult Care for 2018/19. This form of presentation has been used for some four years and allows senior officers within the Directorate to understand the 'flow' of people through adult care and the interplay between various activities; for example the impact prevention services has on longer term care activity.

### **Actions Required:**

To note and comment on the report and attached spreadsheet.

### **1. Background**

The 'Customer Pathway and Outcomes' spreadsheet was first established some four years ago as a way of using activity data to understand how people moved through the adult social care system and, the impact of various 'front-end' activities on those leading to higher cost packages of support (where the bulk of funding is spent). As such it provides a useful insight at a strategic level of the impact of investments on future costs and, our ability to support people in maintaining their independence.

This paper provides an overview of all activity during 2018/19 and is the most reliable data base Adult Care has ever had because it has been drawn from MOSAIC in its first full year of operation.

This approach to presenting activity has been made previously at a regional level and, in a number of national fora and is considered an exemplar which other councils have built upon for their own purposes.

## **2. Conclusion**

Understanding activity – and implicitly cost – is critical to the ongoing financial sustainability of Adult Care and to ensure we are making investments in those areas that have a direct effect in securing every opportunity to help people regain or maintain their independence.

## **3. Consultation**

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

No

### **b) Risks and Impact Analysis**

Not applicable

## **4. Appendices**

These are listed below and attached at the end of the report	
Appendix A	Short and Long Term Support (SALT) Spreadsheet 2018/19

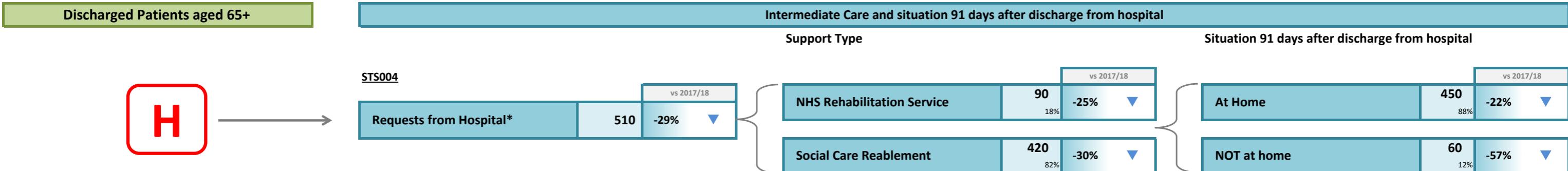
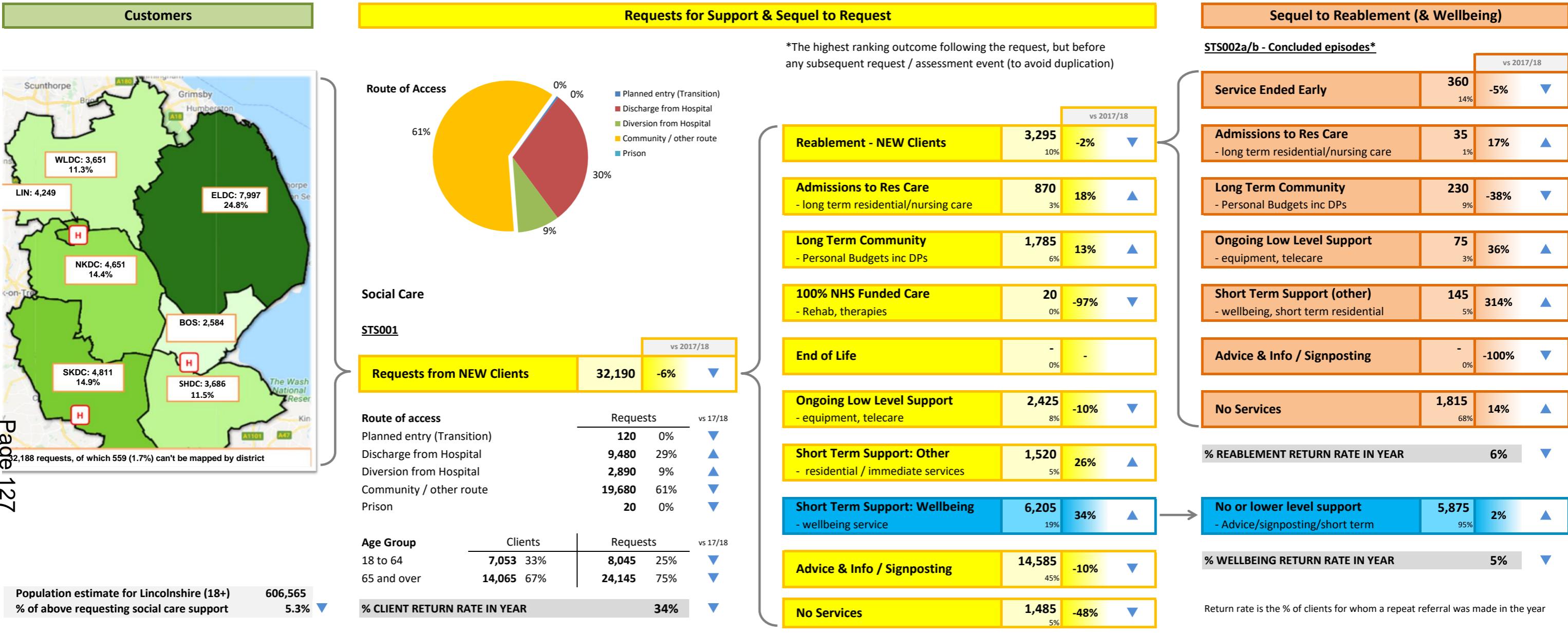
## **5. Background Papers**

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 Glen Garrod, Executive Director Adult Care and Community Wellbeing and colleagues from the Performance Unit.

# Short & Long Term Support (SALT): Customer Pathways and Outcomes - 2018/19

## Short Term Support - NEW CLIENTS



\*requests from hospital concerning patients aged 65 and over during a sample period (01 Oct to 31 Dec)

4,625

6205

All numbers rounded up or down to the nearest 5.

It is important to note that the ▲ ▼ and ▲△ denote trends where comparisons are made to the previous SALT Return. It is not an indicator of performance.

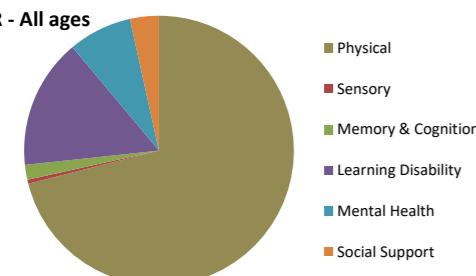
## Short & Long Term Support (SALT): Customer Pathways and Outcomes - 2018/19

### Long Term Support

#### Services (All Adults)

LTS001a - In Year

Long Term Support	11,715	0%	vs 2017/18
-------------------	--------	----	------------



By Primary Support Reason & Age Group

	18-64	65+
Physical	1,190	6,915
Sensory	25	35
Memory & Cognition	15	410
Learning Disability	1,830	245
Mental Health	490	390
Social Support	65	105
<b>Total</b>	<b>3,615</b>	<b>8,100</b>

Page 128

#### Residential Care

Residential Care	4,405	0%	vs 2017/18
------------------	-------	----	------------

#### Community Services

Community Services	7,310	-1%	vs 2017/18
--------------------	-------	-----	------------

#### LTS001b - Current on 31 Mar

Long Term Support	8,805	1%	vs 2017/18
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#### Residential Care

Residential Care	3,255	5%	vs 2017/18
------------------	-------	----	------------

#### Community Services

Community Services	5,550	-1%	vs 2017/18
--------------------	-------	-----	------------

of which:

Direct Payments	2,135	-4%	vs 2017/18
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#### Services (Learning Disabilities 18-64)

LTS004 - In Year

Long Term Support	1,830	4%	vs 2017/18
-------------------	-------	----	------------

by Employment Status

In Paid	85	6%	vs 2017/18
Not in Paid	1,745	95%	4% vs 2017/18

by Accommodation Type

Settled	1,405	77%	4% vs 2017/18
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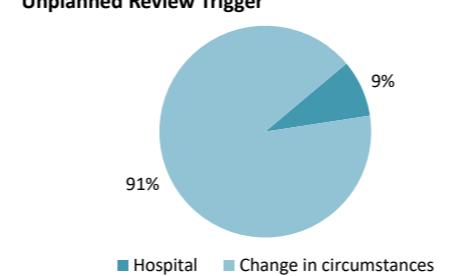
Owner occupier/shared ownership	25	25%	vs 17/18
Tenant	235	24%	
Settled mainstream housing	660	-4%	
Supported accommodation	445	5%	
Shared lives scheme	25	0%	
Approved ex-offender premises	-	-	
Sheltered housing	15	200%	
Mobile accommodation	-	-	

Unsettled	425	23%	4% vs 2017/18
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#### Review Events & Review Sequels

LTS002 - In Year

Unplanned Review Trigger



Change in circumstances includes Safeguarding, carer related, falls or other reasons

Unplanned	1,610	-33%	vs 2017/18
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Move to Res Care	40	2%	0% vs 2017/18
------------------	----	----	---------------

Reablement	5	0%	-50% vs 2017/18
------------	---	----	-----------------

Package Increase	85	5%	-6% vs 2017/18
------------------	----	----	----------------

No Change	1,170	73%	-32% vs 2017/18
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Package Decrease	55	3%	-21% vs 2017/18
------------------	----	----	-----------------

Services Suspended	-	0%	-
--------------------	---	----	---

Services Ended	255	16%	-47% vs 2017/18
----------------	-----	-----	-----------------

Planned*	11,040	-11%	vs 2017/18
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Move to Res Care	130	1%	-26% vs 2017/18
------------------	-----	----	-----------------

Reablement	55	0%	10% vs 2017/18
------------	----	----	----------------

Package Increase	230	2%	-33% vs 2017/18
------------------	-----	----	-----------------

No Change	8,940	81%	-12% vs 2017/18
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Package Decrease	180	2%	-36% vs 2017/18
------------------	-----	----	-----------------

Services Suspended	-	0%	-
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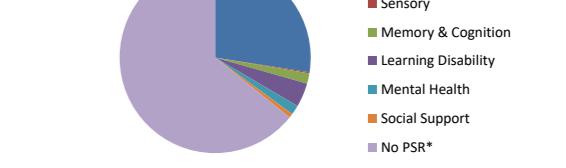
Services Ended	1,505	14%	1% vs 2017/18
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#### Services (Carers)

LTS003 - In Year

Carers of Adults	10,325	7%	vs 2017/18
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PSR of cared for



by Age Group of Carer

Aged 18 to 64	4,

# Agenda Item 9



Policy and Scrutiny

## Open Report on behalf of Andrew Crookham Executive Director - Resources

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>4 September 2019</b>
Subject:	<b>Adults and Community Wellbeing Scrutiny Committee Work Programme</b>

### **Summary:**

The Committee is requested to consider its future work programme, which includes a list of probable items up to and including 1 July 2020.

The report also includes a schedule of previous activity by the Committee since June 2017. At the Committee's last meeting on 3 July 2019, four statements were submitted to the Executive or Executive Councillor for Adult Care, Health and Children's Services in advance of their decisions. This report confirms the decisions that were made during July.

### **Actions Required:**

- (1) To review the Committee's future work programme, highlighting any activity for possible inclusion in the work programme.
- (2) To note the following decisions made by the Executive / Executive Councillor for Adult Care, Health and Children's Services, following consideration by this Committee on 3 July 2019: -
  - (a) Extra Care Housing - decision made by the Executive on 9 July to approve funding for the De Wint Extra Care Housing Scheme in Lincoln.
  - (b) Section 117 Policy - decision made by the Executive Councillor for Adult Care, Health and Children's Services on 24 July.
  - (c) Short Breaks Provision in Lincolnshire - decision made by the Executive Councillor for Adult Care, Health and Children's Services on 5 July 2019 to approve the re-procurement of planned short breaks and emergency placements for Learning Disability services at Swallow Lodge (North Hykeham) and Cedar House (Spalding).
  - (d) Performance Reporting - decision made by the Executive on 5 July 2019.

## **1. Current Items**

The Committee is due to consider the following items at this meeting: -

<b>4 September 2019 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Wellbeing Service - First Year Update	Semantha Neal, Head of Prevention and Early Intervention Michelle Howard, Assistant Director, People, East Lindsey District Council
Housing Related Support Services <i>(Executive Decision – 1 October 2019)</i>	Semantha Neal, Head of Prevention and Early Intervention Carl Miller, Commercial and Procurement Manager – People Services
Adult Care and Community Wellbeing Performance Report - Quarter 1 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care Activity Data for 2018/19	Glen Garrod, Executive Director – Adult Care and Community Wellbeing

## **2. Future Items**

Set out below are the meeting dates for the remainder of 2019 and the first half of 2020, with a list of items allocated or provisionally allocated to a particular date. The items in the published forward plan of executive decisions within the remit of this Committee are listed in Appendix A.

<b>9 October 2019 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Rural and Coastal Communities in Lincolnshire	Derek Ward, Director of Public Health
Annual Report of the Director of Public Health	Derek Ward, Director of Public Health
One You Lincolnshire – Update	Derek Ward, Director of Public Health
Transitional Care Beds <i>(Executive Councillor Decision – date to be advised)</i>	Alexander Craig, Commercial and Procurement Manager – People Services

<b>27 November 2019 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Budget Monitoring 2019/20	Head of Finance, Adult Care and Community Wellbeing
Agreement with Lincolnshire Partnership NHS Foundation Trust under Section 75 of the National Health Service Act 2006 <i>(Executive Decision – 3 December 2019)</i>	Lorraine Graves, Interim Head of Mental Health Services
Direct Payments Support Service <i>(Executive Councillor Decision – Between 2 and 9 December 2019)</i>	Alexander Craig, Commercial and Procurement Manager – People Services
Advocacy Services – Re-Procurement Options <i>(Executive Councillor Decision – Date to be advised)</i>	Marie Kaempfe-Rice, Senior Commercial and Procurement Officer
Community Supported Living <i>(Executive Councillor Decision – date to be advised)</i>	Carl Miller, Commercial and Procurement Manager – People Services
Adult Care and Community Wellbeing Performance Report - Quarter 2 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Homes for Independence Strategy	Kevin Kendall, Assistant Director County Property Semantha Neal, Head of Prevention and Early Intervention

<b>15 January 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Budget Proposals 2020-21	Head of Finance, Adult Care and Community Wellbeing

<b>26 February 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Performance Report - Quarter 3 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget Monitoring 2019/20	Head of Finance, Adult Care and Community Wellbeing

<b>26 February 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Home Care Service ( <i>Executive Councillor Decision – date to be advised</i> )	Alina Hackney, Senior Strategic Commercial and Procurement Manager Alexander Craig, Commercial and Procurement Manager – People Services
Home-based Reablement Service ( <i>Executive Councillor Decision – date to be advised</i> )	Alina Hackney, Senior Strategic Commercial and Procurement Manager Carl Miller, Commercial and Procurement Manager – People Services

<b>1 April 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>

<b>13 May 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>

<b>1 July 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Adult Care and Community Wellbeing Performance Report - Quarter 4 2019/20	Katy Thomas, County Manager - Performance & Intelligence, Adult Care and Community Wellbeing
Adult Care and Community Wellbeing Budget 2019-20 – Outturn Report	Head of Finance, Adult Care and Community Wellbeing

The following list of items has been previously suggested by the Committee, or an update has been previously requested: -

- National Carers Strategy
- Joint Commissioning Arrangements
- Alcohol Harm and Substance Misuse Services
- Day Opportunities
- Managed Care Network for Mental Health (*Considered 11 April 2018*)
- Care Quality Commission Update (*Considered 29 November 2017*)
- Adult Safeguarding Commissioning Strategy – Refresh due in 2019 (*Considered 5 September 2018*)
- Adult Frailty and Long Term Conditions Commissioning Strategy – Refresh due in 2019 (*Considered 10 October 2018*)
- Wellbeing Commissioning Strategy – Refresh due in 2019
- All Commissioning Strategies – Annual Summary
- Future Funding of Adult Social Care

### **3. Previously Considered Items**

All the items previously considered by the Committee since June 2017 are listed in Appendix B.

At the Committee's last meeting on 3 July 2019, four statements were submitted to the Executive or Executive Councillor for Adult Care, Health and Children's Services in advance of their decisions. A summary of the decisions is set out below:

- (a) Extra Care Housing (Minute 13 refers) – A decision was made by the Executive on 9 July 2019 to approve funding of £2.8 million for the De Wint Extra Care Housing Scheme in Lincoln. This Committee had supported the recommendations to the Executive.
- (b) Section 117 Policy (Minute 15 refers) – A decision made by the Executive Councillor for Adult Care, Health and Children's Services on 24 July to approve a joint policy under the Section 117 of the Mental Health Act 1983.

This Committee had supported the approval of the policy. (On 19 July the Children and Young People Scrutiny Committee had also considered and approved the adoption of the policy.)

- (c) Short Breaks Provision in Lincolnshire (Minute 14 refers) - A decision made by the Executive Councillor for Adult Care, Health and Children's Services on 5 July 2019 to approve the re-procurement of planned short breaks and emergency placements for Learning Disability services at Swallow Lodge (North Hykeham) and Cedar House (Spalding).

This Committee had supported the re-procurement exercise.

- (d) Performance Reporting (Minute 16 refers) - Reporting - decision made by the Executive on 9 July 2019.

#### **4. Conclusion**

Members of the Committee are invited to review, consider and comment on the work programme and highlight for discussion any additional scrutiny activity which could be included for consideration in the work programme.

#### **5. Consultation – Not applicable**

#### **6. Appendices**

These are listed below and set out at the conclusion of this report.

Appendix A	Forward Plan – Items Relevant to the Remit of the Adults and Community Wellbeing Scrutiny Committee
Appendix B	Adults and Community Wellbeing Scrutiny Committee – Previously Considered Items

#### **7. 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](mailto:Simon.Evans@lincolnshire.gov.uk)

**APPENDIX A**

**FORWARD PLAN OF KEY DECISIONS WITHIN THE REMIT  
OF THE ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE**

**From 1 September 2019**

DEC REF	MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE  (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	DIVISIONS AFFECTED
I018554	Housing Related Support Services	1 Oct 2019	Executive	Adults and Community Wellbeing Scrutiny Committee  Children and Young People Scrutiny Committee	Head of Prevention and Early Intervention Tel: 01522 554227 Email: <a href="mailto:semantha.neal@lincolnshire.gov.uk">semantha.neal@lincolnshire.gov.uk</a>  Commissioning Manager - Commercial Tel: 01522 554053 Email: <a href="mailto:mark.rainey@lincolnshire.gov.uk">mark.rainey@lincolnshire.gov.uk</a>	All
I018150	Direct Payment Support Service	3 Dec 2019	Executive	Senior Strategic Commissioning Support Manager - People Services  Assistant Director - Specialist Adult Services  Assistant Director – Adult Frailty and Long Term Conditions	Commercial & Procurement Officer – People Services Tel: 0777615987 Email: <a href="mailto:reena.fehnert@lincolnshire.gov.uk">reena.fehnert@lincolnshire.gov.uk</a>	All

**APPENDIX B**

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
PREVIOUSLY CONSIDERED ITEMS**

KEY	2017				2018					2019								
	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr	22 May	3 July	4 Sept
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135	135	210	185	130	170	190	135	194	
<b>Adult Care and Community Wellbeing Corporate Items</b>																		
Better Care Fund			✓															
Budget Items				✓		✓				✓		✓		✓	✓			✓
Care Quality Commission					✓													
Commercial Team																		✓
Contract Management						✓												
Integrated Community Care																✓		
Introduction	✓																	
IT Updates						✓							✓					
Joint Strategic Needs Assessment	✓																	
Local Account					✓													
NHS Long Term Plan															✓			
Quarterly Performance		✓	✓	✓			✓		✓	✓		✓		✓	✓			✓
Strategic Market Support Partner			✓															
Winter Planning										✓						✓		
<b>Adult Frailty, Long Term Conditions and Physical Disability</b>																		
Assessment and Re-ablement																✓		
Care and Support for Older People – Green Paper														✓			✓	
Commissioning Strategy													✓					
Dementia												✓				✓		
Homecare Customer Survey									✓									
Residential Care / Residential Care with Nursing - Fees						✓			✓									
Review Performance									✓									
<b>Adult Safeguarding</b>																		
Commissioning Strategy													✓					
Safeguarding Scrutiny Sub Group				✓		✓		✓		✓								
<b>Carers</b>																		
Commissioning Strategy													✓					

	2017		2018		2019	
KEY	4 Sept	3 July	22 May	10 Apr	27 Feb	16 Jan
<input checked="" type="checkbox"/> = Item Considered						
<b>Community Wellbeing</b>						
Director of Public Health Report				✓		
Director of Public Health Role				✓		
Domestic Abuse Services		✓				
Healthwatch Procurement				✓		
NHS Health Check Programme			✓			
Sexual Health Services					✓	
Stop Smoking Service		✓				
Wellbeing Commissioning Strategy					✓	
Wellbeing Service					✓	
<b>Housing Related Activities</b>						
Extra Care Housing			✓			✓
Memorandum of Understanding						✓
Supported Housing			✓			
<b>Specialist Adult Services</b>						
Autism Strategy						✓
Commissioning Strategy				✓		
Learning Disability – Short Breaks						✓
Managed Care Network Mental Health			✓			
Section 117 Mental Health Act Policy						✓
Shared Lives			✓			

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