



County Offices  
Newland  
Lincoln  
LN1 1YL

19 November 2019

**Adults and Community Wellbeing Scrutiny Committee**

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 27 November 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

A handwritten signature in cursive script that reads 'DBarnes'.

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, 27 NOVEMBER 2019**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
<b>1</b>	<b>Apologies for Absence/Replacement Members</b>	
<b>2</b>	<b>Declarations of Members' Interests</b>	
<b>3</b>	<b>Minutes of the meeting held on 9 October 2019</b>	5 - 10
<b>4</b>	<b>Announcements by the Chairman, Lead Officers and Executive Councillor</b>	
<b>5</b>	<b>Direct Payment Support Service</b> <i>(To receive a report by Reena Fehnert, Commercial and Procurement Officer – People Services, which invites the Committee to consider the re-commissioning of the Direct Payment Support Service which is due for decision by the Executive Councillor for Adult Care, Health and Children's Services between 2 and 3 December 2019)</i>	11 - 44
<b>6</b>	<b>Block Transitional Care and Reablement Beds Re-Procurement</b> <i>(To receive a report by Marie Kaempfe-Rice, Senior Commercial and Procurement Officer – People Services, which invites the Committee to consider the Block Transitional Care and Reablement Beds Re-procurement which is due for decision by the Executive Councillor for Adult Care, Health and Children's Services between 2 – 9 December 2019)</i>	45 - 74
<b>7</b>	<b>Lincolnshire Independent Advocacy Services Re-Procurement</b> <i>(To receive a report by Marie Kaempfe-Rice, Senior Commercial and Procurement Officer – People Services, which invites the Committee to consider the Lincolnshire Independent Advocacy Services Re-Procurement which is due for decision by the Executive Councillor for Adult Care, Health and Children's Services between 2 – 9 December 2019)</i>	75 - 108
<b>8</b>	<b>Adult Care and Community Wellbeing Performance Report - Quarter 2 2019/20</b> <i>(To receive a report by Katy Thomas, County Manager – Performance &amp; Intelligence, Adult Care and Community Wellbeing, which presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 2 2019/20)</i>	109 - 162

- 9 Adult Care and Community Wellbeing Budget 2019-20** 163 - 168  
*(To receive a report by Pam Clipson, Head of Finance - Adult Care, which provides the Committee with the opportunity to review the outturn projection for 2019-20)*
- 10 Adults and Community Wellbeing Scrutiny Committee Work Programme** 169 - 176  
*(To receive a report by Simon Evans, Health Scrutiny Officer, which provides the Committee with an opportunity to consider its future work programme)*

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

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**ADULTS AND COMMUNITY  
WELLBEING SCRUTINY COMMITTEE  
9 OCTOBER 2019**

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

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

Councillors: Mrs P A Bradwell OBE attended the meeting as observers

Officers in attendance:-

Daniel Steel (Scrutiny Officer), Emily Wilcox (Democratic Services Officer), Andy Emerson (Head of Service Delivery - Thrive Tribe), Philip Garner (Health Improvement Programme Manager), Justin Hackney (Assistant Director, Specialist Adult Services), Professor Derek Ward (Director of Public Health) and Ruth Cumbers (Urgent Care Programme Director, Lincolnshire East CCG)

**28 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

An apology for absence was received from Councillor Mrs M J Overton MBE.

**29 DECLARATION OF MEMBERS INTERESTS**

There were no declarations of interest.

**30 MINUTES OF THE MEETING HELD ON 4 SEPTEMBER 2019**

**RESOLVED:**

That the minutes of the meeting held on 4 September 2019 be approved as a correct record and signed by the Vice-Chairman.

**31 ANNOUNCEMENTS BY THE EXECUTIVE COUNCILLOR AND LEAD OFFICERS**

The Chairman announced that a green paper on prevention had been released. It was noted that Lincolnshire County Council had submitted a response to the green paper as a statutory organisation. The Chairman of the Health and Wellbeing Board would also be writing a response on behalf of the Board.

**32 PRESENTATION ON ONE YOU LINCOLNSHIRE**

The Committee received a presentation from the Strategic Programme Manager (Lincolnshire Physical Activity Taskforce) and the Head of Service Delivery (Thrive

Tribe), which provided details of Lincolnshire's integrated lifestyle support programme, One You Lincolnshire.

The Head of Service Delivery (Thrive Tribe) explained that Thrive Tribe were a healthy lifestyle provider that ran a range of health and wellbeing programmes across the UK, which now included One You Lincolnshire.

Members were informed that the One You Lincolnshire service would provide high quality accessible information and direct support, which would focus on supporting people with smoking and tobacco addiction; physical inactivity; obesity and excess alcohol consumption.

The One You Lincolnshire service aimed to achieve a reduction in obesity prevalence; increased participation in physical activity; a reduction in smoking prevalence; an increased number of people drinking sensibly; provide support to people from areas in need in Lincolnshire; and increase the percentage of people consuming their five a day and improving self-reported wellbeing.

The mobilisation of the service had been now been completed and rolled out across all districts.

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

- There were a range of economic and social factors which meant that Lincolnshire's population had higher than average smoking rates and an increased number of people who were overweight, obese and physically inactive.
- Officers explained that the E-Cigarette related deaths had occurred in America, where the E-Cigarette industry was unregulated. Members were advised that the UK industry was regulated, which eliminated many of the risks posed.
- It was explained that switching from Tobacco smoking to an E-cigarette would significantly reduce your risk of harm, whilst still maintaining some level of risk. However, there were concerns over non-smokers becoming addicted to E-cigarettes, and the negative effects of on these people who had previously been smoke free (but no evidence available).
- At the point of engaging with health care professionals, pregnant women with a smoking addiction were automatically enrolled into a stop smoking programme. Women would have to choose to opt out of this programme.
- It was noted that the Man V Fat programme was a football based engagement exercise which encouraged teams of men to engage in a weight loss programme. It was confirmed that there were different intensities of exercise dependent on age and ability. There had been significant results achieved through the Man V Fat programme.
- Members commended the stop smoking services available.
- It was noted that there had been a range of different approaches used to service rural communities, which involved both physical and virtual support for weight loss.

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- Members were encouraged to promote and communicate the One You Lincolnshire service to residents, wherever possible.
- Officers advised that the stop smoking service was also available from anybody over the age of 12.
- It was clarified that the One You Lincolnshire service was not directly available to all NHS staff. The initial aim was to help those who were most at risk and would benefit the most from the programme.
- Officers explained that there was no maximum age to receive support from the service.
- The Chairman emphasised the need for preventative work on health and wellbeing across Lincolnshire.
- It was agreed that a report be scheduled in 12 months to look at the progress of the One You Lincolnshire service.

**RESVOLED**

That the presentation be noted.

**33     TEAM AROUND THE ADULT - MULTI-AGENCY PREVENTION INITIATIVE**

Members received a presentation from the Assistant Director – Specialist Adult Services and Safeguarding, which outlined the multi-agency prevention initiative 'Team Around the Adult'.

The "Team Around the Adult" initiative would focus on improving outcomes for vulnerable adults with complex needs who may not meet the thresholds for an Adult Safeguarding Section 42 enquiry and/or may for various reasons not be engaged with traditional service delivery models.

The initiative would help to prevent the needs of vulnerable adults by escalating and provide a joined up multi-agency response to people with entrenched and complex needs that would deliver better outcomes for the individual, and focus on those with complex needs with multiple risk factors.

Members received a presentation which outlined the following:

- Lincolnshire's Strategic Safeguarding Board's and Partnerships
- The Lincolnshire Safeguarding Adults Board (LSAB) Prevention Model
- The Adult Safeguarding Operational Groups Mapping Exercise
- Phase one and two of the operational model for Team around the Adult.

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

- Officers acknowledged explained that the criteria would be flexible to allow District Council officers to refer a concern for a wider professional discussion or decision if they felt necessary.

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- Members were advised that the initiative was a multi-agency initiative and therefore the County Council's customer service centre would not be advised as the first point of contact for somebody reporting a concern.
- It was noted that the County Council had the ability to formally escalate safeguarding concerns and require external agencies to be present at meetings, if necessary.
- Members welcomed the opportunity to increase communication between partner agencies.
- The Director for Public Health explained that substance misuse and mental health issues were often closely related. The Council would be looking to develop a dual diagnosis model for these.
- It was agreed that the Assistant Director – Specialist Adult Services & Safeguarding would report the progress of the Team Around the Adult initiative to the Committee once it had been developed further, prior to the formal launch.

**RESOLVED:**

That the report and presentation be noted.

**34 LINCOLNSHIRE COUNTY COUNCIL ADULT CARE WINTER PLAN**

Consideration was given to a report by the Assistant Director – Adult Frailty and Long Term Conditions and the Urgent Care Programme Director (Lincs Sustainability & Transformation partnership), which provided an update on the Health and Care system Winter Plan for 2019/20.

Members were informed that in October 2018 the Secretary of State for Health and Social Care had announced an additional £240m of additional funding for councils to spend on adult social care services to help alleviate winter pressures on the NHS.

Members were advised that the Winter Plan would focus on early discharge planning and after hospital care; preventative measures to avoid people being admitted to hospital or attend emergency centres, seven day care services; Flu planning and patient choice.

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

- Officers explained that many holiday makers attended emergency centres but were not often admitted to hospital. In some cases, holidaymakers were admitted to hospital and were unable to be discharged back to their holiday residence, so arrangements would be made for them to return to their permanent residence.
- It was noted that there would patient discharge would be a planned operation so there was unlikely to be a delayed transfer of care for patients.
- The Urgent Care Programme Director explained that the NHS had worked with holiday providers to give information on self-care and signposting information to avoid patients unnecessarily attending emergency centres.

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- Officers confirmed that they did not have access to out-of-county patients' medical records but it was in the NHS interests' to obtain the correct information in order to give the best care possible.
- It was confirmed that officers looked at long range weather forecasts/predictions and measures were put in place where possible.
- Members were assured that systems were ready to go at all times in preparation for unexpected weather conditions.
- Members were informed that Lincolnshire there were 2% of patients that had a delayed transfer of care, which was below the national average of 6%.
- It was noted that the whole process of discharging patients had been improved, and that the discharge process now begun from the point of admittance, with patients received an estimated discharge date on their admission, allowing families and patients to better prepare.
- Officers acknowledged that during peak times, it could be difficult to accommodate all patients discharge requests for their preferred adult care nursing home. It was in the patient's best interest to be discharged from hospital and that was the main priority.
- Concerns were raised by a member of the Committee that there were patients being discharged from hospital without an Occupational Therapy assessment having being carried out. The Executive Councillor for Adult Care, Health and Children's Services agreed to look into statistics surrounding this.
- The Director of Public Health assured Members that winter care plans across the health service were as robust as possible.
- It was confirmed that Lincolnshire County Council were responsible for organising the home care for any patients who attended a doctor's surgery within Lincolnshire, regardless of the hospital they were being treated at.
- Officers advised that hospitals were able to discharge patients on weekends.
- Members were informed that the Council were working with GP's and pharmacies to ensure that they had the right level of stock and the correct information about the locations in which people could obtain a flu jab.
- The Director of Public Health emphasised the importance of the flu jab.
- It was confirmed that hospital pharmacies planned to be open 7 days, but this was not always possible due to staff availability.
- It was agreed a report detailing the actual winter performance against the Winter Plan be scheduled for an appropriate meeting of the Committee.
- It was suggested that the Winter Schemes could be communicated to the public through county news and local newspapers to further communicate the message and ensure that people were prepared.
- Members were informed that there was work done to track the most vulnerable patients and ensure that they were supported where possible.

**RESOLVED:**

That the report be noted.

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35 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
WORK PROGRAMME

The Scrutiny Officer outlined the Committee's prospective work programme.

It was suggested that an item on mental health and wellbeing be scheduled for 2020. The Chairman emphasised the importance of preventative measures with regard to mental health.

RESOLVED:

That the proposed work programme be agreed.

The meeting closed at 12.10 pm

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>27 November 2019</b>
Subject:	<b>Direct Payment Support Service</b>

**Summary:**

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the Direct Payment Support Service, on which a decision is due to be made by the Executive Councillor for Adult Care, Health and Children's Services between 2 and 3 December 2019. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

**Actions Required:**

- (1) To consider the attached report and to determine whether the Committee supports the recommendations to the Executive Councillor for Adult Care, Health and Children's Services set out in the report.
- (2) To agree any additional comments to be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item.

## **1. Background**

The Executive Councillor for Adult Care, Health and Children's Services is due to consider a report for decision on the Direct Payment Support Service between 2 and 3 December 2019. The full report to the Executive Councillor is attached at Appendix 1 to this report.

## **2. Conclusion**

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

### 3. Consultation

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

Yes

#### b) Risks and Impact Analysis

See the Equality Impact Analysis attached at Appendix C to the report to the Executive Councillor.

### 4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor – Direct Payment Support Service

### 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 Reena Fehnert, who can be contacted on 01522 553658 or at [reena.fehnert@lincolnshire.gov.uk](mailto:reena.fehnert@lincolnshire.gov.uk)

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

Report to:	<b>Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services</b>
Date:	<b>Between 02 - 03 December 2019</b>
Subject:	<b>Direct Payment Support Service</b>
Decision Reference:	<b>I018150</b>
Key decision?	<b>Yes</b>

**Summary:**

The Direct Payment Support Service (DPSS) is the Council's dedicated service contract that helps support service users who have a direct payment with a range of activities. The current contract has had its full extension now taken, which means the current provision must to an end on the 31 March 2020. A new service will have to be procured to start on the 1 April 2020.

This report seeks to present the case for re-commissioning the Direct Payment Support Service on the basis of the work undertaken and seeks approval:-

1. To agree to re-commission a community based service supporting people with direct payments.
2. To agree proposed changes to the existing scope and specification of the service.

**Recommendation(s):**

That the Executive Councillor:

1. Agrees to re-commission a community based service supporting adults and children with direct payments through a single county-wide contract with a duration of three years with the power to extend for two further periods of one year each.
2. Approves that the contract be in broadly the same model as the existing service subject to the changes specified in section 1.5 of the report.
3. Delegates to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care, Health and Children's Services, authority to approve the final form and the entering into of the contract and all 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 an existing contract for a Direct Payment Support Service. The contract does not have provision for any further extension.

2. To Do Nothing

Under the Care Act 2014, a local authority has a duty to ensure that 'people are given relevant and timely information about direct payments, so that they can make a decision whether to request a payment, and, if doing so, are supported to use and manage the payment appropriately'. Local authorities may choose to discharge this duty in different ways such as providing in house support or delegating different elements of the support. However the provision of a specific Direct Payment Support Service allows social work staff, people who take a direct payment and their families to refer to an expert source of advice and guidance. This resource is crucial in ensuring the DP is set up and used effectively and efficiently.

3. Bring Services In-House

This has been considered and is not appropriate due to the high cost of delivering the service this way. In addition the independent nature of the out-sourced provider is important in engaging with those who have chosen to take a direct payment.

### **Reasons for Recommendation:**

1. There is a relatively limited market for Direct Payment Support services. The Council has an obligation under the Care Act to support those who are in receipt of direct payments.
2. The alternatives considered have been deemed unsuitable in delivering the required outcomes of the service.

## **1. Background**

### **1.1 Strategic and Policy Drivers**

1.1.1 The re-commissioning of the service will support both local and national policy objectives:-

1.1.2 The Care Act 2014 places a duty on local authorities to ensure that 'people are given relevant and timely information about direct payments, so that they can make a decision whether to request a payment, and, if doing so, are supported to use and manage the payment appropriately'.

- 1.1.3 The Lincolnshire personalisation agenda sets out Lincolnshire County Council's commitment to the growth of direct payments and availability of choice. See Appendix A which shows the Council's approach to Direct Payment support.
- 1.1.4 However the ADASS [Association of Directors of Adult Social Services] Peer Review of Lincolnshire County Council Adult Care in 2018 found that our direct payment offer was an area to consider for development.
- 1.1.5 Direct payments are a positive and enabling way for people to arrange and pay for their care and support. They enable the person to exercise their right to choice of appropriate care provision. The Direct Payment Support Services will support the increase in the take up of direct payments as well as decrease failed direct payments.

## **1.2 Level of Need**

- 1.2.1 Currently there are approximately 8,805 adults in Lincolnshire who are eligible for social care support and a personal budget with 2,135 currently in receipt of a direct payment. All these people will have a form of personal plan. As of June 2019 157 children and young people were recipients of a direct payment.
- 1.2.2 The volumes at the end of the last reported quarter for the service stand at 2,039 active accounts of which 1,611 are fully managed. The current volume of referrals for direct payment support averages at 2.3 per week, each with varying support requirements. Since commencement of the contract in 2015 the main growth in individuals using the service overall can be seen in the Learning Disability and Physical Disability categories.
- 1.2.3 There are people that have eligible needs but will be fully funding their own care and support that will benefit from this service.
- 1.2.4 There is currently a strong case for Personal Health Budgets (PHB) to become part of the requirement during the term of the contract which would require integrated working arrangements with CCGs [Clinical Commissioning Groups]. There are 499 adults who are eligible for NHS Continuing Health Care (CHC), who have the right to request a PHB with approximately 90 in receipt of a PHB. 332 of these adults are receiving care at home and will be moving on to PHBs during the life of the contract. There are also over 40 Lincolnshire children who are eligible for CHC funding and are entitled to a PHB. This overall number is set to increase due to the NHS Targets which were introduced in 2019.
- 1.2.5 At this stage the Council is still working with CCG colleagues to confirm the scope and commitment to joint working. However the current premise for such an arrangement is based on the following assumptions.
- That we appoint a single provider for the DPSS with the understanding that this provider may sub-contract elements of the service to specialist providers.

- Lincolnshire County Council must have a new contract in place by 1 April 2020 and will go out to tender on 4 December 2019.
- There is insufficient time for Health to make any major changes to the service specification and will be required to conform to the Council's contract.

#### 1.2.6 Current Joint Working Options being considered:

1. The simplest approach in which CCGs are named on the contract as purchasers and/or referrers within a separate lot of the contract. In this arrangement Health would directly enter into contract with the provider that was procured by the Council which is based on the County Council specification and terms and conditions. CCGs would act independently as purchasers and managers of the service with the ability to coordinate with the County Council on any outstanding issues like performance. This should not require a new section 75 agreement.
2. As option 1 but with the addition of the contract management of the whole service being carried out by the County Council's Commercial Team. This option would also benefit from having a pooled budget with Lincolnshire County Council as the purchaser and CCGs as authorised referrers. (An example of this option would be the existing Transitional Care and Reablement Beds agreement)
3. As option 2 but with the addition of an audit function that would review the personal budgets and the personal health budgets of each service user. Currently the Direct Payment Audit Team in Lincolnshire County Council Adult Care undertake regular analysis of direct payment personal budgets in order to ensure that funds are being used appropriately and also identifying any surpluses which are then returned to the purchaser. Both these issues are high risks with regard to the proper performance of the service.

At this stage we are waiting for Health to confirm their preferred approach and have also requested further clarification on the following matters:

- Current volumes and service user breakdowns
- Budget
- Confirmation of service scope and if there any specific requirements for CCGS that is might not be covered in a Social Care arrangement e.g. increased statutory duties, service standards, etc.

The contract will be drafted in a manner that will support the delivery of each these options to be determined at a future date.

### **1.3 Current Service Issues and Performance**

- 1.3.1 The current contract is delivered by Penderels which went live on the 1 April 2015 and was awarded for a period of three years with the option to extend a further two periods of twelve months. The full extension having now been taken, brings the current provision to an end on the 31 March 2020. A new service will have to be procured to start on the 1 April 2020.
- 1.3.2 The contract has been monitored through the contract management process and the provider has to submit quarterly performance information.
- 1.3.3 A number of issues with the current contract have been identified, these are detailed below:

- The current contract was created with set volumes based on historic demand and a corresponding core price of £337,225 that would be sufficient to meet this demand. Since then the contract has seen a significant increase in volumes. When the Council activated the extension in the contract the opportunity was taken to renegotiate the volumes in the contract by decreasing the less used parts of the services such as the good employer workshops and information workshops for social work teams and increase the core volumes for areas of higher demand. The core volumes for active accounts went up from 1,550 to 1,800 and for fully managed accounts from 675 to 775. Alongside this was a decrease in the cost for active accounts from £40 to £34.
- The actual spend by contract year is shown in the table below:

<b>Direct Payment Support Service</b>	<b>2015/16 (£)</b>	<b>2016/17 (£)*</b>	<b>2017/18 (£)</b>	<b>2018/19 (£)*</b>
Actual Spend*	424,725	521,745	424,276	466,374

- The main area of growth and higher costs is attributed to an increase in the number of new referrals, active accounts and the significant rise in number of fully managed accounts. The latter may be partially attributed to the large volume uptake of direct payments by individuals (older persons) using homecare as a result of changes to the homecare contracts.

### **1.4 Engagement**

- 1.4.1 A number of types of engagement have been undertaken to understand the impact that the current service has had on stakeholders and people that use services. The findings from the engagement have helped to shape the planning and design of the new revised specification. An overview of the types of engagement undertaken can be found below:-

- 1.4.2 An annual survey was conducted in May 2018 to gain a good understanding of how people are finding the service. There were 1,927 service users on the database when the survey was conducted. 20% of those held were sampled, so approximately 385 service users with 70 returned which 18.18%.
- 1.4.3 Social work practitioner representatives and a member of the lead professional team are part of the project group set up specifically for this re-procurement and are engaged on:
- reviewing demand for managed services and potential to change the focus;
  - operational issues and challenges associated with referrals and internal processes;
  - assessing suitability of existing contract solutions; and
  - designing new processes and workflows to deliver the new focus.
- 1.4.4 The lead professional team support includes wider engagement with practitioners through tapping into team meetings, existing communication channels and the leadership forums.
- 1.4.5 Benchmarking activity also took place with five local authorities to understand the services they were commissioning including, scope of services, contract value, payment mechanisms and service capacity and demand.
- 1.4.6 Wider market engagement was conducted to try and understand the market's position in relation to delivery of services of this nature. This involved a market engagement questionnaire for interested parties to complete and return. The feedback summary is available in section 1.7.
- 1.4.7 Co-production will form part of the evaluation and method statement questions will be developed alongside a service user who will also form part of the qualitative evaluation process. The Council is working closely with the advocacy provider to source a suitable person.

## **1.5 Proposed Changes to the Service**

- 1.5.1 There is no substantial change in the range of services to be delivered. However, the proposed changes are to how the services will be delivered. This is explained below (see also Appendix B):-
- To provide an information, advice and guidance service for all direct payment users.
  - To provide a front loaded hand holding service to ensure that the start of the direct payment is smooth and efficient.
  - To enable people to move to the most appropriate level of support for them taking into account the other Direct Payment Support services commissioned by the Council and facilitating the individuals path to independence.

- To incentivise the provider to move clients to the most suitable type of direct payment support.
- To seek to reduce the increase in managed accounts and as a result better manage costs.
- To add in new controls and mechanisms to better manage demand growth.

1.5.1 There will be more emphasis on the provider to develop and maintain good partnership working practices with health and social care and the third sector to further develop a good understanding of the services available. The partnership working will be supported by relevant Lincolnshire County Council staff to ensure that there is a good understanding of the referral pathways into the service for operational Council staff that would be using it.

1.5.2 The new model will encourage better use of resources and outcomes for services users by ensuring the right level of support is in place in accordance with the needs of the service user. The key performance indicators will ensure that on one hand there is a reduction in the number of fully managed accounts but not at the expense of the direct payment take up by performance managing both the number of fully managed accounts as a percentage of the total supported and measuring the number of direct payments that have failed, which should be zero. The concentrated upfront support will also support this outcome.

1.5.3 Key performance indicators are being developed to place a focus on the information that is gathered from the provider that will need to demonstrate their performance against the outcome of the specification. Mechanisms will be built into the contract to ensure that the provider can be held to account if performance levels are not being met.

## **1.6 Procurement Approach**

1.6.1 The intention to re-commission the Direct Payment Support Service for a further three years, with the option to extend for a further two years would be delivered by the way of a competitive tender process in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 (Annex A) under "Light Touch Regime" utilising an Open Procedure method. This approach is being proposed due to the limited number of potential providers within the market. The decision as to which provider is awarded the single provider status will be based on their evaluation performance.

1.6.2 The Invitation to Tender (ITT) evaluation will focus on service quality and the capability of the provider to deliver the required work and quality outcomes as outlined in the specification.

1.6.3 Performance will be managed through use of service credits and performance credits linked to key performance indicators. Management information and key performance indicators are to be included focused on the following:

- a key performance indicator to encourage signposting to less intensive support services;
- key performance indicators and management information to encourage concentrated intervention at the start by looking at the percentage of failed direct payments and reduction in intervention required;
- management information to acknowledge the numbers supported and allow adjustment using the payment mechanism;
- a key performance indicators to encourage a lower percentage of fully managed services i.e. to be in line with findings from other authorities; and
- a key performance indicators on quality assurance and linked to customer feedback.

## **1.7 Market Engagement Questionnaire**

- 1.7.1 A Prior Information Notice (PIN) was issued on the 4 October 2019 to carry out market engagement. A questionnaire and draft specification was issued to organisations expressing an interest in the PIN. This being intended to establish the level of market interest in provision of Direct Payment Support Services in Lincolnshire, as well as seeking the market's views on key factors influencing the scope and structure of any resulting contract such as contract duration, price and payment and performance management and innovation.
- 1.7.2 Nine questionnaires were returned, the responses have helped to inform the procurement strategy and specification development. The responses indicated that providers would be keen to have a minimum three year contract both from a practical and financial perspective with a block contract payment as the most appealing for this type of service. The questionnaire confirmed that there is interest from the market for this type of contract other than just the incumbent provider and the responses suggested some level of performance related payment would be acceptable to the market. Out of the nine returns three providers indicated that they are able to provide the service in its entirety and one provider indicated they could with sub-contracting a specialist area.
- 1.7.3 Due to the level of interest a market engagement event has been scheduled for the 19 November 2019. Another reason for the market engagement event is that there is a requirement in the contract that a minimum of ten per cent of the contract is sub-contracted as per the current arrangements as it allows for a consideration of social value. This has worked well in the current contract to engage small specialist local suppliers. The event will seek to understand some of the responses around cost and demand and at the same time act as a networking opportunity for some of the smaller providers. To date 13 organisations have registered their interest to attend.

## **1.8 Contract Duration**

1.8.1 The Commercial Team propose a contract duration of three years. This contract term was confirmed through the market engagement phase as the minimum contract length providers would consider as financially viable. In addition to the three year contract term, the ability to extend the contract for a further two years (one + one) should be included to provide the Council with options at the end of the initial contract period.

## **1.9 Pricing Structure**

1.9.1 The annual budget for the Direct Payment Support Contract is currently £485,300 owing to the fluctuations in demand. The Commercial team propose that in view of the new focus for the contract the tender will go out with a budget headline of £420,000.

1.9.2 The pricing model is being developed and currently is set at a baseline on current volumes with the aim of re-profiling the support types within the service over the life of the new contract. The provider shall also be required to operate an open book accounting system so the cost of resourcing the service is clear and the amount related to profit which can then be better managed in contract. The service would be delivered through a block payment and unit volume arrangement with service credits and performance credits attached to KPI's. A gain share model will work if volumes fall below the core amounts so that the Council can manage that risk.

1.9.3 This approach would help to encourage the provider to work on increasing referrals ultimately supporting a greater number of people.

1.9.4 It is also the Council's intention to make best use of other support tools for Direct Payment such as Virtual Wallets. It is anticipated that a substantial number of the current cohort may be better supported through these offers which in turn may reduce the overall volume of the DPSS. The contract will therefore need to be able to respond not only potential increases in volume but also a decrease in the numbers of fully managed accounts.

## **1.10 Procurement and decision making timeline**

Adults and Community Wellbeing Scrutiny Committee	27 November 2019
Executive Councillor decision	2 December 2019
Issue Invitation to Tender	4 December 2019
Evaluation	3 January 2020 to 16 January 2020
Report and Delegated Decision	17 January 2020 to 27 January 2020
Standstill period	29 January 2020 to 7 February 2020
Contract Award	10 February 2020
Mobilisation Period (7 weeks)	11 February 2020 to 31 March 2020
Go Live	1 April 2020

## 2. 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.

- 2.1 The key purpose of the service is to support people from Lincolnshire who have been assessed to be eligible for social care support and have chosen to take their personal budget as a direct payment.
- 2.2 An Impact Assessment has been completed and a copy of it is appended to this report (Appendix C). It is clear within the proposal for this service that the service will remain open to all groups regardless of protected

characteristic if recommissioned.

- 2.3 The impacts of continuing the service are positive with particular benefits for older people and people with a disability who are the predominant users of the service. The alternative is that individuals will end up in residential type services rather than have the opportunity for both them and their carers support to improve their lives and live independently for longer.
- 2.4 There is also a risk that a change of provider will impact on persons with a protected characteristic arising out of the employment impact on staff. The staff employed by the current provider will be affected by the end of the current contract. Mitigating factors will relate to the legal protections that will be in place through TUPE, if it applies, and general employment laws. The contract that will be entered into will also contain clauses requiring the contractor to comply with the Equality Act.
- 2.5 Given these mitigations and having regard to the adverse impacts it is open to the Executive Council to conclude that having considered the duty that any potential there is for differential impact or adverse impact can be mitigated.

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

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

3.1 The Joint Health and Wellbeing Strategy (JHWS) 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. The Lincolnshire Joint Strategic Needs Assessment (JSNA) highlighted in the prioritisation and engagement work as being the most important health and wellbeing issues facing the county:

- Mental Health & Emotional Wellbeing (Children & Young People)
- Mental Health (Adults)
- Carers
- Physical Activity
- Housing and Health
- Healthy Weight (previously known as Obesity)
- Dementia

3.2 The Direct Payment Support service will positively impact on a number of these themes:

- it will support all those who are eligible for social care and have chosen to take their personal budget as a direct payment to set up solutions that are

tailored to the individual and otherwise may not have been possible through a more traditional approach.

- Lincolnshire Partnership NHS Foundation Trust who provide the social care for mental health have a high uptake of direct payments through the current service. The service also receives a high number of referrals to support those with a physical disability and a learning disability where very specific and specialist services can be assembled to meet complex needs
- Carers are also specifically identified as engaging with this service.
- The service will improve and enable access to local and community based services and support the development of the PA market. Bolstering the care and support workforce available to social care.

#### **4. 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

4.1 This service is unlikely to contribute to the furtherance of the section 17 matters.

#### **5. Conclusion**

- 5.1 An effective Direct Payment Support Service can become a fundamental part of the supporting independence and personalisation of services for Lincolnshire and play a significant role in reducing the burden on the overall health and social care system.
- 5.2 The conclusion of the current Direct Payment Support Services contract means a procurement process needed to commence in 2019. Developing a service scope, payment, and performance management mechanism informed by extensive market engagement will help to ensure a sustainable service that will provide vital support to people with a range of health related outcomes in Lincolnshire.
- 5.3 The focus of the procurement will be to establish a single provider for the county that will be able to fully meet the quality requirements set out by the Council, guarantee that they are able to properly meet demand, supporting individuals to make best use of the wider community based market effectively as appropriate. By supporting individuals to develop and access appropriate interventions addressing their health and care needs the service will ultimately support independence and choice and at the same time delay access to the higher cost social and health care services.

## 6. Legal Comments:

The Council has the power to enter in the contract proposed. The decision is consistent with the Policy Framework and within the remit of the Executive.

## 7. Resource Comments:

7.1 The Direct Payment Support Service, currently provided by the Penderels Society, is due to end on the 31 March 2020. The budget for the existing service is £485,300. This report seeks to present the case for the continued provision of this service via a procurement process for the same budgetary value as the existing contract. It is confirmed that the Council has sufficient budget to fund the service. It is also confirmed that current commissioning intentions and delegated approvals recommended within this report meet the criteria set out in the Council's published financial procedures.

## 8. 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 27 November 2019 and the comments of the Committee will be reported to the Executive Councillor prior to her making her decision.

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

e) **Risks and Impact Analysis** - Attached at Appendix C

9. **Appendices** - These are listed below and attached to the report.

Appendix A	Lincolnshire County Council Approach to supporting people with a Direct Payment
Appendix B	Service Delivery Model
Appendix C	Equality Impact Assessment

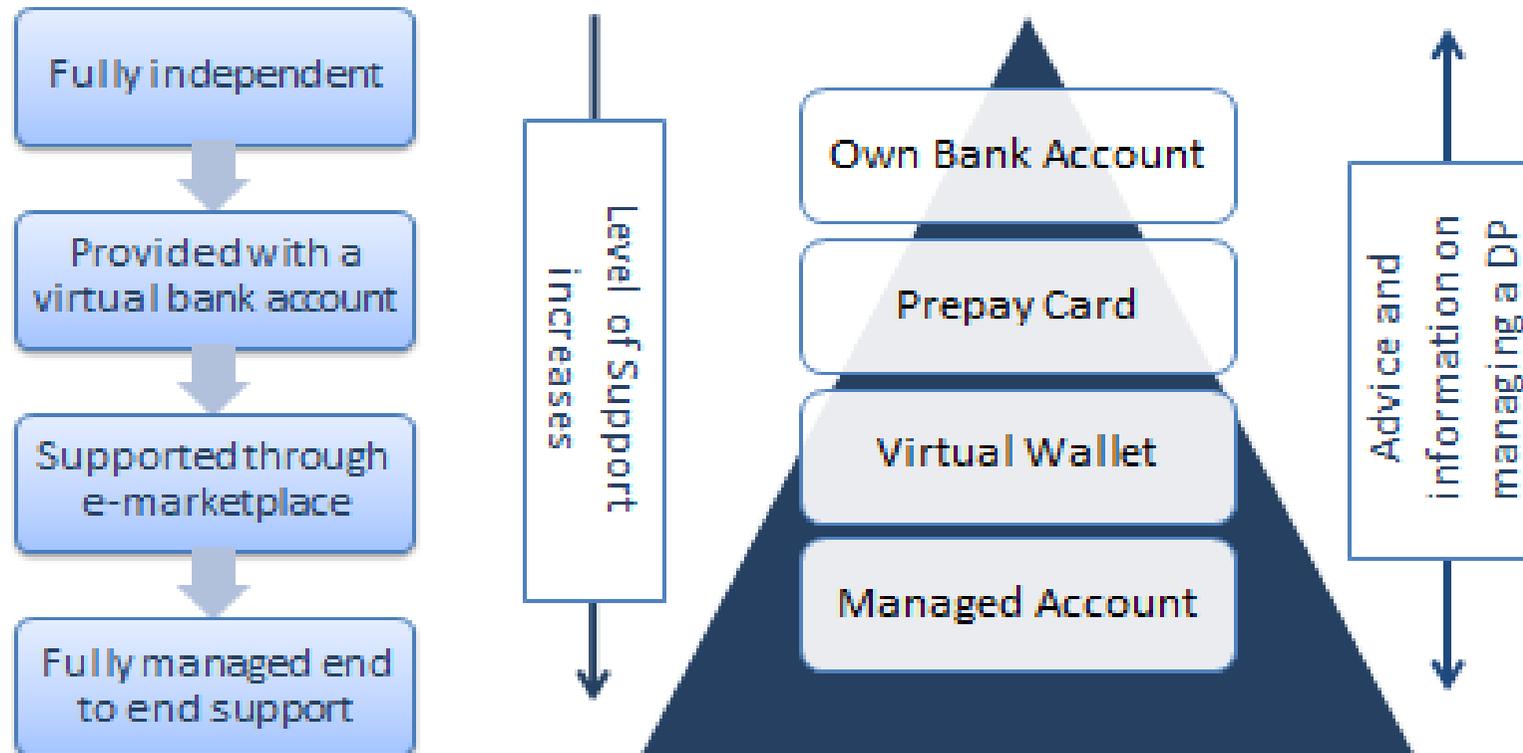
## 10. Background Papers

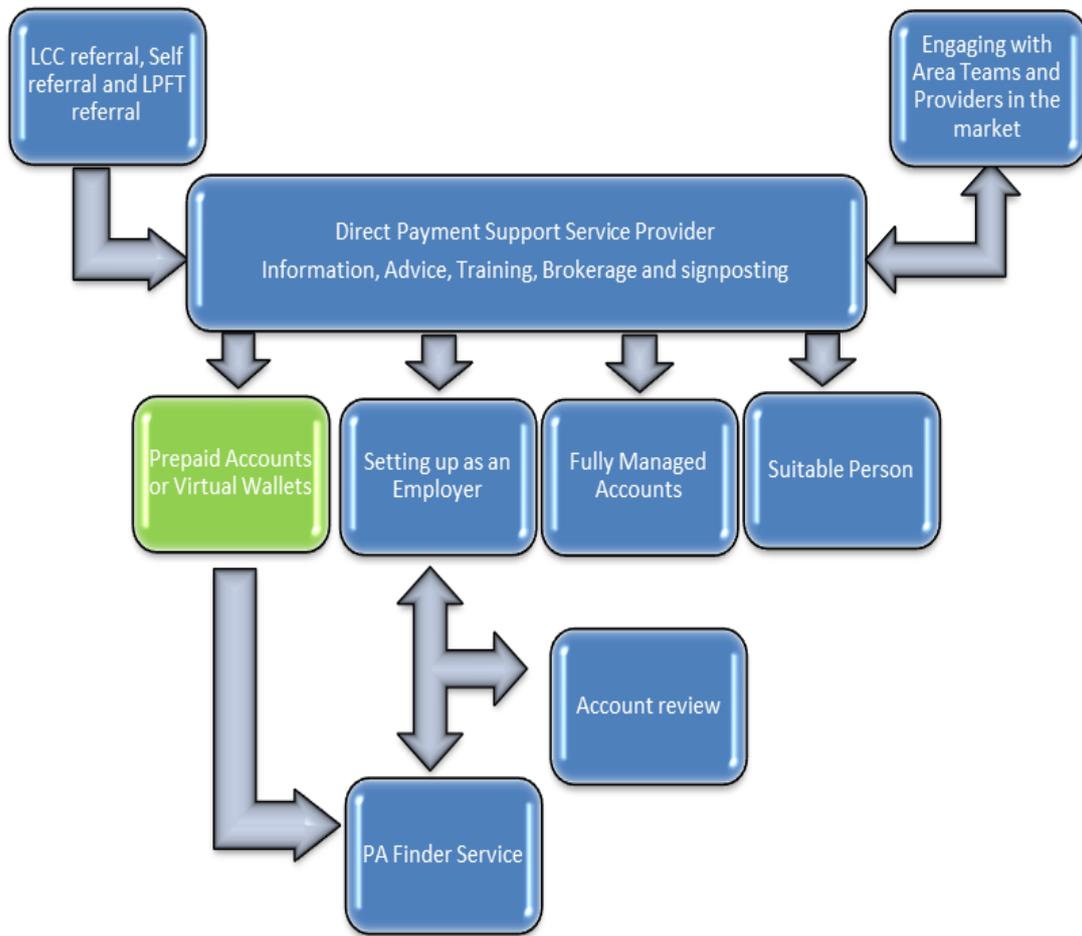
No Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report

This report was written by Reena Fehnert, who can be contacted on 01522 553658 or at [reena.fehnert@lincolnshire.gov.uk](mailto:reena.fehnert@lincolnshire.gov.uk)

## Lincolnshire County Council Approach to supporting people with a Direct Payment

The Council will offer a range of support choices for people who use direct payments (DPs) to purchase their care and support. We know that some people like to take full control of their budget and some prefer to have more support to manage their money. The graduated approach to support will allow people to have the level of support that is right for them.





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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.

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**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>	Direct Payments Support Service – Re-commissioning	<b>Person / people completing analysis</b>	
<b>Service Area</b>	Adult Care and Community Wellbeing	<b>Lead Officer</b>	Theo Jarratt
<b>Who is the decision maker?</b>	Executive Councillor for Adult Care, and Community Wellbeing	<b>How was the Equality Impact Analysis undertaken?</b>	There has been extensive consultation and feedback gained throughout the contract management process and service review. Pre-market engagement was also undertaken in the form of a questionnaire.
<b>Date of meeting when decision will be made</b>	27/11/2019	<b>Version control</b>	1.0
<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

**Describe the proposed change**

A countywide service that supports adults and children and their families with a direct payment.

**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>	<p>The proposed outcomes of this process would be applicable to those adults whose assessed care needs meet the national threshold regardless of their age, where they have chosen to receive their Personal Budget as a Direct Payment. It is however, expected that the service will be more widely used by older people (65 and over).</p> <p>Positive impact – Increased support in accessing direct payments Service provides information and advice such as signposting to the appropriate services and support with payroll, as well as a fully managed account service. Reduces the risk in becoming an employer, a responsibility that a person over 65 would be less likely to want.</p>
<b>Disability</b>	<p>The proposed outcomes would be applicable to those adults whose assessed care needs meet the national threshold regardless of their disability, where they have chosen to receive their Personal Budget as a Direct Payment.</p> <p>Positive impact – All of the above, also provides better access to information about appropriate community services. Information about how to gain access to virtual wallets and virtual bank accounts, reducing the need to travel great distances</p>
<b>Gender reassignment</b>	<p>There is no specific positive impact relating to gender re assignment. The changes would be applicable to those adults whose assessed care needs meet the national threshold regardless of their gender reassignment, where they have chosen to receive their Personal Budget as a Direct Payment.</p> <p>There may be some advantages in allowing an individual to tailor their PA recruitment to meet specific conditions without falling foul of employment law</p>
<b>Marriage and civil partnership</b>	<p>There is no specific positive impact relating to marriage or civil partnership</p> <p>There may be some advantages in allowing an individual to tailor their PA recruitment to meet specific conditions without falling foul of employment law</p>
<b>Pregnancy and maternity</b>	<p>There is no specific positive impact relating to pregnancy and maternity</p> <p>There may be some advantages in allowing an individual to tailor their PA recruitment to meet specific conditions without falling foul of employment law</p>

<b>Race</b>	<p>There is no specific positive impact relating to race. The changes are applicable to those adults whose assessed care needs meet the national threshold regardless of race, where they have chosen to receive their Personal Budget as a Direct Payment.</p> <p>The ethnic origin profile of adults ASC currently supports is consistent with the current overall profile of Lincolnshire residents.</p> <p>There may be some advantages in allowing an individual to tailor their PA recruitment to meet specific conditions without falling foul of employment law</p>
<b>Religion or belief</b>	<p>There is no specific positive impact relating to religion or belief. The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their religion or belief, where they have chosen to receive their Personal Budget as a Direct Payment.</p> <p>There may be some advantages in allowing an individual to tailor their PA recruitment to meet specific conditions without falling foul of employment law</p>
<b>Sex</b>	<p>The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their sex, where they have chosen to receive their Personal Budget as a Direct Payment.</p> <p>There may be some advantages in allowing an individual to tailor their PA recruitment to meet specific conditions without falling foul of employment law</p>
<b>Sexual orientation</b>	<p>There is no specific positive impact relating to sexual orientation. The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their sexual orientation, where they have chosen to receive their Personal Budget as a Direct Payment.</p>

**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.**

Due to the nature of the service supporting the recruitment of PA's and providing virtual and other methods of accessing the service, the re-commissioning of the service will provide a positive impact to those people who live in remote rural locations.

**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'.**

<b>Age</b>	<p><b>Age Over 65</b> Should the re-commissioning of this service not go ahead, the adverse impact on people will be lack of access to a dedicated codirect payment support service which would provide them with the help and support they need to promote independence and access to smaller community based services No mitigating action identified.</p> <p><b>People aged under 65</b> Should the recommissioning of this service not go ahead, the negative impact on people who would take a direct payment is that many will not be confident to take one without a dedicated service that will support them. No mitigating action identified</p>
<b>Disability</b>	<p>No perceived adverse impact</p>
<b>Gender reassignment</b>	<p>No perceived adverse impact</p>

<b>Marriage and civil partnership</b>	No perceived adverse impact
<b>Pregnancy and maternity</b>	No perceived adverse impact
<b>Race</b>	No perceived adverse impact
<b>Religion or belief</b>	No perceived adverse impact
<b>Sex</b>	No perceived adverse impact
<b>Sexual orientation</b>	No perceived adverse impact

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

N/A

## Stakeholders

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

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

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

## Objective(s) of the EIA consultation/engagement activity

Engagement conducted to explore if change to service is necessary and if it would provide positive or negative impact for people.  
The engagement process supports the procedure for providing Equality Impact Assessments, which will allow LCC ASC to check that new services are being introduced fairly and have evidence of wide ranging and appropriate community engagement.

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

<b>Age</b>	<p>Yes, The annual customer survey</p> <p>Engagement covers all adults (18-64 and 65 and over) whose assessed care needs meet the national threshold, all service providers included in the cohort regardless of their age and all professionals included in the cohort regardless of their age.</p> <p>This is a service which is predominantly accessed by older people (65 and over) but is used by service users from all eligible groups regardless of age.</p>
<b>Disability</b>	<p>Yes, The annual customer survey</p> <p>All disability groups, predominantly those whose primary care need is LD, Autism and/or Mental Health.</p>
<b>Gender reassignment</b>	<p>Yes, The annual customer survey</p>
<b>Marriage and civil partnership</b>	<p>Yes, The annual customer survey</p>
<b>Pregnancy and maternity</b>	<p>Yes, The annual customer survey</p>
<b>Race</b>	<p>Yes, The annual customer survey</p>

<b>Religion or belief</b>	Yes, The annual customer survey
<b>Sex</b>	Yes, The annual customer survey
<b>Sexual orientation</b>	Yes, The annual customer survey
<p><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></p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	Proposed changes to the service are based on engagement with all stakeholders, this is with people that use the service as well as practitioners and health colleagues. The opportunity to engage was open to everyone using the current service including all protected characteristics.
<p><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 changes will be evaluated regularly through contract monitoring as well as annual reviews into the service. We will consider engaging with users of the service as part of this.

## Further Details

**Are you handling personal data?**

No

If yes, please give details.

**Actions required**

Include any actions identified in this analysis for on-going monitoring of impacts.

**Action**

Increased accessibility to be monitored

**Lead officer**

Contract Officer

**Timescale**

On-going throughout service contract

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
1.0	Version was created so that it could be used to consult stakeholders		05/11/19		

**Examples of a Description:**

'Version issued as part of procurement documentation'  
 'Issued following discussion with community groups'  
 'Issued following requirement for a service change; Issued following discussion with supplier'

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>27 November 2019</b>
Subject:	<b>Block Transitional Care and Reablement Beds Re-Procurement</b>

**Summary:**

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on Block Transitional Care and Reablement Beds Re-Procurement, on which a decision is due to be made by the Executive Councillor for Adult Care, Health and Children's Services between 2 and 9 December 2019. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

**Actions Required:**

- (1) To consider the attached report and to determine whether the Committee supports the recommendations to the Executive Councillor for Adult Care, Health and Children's Services set out in the report.
- (2) To agree any additional comments to be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item.

## **1. Background**

The Executive Councillor for Adult Care, Health and Children's Services is due to consider a report for decision on the Block Transitional Care and Reablement Beds Re-Procurement between 2 and 9 December 2019. The full report to the Executive Councillor is attached at Appendix 1 to this report.

## **2. Conclusion**

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

### 3. Consultation

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

Yes

#### b) Risks and Impact Analysis

See the Equality Impact Analysis attached at Appendix A to the report to the Executive Councillor.

### 4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor – Block Transitional Care and Reablement Beds Re-Procurement

### 5. Background Papers

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

This report was written by Marie Kaempfe-Rice, who can be contacted on 01522 554087 or [Marie.Kaempfe-Rice@lincolnshire.gov.uk](mailto:Marie.Kaempfe-Rice@lincolnshire.gov.uk)

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

Report to:	<b>Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services</b>
Date:	<b>Between 02 - 09 December 2019</b>
Subject:	<b>Block Transitional Care and Reablement Beds Re-Procurement</b>
Decision Reference:	<b>I018689</b>
Key decision?	<b>Yes</b>

**Summary:**

The previous procurement rounds undertaken in respect of the two separate lots of County Council beds and also on behalf of health partners (Lincolnshire's Clinical Commissioning Groups and Lincolnshire Community Health Services NHS Trust[LCHS]) resulted in contracts totalling 86 beds (35 LCC and 51 LCHS) as of August 2019. This provision was situated within 26 care homes across the county. There was a Section 75 agreement established and since 2016 the County Council has undertaken the contract management function for both Council and health contracts.

The initial term of these contracts expired as of 7 August 2019. The contracts have subsequently been extended until 31 March 2020 to allow adequate time to review the service and the options available in respect of a re-procurement of these services. This report gives an update on progress to date and seeks approval for the re-procurement of the Block Transitional Care and Reablement Beds.

**Recommendation(s):**

That the Executive Councillor:

1. Approves a procurement be undertaken for contracts to be awarded to a number of registered care homes across the county for the provision of Block Transitional Care and Reablement Beds, based upon the delivery model and general principles as set out below:
  - To provide a service which aims to reduce hospital admissions and facilitates hospital discharge, that is focused upon re-ablement, ideally within a three week transition period;
  - Have dedicated staff in place promoting independence and return

home;

- The carrying out of weekly Multi-Disciplinary Teams (MDT) meetings to discuss individual placements;
- The allocation of specific rooms which are appropriate to cater for all necessary complex needs and categories of care;
- The incorporation of a flexible provision allowing in some cases for beds to be transferrable responding to either a Health or LCC need;
- To make improvements to the specification including; clear aims and objectives of the service, a standardisation of assessment, admission and discharge processes; and the implementation of a clear transitional pathway identifying when a need is health or social care.
- Contracts to be awarded based upon a higher concentration of beds in fewer care homes and for each of the homes to be located within approximately 30 miles radius of the acute and/or community hospitals therefore reducing the planned transport to and from hospital and improved experience for family members and friends.

2. Delegates to the Executive Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services the authority to determine the final form of the contract and to approve the award of the contract/s and the entering into the contract/s and other legal documentation necessary to give effect to the said contract.
3. Approves the entering into of an agreement under Section 75 of the National Health Service Act 2006 with Lincolnshire Community Health Services NHS Trust.
4. Delegates to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care, Health and Children's Services, the authority to determine the final form of the Section 75 Agreement and to approve the entering into of the Section 75 Agreement and other legal documents necessary to give effect to that Agreement.

**Alternatives Considered:**

1. Extend Current Provision.

The service review identified some key challenges that the current service has experienced as set out below:

- inconsistent operational custom and practice within Health and the County Council;
- differing views within Health and the County Council regarding the appropriate use of the beds;
- lack of information provided to homes prior to placement;
- provision of appropriate medications; and
- inconsistent service provided from GPs.

In addition to this there are a number of possible reasons that have had a negative impact upon previous demand and utilisation rates. These were as follows:

- The suitability and compatibility issues resulting from a higher level of presented need. Particularly in regard to fractures, non-weight-bearing and delirium including dementia;
- The acceptability and accessibility of the rooms made available within the service. In the majority of cases the current contracts do not specify which rooms are attributed to the block arrangements. As the homes accept standard residential or nursing placements, the suitability of remaining rooms, in some cases, are no longer appropriate for the presenting need of the clients being referred under the Block Transitional Bed contract;
- Restrictions on the number of placements each day and admissions not being accepted on a weekend has also had an impact regarding utilisation.

A re-procurement as opposed to an extension of these services is recommended in order to implement improvements at the earliest possible opportunity, allowing the services to run more efficiently and effectively, better meeting the outcomes of eligible individuals.

2 Not to Commission the Services at All

Not to have these services in place would potentially lead to increased hospital admissions and delayed hospital discharge. Also to not commission as recommended may result in having to procure these services on spot purchase basis which would be far less cost effective for the Council.

3 Commission the Services on behalf of the County Council, but not on behalf of Health

Whilst Lincolnshire County Council could procure these services separately it is advantageous to work with health partners and jointly commission services to; avoid duplication, allow providers to benefit from the economies of scale and to work together regarding the development of integrated transitional pathway of care which is ultimately more beneficial for the service user.

**Reasons for Recommendation:**

1. These contracts will reduce hospital avoidance and delays in hospital discharge.
2. A higher concentration of beds in fewer homes will help to ensure that dedicated County Council practitioners and Lincolnshire Community Health Services (LCHS) therapists can work within multi-disciplinary teams more

efficiently across the county. It would also be beneficial if a dedicated area, floor or wing for these services were made available in order to maintain a focus on rehabilitation, returning home and increased independence of the service user. This approach will also ensure the least disruption to the longer term residents.

3. Having a larger number of beds in fewer locations will maximise the potential for provider workforce development, greater job satisfaction and therefore higher staff retention rates. Dedicated named staff will enable weekly multi-disciplinary team meetings and review of service users preventing individuals from being lost in system. This regular review will encourage a quicker turnover accommodating a higher number of placements, allowing more effective hospital discharges, fewer admissions to hospital, prompt responses in emergency situations, overall relieving pressure on health and social care services.
4. It is proposed that service providers who are able to offer a higher number or larger groupings of beds within one setting will be prioritised over those offering fewer beds within the evaluation of tenders. It is intended that the location of these new beds are situated within a 30 mile radius of the hospitals within the county therefore reducing the planned transport to and from hospital and improved experience for family members and friends.
5. More beds in fewer care homes will increase economies of scale for Providers. These contracts provide assurance of supply at one of the Council's usual costs and helps to avoid having to pay even greater top up costs in the event that there is not capacity in the market.
6. Specific rooms with printable prospectus and prior award joint visits will reduce any issues associated with the suitability of room.
7. The beds being transferrable between Health and Social Care will provide a more flexible and fluid service enabling a more efficient response to any changes in demand.
8. The Section 75 Agreement protects the Council against the financial exposure of the health beds and also ensures a consistent approach in terms of contract management across the county. Thus reducing any confusion for service users, providers and practitioners.

## **1.0 Background**

Lincolnshire County's Residential Framework agreement has been the primary commercial arrangement for residential services to date. This arrangement provides a highly flexible and responsive method to make placements by allowing Care Quality Commission registered providers to offer services thus maximising the scope for service users expressing their choice. Increasing demand for services alongside challenging market conditions within the residential

care sector continue to place increasing pressure on the Council and health bodies to find capacity within the usual costs for care. The additional block purchasing agreements offer additional and fixed capacity for Older Persons residential care.

The service was intended to provide a short term re-ablement/ recovery/ reassessment period of support for those individuals who were not necessarily ready to return or remain in their home and live independently. The beds could be used to help facilitate hospital discharge but also admission avoidance. The residential beds were costed at the High Dependency (HD) usual cost acknowledging the expected complexity of need. Also within these contracts are a number of nursing beds which are paid at the HD rate plus the Funded Nursing Care (FNC) rate.

There is an expectation that there are adequate resource levels available to staff these beds at all times. As a result of this the weekly usual cost rate is paid whether the bed is vacant or occupied.

The contracts were procured in three separate rounds with staggered start dates but all expire as of 7 August 2019. There are options available to extend up to a maximum of two years. A decision has been taken to extend until 31 March 2020 to allow adequate time for a review of the current provision and consideration of future demand and requirements in terms of any re-procurement. The County Council and LCHS chose not to extend some of the beds with lower utilisation rates at this point so a fourth round of procurement was undertaken to determine whether any additional beds could be commissioned during this interim period up to 31 March 2020. This resulted in overall bed stock of 82 beds (29 County Council and 53 LCHS).

### 1.1 Demand Levels and Performance Review

The 82 beds are situated across the county however securing transitional beds within the south of the county has previously been more problematic due to the lack of vacancies within care homes and that in the southern locations some care homes are able to attract a higher rate for the room if let on a private basis. The total cost of the transitional beds over the three year period is £6,534,989 and broken down as set out in Table 1:

**Table 1 – Historical Spend**

<b>Commissioner</b>	<b>Year 1 2016-17</b>	<b>Year 2 2017-18</b>	<b>Year 3 2018-19</b>
Lincolnshire County Council	£492,700	£762,002	£913,380
Lincolnshire Community Health Services	£1,185,860	£1,388,065	£1,792,982
<b>Total</b>	<b>£1,678,560</b>	<b>£2,150,067</b>	<b>£2,706,362</b>

The historical demand levels and utilisation rates of the County Council and LCHS beds between 2016 and 2019 are set out in tables 2 and 3 below:

**Table 2 – Utilisation Rates and Categories of Care Lot 1 Lincolnshire County Council Beds 2016-2019**

Categories	Vacant	Unavailable	Long Term Care	Short Term Care	Interim Short Term Care	Respite
Percentages	32%	1%	3%	39%	20%	5%

**\*Vacancy rates have improved over the four separate tender exercises with LCC utilisation rates now around 80%.**

**Table 3 – Utilisation Rates of Lot 2 LCHS Beds 2016-2019**

Indicator	2016/17	2017/18	2018/19	2018/19 Average
Percentage of All Lot 2 Transitional Bed Nights available for use	98.25%	91.92%	96.96%	<b>95.71%</b>
Percentage of All Lot 2 Transitional Bed Nights filled	80.58%	78.10%	84.45%	<b>81.04%</b>

In terms of future demand for the services the statistics from the Lincolnshire Research Observatory (LRO) provides evidence of an increase in aging population in Lincolnshire 87% increase in people aged 75+ by 2041 and a 14% rise in 65-74 age group by the same year. Due to the increasing aging demographic and the need to keep individuals from going into long term residential care or having home care packages, it is expected that the demand levels for these services will continue to increase as the intention is following an intensive, focused, period of rehabilitation they are able to return home and live independently.

There is also evidence of increased pressure in respect of particular categories of care, for example, obesity rates in Lincolnshire are currently higher than the England average which means there will be a greater demand in bariatric placements and as a result of people living longer the complexity of need is greater.

## **1.2 Compliance with Legislation, Policy and Guidance**

It is a requirement that all service providers are registered with the Care Quality Commission (or any successors) and will maintain registration throughout the duration of this contract. Therefore, the regulations required for registration (and their associated standards), and the monitoring of the achievement of those regulations and standards are not duplicated in this service specification. The service providers must comply with all relevant legislation that currently relates to the operation of their business or is amended or implemented at a future date.

The Care Act states that the service provider should ensure that services:

- provide quality and choice;
- are sustainable;
- are flexible to incorporate any subsequent innovations within this market sector which will improve the Service and enable it to meet a diverse range of outcomes for people;
- deliver a cost effective service.

The service provider shall comply with the Care Act and in accordance with this, must ensure that the service user's wellbeing can be assured, whilst supporting person-centred care and support. Wellbeing is defined as the following in the Care Act guidance:

- personal dignity (including the way people are treated and helped);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control over day to day life (including making choices about the way care and support is provided);
- participation in work, education, training and recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation; and
- the individual's contribution to society.

The service provider is required to deliver the service in such a way that it supports relevant outcomes from the National Integrated Outcomes Framework for:

- Public Health Outcomes Framework 2016 – 2019;
- NHS Outcomes Framework 2017;
- Adult Social Care Outcomes Framework 2016 – 2017.

### **1.3 The Invitation to Tender Document (ITT)**

The ITT will include the following:

- A revised specification has been drafted incorporating key findings and lessons to be learned identified through the review and feedback from stakeholder consultation;
- A specification that is clear in scope, interpretation and expectations;
- Bespoke terms and conditions;
- Appropriate award and evaluation criteria;
- A realistic, appropriate and robust performance management framework; and
- An emphasis on partnership working and effective referral mechanisms.

### **1.4 Commercial Model**

The service provider will be paid the High Dependency usual cost rate for each residential bed. The Funded Nursing Care rate will be applied in addition to the

usual cost for nursing beds. There will be no third party top ups applied to this service provision.

As the service provider will have sufficient staffing levels to support 100% utilisation of the beds, the usual cost will be paid to the service user whether the bed is occupied or vacant.

The usual cost will not however be paid for voids in the following circumstances:

- If the service provider advises the bed is unavailable for whatever reason;
- If the County Council places a suspension on the home;
- The purchaser also reserves the right not to pay, or pay a reduced fee for voids if the care home obtains an "Inadequate" rating from the Care Quality Commission. The specific circumstances of the rating will be considered on a case by case basis.

## **1.5 Competition**

Exposing the service to the open market will help to encourage competition. The proposed revised location criteria specifying the a radius according to where the hospitals, (both acute and community) are based will potentially increase the number of bids and geographical coverage as previous procurement exercises have been solely focused on postcodes predominantly in the south of the county.

## **1.6 Key Interdependencies and Risk Management**

The key interdependencies regarding these services are in respect of the Health practices. Ensuring a safe, efficient discharge is highly dependent upon the hospital processes and procedures, accurate assessments, correct equipment prescribed medication, ambulance and transport services, resettlement services and GP support. The Project Team has mapped these interdependencies and is working independently to try and improve these pathways prior to contract award. The implementation of standard operating procedures, clear transistional pathways and relationship building will also aid in improved partnership working.

The multi-disciplinary approach may put added pressure on practitioners if it is proposed that the service users progress is reviewed on a weekly basis. It is however hoped that if larger groups of rooms are secured within fewer settings this will justify a higher concentration of staff. This will reduce current travel time for County Council practitioners and LCHS therapists.

There is a potential risk of obtaining insufficient bids. In order to mitigate this risk in terms of the new procurement exercise it is envisaged that the Commercial Team will engage directly with, specifically the larger service providers, offering the hotel type accommodation, to advise of this opportunity and stimulate interest. It is hoped that even at the High Dependency rate this opportunity can offer the service providers economies of scale and a sustainable long term income stream.

It is acknowledged that the timescales could be a constraint in the completing the comprehensive work necessary, finalise and effectively procure a new transitional

block bed arrangements to commence on 1 April 2020. Stakeholder commitment will be vital to order to achieve this deadline.

If the County Council is to continue to contract on behalf of LCHS a new Section 75 Agreement must be entered into between the Council and LCHS. The Section 75 Agreement enables the Council to exercise the Clinical Commissioning Group (CCG) and LCHS functions of commissioning the services and therefore to procure and contract for those services in a seamless way recovering the cost from the CCGs and LCHS through the Agreement.

Without a section 75 Agreement in place the County Council will still be able to procure the services for the CCGs and LCHS but it would do so by providing a procurement service. The ultimate contracts would be between the CCGs and/or LCHS and the provider. This would introduce an additional complexity for the provider market and impact on the attractiveness of the proposals to the market thereby potentially affecting the quality of service and value for money that can be achieved.

Either approach allows the Council to undertake the contract management across all of the contracts. If there is no Section 75 Agreement there will need to be a separate enforceable agreement with LCHS to recover the cost of managing the Health contracts.

The Section 75 Agreement is being progressed in parallel to the procurement documentation in an attempt to avoid any delay in the issuing of Invitation to Tender documentation or subsequent award. The recommendations of this report includes approval for entering into a new Section 75 Agreement to support continuing the existing lead commissioning approach.

### **1.7 Tender Process**

A key phase in the procurement will be in how organisations are assessed and qualified at the tender stage. In order to realise maximum benefit from this delivery model, throughout the evaluation process it is proposed that service providers who are able to offer a higher number or larger groupings of beds within one setting will be prioritised over those offering fewer beds within the evaluation of tenders.

The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method. The ultimate decision as to which provider is awarded contracts will be based on their evaluation performance. As well as location and higher concentration of beds, the evaluation criteria are also likely to include: understanding of requirement, implementation and flexibility of provision including acceptability, accessibility and availability.

### **1.8 Scope**

The full scope for these new arrangements are being developed, provider engagement, service user and practitioner consultation has been undertaken to

gain market intelligence and stakeholder feedback in terms of key aspects of future services.

It is anticipated that the future volume of beds will be as follows:

Purchaser	Number of Residential Beds	Number of Nursing Beds
Lincolnshire County Council	34	0
Lincolnshire Community Health Services	30	24

A contribution will be paid to the County Council for undertaking the contract management function on behalf of LCHS.

**1.9 Market Engagement and Feedback**

A pre-tender market engagement questionnaire was sent directly to every care home on 18 July 2019. Feedback gained from this process has provided an understanding of the market's preferred approach to a number of important issues impacting on the commercial model, including the contract duration, market capacity and resource, categories of care, budget viability, contract attractiveness and mobilisation.

From twelve responses received, key observations are noted below:

- A contract term of an initial three years with options to extend by a further two years was acceptable and attractive to the market;
- Providers indicated that there would need to be limits on the number of placements per day and also limited admission times. This was further reinforced by representation from LinCA particularly with regard to the cost and availability of nursing which remains a system wide risk;
- The current process and paperwork to facilitate discharge from hospital is administratively resource intensive and there are concerns regarding the availability of medication and specialist equipment to meet complex needs;
- The categories of care that providers found most difficult to accommodate were bariatric; due to the specialist equipment and space required, learning difficulties and challenging or aggressive behaviours, which can often put other residents at risk; and
- In terms of the proposed costs and payment mechanism eight out of the twelve providers felt the High Dependency rate was not high enough. Comments suggested the rate should be reflective of the individual's need and ideally paid in advance.

The market feedback was considered and addressed within the specification. In terms of the High Dependency proposed rate of pay, whilst some of the service providers highlighted it being low for this provision, previous procurement rounds have demonstrated that there is good interest in the market at this cost - the last

procurement awarded (September 2019), nine bids were received for a maximum of 30 beds, two service providers offering a further discount from the usual cost.

### **1.10 Procurement implications**

It is the intention to issue a OJEU Notice for publication week commencing 9<sup>th</sup> December 2019 and a Contract Award Notice will be issued on any award to a successful bidder.

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

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

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

### **1.11 Public Services Social Value Act**

In January 2013 the Public Services (Social Value) Act came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

Ways will be explored of securing social value through the way the procurement is structured ensuring a role for local small to medium-sized enterprises in the delivery of the services. Evaluation methodologies will be explored so as to incentivise the delivery of a skilled and trained workforce.

Under section 1(7) of the Public Services (Social Value) Act 2012 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. This and the market and other stakeholder consultation, carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

## 2.0 Legal Issues:

### Section 75 Agreement Pre-conditions

Under the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000 there are a number of requirements that must be met before partnership arrangements under section 75 can be entered into.

Firstly the partnership arrangements must be likely to lead to an improvement in the way in which the functions are exercised. This requirement is met. The bringing together the adult mental health functions of the Council and health in one organisation means that they are able to create a robust and resilient provision as evidenced by the issues with AMHPs.

Secondly the Council and the CCGs and LCHS must jointly consult such persons as appear to them to be affected by the arrangements. Given the existing arrangements and that they relate to the governance of the services rather than the services being provided it is not considered that there are any persons affected by the proposals in this paper to enter into a new Section 75 Agreement.

### 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

An Impact Assessment has been completed and a copy of it is appended to this report (Appendix A). It is clear within the proposal for this service that the service will remain open to all groups regardless of protected characteristic if recommissioned.

The impacts of continuing the service are positive with particular benefits for older people with complex needs who are the predominant users of the service. Given these mitigations and having regard to the adverse impacts it is open to the Executive Councillor to conclude that having considered the duty that any potential there is for differential impact or adverse impact can be mitigated.

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

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

Older people is one of the six themes within the JSNA. Dementia and falls are elements addressed within this theme. This procurement seeks to put in place contracts that deliver services to support all categories of care. The intended rate paid to the Provider is reflective of the expectant complex needs. Whilst dementia conditions and individuals being at the risk of falling might not be the individual's primary need, services will be provided to this client group as a result of these services.

### **4.0 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

This service is unlikely to contribute to the furtherance of the section 17 matters.

### **5.0 Conclusion**

Through undertaking a joint procurement exercise for Transitional Care and Reablement Bed Services, as detailed within the paper, the Council will improve service quality, ensure value for money and most importantly secure a vital service

for those individuals who require a further period of support allowing them to return home and live independently.

#### **6.0 Legal Comments:**

The Council has the power to enter in the contract and the section 75 Agreement proposed. The decision is consistent with the Policy Framework and within the remit of the Executive Councillor.

#### **7.0 Resource Comments:**

Increasing demand for services alongside challenging market conditions within the residential care sector continue to place increasing pressure on the Council to find sufficient capacity within the usual costs for care. The proposal to continue to purchase beds via a block contract arrangement will help enable Lincolnshire County Council to maintain a certainty of supply of residential care across the county and in areas where purchasing at its "usual cost" is becoming increasingly difficult. The beds that are funded by LCHS are part of a Section 75 agreement and as such any spend over the Annual Budget will be covered by them. The County Council beds will be funded via the Adult Care Base Budget.

#### **8.0 Consultation**

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

b) **Has The Executive Councillor Been Consulted?** – Yes

#### **c) Scrutiny Comments**

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on 27 November 2019. The comments of the Committee will be made available to the Executive Councillor.

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

e) **Risks and Impact Analysis** - Key interdependencies and risk management have been addressed within the report.

#### **9.0 Appendices**

These are listed below and attached at the back of the report:

Appendix A	The Equality Impact Assessment
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#### **10.0 Background Papers**

No Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report.

This report was written by Marie Kaempfe-Rice, who can be contacted on 01522 554087 or [Marie.Kaempfe-Rice@lincolnshire.gov.uk](mailto:Marie.Kaempfe-Rice@lincolnshire.gov.uk) .

## 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.

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**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>	Transitional Block Beds Re-procurement	<b>Person / people completing analysis</b>	Danielle Garratt
<b>Service Area</b>	Adult Care	<b>Lead Officer</b>	Danielle Garratt
<b>Who is the decision maker?</b>	Executive Councillor for Adult Care, Health Services and Children's Services	<b>How was the Equality Impact Analysis undertaken?</b>	Research / Discussions have taken place at the Transitional Block Beds Project Board. There has been extensive practitioner consultation and feedback gained throughout the contract management process and service review. Pre-market engagement was also undertaken in the form of a questionnaire.
<b>Date of meeting when decision will be made</b>	27/11/2019	<b>Version control</b>	V1
<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>This impact analysis forms part of the decision making process relating to the re-procurement of Transitional Block Beds contract</p> <p>The current contracts were procured in three separate rounds with staggered start dates but all expire as of 7th August 2019. There are options available to extend up to a maximum of two years. A decision has been taken to extend until 31st March 2020 to allow adequate time for a review of the current provision and consideration of future demand and requirements in terms of any re-procurement.</p> <p>It is recommended that there is a joint re-procurement of these services based upon the delivery model and general principles as set out below:</p> <ul style="list-style-type: none"> <li>- To provide a service which aims to: reduce hospital admissions and facilitates hospital discharge, that is focused upon reablement, ideally within a three week transition period;</li> </ul>		

- Have dedicated staff in place promoting independence and return home;
- The carrying out of weekly Multi-Disciplinary Teams (MDT) meetings to discuss individual placements;
- The allocation of specific rooms which are appropriate to cater for all necessary complex needs and categories of care;
- The incorporation of a flexible provision allowing in some cases for beds to be transferrable responding to either a Health or LCC need;
- To make improvements to the specification including; clear aims and objectives of the service, a standardisation of assessment, admission and discharge processes; and the implementation of a clear transitional pathway identifying when a need is health or social care.
- To better allow for the specification improvements it is proposed that contracts are to be awarded based upon a higher concentration of beds in fewer Care Homes and for each of the homes to be located within approximately 30 miles radius of the acute and/or community hospitals therefore reducing the planned transport to and from hospital and improved experience for family members and friends.

### **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>	The proposed outcomes of this process would be applicable to those adults whose assessed care needs meet the national threshold regardless of their age. However, it is expected that the service will be used predominantly by older people (65 and over)..
<b>Disability</b>	<p>The proposed outcomes would be applicable to those adults whose assessed care needs meet the national threshold regardless of their disability.</p> <p>Adult Care supports people who have a disability; this includes those with learning or physical disabilities, autistic spectrum disorder, and older people, the impact is promoting health and wellbeing and enhancing quality of life for adults with eligible care needs, who, for whatever reason relating to those care needs, it is not appropriate, either in the short or longer term, to live in their own homes.</p>
<b>Gender reassignment</b>	There is no specific positive impact relating to gender re assignment. The changes would be applicable to those adults whose assessed care needs meet the national threshold regardless of their gender reassignment
<b>Marriage and civil partnership</b>	There is no specific positive impact relating to marriage or civil partnership
<b>Pregnancy and maternity</b>	There is no specific positive impact relating to pregnancy and maternity
<b>Race</b>	<p>There is no specific positive impact relating to race. The changes are applicable to those adults whose assessed care needs meet the national threshold regardless of race</p> <p>The ethnic origin profile of adults ASC currently supports is consistent with the current overall profile of Lincolnshire residents.</p>

<b>Religion or belief</b>	There is no specific positive impact relating to religion or belief. The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their religion or belief
<b>Sex</b>	The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their sex.
<b>Sexual orientation</b>	There is no specific positive impact relating to sexual orientation. The changes would be applicable to those people whose assessed care needs meet the national threshold regardless of their sexual orientation

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

**Adverse/negative impacts**

You must evidence how people with protected characteristics will be adversely impacted and any proposed mitigation to reduce or eliminate adverse impacts. An adverse impact causes disadvantage or exclusion. If such an impact is identified please state how, as far as possible, it is justified; eliminated; minimised or counter balanced by other measures.

If there are no adverse impacts that you can identify please state 'No perceived adverse impact' under the relevant protected characteristic.

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

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

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

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

N/A

## Stakeholders

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

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

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

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### Objective(s) of the EIA consultation/engagement activity

The engagement process supports the procedure for providing Equality Impact Assessments, which will allow LCC ASC to check that new services are being introduced fairly and have evidence of wide ranging and appropriate community engagement

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

<b>Age</b>	<p>Engagement covers all adults (18-64 and 65 and over) whose assessed care needs meet the national threshold, all service providers included in the cohort regardless of their age and all professionals included in the cohort regardless of their age.</p> <p>Findings have shown that this is a service which is predominantly accessed by older people (65 and over) but is used by adults where PD, LD, Autism and/or Mental health is their primary care need regardless of age.</p>
<b>Disability</b>	All disability groups, with increasing demand from OP as a result of an ageing population in Lincolnshire.
<b>Gender reassignment</b>	No Specific findings
<b>Marriage and civil partnership</b>	No specific findings
<b>Pregnancy and maternity</b>	No specific findings
<b>Race</b>	No specific findings

<b>Religion or belief</b>	No specific findings
<b>Sex</b>	No specific findings
<b>Sexual orientation</b>	No specific findings
<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.	Yes
<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>	The change will be managed via a robust contract management framework that will continue to monitor any impacts with regards to equality.

## Further Details

<b>Are you handling personal data?</b>	<p>Yes</p> <p>If yes, please give details.</p> <p>LCC and each successful provider will have a joint controller relationship. The GDPR will be stipulated within each contract setting out the responsibilities for each party.</p>
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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	Any potential impacts will be monitored in accordance with the contract management framework.	Joanne Kelly	On-going on a quarterly basis unless issues arise.
<b>Signed off by</b>		<b>Date</b>	Click here to enter a date.

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>27 November 2019</b>
Subject:	<b>Lincolnshire Independent Advocacy Services Re-Procurement</b>

**Summary:**

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on Lincolnshire Independent Advocacy Services Re-Procurement, on which a decision is due to be made by the Executive Councillor for Adult Care, Health and Children's Services between 2 and 9 December 2019. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

**Actions Required:**

- (1) To consider the attached report and to determine whether the Committee supports the recommendations to the Executive Councillor for Adult Care, Health and Children's Services set out in the report.
- (2) To agree any additional comments to be passed to the Executive Councillor for Adult Care, Health and Children's Services in relation to this item.

## **1. Background**

The Executive Councillor for Adult Care, Health and Children's Services is due to consider a report for decision on Lincolnshire Independent Advocacy Services Re-Procurement between 2 and 9 December 2019. The full report to the Executive Councillor is attached at Appendix 1 to this report.

## **2. Conclusion**

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

### 3. Consultation

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

Yes

#### b) Risks and Impact Analysis

See the Equality Impact Analysis attached at Appendix D to the report to the Executive Councillor.

### 4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive Councillor – Lincolnshire Independent Advocacy Services Re-Procurement

### 5. Background Papers

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

This report was written by Marie Kaempfe-Rice, who can be contacted on 01522 554087 or [Marie.Kaempfe-Rice@lincolnshire.gov.uk](mailto:Marie.Kaempfe-Rice@lincolnshire.gov.uk)

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

Report to:	<b>Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services</b>
Date:	<b>Between 02 – 09 December 2019</b>
Subject:	<b>Lincolnshire Independent Advocacy Services Re-Procurement</b>
Decision Reference:	<b>I018631</b>
Key decision?	<b>Yes</b>

**Summary:**

Advocacy is a process of supporting and enabling people to:

- express their views and concerns;
- access information and services;
- defend and promote their rights and responsibilities; and
- explore choices and options.

Lincolnshire County Council has two main contracts delivering advocacy:

- The Independent Lincolnshire Advocacy Services delivered by Voiceability and
- The NHS Complaints Advocacy Service delivered by POhWER.

Both of these contracts come to an end as of 30 June 2020.

The Council also has an Involvement Contract with Voiceability which enables the voice of frail older people, people with dementia, disabled people, those with poor mental ill health, and family carers, to be taken into account in the planning, review and delivery of commissioning strategies and services. This element of the Voiceability service is being reviewed separately and may not form part of the scope of the advocacy services moving forward.

In addition to this Children's Services have an existing arrangement with the provider Coram Voice who deliver visiting advocacy services for the Lincolnshire Secure Unit. This is a flexible arrangement which involves an advocate attending the unit approximately once a week. This arrangement comes to an end 31 March 2020. It is proposed this is extended to align with the main advocacy contracts and is included within the scope of any future service.

This report gives an update on progress to date and seeks approval for the

re-procurement of the Lincolnshire Independent Advocacy Services.

**Recommendation(s):**

That the Executive Councillor:

1. Approves a procurement be undertaken to deliver a contract to be awarded to a single provider of county-wide advocacy services for a period of three years with the possibility of a further two year extension on a one plus one basis and consisting of all the advocacy services set out in Appendix B, utilising the delivery model described in Appendix A.
2. Delegates to the Executive Director of Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care Health and Children's Services, the authority to determine the final form of the contract and to approve the award of the contract and the entering into the contract and other legal documentation necessary to give effect to the said contract.

**Alternatives Considered:**

1. Extend the Contracts with the Current Provider/s

Whilst performance levels have been satisfactory, continuing with the current provider is not viable as all provision for extension within the current contracts have been exhausted.

2. Bring Services In-House

Being independent to the council forms an integral part of the service and therefore in-house delivery would not be appropriate.

3. Do Not Deliver These Services

The Council must deliver these services in order to fulfil its statutory requirements.

**Reasons for Recommendation:**

1. The proposed delivery model will provide one point of access for all advocacy requirements which will reduce any confusion for referrals into the service. This is particularly prevalent and of benefit to professionals as provider feedback has suggested they are sometimes unclear regarding the strict eligibility of different types of advocacy.
2. Continuity of support from one advocate. Regardless of the person's

needs they can remain with one individual supporting them. This is particularly helpful supporting through the children to adult transition.

3. Multi-skilled advocates able to respond to all different requirements enabling the provider to better manage demand.
4. The provider is able to be more flexible not only in terms of resource but also funding as this model proposes a pooled adult budget which allows the provider to be more responsive to changes in demand.
5. The delivery model offers benefits to contract management practice as the commissioner only has the one organisation to manage and develop a strong working relationship with.
6. This model is likely to represent the best value for money and most efficient option due to the level of funding and total contract value offering economies of scale. The financial commitment will also enable investment in and development of provider staff.
7. Due to the high contract value and profile the commissioner has more leverage over provider performance. This arrangement is also more likely lead to a partnership / collaborative approach in terms of delivery which in turn can provide additional added value.
8. The model improves the journey for the service user, reducing the need to "tell your story" repeatedly to different services.

## 1.0 Background

The historical contract spend is as set out below. Additional funding was granted for certain types of advocacy in order for the County Council to meet its statutory obligations. It should be noted that the high levels of Relevant Person Representative (RPR) demand, are reflective of the national picture and not an isolated local issue.

Service Description	Contract Value	Comments
The Independent Lincolnshire Advocacy Services	£498,180	Annual value for all adult and children's advocacy
The NHS Complaints Advocacy Service	£109,250	Annual value
Additional Funding for Rule 1.2 type advocacy	£72,444	Total additional value over three years
Additional Funding for RPR type advocacy	£308,304	Total additional value over three years
Involvement Service	£93,421	Annual value

Lincolnshire Secure Unit	£9,500	Annual value
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\*See Appendix B for an explanation of the different types of Advocacy.

Value for money is evidenced through the cases and hours within the contract versus the actual case and hours delivered. The following key observations were made:

- The increased demand and costs pressures of RPR are evident and have a significant impact as long as the existing legal regime on DoLs continues.
- Voiceability have over delivered on the number of contract cases by 59%.
- In terms of hours the service as a whole under delivered by less than one percent, however the face to face direct advocacy support exceeded contracted hours by 7%.
- In respect of the Care Act Advocacy there has been a significant amount of awareness raising and training which, throughout the year, resulted in an increase in referrals exceeding the contracted target.
- Independent Mental Health Advocacy (IMHA) referrals have seen an increase due to the close working relationship Voiceability Advocates have developed with ward staff which is a positive step for the service.
- The number of 'professional' advocacy cases has decreased as statutory advocacy (e.g. IMHA, Independent Mental Capacity Advocate (IMCA), etc) is taking priority.

The annual volume of NHS Complaints Advocacy Services cases delivered by POHWER is relatively static at about 250 cases. The vast majority of cases about 220 are in respect of intensive advocacy which indicates that the cases are increasing in complexity. There are no contracted volumes for NHS complaints advocacy. Value for money is monitored according to the number of hours delivered and the average case load of each advocate. The maximum caseload of an advocate is said to be between 60 – 70 on complex cases and over the year advocates have been holding 86 cases each, over the recommended workload. There were 3,016 hours of direct advocacy delivered within 2018-19.

Previous performance measures evidenced positive Service User feedback and high levels of outcomes achieved. Stakeholders were also consulted as part of the Service Review, feedback suggested there was a high level of awareness of the service and that the service delivery was of a good quality.

### **1.1 Future Demand Levels and Budget**

It is proposed that a minimum number of hours and cases will be delivered for a fixed budget. The anticipated indicative future demand and associated budgets are set out at Appendix C. The assumptions behind these figures are based upon historical volumes and developments in respect of each different type of advocacy, identifying factors that may shape the future demand for advocacy have also been considered and incorporated within the specification and volume prediction.

The main difficulty associated in predicting with any accuracy the impact or timing of future changes is in respect of the introduction of the Liberty Protection Safeguards (LPS). There has been feedback from the providers that due to other Government priorities the implementation of LPS maybe delayed and not come into force as anticipated on 1 October 2020. At present we do not have the detailed guidance that will enable an understanding of the impact of potential changes and volumes. However early indications would suggest access to advocacy appears to be significantly weaker under LPS. Under the Deprivation of Liberty Safeguards (DoLS) there is an obligation on the Supervisory Body to appoint an IMCA, whereas under LPS the duty is to 'take all reasonable steps' to appoint an IMCA if certain circumstances exist. Under DoLS, unpaid RPRs have access to IMCAs to support them in their role, whereas appropriate persons under LPS will not, only if the appropriate person asks for one. For clarification, under the LPS therefore there is no RPR or paid RPR role. Instead it is envisaged that the functions of the RPR will be included as part of the appropriate persons role and the paid RPR as part of the IMCA role. Various modelling of volumes and budgets have been undertaken some of which indicate a saving on the figures set out in Appendix C. Depending upon the implementation date and the fact that the both DoLS and LPS will run in parallel for a year any savings are not likely to be realised until year 2 or 3. Appendix C is therefore presenting a worst case scenario.

A flexible financial model and payment mechanism applied proposing a process if statutory demand outstrips the available funding but also safeguards in place for options of reinvestment into the service or service credits being applied if the demand anticipated is not realised will help to manage this uncertainty.

Whilst it is the intention that the children's element of the budget is ring-fenced the remaining funds will be pooled enabling the provider to be more flexible, not only in terms of resource, but also be more responsive to changes in the demand of different types of advocacy.

The proposed integrated delivery model allows for a long term partnership to be developed with the provider. This relationship, based upon an open book accounting approach, lends its self to working more closely with the provider, building trust and jointly responding to any changes in demand at the earliest opportunity.

## **1.2 Compliance with Legislation, Policy and Guidance**

The proposed scope of the services draws upon and is bound by statutory requirements for advocacy in the following:

- Care Act (2014)
- Mental Health Act (2007)
- Mental Health (Amendment) Act (2019)
- Mental Capacity Act (2005)
- Children and Families Act (2014)
- Health and Social Care Act (2012)

The County Council is also committed to making advocacy available for people eligible for social care services and carers who have a substantial difficulty being engaged in matters concerned with implementing care packages which fall outside of the targeted criteria for advocacy in the Care Act but who has access to or be eligible for adult care or secondary mental health services. Depending on the demand levels and the budgets available if the statutory elements and initial non-statutory advocacy requirements are met there it is proposed that there may also be an opportunity to support identified gaps in provision for individuals accessing primary care services.

### **1.3 The Invitation to Tender Document (ITT)**

The ITT will include the following:

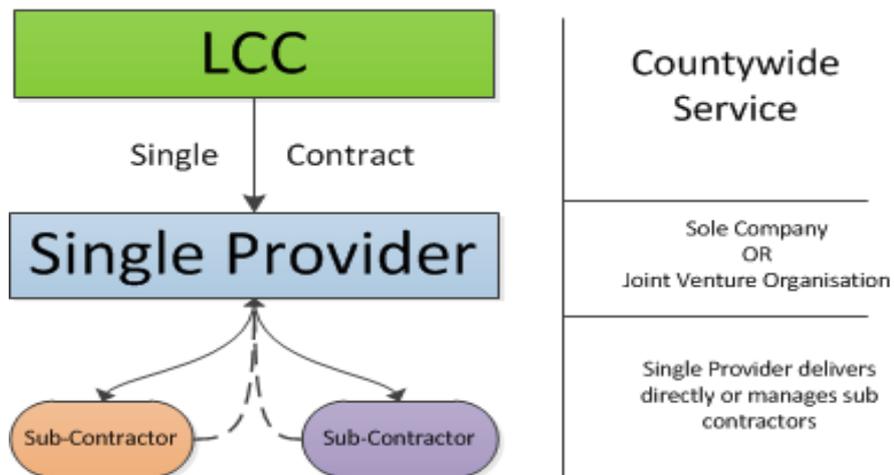
- A revised specification has been drafted incorporating key findings and lessons to be learned identified through the review and feedback from stakeholder consultation;
  - A specification that is clear in scope, interpretation and expectations;
  - Bespoke terms and conditions;
  - Appropriate award and evaluation criteria;
  - A realistic, appropriate and robust performance management framework;
- and
- An emphasis on partnership working and effective referral mechanisms.

### **1.4 Commercial Model**

Evidence collected on the current service indicates that where provision has taken place it has been to a good standard. The single provider model with an emphasis on delivery of outcomes will help ensure that the future contract is sustainable.

Whilst it is the intention that the Council will be contracting with a single provider, the market engagement has indicated that the delivery model may include consortium partnership or sub contractual arrangements. In this case the single provider will be responsible for the management of all partners or/and subcontractors. The delivery capability and cohesiveness of any proposed partnership arrangement will also form part of the tender evaluation.

## 1.5 Single Provider Structure



In determining a single provider the service model depends upon a number of factors:

### 1.6 Cost and Duration

A core principle of the single provider model is that a commitment of demand creates a strong commercial base for a provider and as such will help support them to deliver better value back to the Council. Similarly by guaranteeing this demand for a long period of time this would further strengthen a provider's ability to establish a sound base of business. This commitment will increase economies of scale for a provider, providers may wish to sub contract to, as well as allow them to build better business plans, optimise resources, better manage recruitment and the opportunity to plan reablement routes better, thus improving efficiency and lowering costs.

### 1.7 Payment Mechanism

The provider will be paid an equal block payment monthly in arrears. For this block payment the provider will be expected to meet all the minimum indicative demand as set out in Appendix C. Appendix C represents a maximum budget. Price will be competed on at tender stage and form part of the contract award criteria.

If statutory demand exceeds these predicted volumes and additional funding is needed, this will be requested based upon the anticipated number of additional hours required multiplied by the average hourly rate as confirmed at competition. Any additional funding shall only be released following approval by the Executive Director for Adult Care and Community Wellbeing.

If volumes anticipated in Appendix C are not realised the underutilised funds will be reinvested back into the service and/ or service credits may be applied.

## **1.8 Competition**

Exposing the service to the open market will help to encourage improved value for money through quality, innovation, possible reduction in costs and the added value any potential providers may bring.

## **1.9 Risk and flexibility**

In addition to this the Council should also give regard to the resulting balance of risk that follows from awarding the contract to a single provider. The Council will seek assurance and conduct due diligence through its procurement processes to ensure the single provider has the capacity to deliver the volume of hours and scope required in the service specification. These assurances will increase the Council's ability to manage risk as well as provide greater flexibility of service provision.

As the market is limited there is a risk that there will be insufficient bids. Whilst there were only three submissions received following the issue of the Pre-Market Engagement Questionnaire, the responses would indicate that there is sufficient market interest in this service. The previous overall average hourly rate was calculated at £35.65, which is slightly lower than the rates suggested within the budget allocation moving forward however it should be noted that the previous hourly rate for all adults advocacy was only £25.20. It is hoped that economies of scale and efficiencies can be made as a result of the proposed integrated two tier model of delivery and that the average hourly rate and therefore overall budgets will be attractive to market.

## **1.10 Tender process**

A key phase in the procurement will be in how organisations are assessed and qualified at the tender stage. As previously stated it is essential that the single provider or any organisation the provider sub contracts work to will be able deliver the required volume and outcomes. The Council must therefore have a clear understanding of the level of financial and business capacity a tenderer must have before being allowed to proceed to bid. This must be set at a level that represents an acceptable assessment of the level of risk as well as not being unreasonably burdensome and therefore restricting consortia bids.

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

ITT evaluation will focus on service quality and the capability of the single provider and any organisations they may wish to form sub contracting arrangements with to deliver the required volume and quality outcomes across the county set against clearly defined financial budgetary controls.

## 1.11 Scope

The full scope for these new arrangements are being developed, provider engagement and service user consultation has been undertaken to gain market intelligence and stakeholder feedback in terms of key aspects of future services.

As outlined below and shown in Appendix 1, it is the Council's intention to re-commission these services through a fully integrated model of delivery for all advocacy provision. It is proposed that there are two tiers to the service as set out below:

- Tier 1 Services – A telephone based Advocacy Hub service providing a single point of access (SPA) for information about advocacy. This service will have the responsibility for triaging all calls and for then assigning referrals to a specialist advocate or signposting a person to other services where appropriate, collecting, monitoring and interpreting performance data, and reporting to commissioners. Tier 1 will also provide low level advocacy and, it is envisaged the majority of the NHS complaints advocacy.
- Tier 2 Services - Individual service elements which will retain their specialist capabilities, service identity and specific statutory duties. These elements will provide face to face advocacy for people who use Adult Care services aged 18 and over, carers, and users of Mental Health Services. The Children's Rights Service shall be available to Children and Young People from 0 – 18 years of age. The Independent Advocacy Service shall be available to Children and Young People between the ages of 5 – 18 years of age, or up to the age of 24 years old in the case of care leavers.

The Service Provider is required to deliver the service in such a way that it supports relevant outcomes from the National Integrated Outcomes Framework for:

- Public Health Outcomes Framework 2016 – 2019;
- NHS Outcomes Framework 2017;
- Adult Social Care Outcomes Framework 2016 – 2017; and
- Every Child Matters Outcomes Framework.

All advocacy referrals are issue based. The delivery of individual outcomes will be captured and monitored through a robust Contract Management process. These will include but not limited to the following:

- Tangible benefits arising from the process of advocacy; enabling people to resolve issues or access services and gain
- Increased confidence
- Increased choice and control
- Increased independence
- Increased feelings of being safe and secure
- Improved health and wellbeing
- Reduced mental distress
- Increased feelings of empowerment and personal development

## **1.12 Market Engagement and Feedback**

A Prior Information Notice was published on 23 August 2019. This initiated a process of pre-tender market engagement. Feedback gained from this process has provided an understanding of the market's preferred approach to a number of important issues impacting on the commercial model, including the contract duration, market capacity and resource, payment mechanism and budget viability, contract attractiveness and mobilisation.

The results of this engagement exercise are summarised below:

- The contract duration of an initial three years with options to extend by a further two years was acceptable to all.
- The single provider model will more likely have to involve a partnership of providers in order to deliver all different types of advocacy. Only one provider could deliver all in-house.
- A block payment was acceptable to all as long as some flexibility could be incorporated in terms of any potential claw backs or service credits applied and clear expectations regarding indicative demand.
- In terms of contract mobilisation a three month timeframe was deemed adequate.

## **1.13 Procurement Implications**

The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method.

It is the intention to issue an OJEU Notice for publication week commencing 9th December and a Contract Award Notice will be issued on any award to a successful bidder.

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

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

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

### Public Services Social Value Act

In January 2013 the Public Services (Social Value) Act came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue

the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises in the delivery of the services. Evaluation methodologies will be explored so as to incentivise the delivery of a skilled and trained workforce.

Under section 1(7) of the Public Services (Social Value) Act 2012 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers are well understood. This and the market and other stakeholder consultation, carried out are considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

## **2.0 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.

An Impact Assessment has been completed and a copy of it is appended to this report (Appendix D). It is clear within the proposal for this service that the service will remain open to all groups regardless of protected characteristic if recommissioned.

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

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

Adults, Children and Young People's Health and Wellbeing are two of the core themes of the JSNA, with a key priority being to improve health and reduce health inequalities for individuals. Advocacy services enable the views of individuals to be heard who might otherwise have difficulty in expressing their needs and wishes.

The successful provider for advocacy services will be expected to demonstrate good knowledge of Lincolnshire and its demographics. The provider will be expected to have a local presence appropriate to service delivery.

### **4.0 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

This service is unlikely to contribute to the furtherance of the section 17 matters.

### **5.0 Conclusion**

Previous performance information indicates that a children and adults integrated, two tier delivery model has been effective in terms of single point of access for all referrals and enquiries, for the delivery of low level advocacy support and for the signposting of individuals who do not meet eligibility criteria. Performance measures also evidence positive Service User and Stakeholder feedback.

Through the incorporation of the NHS Advocacy Services it is hoped that this will enable a more efficient improved service, whereby the Council can ensure value for money and most importantly secure a quality service providing a mechanism to assist vulnerable adults, children and young people to have a voice, maintain independence and make choices that are right for them, often in difficult situations.

The focus of the procurement will be to establish a single provider for the county that will be able to fully meet the quality requirements set out by the council, guarantee that they are able to properly meet demand within budget and manage the subcontractor market effectively if appropriate.

#### **6.0 Legal Comments:**

The Council has the power to commission and enter into the contract proposed.

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

#### **7.0 Resource Comments:**

Due to the anticipated delay in key legislation being implemented there could be a significant impact on future demand. Years two and three of the new Advocacy Service contract reflect potential increases in demand, particularly in respect of IMCA DoLS related advocacy which will see a large overall increase in cost over these two years. As the predicted costs in years two and three exceed the amount that is currently allocated in the advocacy budget, further consideration will need to be given as to how the potential shortfall will be met.

#### **8.0 Consultation**

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

**b) Has The Executive Councillor Been Consulted? – Yes**

#### **c) Scrutiny Comments**

The decision will be considered by the Adult Care and Community Wellbeing Scrutiny Committee on 27 November 2019. The comments of the Committee will be made available to the Executive Councillor.

**d) Has a Risks and Impact Analysis been carried out?**

Yes

**e) Risks and Impact Analysis**

Risk management have been addressed within the report.

## 9.0 Appendices

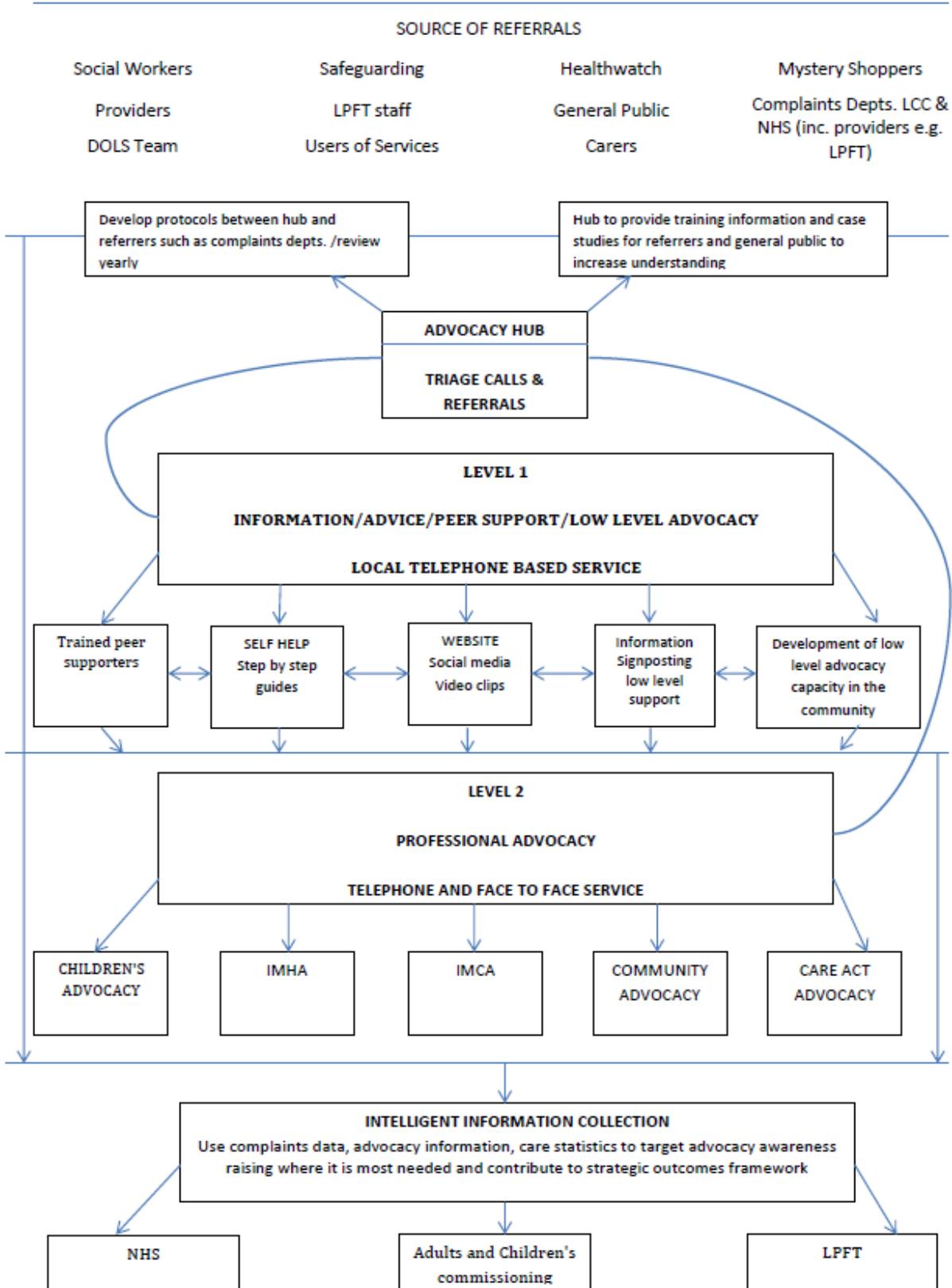
These are listed below and attached at the back of the report:	
Appendix A	The Integrated Delivery Model
Appendix B	The Types of Advocacy
Appendix C	Estimated Volumes and Associated Budgets for 1 July 2020 – 30 June 2023
Appendix D	The Equality Impact Assessment

## 10.0 Background Papers

No Background Papers within the meaning of section 100D of the Local Government Act 1972 were used in the preparation of this Report.

This report was written by Marie Kaempfe-Rice, who can be contacted on 01522 554087 or [Marie.Kaempfe-Rice@lincolnshire.gov.uk](mailto:Marie.Kaempfe-Rice@lincolnshire.gov.uk) .

PROPOSED MODEL FOR LINCOLNSHIRE



## Types of Advocacy

Type	Description
<b>Children &amp; Young People</b>	Advocacy service working with children and young people.
<b>Care Act</b>	Supporting people according to Care Act legislation. Eligibility measured on “substantial difficulty”. Issues include: Information and advice, Assessment, Safeguarding, Support planning, Care review
<b>IMHA Independent Mental Health Advocacy</b>	Supporting people who are detained under the Mental Health Act.
<b>IMCA Independent Mental Capacity Advocacy</b>	Supporting people according to Mental Capacity Act legislation. Eligibility measured on “lack of capacity” to make specific decision. Issues include: Long Term Accommodation, Serious Medical Treatment, Safeguarding, Care Review
<b>39A IMCA (IMCA DOLS)</b>	Part of Deprivation Of Liberty – IMCA instructed to support person through an “urgent authorisation” which can last 7 or 14 days. Initial DOLS Assessments are undertaken in that time and a decision is made whether the person should be deprived of their liberty or not.
<b>39D IMCA (IMCA DOLS)</b>	Part of Deprivation Of Liberty – IMCA instructed to support the person’s Representative (RPR) with their role. It may also be requested to support the person as well as the Representative.
<b>RPR Relevant Person’s Representative</b>	Advocate instructed to act a Representative for the person who is deprived of their liberty. This may last for up to 12 months.
<b>Professional Advocacy (non-statutory)</b>	Supporting people to have a voice, who wouldn’t meet criteria for the statutory services. The criteria are that the person needs to have access – or be eligible – to adult social care or secondary mental health services.
<b>Litigation Friend (usually RPR)</b>	This is when Advocate is supporting someone through Court of Protection proceedings which require parties to be involved. Mostly to do with DOLS and people who wish to challenge their deprivation through the Court.
<b>Rule 1.2 Representative</b>	Deprivation Of Liberty, but in the community. The process is to go through Court of Protection to decide on DOLS and we will be instructed by the County Council Legal Services and then the Court to act as a Representative for the person throughout their authorisation.

## Estimated Volumes and Associated Budgets for 1 July 2020 – 30 June 2023

	Hours	Cases	Hours	Cases	Hours	Cases	Year 1	Year 2	Year 3	Total 3 Year Spend	Average 3 Year Spend
Tier 1 – Single Point of Access Hub Activity	1350	11,500	1350	11,500	1350	11,500	£ 33,750.00	£33,750.00	£33,750.00		
NHS Complaints Advocacy	3020	300	3020	300	3020	300	£ 105,700.00	£105,700.00	£105,700.00		
Children's and Young People Services	2378	238	2378	238	2378	238	£ 83,230.00	£83,230.00	£83,230.00		
Care Act	2800	350	3080	385	3384	423	£ 98,000.00	£107,800.00	£118,440.00		
IMCA	1846	284	2028	312	2230	343	£ 64,610.00	£70,980.00	£78,032.50		
39A IMCA	268	60	297	66	324	72	£ 9,380.00	£10,395.00	£11,340.00		
39D IMCA	992	20	1078	22	1176	24	£ 34,720.00	£37,730.00	£41,160.00		
RPR	5609	792	6650	950	7980	1140	£ 196,315.00	£232,750.00	£279,300.00		
Rule 1.2	460	23	640	32	880	44	£ 16,100.00	£22,400.00	£30,800.00		
Litigation Friend	271	3	271	3	271	3	£ 9,485.00	£9,485.00	£9,485.00		
IMHA	1655	461	1737	484	1824	508	£ 57,925.00	£60,795.00	£63,840.00		
Prof	2548	176	2548	176	2548	176	£ 89,180.00	£89,180.00	£89,180.00		
<b>TOTAL</b>	<b>23197</b>	<b>14207</b>	<b>25077</b>	<b>14468</b>	<b>27365</b>	<b>14771</b>	<b>£ 798,395.00</b>	<b>£864,195.00</b>	<b>£944,257.50</b>	<b>£2,606,847.50</b>	<b>£868,949.17</b>

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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.

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**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>	Advocacy Services	<b>Person / people completing analysis</b>	Helen Bromley
<b>Service Area</b>	Adult Care	<b>Lead Officer</b>	Marie Kaempfe-Rice
<b>Who is the decision maker?</b>		<b>How was the Equality Impact Analysis undertaken?</b>	Desktop
<b>Date of meeting when decision will be made</b>	Click here to enter a date.	<b>Version control</b>	V1
<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>	Commissioned
<b>Describe the proposed change</b>	<p>Lincolnshire County Council (LCC) has two main contracts delivering Advocacy Services. These comprise:</p> <ul style="list-style-type: none"> <li>- The Independent Lincolnshire Advocacy Services delivered by Voiceability and</li> <li>- The NHS Complaints Advocacy Service delivered by POHWER.</li> </ul> <p>Both of these contracts come to an end as of 30<sup>th</sup> June 2020. A review has been completed looking at the performance of the current contracts and expectations in terms of future demand. It is recommended that the two services will be combined into one contract to start 1<sup>st</sup> July 2020. It has also be noted that the involvement contract which is currently part of the Advocacy Contract through a contract variation will be contracted separately as of the 1<sup>st</sup> June 2020.</p>		

### **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>	The advocacy service is an all age service and can support people form and articulate their views about what they should receive in terms of social care, mental health and general health services, explain how they are being treated and feel they should be treated and communicate their views to those in a position of authority.
<b>Disability</b>	Individuals accessing health and care services, people with learning disabilities, mental health illness or physical disabilities can access advocacy. Provision of an advocacy service is a statutory requirement for local authorities, the service supports individuals and enables them to: <ul style="list-style-type: none"> <li>• express their views and concerns</li> <li>• access information and services</li> <li>• defend and promote their rights and responsibilities</li> <li>• explore choices and options</li> </ul>
<b>Gender reassignment</b>	There is no specific positive impact relating to gender re assignment.
<b>Marriage and civil partnership</b>	There is no specific positive impact relating to marriage or civil partnership
<b>Pregnancy and maternity</b>	There is no specific positive impact relating to pregnancy and maternity
<b>Race</b>	There is no specific positive impact relating to race.

<b>Religion or belief</b>	There is no specific positive impact relating to religion or belief.
<b>Sex</b>	There is no specific positive impact relating to sex
<b>Sexual orientation</b>	There is no specific positive impact relating to sexual orientation.

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

**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'.**

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

<b>Race</b>	'No perceived adverse impact'
<b>Religion or belief</b>	'No perceived adverse impact'
<b>Sex</b>	'No perceived adverse impact'
<b>Sexual orientation</b>	'No perceived adverse impact'

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

## Stakeholders

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

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

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

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### Objective(s) of the EIA consultation/engagement activity

The service is informed by statutory requirements for advocacy in:

- Care Act (2014)
- Mental Health Act (2007)
- Mental Capacity Act (2005)
- Children and Families Act (2014)
- Health and Social Care Act (2012)

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

<b>Age</b>	
<b>Disability</b>	
<b>Gender reassignment</b>	
<b>Marriage and civil partnership</b>	
<b>Pregnancy and maternity</b>	
<b>Race</b>	
<b>Religion or belief</b>	

<b>Sex</b>	
<b>Sexual orientation</b>	
<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.	
<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>	

### Further Details

<b>Are you handling personal data?</b>	<p>Yes</p> <p>If yes, please give details.</p> <p>Service will hold personal data regarding individual cases they are dealing with.</p>
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<b>Actions required</b>	<b>Action</b>	<b>Lead officer</b>	<b>Timescale</b>
Include any actions identified in this analysis for on-going monitoring of impacts.			
<b>Signed off by</b>		<b>Date</b>	Click here to enter a date.

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>27 November 2019</b>
Subject:	<b>Adult Care and Community Wellbeing Performance Report - Quarter 2 2019/20</b>

**Summary:**

This report presents performance against Council Business Plan targets for the Directorate as at the end of Quarter 2 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 performance of Adult Care and Community Wellbeing for Quarter 2.

## 1. Background

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

- Community Wellbeing
- Safeguarding Adults
- Specialist Adult Services
- Carers
- 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 central 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 this appendix where available.

Overall, 18 of the 26 measures are achieving or exceeding the agreed targets at the end of Quarter 2, with three of the remaining measures being survey measures, reported annually in Quarter 4.

Reporting by exception, of the 23 measures reported in Quarter 2, five are not achieving target at the end of this period. Four of these are within the Community Wellbeing commissioning strategy, relating to successful alcohol dependency treatments, chlamydia diagnoses, Making Every Contact Count (MECC) and smoking cessation, and one is within the Carers commissioning strategy, relating to carers who have received a review of their needs.

The performance for percentage of alcohol users who left specialist treatment successfully this period has declined slightly, to 34.9% from 36.1% last quarter, fluctuating around the 35% mark envisaged by commissioners in previous reports. Data has a three month time lag and reflects performance at the end of June 2019. Recent work has identified that the service provides good value for money and that the re-presentation rate is among the best in the country, with only 0.9% of all those completing alcohol treatment re-presenting to services. This is a good indicator that long term recovery is being achieved, making relapse less likely, and is itself a measure that has improved even further from the low figure of 3.3% last quarter.

Although the target for chlamydia diagnoses per 100,000 15-24 year olds has been missed this quarter, Lincolnshire's performance is only slightly below that of our comparator local authority areas. Data has a six month time lag and reflects performance at the end of March 2019. The service continues to seek to improve performance through partnership work and in the way the service is delivered, for example, online testing continues to be popular and achieves a high level of successful diagnoses. The service is also working closely with Public Health England to clarify issues relating to data quality. We are in the early processes of recommissioning our Sexual Health Services, of which this will form a key component.

Targets for the number of health and social care staff trained in MECC reflect planned changes in activity throughout the year. Although the relatively low target for Quarter 2 has not been met, this reflects that activity has instead been spent training and supporting a network of cascade trainers (within the NHS Trusts and District Councils) who will be responsible for the sustainability and delivery of MECC beyond 2019-20. The end of year target is expected to be met fully. In addition, extensive promotional activity has been undertaken, particularly within the NHS, resulting in 120 MECC conversations taking place with frontline staff.

Data for the number of people successfully supported to stop smoking has a three month time lag and so represents performance at the end of June 2019. The provider of stop smoking services changed on 1 July 2019 when the new integrated lifestyle service, One You Lincolnshire, began. Annual targets are expected to be met.

The measure for carers who have received a review of their needs in the last 12 months has missed target this quarter. This is unusual and has come about due to shifts in delivery model, with fewer carers receiving a direct payment from the Carers Service, their needs being met through networks and community assets, and a larger proportion receiving respite support and having joint reviews alongside the person for whom they care. Referral pathways and performance are being monitored alongside specific targeting, and performance is expected to improve over the next quarter, to again meet or exceed target by year end.

All measures for the Safeguarding Adults, Specialist Adult Services 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	Q2 Adult Care & Community Wellbeing Performance Summary
Appendix B	Q2 Adult Care & 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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		2018/19	2019/20			
		Actual	Q2 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%	35% Jun-19	40%	↑	Not achieved
33	% of people aged 40 to 74 offered and received an NHS health check <b>PHOF 2.22iv</b>	63%	64% Jun-19	55%	↑	Exceeds
34	Chlamydia diagnoses per 100,000 15-24 year old <b>PHOF 3.02</b>	1,794	1,809 Mar-19	2,045	↑	Not Achieved
109	Number of Health and Social Care staff trained in Making Every Contact Count (MECC)	1,126	92	100	Cumulative	Not Achieved
110	Older people supported by the Wellbeing Service to improve their outcomes	96%	98% Jun-19	95%	↑	Achieved
111	People successfully supported to stop smoking	1,545	435 Jun-19	800	Cumulative	Not Achieved
112	People accessing Housing related support that are successfully supported to access and maintain their settled accommodation	96.0%	98%	90%	↑	Achieved
113	Percentage of emergency & urgent deliveries & collections completed on time within ICES	99.0%	100%	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%	95%	95%	↓	Achieved
130	% of Adult Safeguarding concerns that lead to a Safeguarding enquiry <b>**NEW FOR Q4**</b> <b>SAC SG1f</b>	43%	44%	47%	↑	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
117	% of adults in contact with secondary mental health services living independently, with or without support <b>ASCOF 1H</b>	77%	78%	75%	↑	Achieved
118	% of adults with a learning disability in receipt of long term support who have been reviewed in the period	96%	52%	48%	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%	54%	48%	Cumulative	Exceeds
<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	10,578 1,734	10,550 1,730	↑	Achieved
121	Carers who have received a review of their needs in the last 12 months	89%	78%	85%	↓	Not 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	328	575	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%	55%	45%	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%	92%	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%	91%	95%	↑	Achieved

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## 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. Admissions into residential and nursing placements tend to increase in the winter period due to illness and increased care being required.

This measure is particularly sensitive to time lags in data recording on the system because of the complex care home placement process. As such the reported figures are as recorded at the time of the data extract.



Achieved

328

People

Cumulative Actual as at  
September 2019

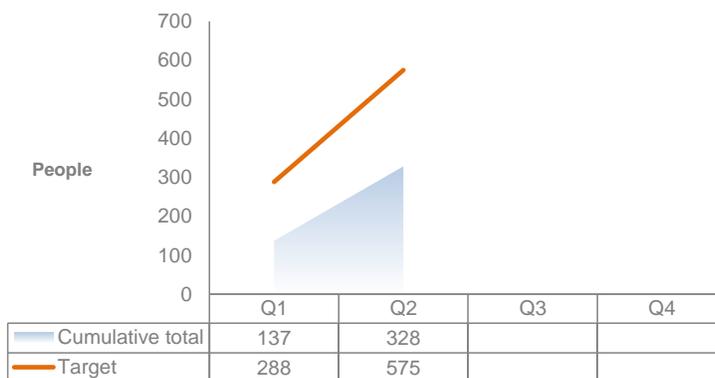


575

People

Cumulative Target as at  
September 2019

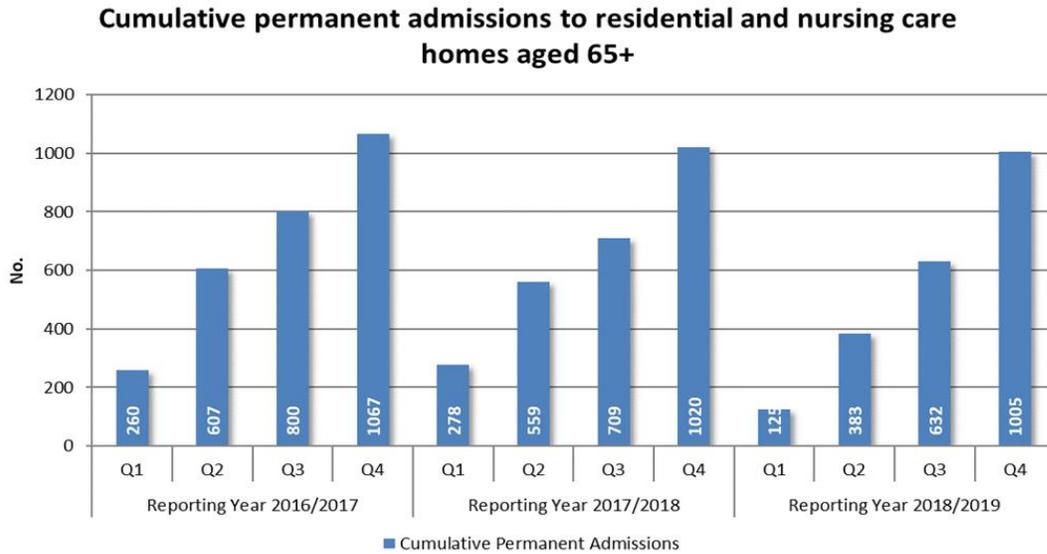
#### Permanent admissions to residential and nursing care homes aged 65+



#### About the latest performance

There is fluctuation with this measure as expected, but performance remains within the agreed target tolerance.

Further details



About the target

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

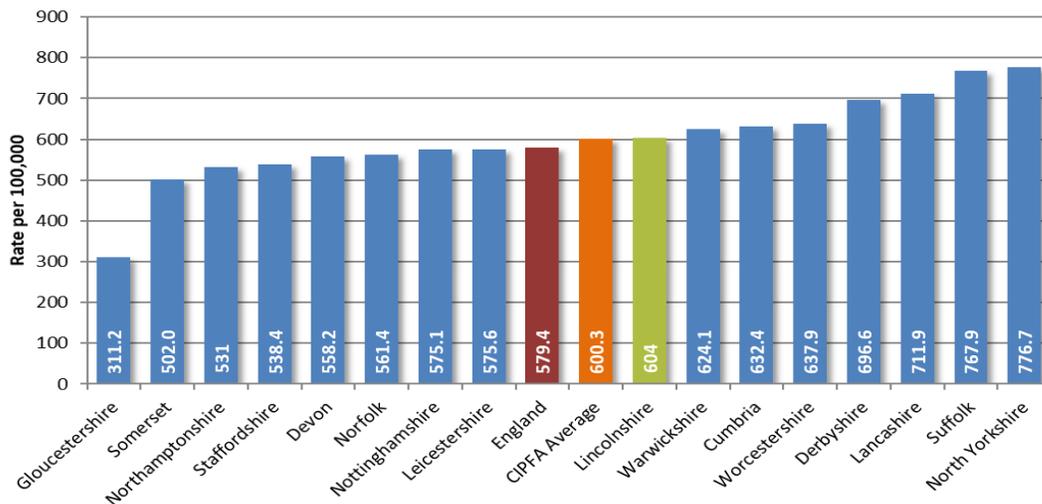
About the target range

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

**Permanent admissions to residential and nursing care homes aged 65+**  
Source: ASCOF - CIPFA Benchmarking 2018/2019





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 2 September 2019

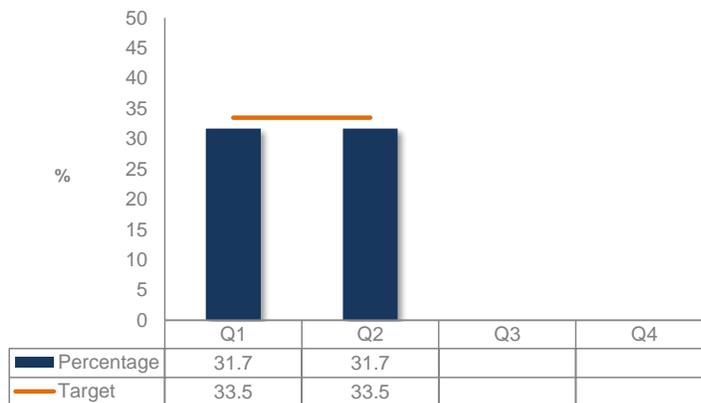


33.5

%

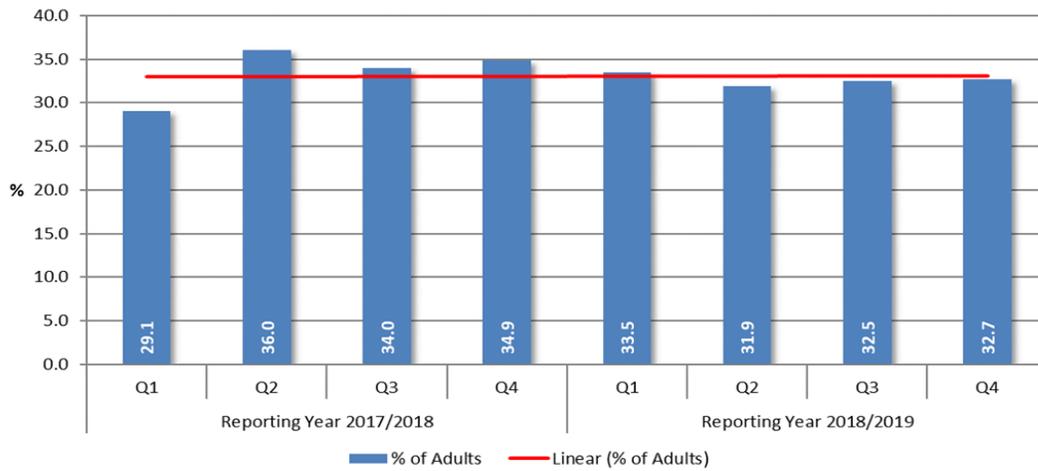
Target for September 2019

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.

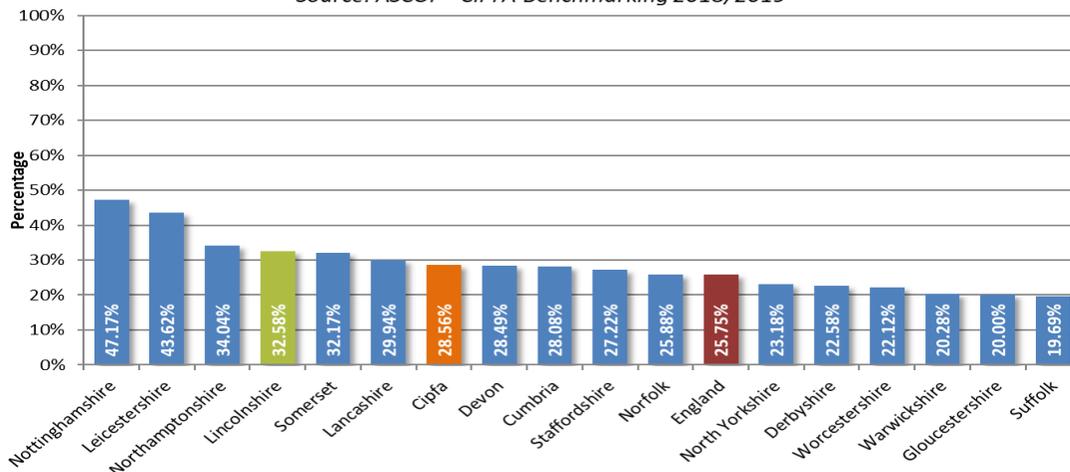
About the target range

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

**Adults who receive a direct payment**  
Source: ASCOF - CIPFA Benchmarking 2018/2019





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.

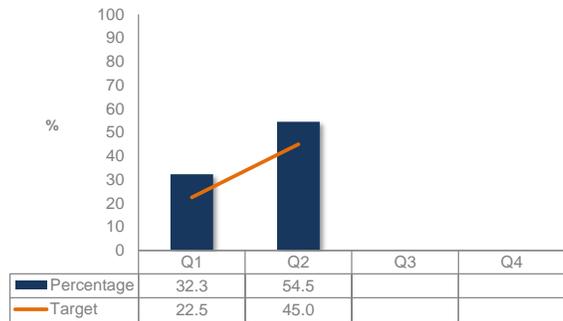
**Achieved**

**54.5**  
%  
Cumulative Actual as at  
September 2019

↓

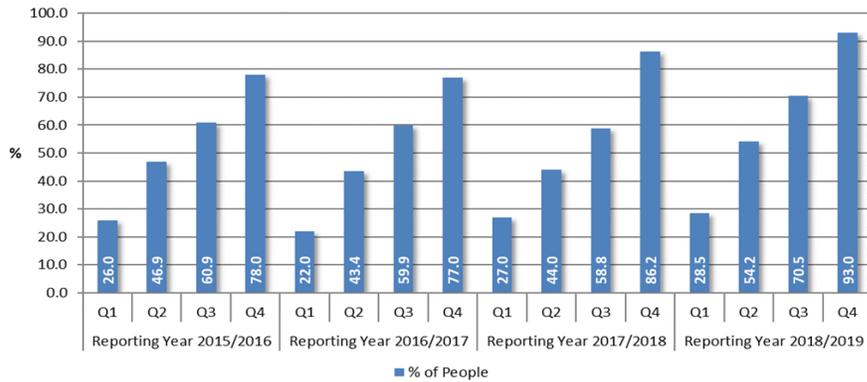
**45**  
%  
Cumulative Target as at  
September 2019

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)**



About the target

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

About the target range

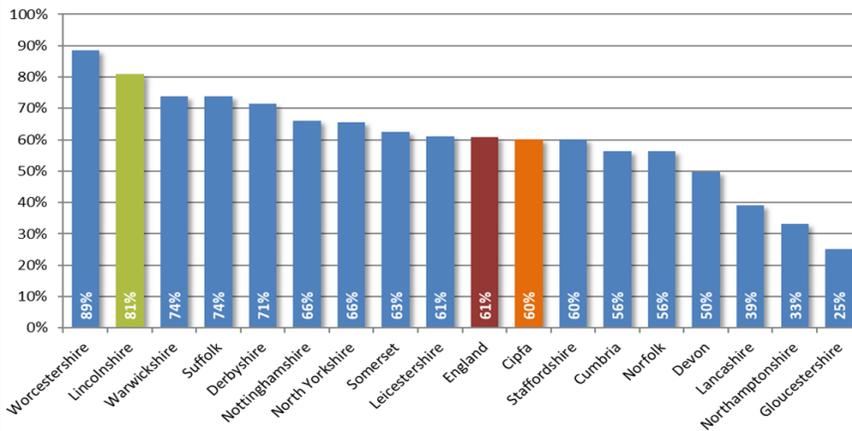
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health.

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 2018/2019





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 Short and Long Term (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

91.8

%

Quarter 2 September 2019

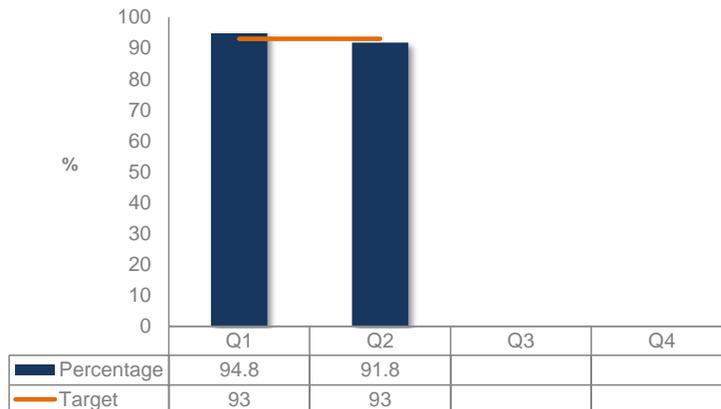


93

%

Target for September 2019

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

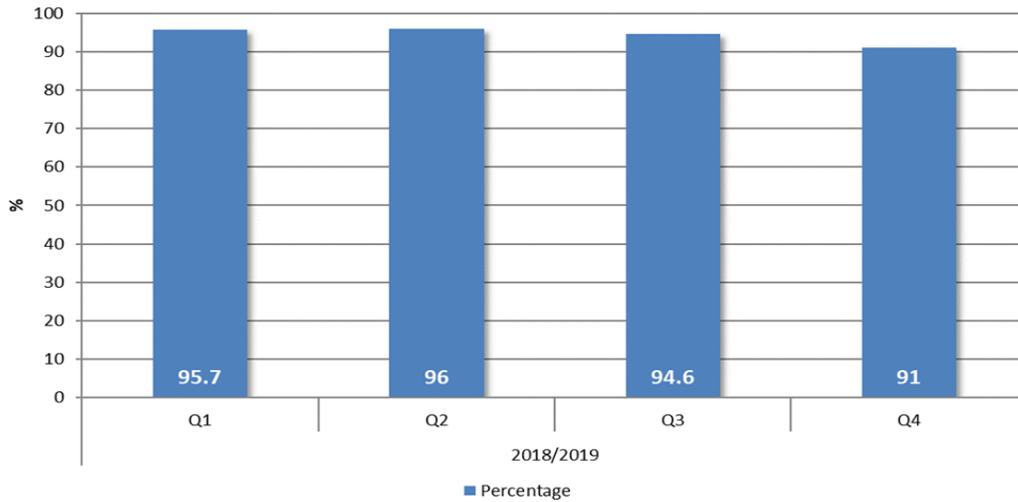


About the latest performance

There is fluctuation with this measure as expected, but performance remains within the agreed target tolerance.

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

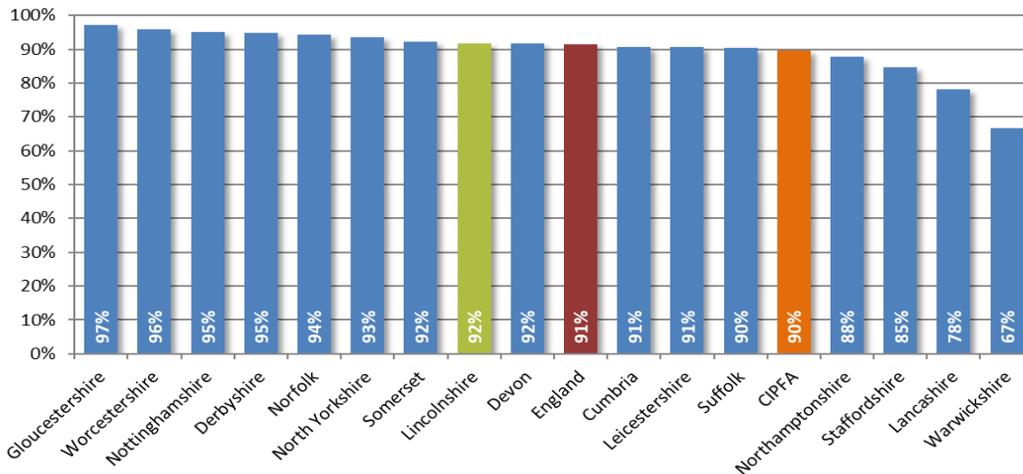
A target range for this measure is set at +/- 2 percentage points - the tolerance level is lower than other measures because any more than a 2% adverse variance from the target would equate to several hundred extra people accessing intensive services.

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

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

Source: SALT Data file 2018/2019





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

91.4

%

Quarter 2 September 2019

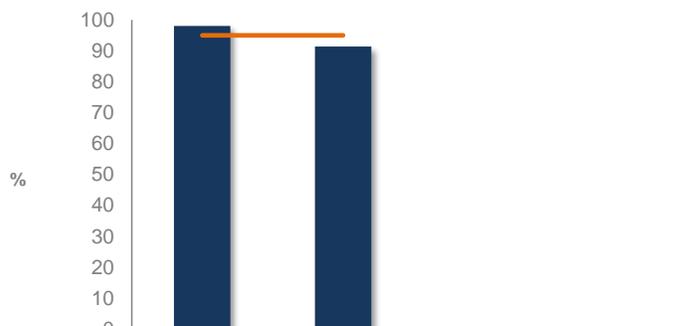


95

%

Target for September 2019

Completed episodes of Reablement

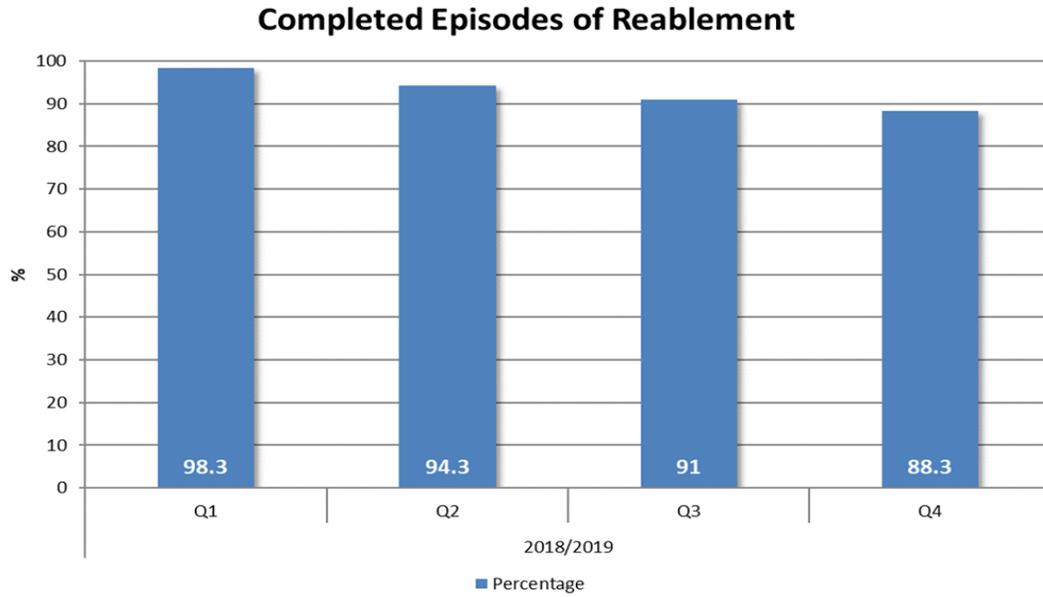


	Q1	Q2	Q3	Q4
Percentage	98.0	91.4		
Target	95	95		

About the latest performance

There is fluctuation with this measure as expected, but performance remains within the agreed target tolerance.

Further details



About the target

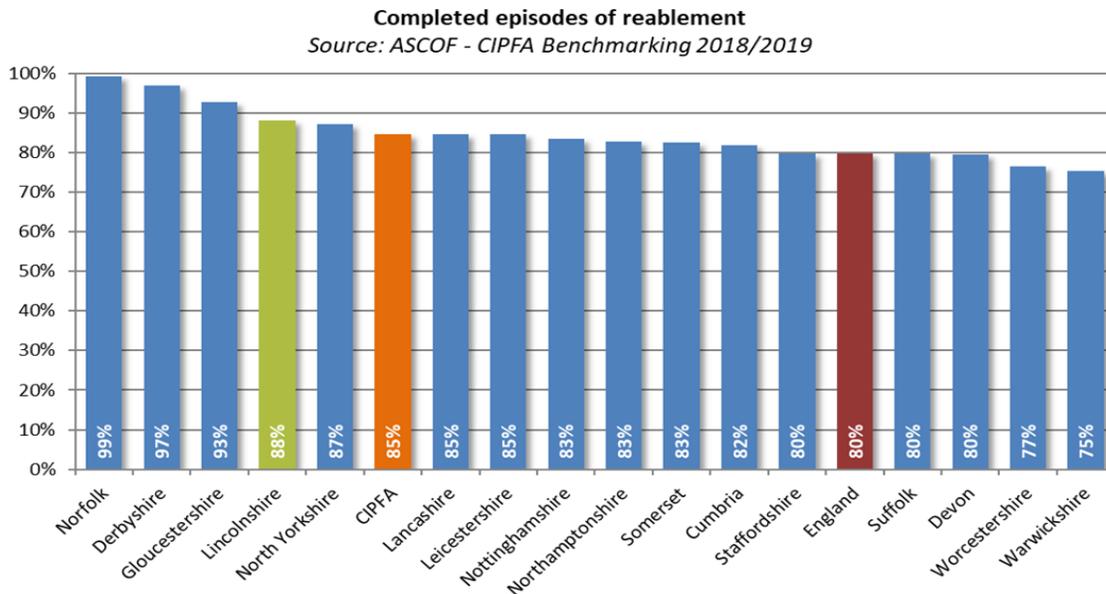
The target for this measure has been set to 95%, based on CIPFA comparator averages. Our aim is to maintain this level of performance.

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.





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

1,734

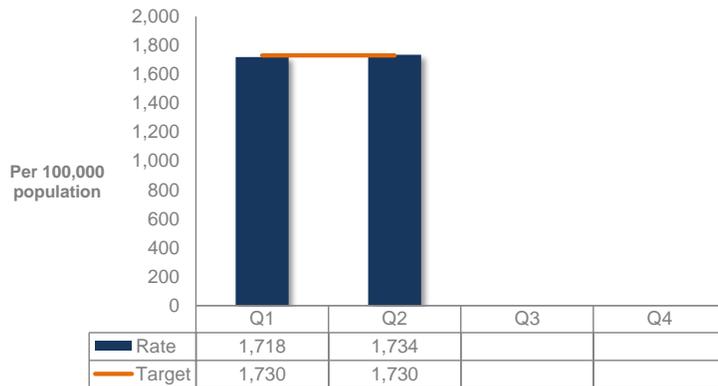
Per 100,000 population  
Quarter 2 September 2019



1,730

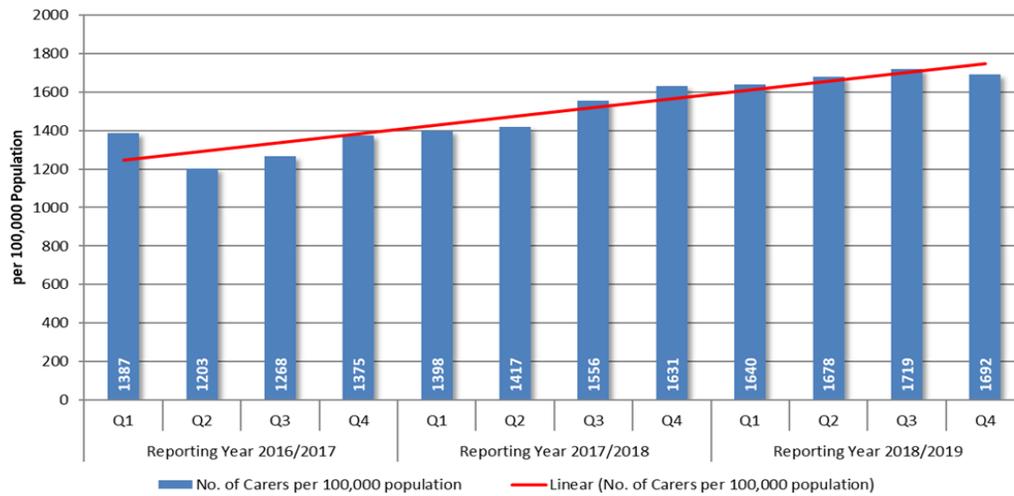
Per 100,000 population  
Target for September 2019

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.

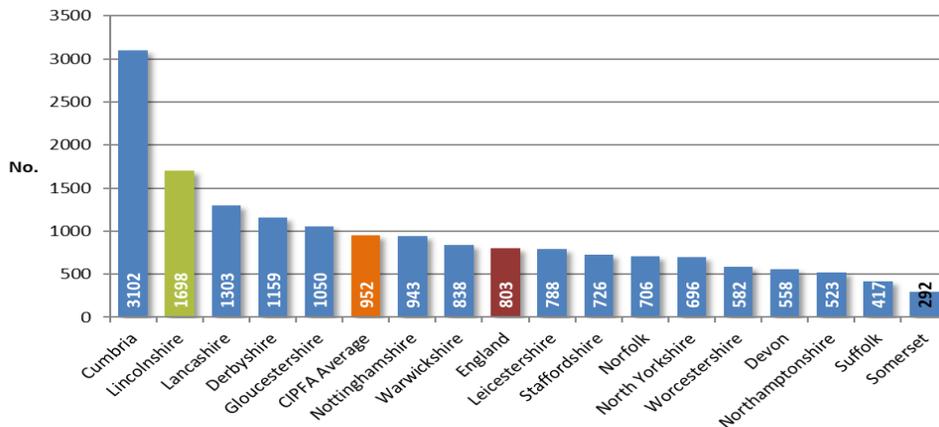
About the target range

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Carers supported per 100,000 population (2018/2019)





Health and Wellbeing is improved

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

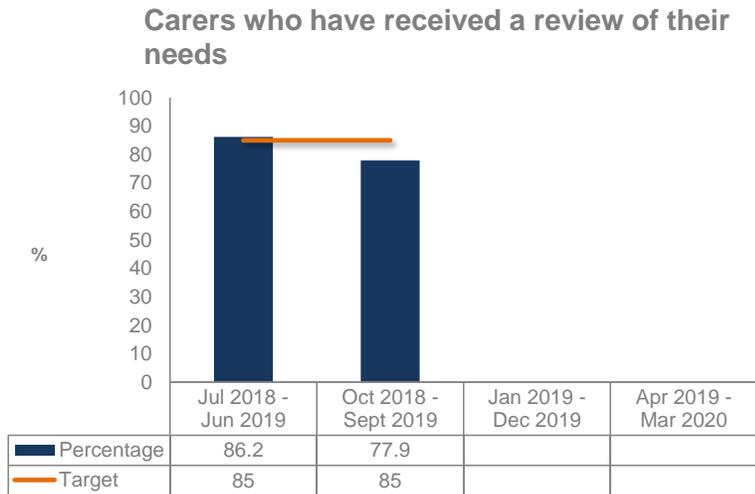
Carers who have received a review of their needs

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.

Not achieved

**77.9**  
%  
Oct 2018-Sept 2019

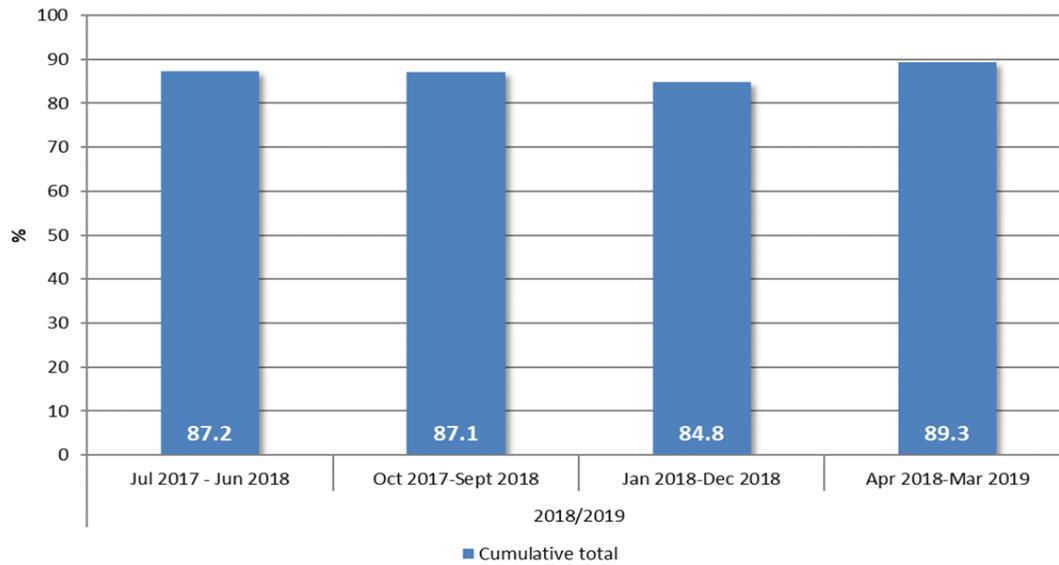
**85**  
%  
Target for Oct 2018-Sept 2019



About the latest performance

Recent changes in delivery model, with more needs being met through networks and community assets, has meant a reduction in direct payments and a larger proportion of carers having joint reviews alongside the person for whom they care due to the respite support that they receive. Referrals pathways and performance are being monitored alongside specific targeting, and performance is expected to improve over the next quarter, to again meet or exceed target by year end.

### 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.

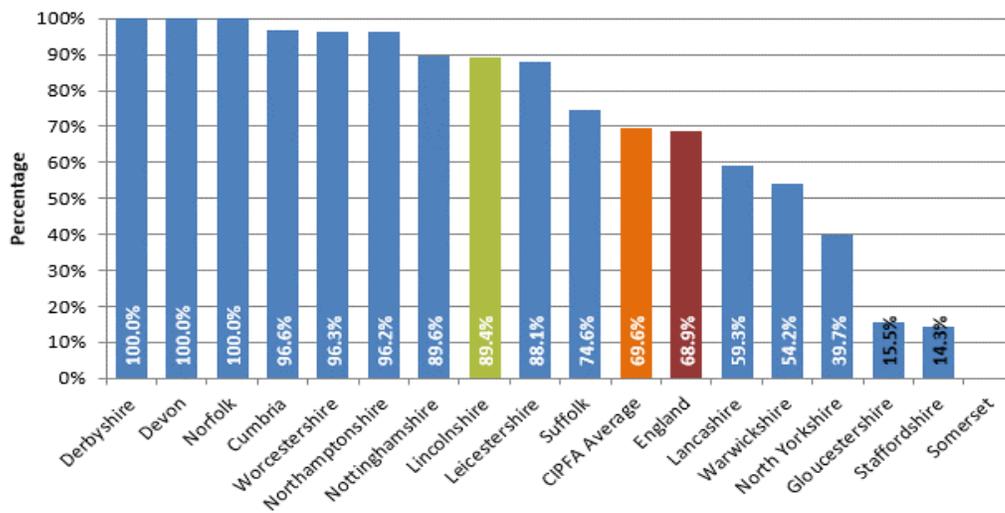
#### About the target range

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures

Carer Reviews and Assessments (2018/2019)



No data for Somerset reviews

 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.

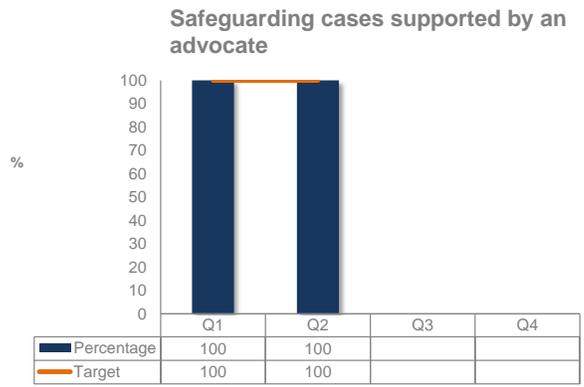
A higher percentage of cases supported by an advocate indicates a better performance.

 **Achieved**

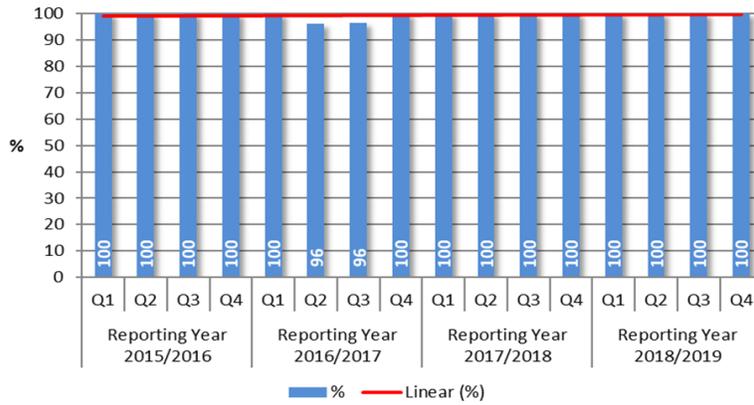
**100**  
%  
Quarter 2 September 2019



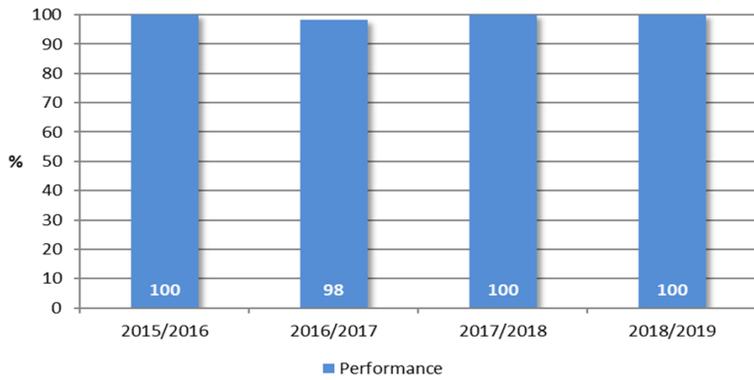
**100**  
%  
Target for September 2019



### 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

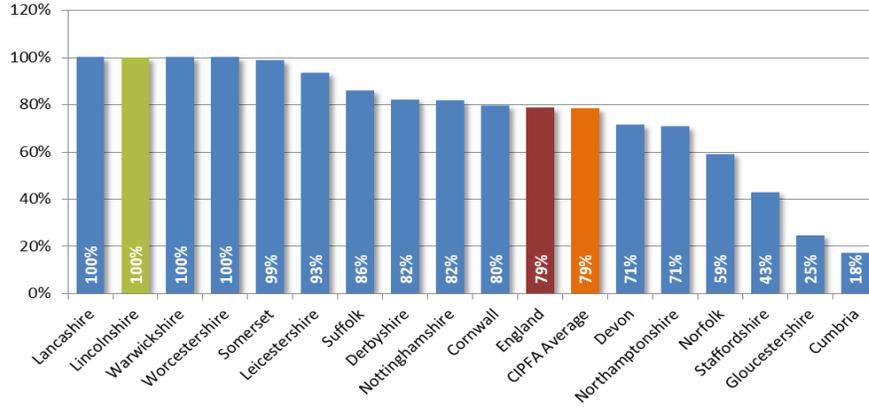
This measure has a target range of +/-5 percentage points based on tolerances used by Department of Health.

### 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

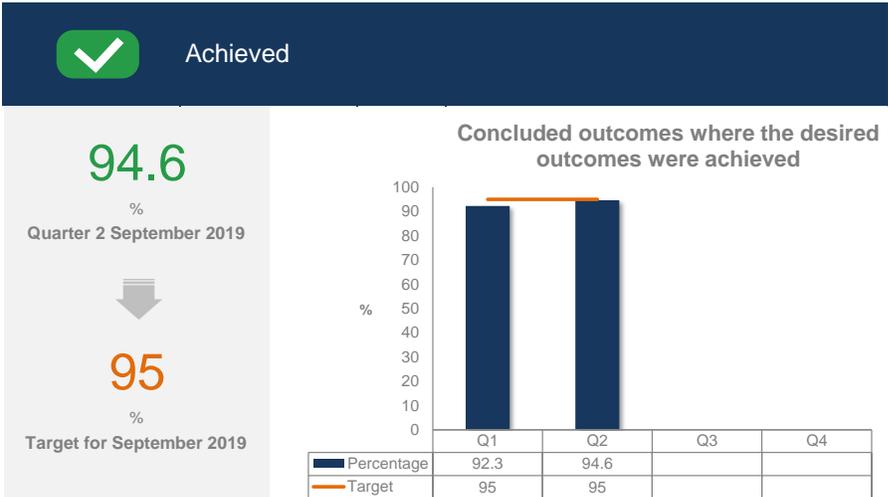
Concluded enquiries where the desired outcomes were achieved

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.

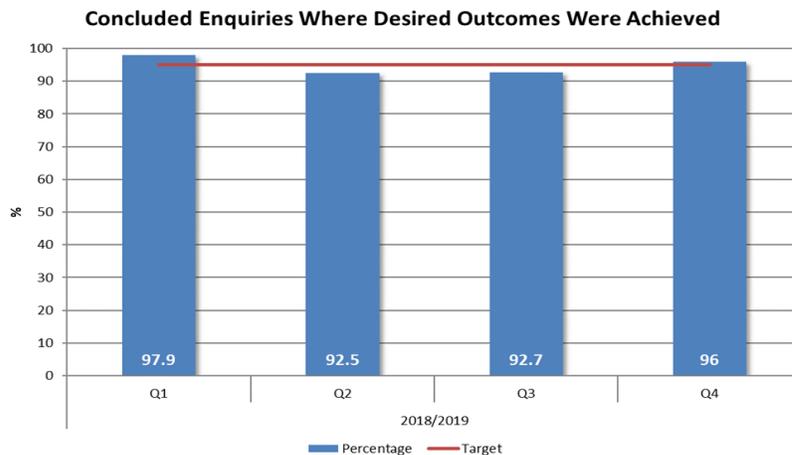
Numerator: The number of concluded enquiries in the denominator where the person's desired outcome was fully or partially achieved.

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

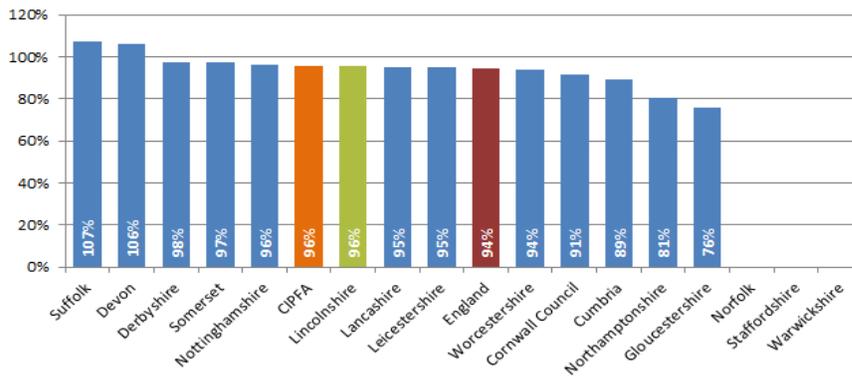
This measure has a target range of +/-5 percentage points.

#### 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.

#### Safeguarding Enquiries concluded where the desired outcomes were fully / partially met

Source: SAC SG4a: Making Safeguarding Personal 2017/2018



#### 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

44.3

%

Cumulative Actual as at  
September 2019

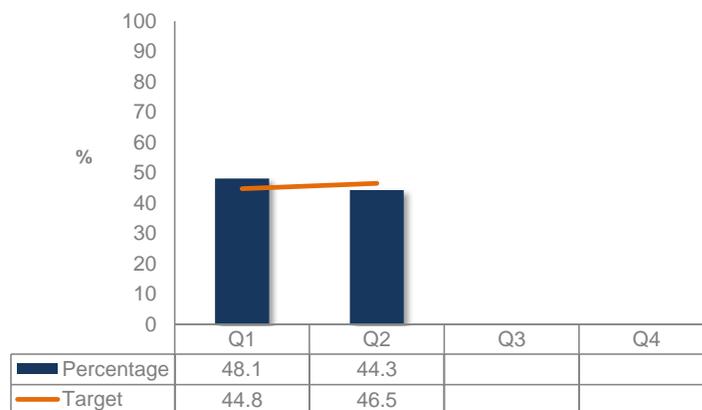


46.5

%

Cumulative Target for  
September 2019

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

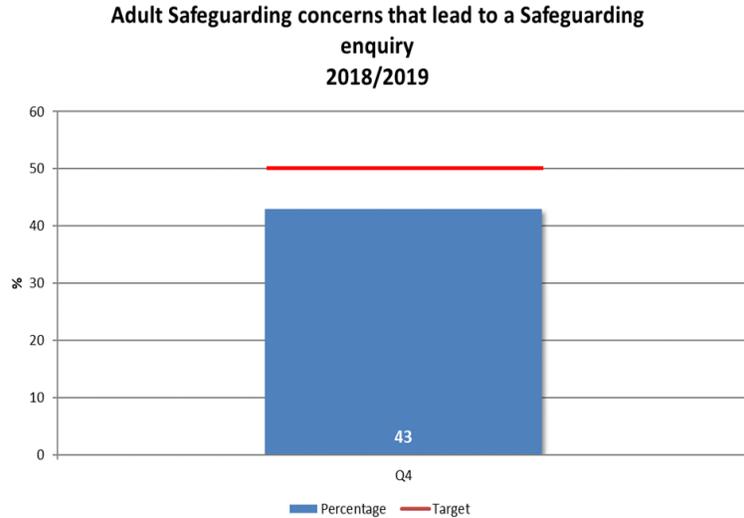


#### About the latest performance

Work is being undertaken with Lincolnshire Safeguarding Adults Board (LSAB) partners to improve the quality of the referrals received which should have a positive impact on the number of referrals which do not progress to enquiry.

Reporting has also been refined which has improved the accuracy of the data.

## Further details



### About the target

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date. The target is profiled to monitor an increase to 50% by the end of 2019/20, which means an increment of 1.75 percentage points is applied quarterly.

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

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

77.2

% of adults

Quarter 2 September 2019

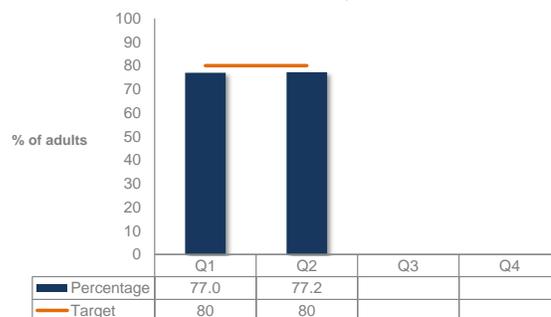


80

% of adults

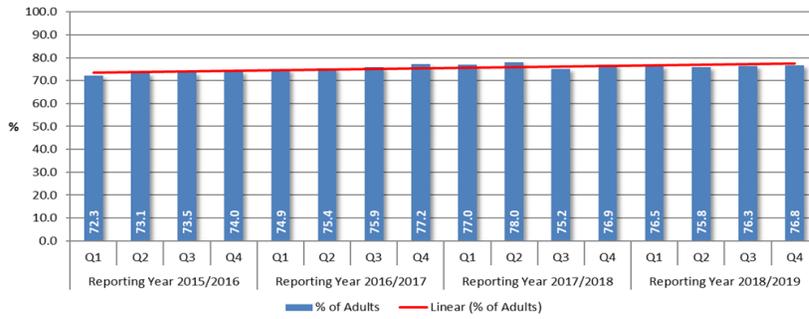
Target for September 2019

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

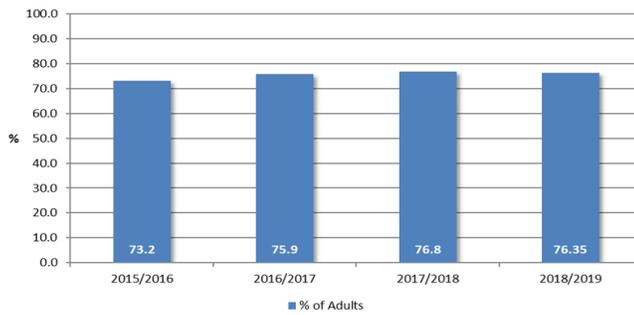


Further details

**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.

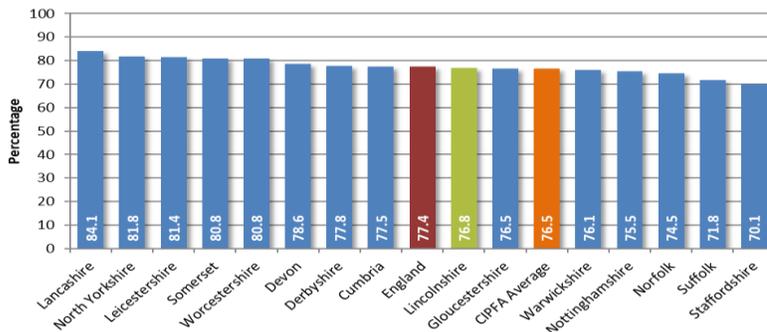
About the target range

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

The proportion of adults with a learning disability who live in their own home or with their family (2018/2019)





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 in the community.  
 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

51.4

%

Quarter 2 September 2019



49

%

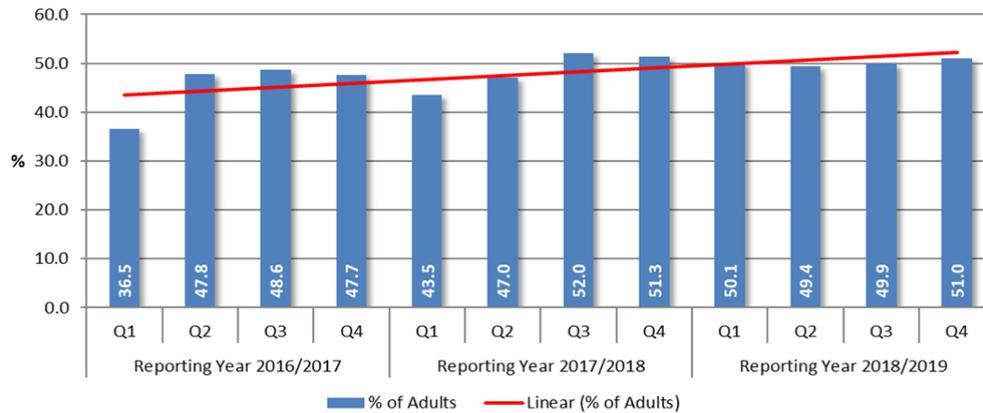
Target for September 2019

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.

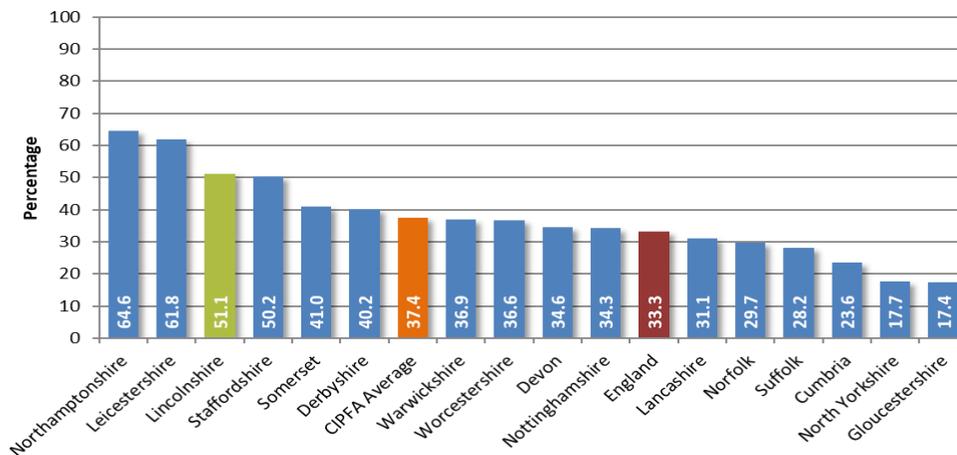
About the target range

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

LD & MH Direct Payments (2018/2019)





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.



Achieved

77.6

%

Quarter 2 September 2019

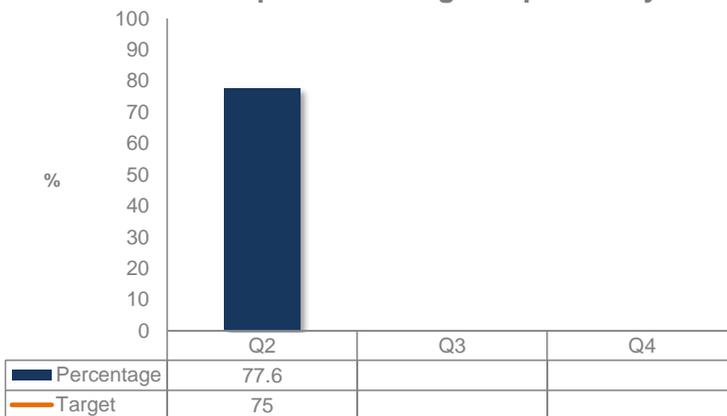


75

%

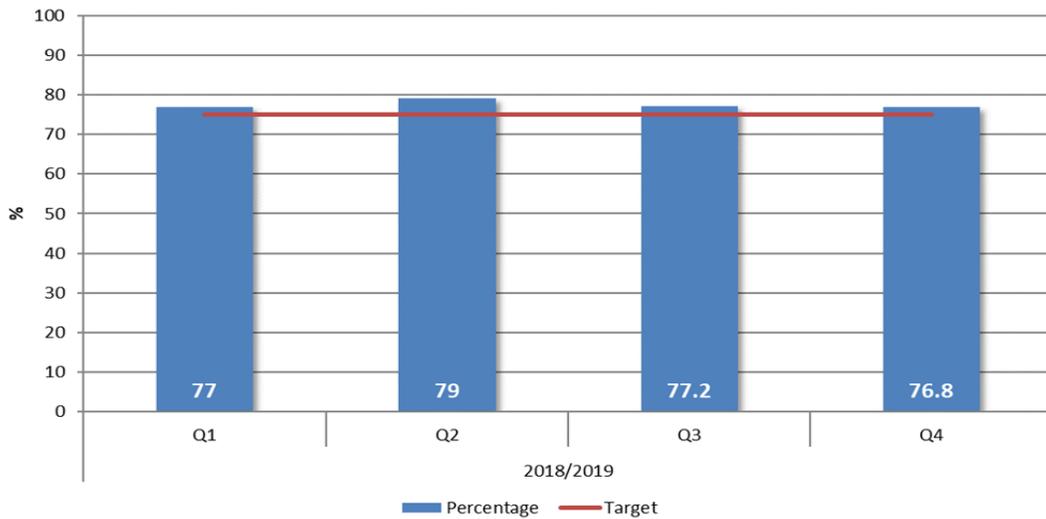
Target for September 2019

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



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.

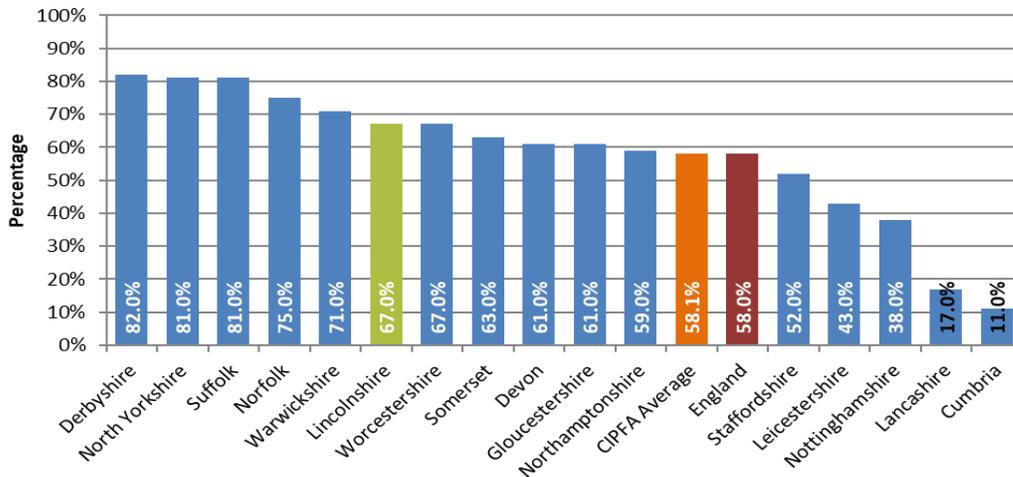
About the target range

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

About benchmarking

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. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures

The proportion of adults in contact with secondary mental health services living independently (2018/2019)





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. As clients require an annual review each year, this measure resets to 0% on 1st April. Reviews of these clients are undertaken by area teams throughout the year, with the aim to have reviewed 95% of clients by year-end.



Achieved

51.9

%

Cumulative Actual as at September 2019

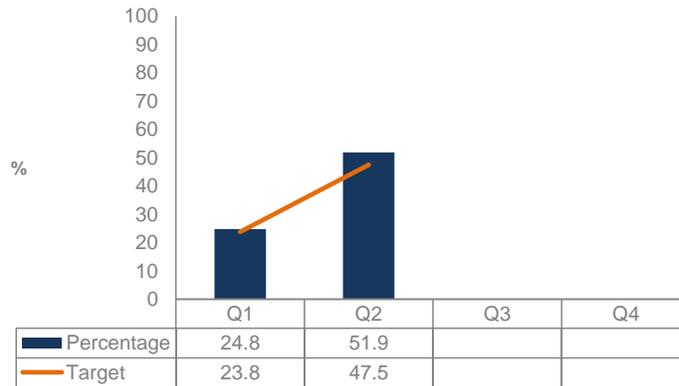


47.5

%

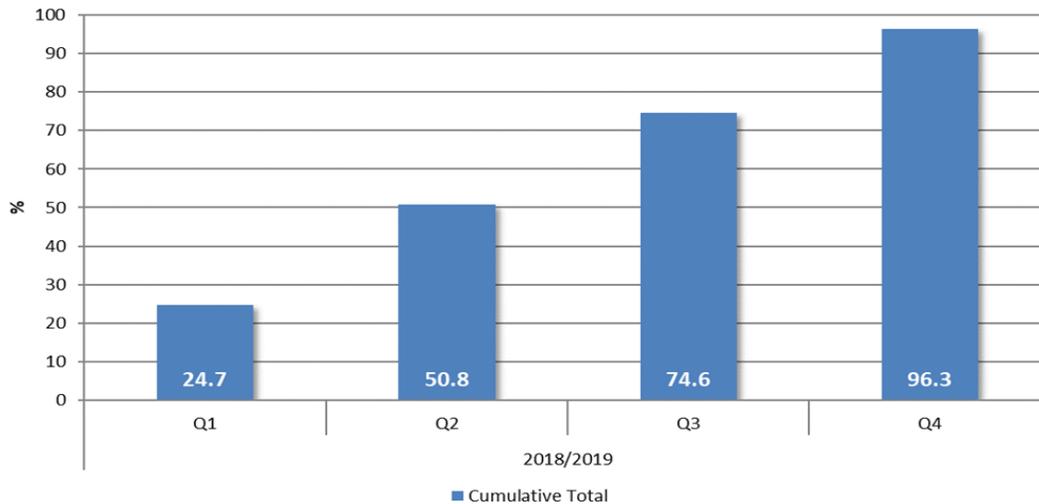
Cumulative Target for September 2019

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

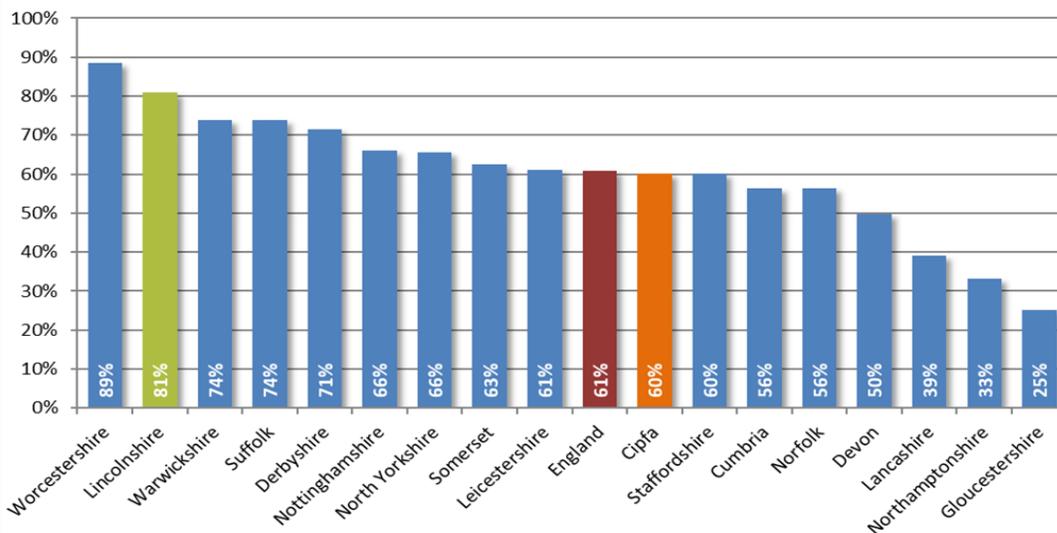
The target range for this measure is set at +/- 5 percentage points.

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 2018/2019





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. As clients require an annual review each year, this measure resets to 0% on 1st April. Reviews of these clients are undertaken by area teams throughout the year, with the aim to have reviewed 95% of clients by year-end.



Achieved

54.3

%

Cumulative Actual as at September 2019

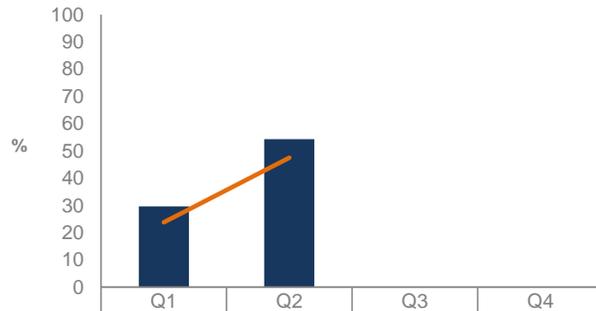


47.5

%

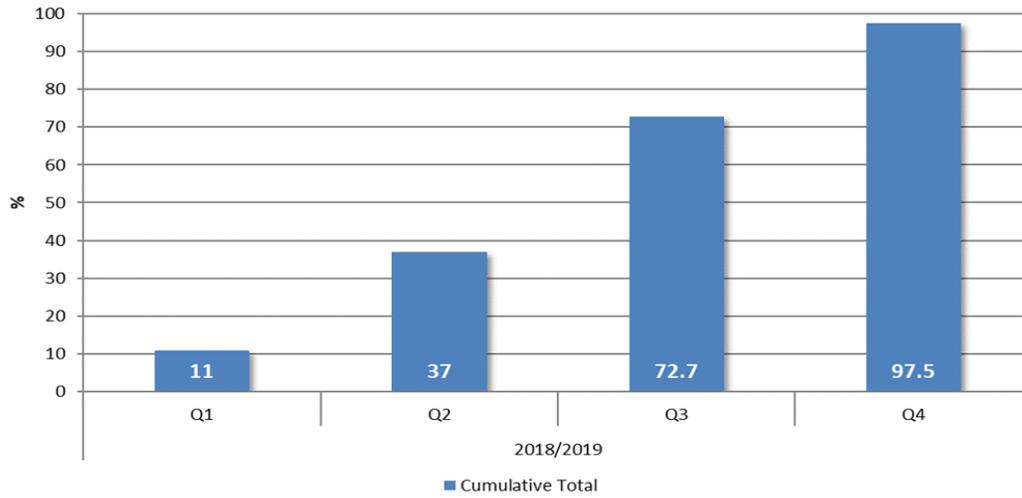
Cumulative Target for September 2019

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



	Q1	Q2	Q3	Q4
Percentage	29.6	54.3		
Target	23.8	47.5		

### 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

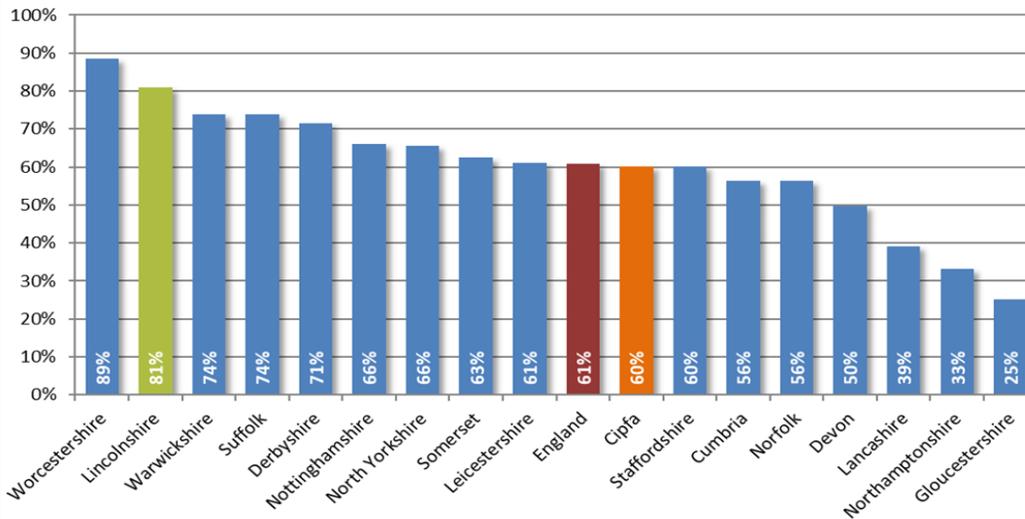
The target range for this measure is set at +/- 5 percentage points.

#### 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 2018/2019





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.

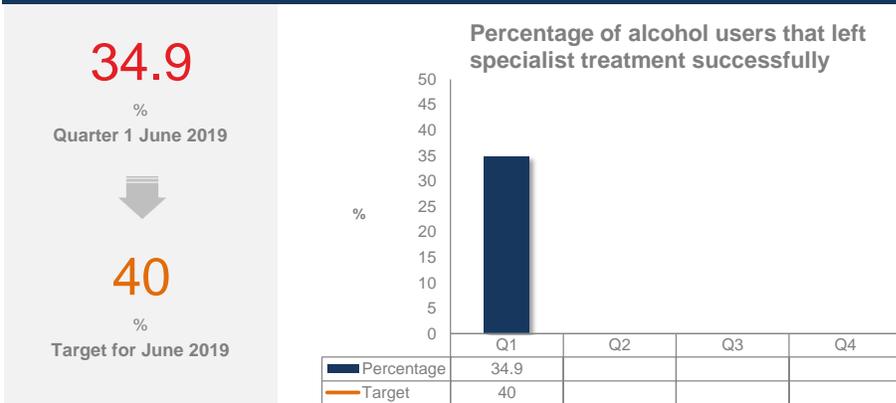
Numerator: Number of successful completions (NDTMS)

Denominator: Number of completions (NDTMS)

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



Not achieved

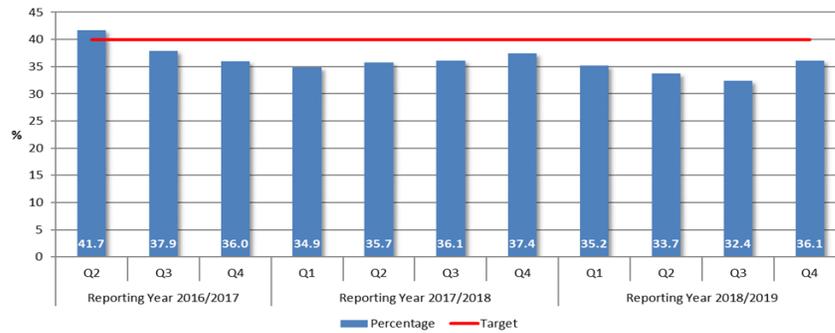


#### About the latest performance

Performance for this period at 34.9% is lower than the previous quarter (36.1%). Recent work has identified that the service provides good value for money and that the re-presentation rate is among the best in the country, with only 0.9% of all those completing alcohol treatment re-presenting to services. This is a good indicator that long term recovery is being achieved, making relapse less likely.

Further details

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



**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 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 (IPMR\_1, NHS England)

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



Achieved

64

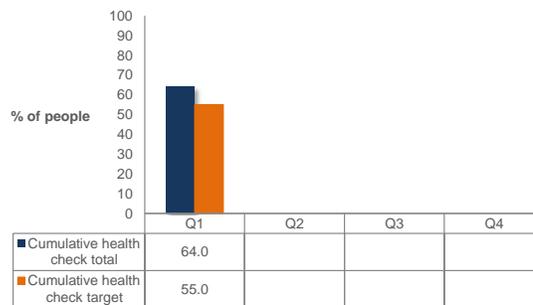
% of people  
Quarter 1 June 2019



55

% of people  
Target for June 2019

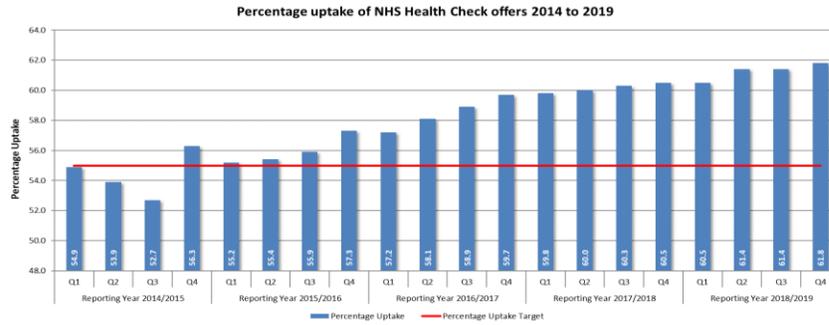
People aged 40 to 74 offered and received an NHS health check



#### About the latest performance

The NHS Health Check data for Quarter 1 shows that we continue to exceed our target and outperform regional and national average performance (Lincolnshire is ranked 15th out 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

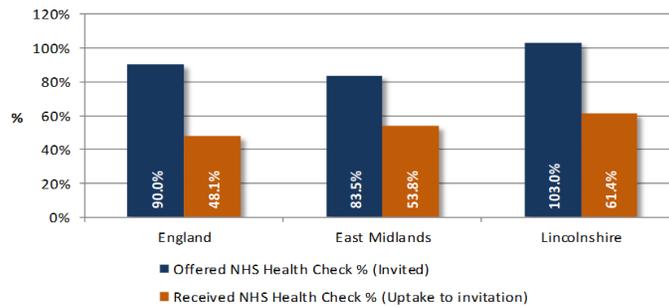
The target range for this measure is between 50% and 60%, this is based on an expectation of fluctuation in performance across the year

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.chlamydia-screening.nhs.uk/ps/data.asp>)

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



Not achieved

1,809

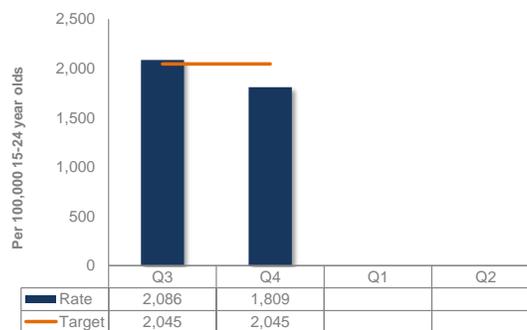
Per 100,000 15-24 year olds  
Quarter 4 March 2019



2,045

Per 100,000 15-24 year olds  
Target for March 2019

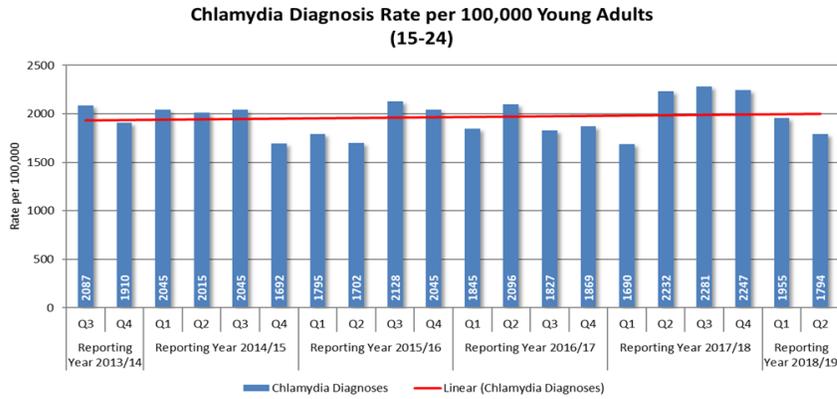
Chlamydia diagnoses



### About the latest performance

The target has been missed this quarter, however Lincolnshire performance is only slightly below that of our comparator local authority areas. The service continues to seek to improve performance through partnership work and in the way the service is delivered, for example online testing continues to be popular and achieves a high level of successful diagnoses. The service is also working closely with Public Health England to clarify issues relating to data quality.

Further details



About the target

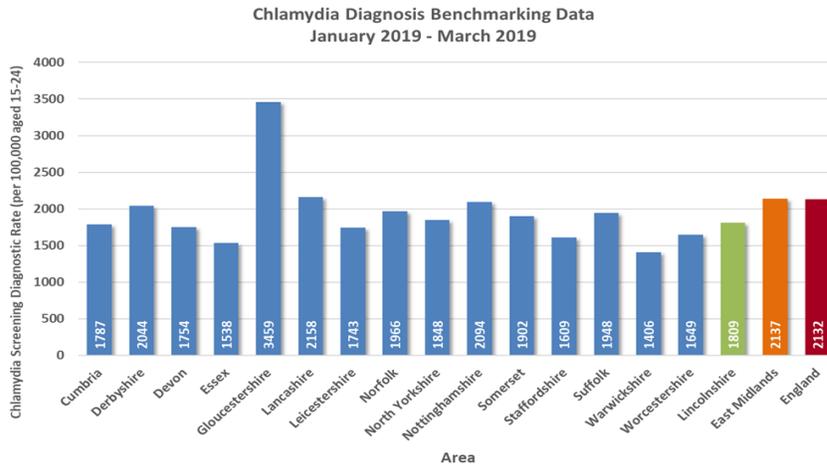
The target of 2,045 has been set in 2019/20 to reflect the fact that there is a downward trend nationally and regionally in the detection rate for chlamydia and this is mirrored in Lincolnshire also. Until further performance data is available it is not certain whether this trend will continue and, if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

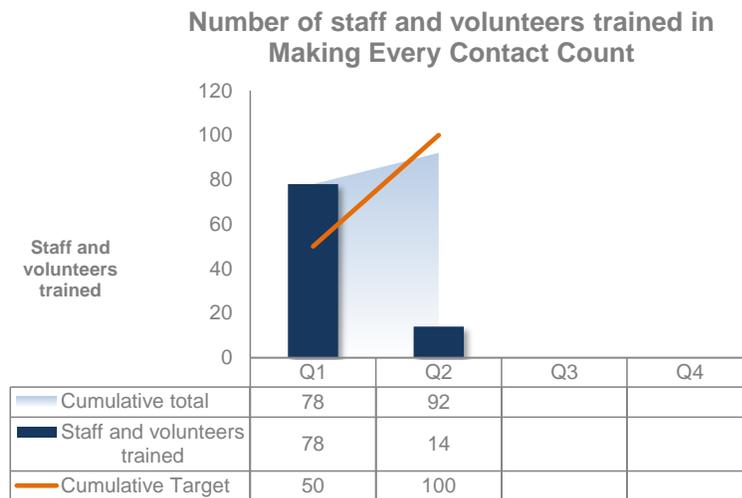
This measure records the number of Health and Social Care frontline staff and volunteers who receive training to offer brief advice to service users; they are also trained in referring people to the appropriate services in order to make positive changes to their health and wellbeing, both mentally and 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.

Not achieved

**92**  
Staff and volunteers trained  
**Cumulative Actual as at September 2019**

↓

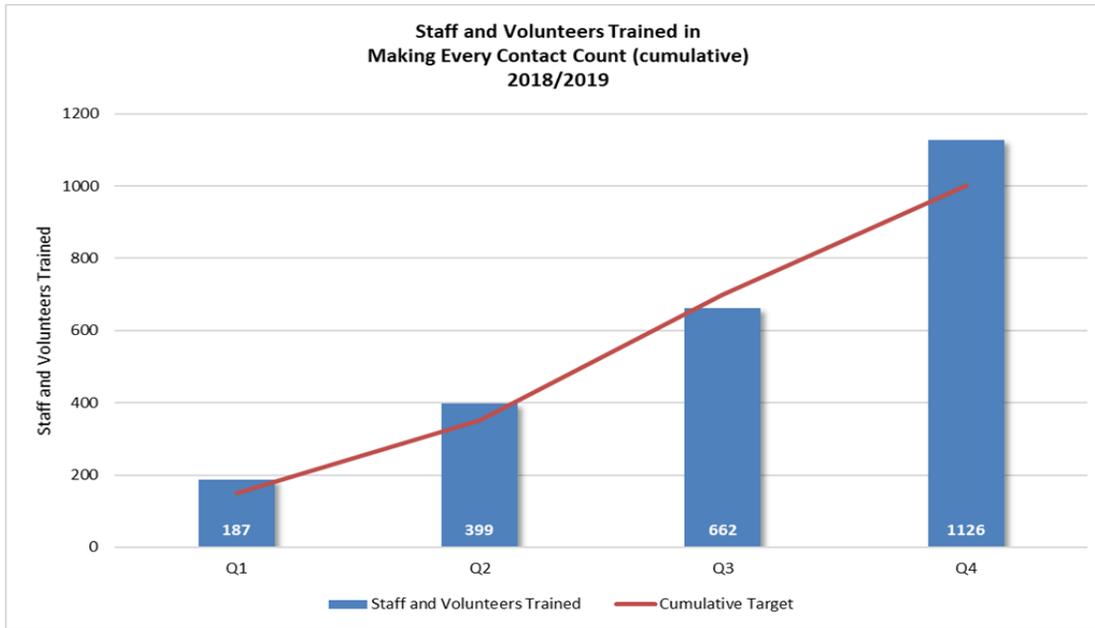
**100**  
Staff and volunteers trained  
**Cumulative Target for September 2019**



About the latest performance

MECC has been planned to include scheduled periods of inactivity (in terms of training delivery) and the annual target is planned to be met. Quarter 2 has been spent training and supporting a network of cascade trainers (within the NHS trusts and district councils) who will be responsible for the sustainability and delivery of MECC beyond 2019-20. In addition, we have undertaken extensive promotional activity, particularly within the NHS, with 120 MECC conversations with frontline staff having taken place.

## 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

98

%

Quarter 1 June 2019

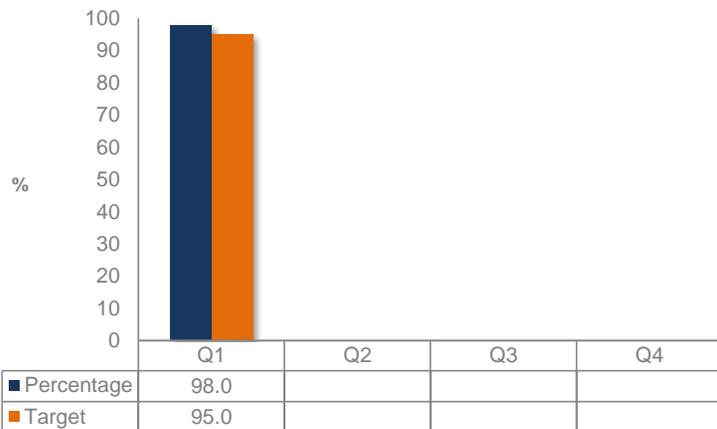


95

%

Target for June 2019

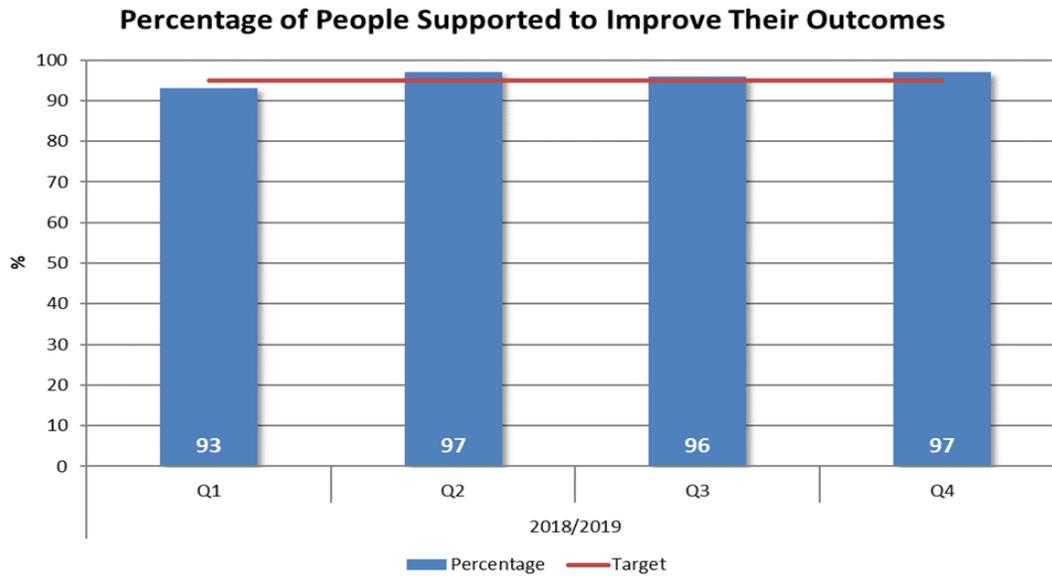
People supported to improve their outcomes



About the latest performance

The Wellbeing Service continues to support individuals across Lincolnshire to improve their self-determined outcomes through their service interventions. This measure of overall improvement in customer outcomes has been consistently achieved since the new service model has been in operational, evidencing the positive impact provided for those who engage with the service.

## 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

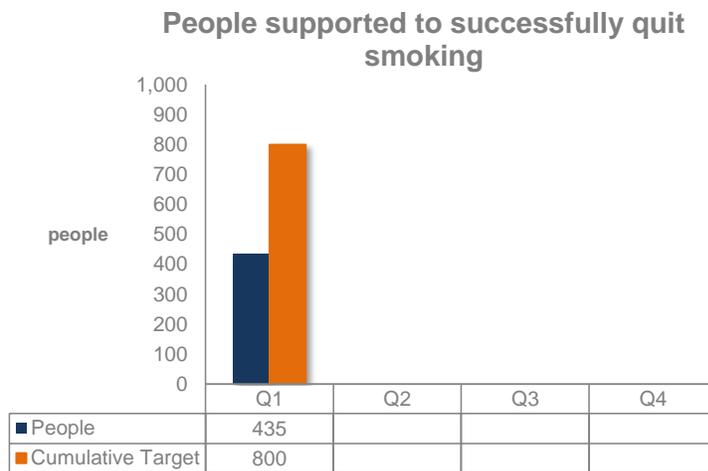
People are supported to live healthier lifestyles

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.



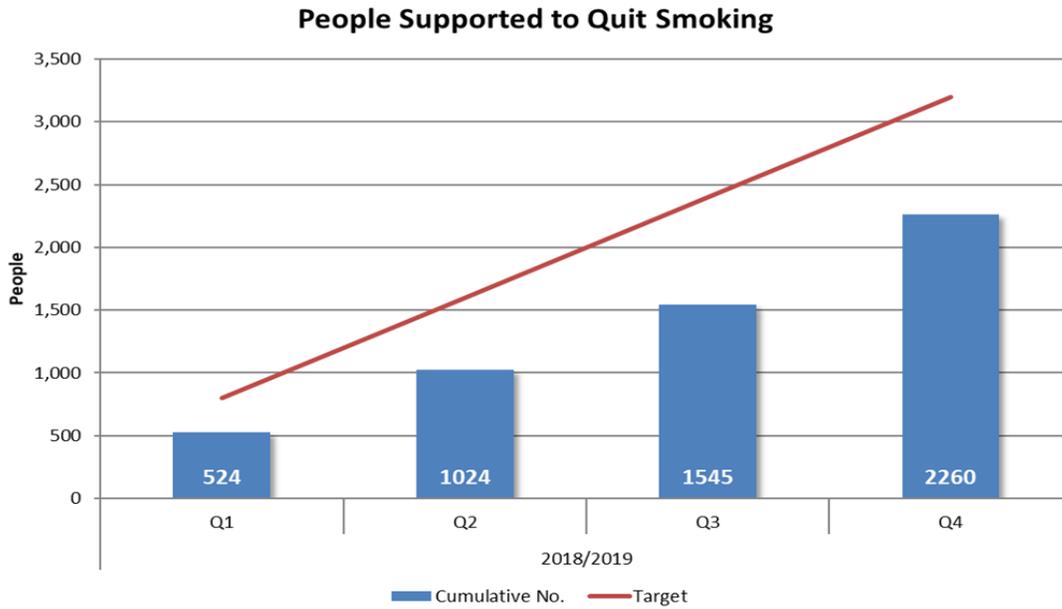
Not achieved



About the latest performance

The provider of stop smoking services changed on 1st July 2019. Whilst not achieving the target outcome for this quarter the quality and performance from the existing service was better than anticipated. The transition over to the new service will continue to affect targets in the short term, however the annual target is planned to be met.

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.

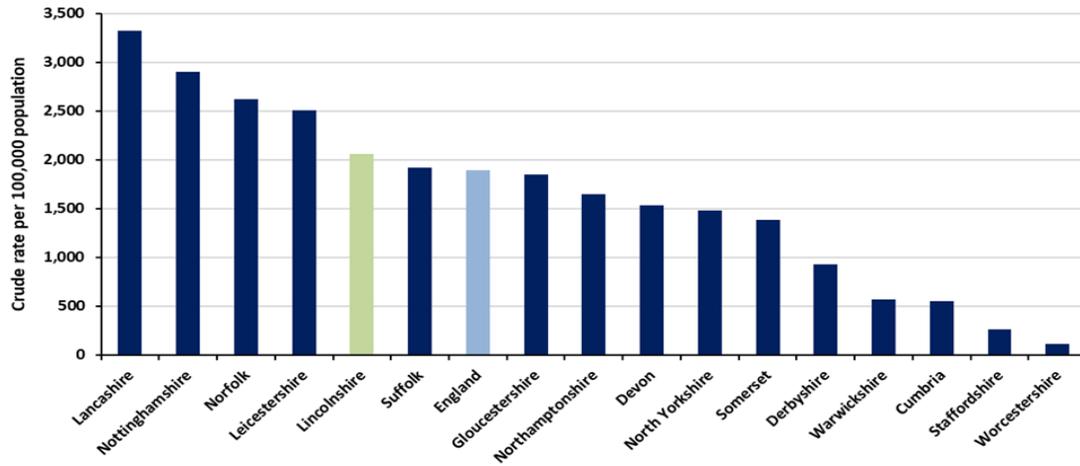
About the target range

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

About benchmarking

The latest published data by PHE for 2018/19 showed that the crude rate per 100,000 population aged 16+ for smokers that successfully quit at 4 weeks in Lincolnshire was 2,056; this is similar to the regional rate (1,953 per 100,000 population aged 16+). Of Lincolnshire's comparator areas Lancashire (3,323 per 100,000 population aged 16+) performed significantly better than its counterparts, whilst Worcestershire (115 per 100,000 population aged 16+) and Staffordshire performed significantly worse (261 per 100,000 population aged 16+). Since 2015/16, it can be seen that the rate of successful quits has been reducing in Lincolnshire which is comparable to the national trend.

**Crude rate of smokers that have successfully quit at week 4 per 100,000 population aged 16+ (95% confidence level) in 2018/19 by Lincolnshire comparator areas**



Area Name	Value
Lancashire	3,323
Nottinghamshire	2,902
Norfolk	2,622
Leicestershire	2,508
Lincolnshire	2,056
Suffolk	1,919
England	1,894
Gloucestershire	1,847
Northamptonshire	1,647
Devon	1,533
North Yorkshire	1,482
Somerset	1,380
Derbyshire	926
Warwickshire	570
Cumbria	550
Staffordshire	261
Worcestershire	115



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

98

%

Quarter 2 September 2019

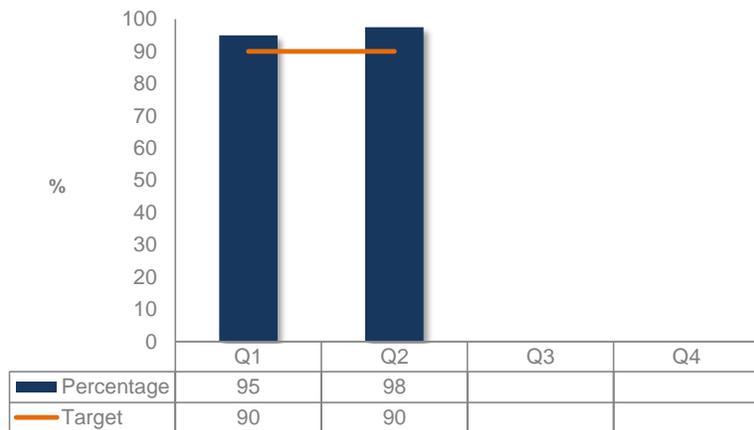


90

%

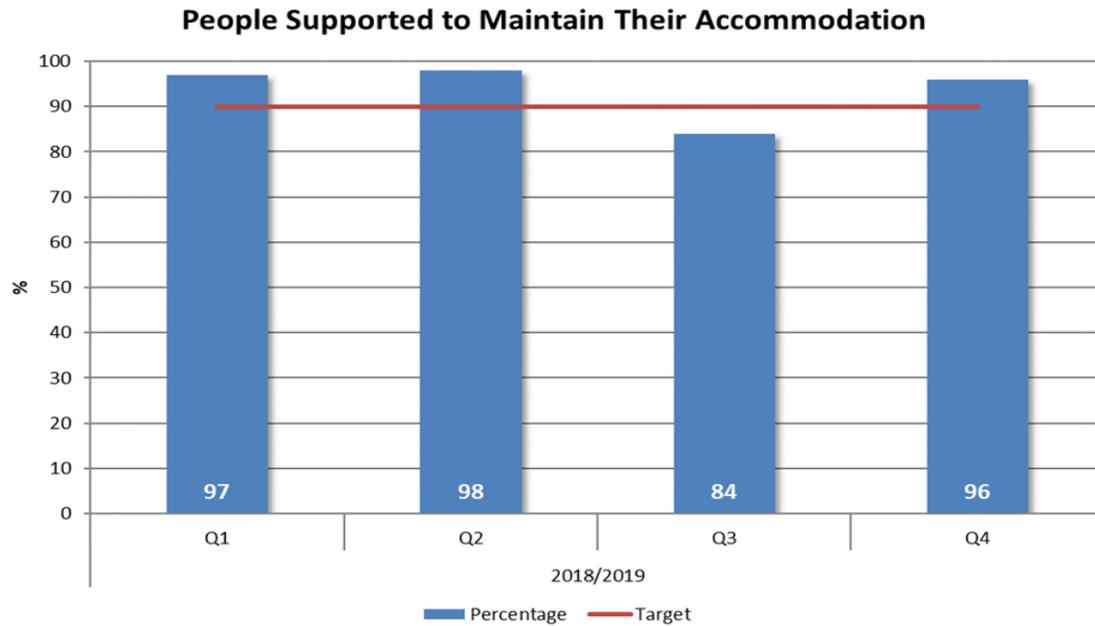
Target for September 2019

People supported to maintain their accommodation



About the latest performance

The Housing Related Support Services have exceeded the target on this outcome measure. This means that 98% of service users that identified access to settled accommodation as a barrier to them living independently have been successfully supported to reduce this during this period.



#### 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.

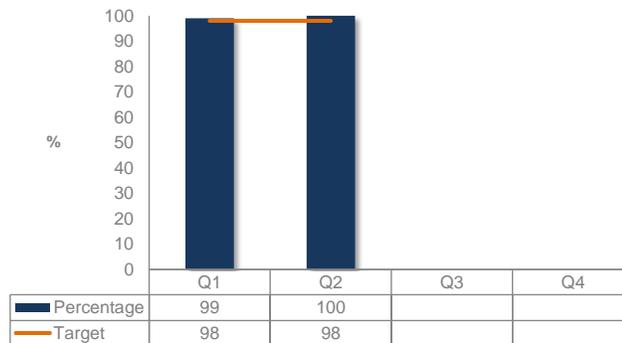
A higher percentage indicates a better performance.



Achieved



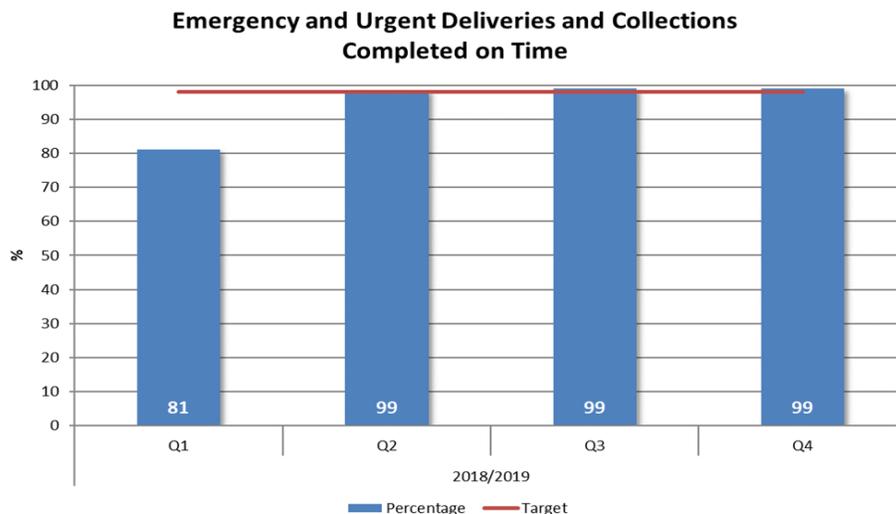
Emergency and urgent deliveries and collections completed on time



About the latest performance

The service has exceeded targets consistently over the last three months (Quarter 2). There was an increase in demand of approximately 900 deliveries and collections compared to Quarter 1.

Further details



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.

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>27 November 2019</b>
Subject:	<b>Adult Care and Community Wellbeing Budget 2019-20</b>

**Summary:**

The net Adult Care and Community Wellbeing budget is £227.306m. For the period up to and including 31 October 2019, with the information available, the projected outturn will deliver an underspend of £0.722m for the 2019-20 financial year.

**Actions Required:**

The Adult Care and Community Wellbeing Scrutiny Committee is asked to review the outturn projection for 2019-20.

## 1. Background

Adult Care and Community Wellbeing (ACCW) is organised into the following three delivery strategies;

- Adult Frailty and Long Term Conditions
- Specialist Adult Services and Safeguarding
- Public Health and Community Wellbeing (including Carers)

The table below highlights the projected outturn position for each of the above delivery strategies. The position as at 31 October 2019, projected forward, is indicating an outturn position by 31 March 2020 of £0.722m underspent.

Delivery Strategy	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Adult Frailty & Long Term Conditions	120.693	120.123	(0.567)
Specialist Adult Services & Safeguarding	76.964	76.955	(0.009)
Public Health & Community Wellbeing	29.649	29.503	(0.146)
<b>Total</b>	<b>227.306</b>	<b>226.581</b>	<b>(0.722)</b>

## 1.1 Adult Frailty and Long Term Conditions (AF&LTC)

The Adult Frailty and Long Term Conditions strategy brings together older people and physical disability services as well as hosting the Directorate budgets for back office functions in infrastructure budgets. The financial allocation of this delivery strategy aims to support eligible individuals to receive appropriate care and support.

The current budget for this strategy is £120.693. The projected outturn against the frailty budget is indicating a £0.567m underspend for the 2019-20 financial year.

This strategy includes budgets for community based care including home support, reablement, day care and direct payments. The table below indicates the projected spend against each care budget.

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Staffing	14.709	14.709	
Day Care	0.504	0.504	
Direct Payments	18.966	18.966	
Home Base	24.444	24.444	
Residential	85.816	85.816	
Better Care Fund	6.817	6.817	
Transport	0.372	0.372	
Other Expenditure	0.743	0.743	
<b>Total AF&amp;LTC Expenditure</b>	<b>152.371</b>	<b>152.371</b>	<b>0</b>
Income	(39.090)	(39.657)	(0.567)
<b>Total AF&amp;LTC</b>	<b>113.281</b>	<b>112.714</b>	<b>(0.567)</b>
Infrastructure Budget	7.412	7.412	0
<b>Total AF&amp;LTC inc Infrastructure</b>	<b>120.693</b>	<b>120.126</b>	<b>(0.567)</b>

All of the above care budgets are indicating delivery within the allocated budget due to the following;

- current activity is forecast to be in line with the levels forecast when the budgets were set;
- better care fund expenditure is in accordance with the agreed planning template.

The projected underspend is as a result of an over recovery of income predominantly from direct payment refunds and debtor income.

## 1.2 Specialist Adult Services & Safeguarding

The financial allocation of this delivery strategy supports delivery of services for eligible adults with learning disabilities, autism and/or mental health needs.

The current budget for this delivery strategy is £76.964. The projected outturn against this budget is indicating a balanced position for the 2019-20 financial year.

The following table indicates the position against the Learning Disabilities care budgets.

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Staffing	3.064	3.064	
Day Care	1.889	1.899	0.011
Direct Payments	10.930	11.106	0.176
Home Base	31.447	31.553	0.106
Residential	32.550	32.903	0.353
In House Team	2.428	2.428	
Better Care Fund	1.281	1.281	
Transport	0.914	1.000	0.086
Admin Expenditure	0.040	0.040	
<b>Total Expenditure</b>	<b>84.543</b>	<b>85.274</b>	<b>0.732</b>
Income	(20.909)	(21.641)	(0.732)
<b>Total Adult Specialties</b>	<b>63.634</b>	<b>63.633</b>	<b>0.0</b>

Adult Learning Disabilities is administered via a Section 75 agreement between the Council and NHS Commissioners across Lincolnshire. Current projections are indicating an increase in continuing healthcare services. The table above assumes £1.289m additional income will be received from the Clinical Commissioning Group (CCG) for their element of these costs.

The following table indicates the position against the Mental Health care budgets.

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Staffing	1.769	1.769	
Community Care Fund	6.511	6.511	
Mental Health Prevention Fund	0.375	0.375	
<b>Total Mental Health</b>	<b>8.655</b>	<b>8.655</b>	<b>0.0</b>

Mental Health services are delivered by Lincolnshire Partnership NHS Foundation Trust (LPFT) through a Section 75 agreement with the Council. The 2019-20 budget has been increased by £1.1m to reflect the projected increase in demand for mental health care. The projected outturn indicates that this will be fully utilised.

The renewal of the Section 75 agreement is underway and due to commence on 1 April 2020. Current demand projections for 2020-21 are indicating a continued growth in need for mental health care and support.

The following table indicates the position against the Safeguarding budgets.

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
EDT Team	0.730	0.730	
Deprivation of Liberty Standards (DoLS)	2.395	2.395	
Safeguarding Staffing	1.492	1.492	
<b>Total Safeguarding</b>	<b>4.617</b>	<b>4.617</b>	<b>0.0</b>

All of the above care budgets are indicating delivery within the allocated budget due to the following;

- current activity is forecast to be in line with the levels forecast when the budgets were set;
- Work is underway to confirm the projected outturn position for the DoLS spend relating to reducing the backlog of assessments. Indications are showing that the spend will be within the £1.8m originally planned for.

### 1.3 Public Health & Community Wellbeing

Budget Description	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Wellbeing	10.10	9.71	(0.39)
Carers	2.39	2.10	(0.29)
Public Health	17.16	19.01	0.53
<b>Total Public Health</b>	<b>29.65</b>	<b>29.50</b>	<b>(0.14)</b>

All of the above budgets are indicating a small underspend within the allocated budget.

The Integrated Lifestyle service commenced in 2019 and is funded by contributions from both the Council and the CCGs including the cessation of existing Council held contracts.

### 1.4 Areas of Focus across the Directorate

#### Better Care Fund

The Lincolnshire Better Care Fund (BCF) is an agreement between the Council and the Lincolnshire CCGs and is overseen by the Health and Wellbeing Board. The BCF pools funds from the organisations to aid the objective of integrated service provision.

The total pooled amount in 2019-20 is £254.282m which includes £58.682m allocated to the Lincolnshire BCF from the Department of Health and Social Care.

The pooled budget is made up of the minimum CCG contribution and additional BCF monies received directly from the government. All the required partners have agreed the 2019-20 BCF and the budgets have been allocated accordingly.

For 2019-20 Winter Pressures monies is also being fed into the Council through this route and October Scrutiny Committee received a paper detailing how this would be spent in 2019-20.

### **Charging Policy**

Work is well underway within Adult Care to prepare for the development of the refreshed Charging Policy. The current policy has been in place since April 2016 and is due to expire 31 March 2020.

Financial strategy is part of the working group and will work with the team to ensure robust financial governance and sustainable rates are continued.

### **Re-procurement Programme**

A significant volume of services within Adult Care and Community Wellbeing are due for re-procurement during 2020-21. Financial strategy will work closely with the Adult Care teams including the corporate Commercial Unit to ensure all financial implications are factored into the 2020-21 budgets and Directorate medium term financial plan.

## **1.5 Conclusion**

The Adult Care and Community Wellbeing net budget of £227.306m is projected to underspend by £0.722m for the year ending 31 March 2020. This would be the eighth consecutive year that ACCW has been able to live within its budgeted allocation.

## **2. Consultation**

### **a) Policy Proofing Actions Required**

n/a

## **3. 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 Pam Clipson, Head of Finance Adult Care, who can be contacted on 01522 554293 or [pam.clipson@lincolnshire.gov.uk](mailto:pam.clipson@lincolnshire.gov.uk)

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>27 November 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.

**Actions Required:**

To review the Committee's future work programme, highlighting any activity for possible inclusion in the work programme.

**1. Current Items**

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

<b>27 November 2019 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Direct Payments Support Service <i>(Executive Councillor Decision – Between 2 and 3 December 2019)</i>	Alexander Craig, Commercial and Procurement Manager – People Services
Block Transitional Care and Reablement Beds Re-Procurement <i>(Executive Councillor Decision – Between 2 and 9 December 2019)</i>	Alexander Craig, Commercial and Procurement Manager – People Services
Lincolnshire Independent Advocacy Services Re-Procurement <i>(Executive Councillor Decision – Between 2 and 9 December 2019)</i>	Alexander Craig, 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
Adult Care and Community Wellbeing Budget Monitoring 2019/20	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing

## 2. Future Items

Set out below are the meeting dates up to July 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>15 January 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Care Quality Commission Update	Deanna Westwood, Inspection Manager, Care Quality Commission
Adult Care and Community Wellbeing Budget Proposals 2020-21	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing
Better Care Fund	Pam Clipson, 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 – 4 February 2020)</i>	Lorraine Graves, Interim Head of Mental Health Services
Home-Based Reablement Service <i>(Executive Decision – 4 February 2020)</i>	Alina Hackney, Senior Strategic Commercial and Procurement Manager Carl Miller, Commercial and Procurement Manager – People Services
Re-Procurement of Community Supported Living Services <i>(Executive Decision – 4 February 2020)</i>	Carl Miller, Commercial and Procurement Manager – People Services
Annual Report of the Director of Public Health	Derek Ward, Director of Public Health
Rural and Coastal Communities in Lincolnshire	Derek Ward, Director of Public Health
New Ways of Working in Social Care	Glen Garrod, Executive Director, 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	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing
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
Homes for Independence Strategy	Kevin Kendall, Assistant Director County Property Semantha Neal, Head of Prevention and Early Intervention

<b>1 April 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Day Opportunities	Justin Hackney, Assistant Director, Specialist Services and Safeguarding
Mental Health – Community Based Model	Justin Hackney, Assistant Director, Specialist Services and Safeguarding

<b>13 May 2020 – 10.00am</b>	
<i>Item</i>	<i>Contributor(s)</i>
Team Around the Adult – Update on Developments	Justin Hackney, Assistant Director, Specialist Services and Safeguarding

<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
- Alcohol Harm and Substance Misuse Services
- Managed Care Network for Mental Health (*Considered 11 April 2018*)
- 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.

### 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)

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

**From 2 December 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
1018689	Re-commissioning of the Multi-Purpose Block Bed Provision	Between 2 Dec and 9 Dec 2019	Executive Councillor: Adult Care, Health and Children's Services	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Tel: 01522 554087 Email: <a href="mailto:marie.kaempfe-rice@lincolnshire.gov.uk">marie.kaempfe-rice@lincolnshire.gov.uk</a>	All
1018631	Re-commissioning of the Lincolnshire Advocacy Services	Between 2 Dec and 9 Dec 2019	Executive Councillor: Adult Care, Health and Children's Services	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Tel: 01522 554087 Email: <a href="mailto:marie.kaempfe-rice@lincolnshire.gov.uk">marie.kaempfe-rice@lincolnshire.gov.uk</a>	All
1018150	Direct Payment Support Service	Between 2 Dec and 3 Dec 2019	Executive Councillor: Adult Care, Health and Children's Services	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

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
1018573	New Lincolnshire Partnership NHS Foundation Trust Mental Health Section 75 Partnership Agreement	17 Dec 2019	Executive	Adults and Community Wellbeing Scrutiny Committee	Interim Head of Mental Health Services Tel: 01522 553836 Email: <a href="mailto:lorraine.graves@lincolnshire.gov.uk">lorraine.graves@lincolnshire.gov.uk</a>	All
1018998	Home Base Reablement Service Procurement	4 Feb 2020	Executive	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer Tel: 01522 550744 Email: <a href="mailto:helen.johnston@lincolnshire.gov.uk">helen.johnston@lincolnshire.gov.uk</a>	All

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

	2017		2018					2019					2020										
<b>KEY</b>	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	9 Oct	27 Nov	15 Jan	26 Feb	1 Apr
<i>Meeting Length - Minutes</i>	135	170	146	150	245	120	200	185	135	135	210	185	130	170	190	135	194	150					
<b>Adult Care and Community Wellbeing Corporate Items</b>																							
Advocacy Services																							
Better Care Fund		✓																					
Budget Items			✓		✓				✓	✓		✓	✓				✓						
Care Quality Commission				✓																			
Commercial Team																✓							
Contract Management					✓																		
Integrated Community Care															✓								
Introduction	✓																						
IT Updates					✓							✓											
Joint Strategic Needs Assessment	✓																						
Local Account				✓																			
Multi-Purpose Block Beds																							
Social Care Working																							
NHS Long Term Plan															✓								
Quarterly Performance	✓	✓	✓				✓		✓	✓		✓		✓			✓	✓					
Strategic Market Support Partner			✓																				
Winter Planning										✓						✓			✓				
<b>Adult Frailty, Long Term Conditions and Physical Disability</b>																							
Activity Data 2018/19																		✓					
Assessment and Re-ablement															✓								
Care and Support for Older People – Green Paper												✓				✓							
Commissioning Strategy											✓												
Dementia											✓				✓								
Direct Payments Support Service																							
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					2020											
KEY	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	9 Oct	27 Nov	15 Jan	26 Feb	1 Apr	
<b>Community Wellbeing</b>																								
Director of Public Health Report							✓																	
Director of Public Health Role							✓																	
Domestic Abuse Services			✓																					
Healthwatch Procurement							✓																	
Integrated Lifestyle / One You										✓									✓					
NHS Health Check Programme							✓																	
Rural and Coastal Communities																								
Sexual Health Services													✓											
Stop Smoking Service					✓																			
Wellbeing Commissioning Strategy										✓														
Wellbeing Service											✓								✓					
<b>Housing Related Activities</b>																								
Extra Care Housing						✓												✓						
Homes for Independence Strategy																								
Housing Related Support																			✓					
Memorandum of Understanding															✓									
Supported Housing						✓																		
<b>Specialist Adult Services</b>																								
Autism Strategy															✓									
Commissioning Strategy										✓														
Day Opportunities																								
Learning Disability – Short Breaks																			✓					
Managed Care Network Mental Health							✓																	
Section 75 Agreement – Mental Health																								
Section 117 Mental Health Act Policy																			✓					
Shared Lives							✓																	
Team Around the Adult																			✓					