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5 January 2021

In accordance with the powers granted by the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020 this will be a virtual meeting.

Adults and Community Wellbeing Scrutiny Committee

A meeting of the **Adults and Community Wellbeing Scrutiny Committee** will be held on **Wednesday, 13 January 2021 at 10.00 am as a Virtual - Online Meeting via Microsoft Teams** for the transaction of the business set out on the attached Agenda.

Access to the meeting is as follows:

Members of the Adults and Community Wellbeing Scrutiny Committee and officers of the County Council supporting the meeting will access the meeting via Microsoft Teams.

Members of the public and the press may access the meeting via the following link: ***https://lincolnshire.moderngov.co.uk/ieListDocuments.aspx?CId=550&MId=5706*** where a live feed will be made available on the day of the meeting.

Yours sincerely

D Barnes

Debbie Barnes OBE
Chief Executive

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

Councillors C E H Marfleet (Chairman), E J Sneath (Vice-Chairman), B Adams, Mrs P Cooper, R L Foulkes, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE, C E Reid and M A Whittington

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 13 JANUARY 2021

Democratic Services Officer Contact Details

Name: **Rachel Wilson**

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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

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

All papers for council meetings are available on:
https://www.lincolnshire.gov.uk/council-business/search-committee-records

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
25 NOVEMBER 2020

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors E J Sneath (Vice-Chairman), R L Foulkes, R J Kendrick, Mrs J E Killey, Mrs C J Lawton, Mrs M J Overton MBE and C E Reid.

Councillor: Mrs P A Bradwell OBE (Executive Councillor for Adult Care, Health and Children's Services) attended the meeting as an observer.

Officers in attendance:-

Justin Hackney (Assistant Director, Specialist Adult Services), Caroline Jackson (Head of Corporate Performance), Professor Derek Ward (Director of Public Health), Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer) and John Waters (Day Opportunities Manager).

25 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors B Adams and M A Whittington.

26 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest made at this point in the meeting.

27 MINUTES OF THE MEETING HELD ON 21 OCTOBER 2020

RESOLVED

That the minutes of the Adults and Community Wellbeing Scrutiny Committee meeting held on 21 October 2020 be agreed and signed by the Chairman as a correct record, subject to Councillor R L Foulkes being recorded as having submitted his apologies.

28 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman invited Councillor Mrs P A Bradwell OBE, Executive Councillor for Adult Care, Health and Children's Services to update the Committee on any issues. The Committee was advised that services during lockdown were being maintained and that particular emphasis was being made to ensure that the Occupational Therapy service continued, as adaptations were very important for those returning home.

The Committee also noted that home care workers would be tested for Covid-19, alongside residential care workers.

The Chairman advised that he had been consulted regarding a Rule 17 urgent decision for the direct procurement of urgent beds to enable the safe discharge from hospitals, without placing patients who could be Covid-19 positive in standard care home beds, which had been taken by Councillor M J Hill OBE, Leader of the Council on 19 November 2020.

The Committee was advised further that the urgent decision had allowed the procurement of 60 additional beds at three care homes, which would help reduce the spread of Covid-19 for those patients being discharged from hospitals to standard care home beds.

Thanks were extended to all staff in Adult Care and Community Wellbeing for their hard work maintaining services throughout the duration of the pandemic.

29 IN-HOUSE DAY SERVICES

The Chairman invited Justin Hackney, Assistant Director of Specialist Services and John Waters, Day Opportunities Manager, to present the item, which provided the Committee with an update on in-house day services. Appendix A to the report provided a draft action plan which set out the direction of travel for in-house day services. Appendix B provided information as to the Day Service activities that had taken place during the pandemic.

The Committee received a presentation entitled Day Service 2020 – Connecting, Contributing, Community, which highlighted that the service had been working hard to ensure that every person the service worked with had a unique support plan which brought out their skills and abilities and provided for them to grow and thrive as active members of the local community; that links had been established with a local university to improve the offer available for those with more profound needs; and that work had started with the local college and community pay back team to make meeting spaces better, and to be shared with the local community.

It was also noted that the in-house day service had been involved in the following: a Community Clear up Day; working with the Countryside Access Team to plant trees to make a community woodland and nature reserve on the site of a landfill site; gathering surplus apples and distributing them to people in the local community; and spreading happiness in the local community by sharing flowers grown at one of the centres. The video highlighted how important links to the local community were for those people attending the in-house day service and also the benefits gained for residents in the local community.

In conclusion, the Committee was advised that looking ahead, it was proposed to strengthen based practice across the day service, which would enabled services to be personalised, building on what people can do for themselves, and helping them develop further to have independence and a sense of wellbeing. Page 37 of the

report provided a list of all the improvements day service would be looking to make going forward.

During discussion, the Committee raised the following points:

- The Committee extended their thanks to officers for the report and for their proactive responses to the needs of users for in-house day services;
- Some concern was expressed concerning transport provision. The Committee was advised that Day Services Teams were working with the Council's Transport Services to review the opportunities for capital investment that could enhance existing arrangements. A suggestion was also made for the service to contact villages/towns who operated a community mini bus service;
- Whether long term capacity would be an issue. It was highlighted that there was capacity to fulfil need and that the service wanted to expand its offer more to provide activities within the local community, as mentioned in the earlier presentation and in Appendix B of the report. The principle was to make the in-house day service more sustainable for the future;
- Community Engagement – Pages 25 and 26 of the report pack advised the Committee of the key actions the in-house day service was going to develop to help encourage volunteers and to making day service buildings more widely used, so that they become assets to the community; and
- Whether there would be a charging element for the service with regard to moderate need. The Committee was advised that there would be an external offer, and that a rate for this would be agreed.

The Committee extended their thanks to the presenters; and expressed their support to the direction of travel being taken in the draft action plan to improve in-house-day services.

RESOLVED

That the In-House Day Services report presented be received and that the comments raised by the Committee be taken into consideration.

30 TRANSFORMING CARE

The Chairman invited Justin Hackney, Assistant Director of Specialist Services, to present an update on the Lincolnshire Transforming Care agenda.

The Committee was advised that the transforming care agenda had emerged as a national response to the Winterbourne View Hospital report, concerning the abuse of adults with a learning disability which had been published in December 2012.

It was highlighted that in Lincolnshire, a Lincolnshire Transforming Care Board had been established to ensure that the Lincolnshire Transforming Care Partnership worked together to develop and implement the Transformation Plan in line with the national service model.

It was highlighted further that at the onset of the Transforming Care agenda, Lincolnshire had been recognised as one of the systems leading the way. An example was the reinvestment of the funding for the former Long Leys Court into an alternative NHS specialist community services for adults with a learning disability and or autism, which had avoided future in-patient admissions. The Committee was advised that Long Leys Court had been a specialist in-patient facility for adults with a learning disability and challenging behaviours and had been provided by Lincolnshire Partnership NHS Foundation Trust (LPFT).

It was noted that during 2019/20 there had been a noticeable change in the number of transforming care new admissions and that these new admissions had care needs that represented significant challenges for commissioners, as there was a deficit in the support required to meet the complex needs of these people.

It was noted further that Lincolnshire had continued to be successful in facilitating a number of longer stay Transforming Care in-patient discharges. The care for these people post-discharge had been provided by residential or alternative community based services. It was highlighted that for the 2019/20 financial year there had been six long term Transforming Care in-patient placements that were either fully or partly funded by the Council. Full details relating to the current position in Lincolnshire was shown on pages 41 and 42 of the report pack.

The Committee noted that to improve performance, governance arrangements for the Lincolnshire Transforming Care Partnership had been strengthened, and at the request of the Executive Director of Adult Care and Community Wellbeing and the Chief Executive of NHS Lincolnshire there was to be a review of existing lead commissioning arrangements for adults with a learning disability, autism and/or a mental illness with a view to identifying which commissioning agency would be best placed to lead on the commissioning of care and support for people with different levels of need and dependency.

During discussion, the Committee raised the following points:

- A question was asked as to where patients who had a Ministry of Justice Section status were looked after. The Committee was advised that most were looked after out of county. It was noted that it was planned to reduce out of area provision and have patients ideally closer to home;
- Independent housing provision – The Committee was advised that provisions were in place to enable more integrated arrangements to be in place, alongside a strategy in the coming year;
- The location of out of county placements. The Committee was advised that this information could be provided; and
- Current target for Lincolnshire Transforming Care Partnership – It was reported that the target was to have no more than 21 adults and two children with learning disability and or autism in mental health related in-patient care as at 31 March 2021. The Committee noted that as at 4 November, the Lincolnshire Clinical Commissioning Group confirmed there were 37 adults and one child placement. As detailed in the report on page 42 due to the

complex nature of the patients, these circumstances posed significant challenges to the Lincolnshire Transforming Care Partnership.

The Chairman extended thanks on behalf on the Committee to the Assistant Director of Specialist Services for the presentation, and highlighted that a greater understanding of mental health issues would be useful for members of the Committee to have and that this should be considered as a future agenda item.

RESOLVED

That the update on the Lincolnshire Transforming Care agenda be received.

31 SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE FRAMEWORK - QUARTERS 1 AND 2

The Chairman advised that this report summarised the performance of the Tier 2 Service Level Performance measures for Adult Care and Community Wellbeing for Quarters 1 and 2.

The Chairman invited Caroline Jackson, Head of Corporate Performance, to present the item to the Committee.

The Committee was advised that there were 18 measures in Tier 2, however, due to Covid-19, reports were not available for two measures, and these were:

- Carers supported in the last 12 months; and
- Carers who have received a review of their needs.

For the remaining 16 measures for Quarter 1, eight had achieved their target; four had exceeded their target; three had not achieved their target; and one measure had improved, but had not achieved its target.

For Quarter 2, it was reported 11 measures were on target; three measures had exceeded their targets; and two had not achieved their target.

Page 46 of the report provided an explanation as to why some measures had exceeded or not achieved their targets during Quarters 1 and 2.

Appendix A to the report provided the Committee with a Performance Measure Summary.

During discussion, the Committee raised the following points:

- The measure not achieved in Quarters 1 and 2 relating to: Adults aged 18-64 with a mental health problem living independently. The Committee was assured that the Lincolnshire Partnership NHS Foundation Trust (LPFT) continued to ensure that individuals were supported both for their social care under a Section 75 agreement and for their NHS care, in addition to being on

Care Programme Approach, individuals were in accommodation settings to ensure their safety and wellbeing;

- People supported to successfully quit smoking – Some concern was expressed as to why the measure had not been achieved. The Committee noted that One You Lincolnshire (OYL) had achieved 56% of the target during the lockdown period. As a result of the Covid-19 lockdown, OYL had ceased face to face working and had lost the additional capacity from sub-contractors for smoking cessation (General Practitioners and Community Pharmacies), due to the vast reduction in customers levels coming through the sub-contractor route. It was highlighted that sub-contractors would have normally provided 40% of the service. It was highlighted that OYL had moved to telephone and digital support solely for smoking cessation in order to maintain a programme; and
- Adult Safeguarding concerns that lead to a Safeguarding enquiry in Quarter 1. It was highlighted that the number was likely to be higher in quarter one as this was prior to lockdown measures. During lockdown, some people may have stayed with friends and relatives. It was noted that referrals had returned to back to normal historical levels.

The Chairman on behalf of the Committee extended thanks to officer for their update.

RESOLVED

That the performance of the Tier 2 Service Level Performance Measures for Quarters 1 and 2 be noted.

32 COVID-19 UPDATE

The Chairman invited Derek Ward, Director of Public Health to update the Committee on the latest position regarding Covid-19.

The Committee noted that Lincolnshire had seen prior to the start, and during the first two weeks of the lockdown, which had begun on 5 November 2020, an increase in the rate of infection, particularly in the East Lindsey and Boston areas; and that this had resulted in outbreak management being applied for both districts to target specific areas.

It was reported that during the previous ten days there had been a reduction in the rate of infection across the whole of the county. The Committee was advised that the infection rate for Lincolnshire overall was now at 240 per 100,000 population, compared to the England rate of 230 per 100,000 population. The Committee noted further that the rate for East Lindsey had dropped from 420 to 330 (as at 24 November 2020). It was also highlighted that the rate for Boston had also reduced, as had the infection rate for those aged over 60.

The Committee was advised that in Lincolnshire, around 25,000 tests for Covid-19 were being completed every day; and that this figure had been maintained for a number of weeks, which contributed to the knowledge on the spread of Covid-19.

It was reported that the Covid-19 Winter Plan published by the Government on 23 November 2020 set out arrangements for managing the virus from 2 December 2020, when the national lockdown would be lifted. The Plan also provided details of the revised tiering system and the steps that needed to be taken to help get the country back to some normality. The Committee was advised that the Government's strategy had three objectives:

- Bringing the R below 1 and keeping it there on a sustained basis. (It was noted that once a vaccine had been approved by the Medicine and Healthcare Products Regulatory Agency, the vaccination programme, would be implemented; that more testing would be done and that more investment would be made into further treatment for Covid-19);
- Finding new and more effective ways of managing and enabling life to return closer to normal; and
- Minimising damage to the economy and society, jobs and livelihoods. Education to be safeguarded in nurseries, schools, colleges and universities.

During discussion, the Committee raised the following points:

- The effect of neighbouring areas on Lincolnshire's infection rate figures. The Committee noted that this was a contributory factor in the East Lindsey area, as residents were travelling in and out of the county for work. It was highlighted that the advice in the Covid-19 Winter Plan was to encourage people to work from home wherever possible;
- Whether a case had been made to the government for the need for local control, particularly in Lincolnshire. The Committee was advised that representation had been made for Lincolnshire and that the outcome would be known more when the government announced its allocation of tiers to particular areas;
- Testing – The Committee was advised that people were coming forward to be tested with 25,000 people being tested daily. The Committee noted that the ideal mass testing scenario for Lincolnshire was to deliver testing at scale in risk areas. It was noted that some targeted testing was planned for Skegness with the deployment of the mobile testing unit;
- Time lag of data - One particular example give was the rate for the over 60's in the East Lindsey area. The figure quoted was 617. The Committee was advised that this figures was now below 400 and that the difference in the numbers was due to a time lag in the data received. It was confirmed that the figure had reduced over the last 7 days and that it was hopeful that it would be reducing further;
- Hospital activity – The Committee was advised that hospitals had been very busy and that bed capacity fluctuated on a daily basis. It was noted that the 'green site' arrangements at Grantham Hospital had enabled elective surgery to continue;
- Vaccinations – Reassurance was given that Lincolnshire had the capacity to deliver the number of vaccines required. It was noted that the vaccination programme was hoped to be starting at the start of December and continuing into March 2021. It was hoped that with the vaccination

programme and improved treatments, that by the spring the situation would be improving;

- One You Lincolnshire – The Committee was advised that any person wishing to stop smoking had access to a dedicated package of support available from the One You Lincolnshire Website. It was noted that the enhanced weight management offer was targeted at those in high risks groups and those awaiting elective surgery;
- The need for any communication nationally or locally concerning Covid-19 to be simple and straight forward to avoid unnecessary confusion. The Committee was advised that the message to remember was Hands, Face, and Space at all times, and that individuals needed to carefully consider their personal situation over the Christmas period; and
- Virus Spread – The Committee was advised that as the virus was new, evidence was still being gathered. Reassurance was given that opening schools had not increased the infection rate; and that the professional view was that having schools open provided health and educational benefits for the children. It was highlighted that schools operated in a safe manner and that most of the cases in schools had had been caught outside of the school setting.

In conclusion, the Committee extended their thanks for all work being undertaken by the Director of Public Health and his team in providing daily updates, and providing help and support to everyone across Lincolnshire. The Director of Public Health also expressed his support to schools, and care homes and domiciliary care and the NHS staff for their continuing efforts across the system.

The Chairman extended his thanks on behalf of the Committee to the Director of Public Health for his update.

RESOLVED

That the update on Covid-19 by the Director of Public Health be noted and the Committee's thanks for all work being undertaken by the Director of Public Health and his team in providing daily updates, and providing help and support be recorded.

33 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

The Chairman invited Simon Evans, Health Scrutiny Officer to present the item to the Committee.

The Committee gave consideration to their work programme up to 14 April 2021.

The Committee were invited to email the Health Scrutiny Officer and the Chairman with any further suggested items, following the meeting. Any items received would then be considered at the next scheduled agenda planning meeting.

RESOLVED

That the work programme presented be received.

The meeting closed at 12.32 pm

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Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**13 January 2021**
Subject:	**Mental Health Universal Offer and Community Based Model**

Summary

This item informs the Adults and Community Wellbeing Scrutiny Committee of the on-going work to develop and implement a Universal Offer and Mental Health Community Based Model in Lincolnshire.

Action(s)

The Committee is invited to consider the report.

1. Background

Universal Offer

The NHS Long Term Plan, published January 2019, made a commitment to transforming mental health services so that people with severe mental illness are able to access better care, closer to home.

Lincolnshire's approach to supporting people with serious mental illness has been bolstered over the last two years, thanks to it being one of twelve areas across the country to benefit from significant additional national funding via the NHS.

As a health and social care 'system' Lincolnshire is an 'early implementer' site for testing new models of care for young, working age and older adults who have moderate to severe, long term mental health problems.

As well as radically redesigning how community mental health services operate and integrating dedicated mental health workers within local primary care and neighbourhood teams, the money has also helped to develop new dedicated support for people with a personality disorder, as well as those transitioning from mental health rehabilitation services back into the community.

Lincolnshire's partnership approach was key to securing the additional funding, and involved health, social care, as well as third sector organisations. This joined up approach has been vital in delivering the ambitious programme of work, which involves all agencies working together to deliver the right care, at the right time, as close to home as possible.

Lincolnshire has further confirmed our commitment to improving mental health with the launch of a new confidential mental health and emotional wellbeing helpline.

The new helpline, which was introduced in November 2019 and is a joint initiative across health, social care and the third sector, is available 24/7 and can provide emotional support, advice and guidance if you are feeling low, anxious or stressed and think you might benefit from speaking to someone.

The Covid-19 pandemic accelerated the need for this work as mental health issues will be one of the key legacy impacts. We know that some people are more at risk than others of developing mental health issues and that mental wellness is inevitably affected by other factors, including housing, money, relationships and jobs.

Although Lincolnshire's Universal Offer started its development as part of the Mental Health Transformation work programme it was further developed through the Mental Health Recovery Cell (as part of the Lincolnshire Resilience Forum or LRF) to include wider stakeholders and interests such as service providers for victims of domestic abuse and job centre colleagues.

The Mental Health and Wellbeing Recovery Cell was established in Lincolnshire to develop a whole system response to meeting mental health needs once lockdown eases. The Cell has adopted prevention-focused principles in planning for Covid-19 recovery with the following remit in mind from NHS England.

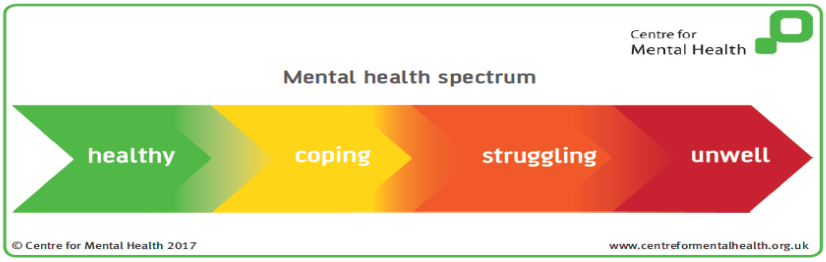
6. Mental Health Recovery	
Role	To scope out and mobilise a system response to the mental health and psychological impact of Covid-19 on the Lincolnshire population
Responsibilities	To develop and mobilise, in partnership with local authority and Lincolnshire Resilience Forum (LRF) colleagues as appropriate and with reference to national and international evidence and national NHS Equality Impact (EI) requirements - A generic mental health and psychological wellbeing support offer for Lincolnshire, along with specific support relating to: • People who already had previous or on-going mental health problems and who have been affected by the pandemic situation • Health and care staff who have been through

6. Mental Health Recovery	
	particularly challenging or traumatic times at work related to supporting patients • Health and care staff who themselves have suffered from Covid-19 and who may have developed mental health problems as a consequence • People who have been bereaved through this process • Other groups of people within Lincolnshire who it is evident require additional tailored mental health support And to develop and mobilise mental health support for people who have suffered specific harm as a result of the 'lockdown' (e.g. domestic abuse victims) And to develop and mobilise mental health support for people in Lincolnshire who have suffered as a result of the economic impact of the Covid-19 pandemic, e.g. job losses or job insecurity and to link in with and support existing work programmes which may need additional input e.g. suicide prevention
Deliverables	• A range of mental health and psychological support service offers which meet the needs expressed above

The Universal Offer started with the Community Crisis Care transformation funds of £543K in 2019/20 and £680K 2020/21 to fund three initiatives:

- The 24/7 mental health helpline
- Increasing the current crisis vehicular response, consisting of a crisis nurse and a driver operating from 2pm to 10pm seven days a week to provide one vehicle 24/7.
- £245K allocated to support the third sector to develop crisis cafés in neighbourhoods

National modelling has predicted a 30% increase in mental health problems over the next 2-5 years with people at various levels on the Mental Health Spectrum [as described by the Centre for Mental Health (2020)].



Partners recognise the potential for community-based, preventative approaches, early help and targeted work to improve population mental health and enable de-escalation, with a view to reducing the severity of new mental health problems, alleviating system pressures and tackling health inequalities.

Covid-19 has been a shared trauma in all communities, and it has hit the most deprived and isolated the hardest. There is a real risk that many more people will experience mental ill health (and more serious mental health difficulties) following the pandemic. But, by taking affirmative action to reduce the risk of serious and long-lasting mental health problems, it will be possible to help individuals and communities to recover.

While it is not possible to prevent all mental ill health either now or at any other time, it is possible to boost communities' resilience and help people to 'bounce back' from the crisis.

Key to Success

Generating excitement and interest from partners from across the local system and community has been critical to the Lincolnshire approach. Messages around health and wellbeing have centred on the whole county, rather than the local authority or any individual partner organisation.

As financial constraints limit the possibilities of launching new interventions or services borne from this, developing working groups for health and wellbeing with representation from sector partners has helped mitigate this barrier and develop a sense of shared purpose and co-production of funding bids with partners, developing trust while also bringing in new monies.

Lincolnshire's Universal Offer Operating Model

The model targets the fact that there is no wrong door for mental health support. Any point of access should be able to connect people quickly to the right support as part of a broad, whole system offer, which should be easy to access and easy to withdraw from.

Primary Care Network

- GP
- Practice Nurse
- Community
- Mental Health Practitioner

Emergency services

NHS & ASC Mental Health Care

- Community "facing" mental health teams (Crisis, Home Treatment Team, Liaison (A&E), Liaison (Criminal
- Inpatient & Specialist
- Mental Health Social Care

Community Recovery

- Face-to face drop-in (community hubs)
- Peer Support/coaching
- Employment Support
- Family support
- Housing Support
- Addiction Support
- Domestic abuse Support
- Rehabilitation and Integration

Partnership Approach

- Online self-help
- Online (guided) therapy with a professional
- Face-to-face treatment by appointment
- Social Prescribing
- Specialist Employment
- Volunteering
- Setting up a community project

Achievements with the universal offer so far:

- More agencies working together instead of in silos
- Attracting corporate funding and support from the Lincolnshire Co-op, Nationwide
- 24/7 helpline is dealing with calls at first point of contact with fewer escalations to crisis and blue light services
- More voluntary / charitable agencies signing up to 'Connect to Support'
- Voluntary agencies pulling together to achieve more
- Support provided closer to home for the individual
- Community based Mental Health Hubs (community led initiatives with reliable links with healthcare professionals)

We have just submitted a further bid for Alternatives to Crisis of £375K to focus on health inequalities on the East Coast. This will be used to develop three community hubs (cafés) in each of the East Coast Primary Care Networks; Louth, Mablethorpe and Spilsby and create satellites to other localities such as Skegness, and Woodhall Spa. Commission a peer support worker strategy for Lincolnshire and test the concept with SHINE (voluntary sector Mental Health Network) on East Coast and enhance crisis resolution home treatment service on East Coast.

Mental Health Community Based Model

<u>The National Picture</u>

The Secretary of State for Health and Social Care's vision statement (2018) described prevention as 'better than cure'. The vision asserted that: The NHS and local authorities need to put prevention at the heart of everything they do: tackling the root causes of poor health, not just treating the systems and providing targeted services for those most at risk.

The vision for prevention developed into the Government's Advancing our health: prevention in the 2020s green paper (2019). The prevention green paper pledged to give more attention to improving mental as well as physical health. It made proposals to invest in protective factors for mental health – for example by supporting wellbeing and social connection using social prescribing and 'nature-based interventions'.

The NHS Long Term Plan was published in January 2019, setting out NHS England's priorities for the next decade. The Plan determines funding, organisation and objectives for the next ten years. Annual funding for mental heath services is earmarked to grow by £2.3 billion by 2023-24. These were enshrined in law in March 2020 through the NHS Funding Act 2020.

Lincolnshire Funding

Community MH Care Transformation Funding Wave 1
£2,898,000 in 2019/20 and £3,999,000 in 2020/21 to provide:

- A new community rehabilitation service for Lincolnshire; and
- A new community personality disorder service for Lincolnshire
- Expanded social prescribing to focus specifically on people with Serious Mental Illness (SMI)
- Expanded MH Care Networks in four Neighbourhood Team areas (Boston, Gainsborough, Grantham and Lincoln City South)
- Expanded senior nursing capacity (band 6 and band 7) into "all age" community mental health teams integrated into the core Neighbourhood Teams and aligned to Primary Care Networks'.

Principles of Community Mental Health Transformation

Core Generic offer

Mental Health Trusts are expected to lead transformation of community mental health services (CMHS) in partnership with Primary Care Networks, as well as local authorities and the Voluntary, Community and Social Enterprise (VCSE), service users and carers, to create a new, flexible, proactive model of community-based mental health care for people with moderate to severe mental illnesses across a range of diagnoses and needs, in line with the Community MH Framework.

This model will seek to:

- ✓ Dissolve the barriers between primary and secondary care and between different secondary care teams.
- ✓ Be based on cross-sector collaboration and integrated working with local authorities and VCSE services.
- ✓ Optimise data and information sharing across organisations in line with IG law and practice.
- ✓ Maximise continuity of care.
- ✓ Ensure there is no cliff-edge of lost care and support by moving away from an approach based on referrals and discharge.
- ✓ Adopt the principle of inclusivity as opposed to exclusions and address workforce gaps accordingly, with considerations for people with co-existing substance use, co-existing neurodevelopmental disorders, those who self-harm, young and older adults and people with a 'personality disorder' diagnosis
- ✓ Increase access for people who currently fall through the gaps between services or are deemed to not meet current clinical 'thresholds' for treatment by secondary care teams.
- ✓ Ensure timely access by testing 4 week waiting times to appropriate care as part of testing the wider model and testing what 'appropriate care' might mean e.g. the creation of a comprehensive, personalised, co-produced care and support plan.

✓ Understand communities to address the racial disparities, social determinants of severe mental ill health and to minimise the health inequalities.

Lincolnshire's Model

Neighbourhood teams (NTs) align with Primary Care Network's (PCNs) and serve populations of 40,000 to 70,000 people. Neighbourhood working is beginning to improve resilience and support to colleagues in primary care through multi-disciplinary teams coming together to actively plan for "patients in common" and delivery of population health.

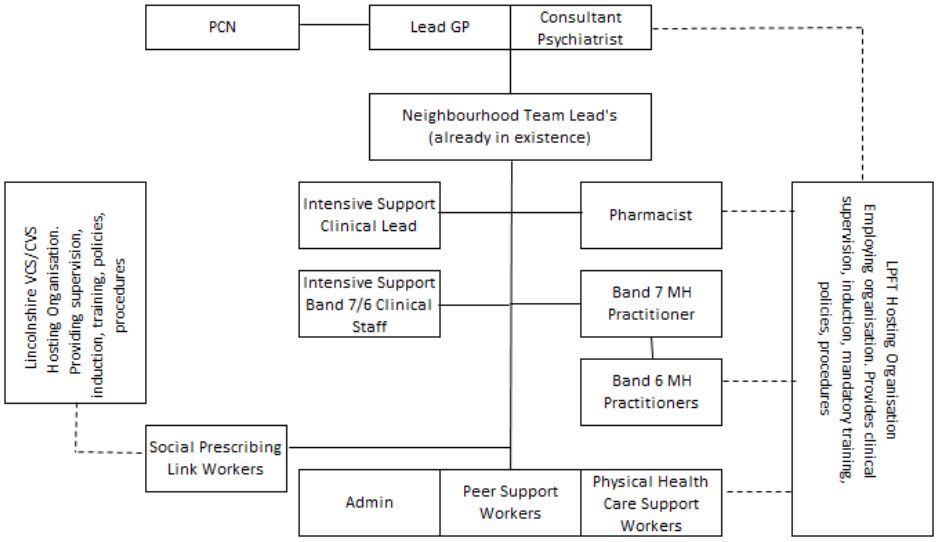
Key features of our new community based mental health services are a new place-based mental health workforce that is integrated and co-located with NTs and PCNs. This is not a separate service or team, but a constituent part of the existing NTs which already includes GPs, social care, emergency services, substance misuse workers and third sector providers. This is the first development of its kind in Lincolnshire, table 1 summarises the new roles:

New role	Number of new staff (wte's)	Number allocated to each NT	Role and Remit
MH Practitioners	12.0	3	• Clinically qualified MH practitioners. • Attend weekly neighbourhood MDT's to • Provide assessment and management planning of patients and onward referral • Supervision and training of other NT staff.
Mental Health Specialist Pharmacist	4.0	1	• Medicines optimisation. • Management of polypharmacy including complex medicines review. • Education on MH treatment across the primary and acute care workforce to achieve better, safer care for patients.
Social Prescribing Link Workers	8.0	2	• Map/promote/signpost to local social prescribing opportunities and community assets. • Host social prescribing clinics from community hubs/spokes and GP practices.

New role	Number of new staff (wte's)	Number allocated to each NT	Role and Remit
Peer Support Workers	12.0	3	• Wide range of support activities, life skills building. • Practical support to help people engage and attend appointments and local activities.
Physical Healthcare Support Workers	4.0	1	• Ensuring annual physical health checks are performed in line with the latest technical guidance published April 2019
Consultant Psychiatrist	1.2	0.3	• Senior clinical leadership. Provide daily GP advice and guidance.
Intensive Support Clinicians	8.0	Wider community level 250,000 population	• Case management of most complex patients with PD.
Intensive Support Therapists	5.0	Wider community level 250,000 population	• Provide rapid access to psychological therapies in line with NICE guidance for PD.

We have built community capacity to create a better understanding of mental health in the local community. We have used the untapped resource of volunteers within the community and equipped them through training and supervision to provide low level help for local people e.g. Crisis Cafés.

The table below identifies how additional resources are used in terms of staffing. All the posts described are new roles and co-located within the NTs. This is the first time a dedicated MH workforce has been integrated with NTs and PCNs.



The workforce skill mix has been chosen firstly, to ensure a blend of clinical and non-clinical staff so that the holistic opportunities to maintain and improve health will be maximised. Secondly, this approach aims to maximise 'connection with people and their communities', therefore the inclusion of Social Prescribing Link Workers and Peer Support Workers is vital to connect people with local activities and opportunities and provide service users with support from those with first-hand experience of living with a variety of conditions and accessing mental health services.

Adult Social Care also increased the social worker capacity within its Section 75 with Lincolnshire Partnership NHS Foundation Trust to meet demand but to also align with the community based model.

Adult Community MH Care Transformation Funding Wave 2

A Wave 2 bid has just been submitted for a further £1.4 million and if successful we will extend the Community Mental Health Transformation Programme to 5 further PCNs building on the current 4; namely:

- Imperium (Lincoln North)
- SOLAS (Skegness)
- East Lindsey (Louth and district)
- First Coastal (Mablethorpe)
- Four Counties (Stamford)

This will mean we will have coverage in 9 of our 14 PCNs.

It is anticipated that By 2023/24 we will have countywide integrated place based MH teams, Countywide Community Rehab - 3 teams and a Countywide Personality Disorder Service – 2/3 teams.

3. Conclusion

In conclusion the Universal Offer and the Community Mental Health Model continue to be developed and over time as more NTs and PCNs develop the two models will become one as they work together and compliment each other's work which is starting to show in the four accelerator sites of Boston, Gainsborough, Grantham and Lincoln South.

It is anticipated that by 2023/24 we will have countywide integrated place based MH teams, Countywide Community Rehab - 3 teams and a Countywide Personality Disorder Service – 2/3 teams.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Healthwatch Letter – Healthwatch talks about Primary Care Networks (PCNs), Neighbourhood Working/Teams (NT), Integrated Care Systems (ICS)

5. Background Papers

No background papers, as defined by the Local Government Act 1972, were used to a material extent in the preparation of this report.

This report was written by Lorraine Graves, who can be contacted on 07825 845235 or Lorraine.graves@lincolnshire.gov.uk

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Healthwatch talks about Primary Care Networks (PCNs), Neighbourhood Working/Teams (NT), Integrated Care Systems (ICS)

(Some of the information below has been extracted from NHS England and The King's Fund websites)

What are Primary Care Networks?
Primary care networks (PCNs) are a key part of the NHS Long Term Plan. Bringing GPs (general practices) together to work at scale has been a government and NHS policy priority for some years for a range of reasons, including improving the ability of practices to recruit and retain staff; to manage financial and estates pressures; to provide a wider range of services to patients and to more easily integrate with the wider health and care system.

While GP practices have been finding different ways of working together over many years – for example in super-partnerships, federations, clusters and networks – the NHS long-term plan and the new five-year framework for the GP contract, published in January 2019, put a more formal structure around this way of working, but without creating new statutory bodies.

When does my GP practices have to be part of a Primary Care Network?
Since 1 July 2019.

How big are Primary Care Networks?
Around 1,300 geographical networks in England will cover populations of approximately 30–50,000 patients. Around 50 networks, usually in very rural areas (which could include Lincolnshire), will cover a population of less than 30,000, but most are bigger than 50,000.

Who decides which GP surgery will join which Primary Care Network?
GP Practices were invited to work with other local GP practices to form natural networks that would be based around the criteria of both population size and geographical fit. They were required to submit an application to their local Clinical Commissioning Group to apply to become a network. In some cases the applications from GP practices in Lincolnshire did not work in the best interests of patients and so the local Clinical Commissioning Group had to intervene to ensure patient needs were put first. Currently all GP practices in Lincolnshire have been assigned to one network. Please note, Hereward and Galletly, Bourne practices have joined K2 Sleaford Area and Lakeside Healthcare Stamford has joined Spalding and Deepings.

What will Primary Care Networks do?
Primary care networks (PCNs) will eventually be required to deliver a set of seven national service specifications. Five will start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The remaining two will start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities.

To do this they will be expected to provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices, for example, first contact physiotherapy, extended access and social prescribing. Networks will receive specific funding for clinical pharmacists and social prescribing link workers in 2019/20, with funding for physiotherapists, physician associates and paramedics in subsequent years.

They will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around primary care network boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care.

Primary care networks will also be expected to think about the wider health of their population, taking a proactive approach to managing population health and, from 2020/21, assessing the needs of their local population to identify people who would benefit from targeted, proactive support.

How will Primary Care Networks be funded?
The main funding for networks comes in the form of large directed enhanced services payment (DES), which is an extension of the core GP contract and must be offered to all practices. This will be worth up to £1.8 billion by 2023/24 (England wide). It includes money to support the operation of the network and up to £891 million to help fund additional staff, through an additional roles reimbursement scheme. The contract is between the commissioner and individual practices, but receiving the money for the directed enhanced services payment is contingent on being part of the network and the money will be channelled through a single bank account directed by the network.

Funding and responsibility for providing the enhanced access services, which pays GPs to give patients access to consultations outside core hours, will transfer to the network directed enhanced services payment by April 2021. In addition, a 'shared savings' scheme is proposed, under which PCNs will benefit financially from reductions in accident and emergency attendances and hospital admissions. There will also be separate national funding to help PCNs access digital-first support from April 2021.

Who will manage Primary Care Networks?
Each PCN will have a lead GP surgery and a Clinical Lead

NHS England has produced a PCN video which can be viewed by following this link https://www.england.nhs.uk/primary-care/primary-care-networks/.

A map of PCNs for Lincolnshire can be found at the end of the document

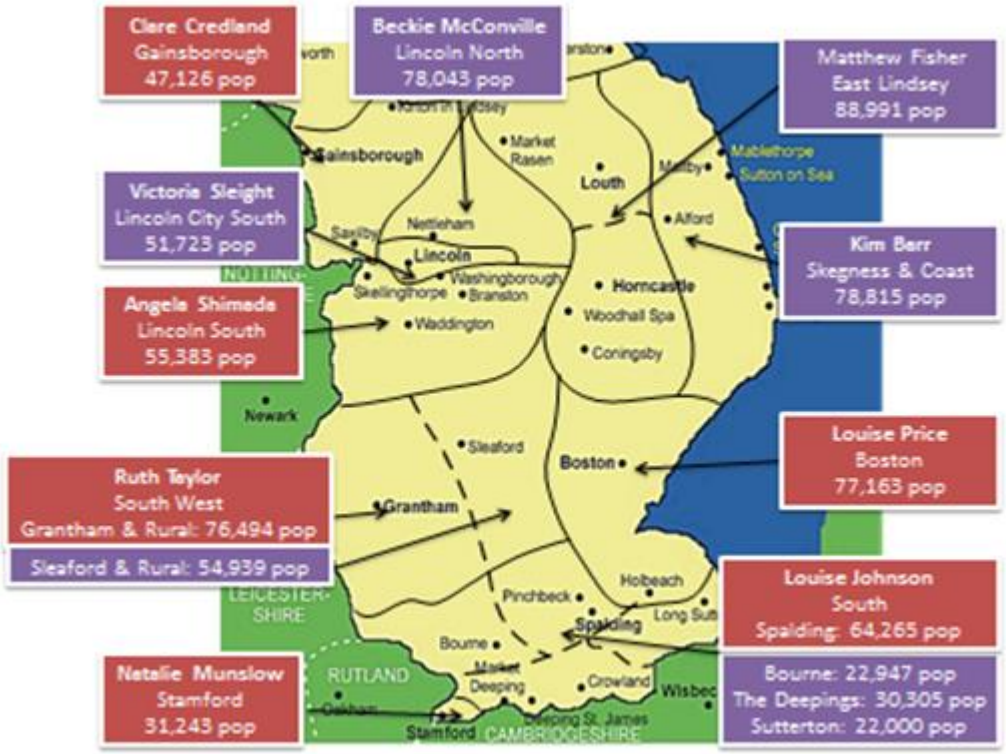
What is Neighbourhood Working (formerly known as Teams) in Lincolnshire?
'Neighbourhood working' has been developing since 2014 (as part of integration of health and care agenda) to provide a collaborative approach to delivering local services and joined up support for people locally. This includes involvement from health (NHS, your doctor) social care, voluntary organisations and charities. This ensures everyone will work together to find solutions to health and wellbeing challenges in Lincolnshire.

Neighbourhood working is about services working together with every patient and service user, to identify who and what matters to them, and recognising in partnership what could be done to help keep local people safe, well and happy in their own homes.

What does Neighbourhood Working mean for Lincolnshire?
This is a new way of working for organisations in Lincolnshire and the 'joined up approach' we are told is already making a positive difference for local people.

For Lincolnshire, it was important that the NHS approached this in a way that meant something for our local population and communities. The challenges that residents face accessing services may be different if you live on the coast than if you lived in a more urban area like Grantham or Boston.

The NHS has split the county into areas based around our population and this is the term they refer to as 'Neighbourhoods'. The neighbourhoods can be found on the map below.



How many Neighbourhood Working Teams are there in Lincolnshire?

12 – although 2 teams have only one Team Lead (South West and South)

How does neighbourhood working work?

Neighbourhood working means:

- strengthening and re-designing community services to meet local needs, to include better coordination and communication locally.
- proactively supporting people at risk of deteriorating ill health
- focusing on what individuals can do and supports them to achieve their goals supporting staff to work in partnership with shared information to provide joined up care
- supporting faster access to the right help and support, including linking with voluntary groups and charities available in the local area
- proactively supporting people, when they need it, providing the right support at the right time

  Our Neighbourhood population can:
- take a more active role in their own health and wellbeing as a result of greater choice and control
- jointly contribute to individual personalised care and support planning according to individual needs
- offer individualised support from a range of different professionals
- experienced, appropriate and timely support for people with more complex needs
- have access to better local information and support networks

Neighbourhood teams in practice

Shirley is suffering from mental ill health and multiple physical health problems. She was admitted to acute mental health ward and her recovery was progressing well. She was ready to be discharged back home. Unfortunately, her return home could potentially be delayed. Ward staff were reporting that Shirley's mobility has declined and she was relying on a wheelchair. Shirley was worried about going back home as her property did not have a ramp to allow wheelchair access.

Shirley agreed for a community psychiatric nurse to discuss her case at a neighbourhood team meeting. This encouraged other professionals to try to find a solution. Shirley was referred to the community occupational therapist and she was granted leave from hospital so that an assessment could take place. Following the assessment it has been decided that a ramp will be installed in time for preparation for her discharge.

Who funds Neighbourhood Working?

Current funding is through the Lincolnshire Better Care Fund and Lincolnshire Clinical Commissioning Group. Funding for Neighbourhood Working is not ring fenced nor a statutory requirement.

If you would like a copy of the most recent Neighbourhood Working PowerPoint presentation, please contact us for details.

What is an Integrated Care System?

There is a requirement for Lincolnshire to move towards working as an Integrated Care System. We expect within the next year to see more collaborative working from our local NHS services and Local Authority to ensure this is going to happen, including by 1 April 2020 the formation of a new NHS Commissioning Body 'NHS Lincolnshire Clinical Commissioning Group'.

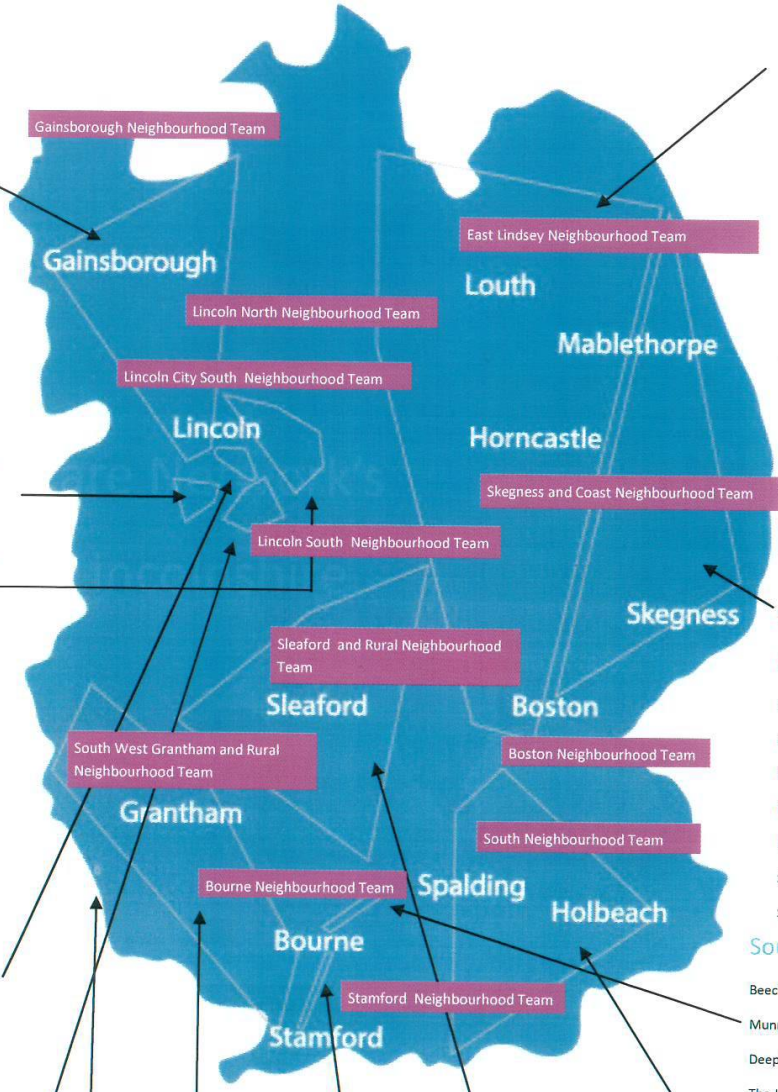
Since at least 2013 statutory health and care organisations (both commissioners and providers) have been working towards an integrated healthcare service for the county. Originally called Lincolnshire Sustainable Services Review (LSSR); it was then renamed Lincolnshire Health and Care (LHAC). However, in 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.

In some areas, a partnership has already evolved to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

Local services can provide better and more joined-up care for patients when different organisations work together in this way. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations. And systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs.

By working alongside councils, and drawing on the expertise of others such as local charities and community groups, the NHS can help people to live healthier lives for longer, and to stay out of hospital when they do not need to be there.

Primary Care Network's (PCN's) in Lincolnshire



Trent Care Network PCN

- Caskgate Street Surgery
- Cleveland Surgery
- Hibaldstow Medical Practice
- The Glebe Practice
- Trent Valley Surgery

Apex PCN

- Birchwood Medical Practice
- Boultham Park Medical Practice
- Newark Road Surgery
- Richmond Medical Centre
- The Woodland Medical Practice

Imp PCN

- Abbey Medical Practice
- Cli House Medical Practice
- Glebe Park Surgery
- Lindum Medical Practice
- Minster Medical Practice
- Nettleham Medical Practice
- The Ingham Surgery
- Welton Family Health Centre
- Willinham-by-Stow Surgery

Imperium PCN

- Brayford Medical Practice
- Portland Medical Practice
- University Health Centre

South Lincoln Healthcare PCN

- Branston and Heighington Family Practice
- Brant Road and Springclie Surgery
- Church Walk Surgery
- Navenby Cli Villages Surgery
- The Bassingham Surgery

Syston, Vale and Melton PCN

- Stackyard & Woolsthorpe Surgery

K3 Healthcare Grantham Area

- Colsterworth Surgery
- Long Bennington Surgery
- Market Cross Surgery
- St Johns Medical Centre
- St Peters Hill Surgery
- Swingbridge Surgey
- The Glenside Country Practice
- The Harrowby Lane Practice
- The Welby Practice

K2 Healthcare Sleaford Area

- Caythorpe & Ancaster Surgery
- Billinghay Medical practice
- Millview Medical practice
- Ruskington Surgery
- Sleaford Medical Group
- The New Springwells Practice

East Lindsey PCN

- Greyfriars Surgery
- Liquorpond Surgery
- Kirton Medical Centre
- Parkside Medical Centre
- Swineshead Surgery
- The Sidings Medical Practice
- Binbrook Surgery
- Caistor Health Centre
- East Lindsey Medical Centre
- Horncastle Medical Group
- James Street Family Practice
- Market Rasen Surgery
- Marsh Medical Practice *
- North Thoresby Surgery
- Tasburgh Lodge
- New Coningsby Surgery
- The Wragby Surgery

Skegness and Coast PCN

- Beacon Medical Practice
- Old Leake Medical Centre
- Hawthorn Medical Practice
- Marisco Medical Practice
- Merton Lodge Surgery
- Spilsby Surgery
- Stickney Surgery

South Lincolnshire PCN

- Beech-eld MedicalCentre
- Munroe Medical Centre
- Deepings Practice
- The Johnson GP Centre

South Lincolnshire PCN

- Abbeyview Surgery
- Gosberton Medical Centre
- Littlebury Medical Centre
- Long Sutton Medical Centre
- Moulton Medical Centre
- Sutterton Surgery

TBC

- Lakeside Healthcare Stamford
- Hereward Medical Centre
- Bourne Galletly Practice

Lincolnshire COUNTY COUNCIL
Working for a better future

Open Report on behalf of Glen Garrod, Executive Director - Adult Care and Community Wellbeing	
Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**13 January 2021**
Subject:	**Adult Care and Community Wellbeing Budget Proposals 2021/22**

Summary:

This report details the Council's budget proposals for Adult Care and Community Wellbeing (ACCW) for the financial year 1 April 2021 – 31 March 2022 and the assumptions made given the national context.

Current indications highlight the potential for ACCW to deliver services within its financial allocation for 2021-22. However we await the Local Government Settlement and we continue to feel the financial impact of the Covid-19 pandemic.

Recommendation(s):

The Adults and Community Wellbeing Scrutiny Committee is asked to provide comments upon the proposal and note the actions and risks contained within this report.

1. Spending Review

The spending review announced 25 November 2020 covers the period 1 April 2021 to 31 March 2022. Due to the unprecedented financial impact on the economy and future uncertainty caused by the pandemic, the review covers a single year.

The spending review encompassed the following key aspects relating to social care and public health;-

- Councils will have access to an additional £1bn for social care next year, made up of a £300m social care grant and access to up to 3% adult social care (ASC) precept. The latter can be deferred to 2022-23.

- The additional £1bn of grant funding announced in the spending review 2019 for Adult and Children's Social Care will continue.

- National living wage rate for 2021-22 is expected to be £8.91 as opposed to the originally planned (pre Covid19) £9.21.

- No increase in the public health grant to local councils.

- The improved Better Care Fund grant will continue in 2021-22, maintained at its current level.

- The Disabled Facilities Grant will be worth £573 million.

- The Clinical Commissioning Group (CCG) contribution will again increase by 5.3% in line with the NHS Long Term Plan settlement.

- The coronavirus pandemic has impacted significantly on the 2020/21 financial year, and central Government has provided grant funding to cover our costs and losses arising directly from the pandemic. It is assumed that where direct impacts carry on into 2021/22 these will continue to be funded by Government grant.

All areas within the Council undertook a budget setting process throughout the summer. In view of the continuing financial uncertainties about our future levels of funding, a one year budget is proposed for 2021/22.

The next steps are to receive the Provisional Local Government Finance Settlement on or around the 17 December 2020, followed by the Final Local Government Finance Settlement in February 2021. The final budget proposals will be presented to Council in February 2021.

2. 2021-22 Adult Care and Community Wellbeing Budget

Underpinning the Council's Medium Term Financial Plan (MTFP), ACCW introduced its MTFP in February 2020. The MTFP builds the financial position from the bottom up incorporating the potential impact of cost drivers and assumed income changes to forecast the financial position through to 2023-24.

Following the detailed work undertaken during 2020, ACCW MTFP indicates the potential to deliver services within the financial allocation for 2021-22 however, without additional government support beyond 2021-22, there is a potential for material financial pressure from 1 April 2022.

ACCW continues to be organised into the following three delivery strategies for 2021-22

- <u>Adult Frailty & Long Term Conditions</u>
  This strategy brings together older people and physical disability services as well as hosting the budgets for back office functions in infrastructure budgets.

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

- Public Health & Community Wellbeing
  This strategy encompasses adult public health services funded through the dedicated public health grant and wellbeing services.

The table below shows the gross budget position for 2021-22 compared to the 2020-21 budget model and the grant position.

Strategy	2020-21 Budget Model £m	2021-22 Proposed Budget £m
Adult Frailty and Long Term Conditions	118.876	120.025
Specialist Services & Safeguarding	81.007	86.335
Public Health & Community Wellbeing *(see note)*	28.468	28.622
ACCW Budget	**228.351**	**234.982**
Better Care/Improved Better Care Funding	(47.023)	(52.234)
Public Health Grant	(32.340)	(33.546)
Budget Model	**148.988**	**149.202**

Note: This figure does not represent the full Public Health Grant received, eg it excludes Children's

The increases in cost are predominantly driven by:

- £5.950m forecast financial rates increase. This is the increase in rates paid to providers for the provision of residential and non-residential adult social care. The rate is increased each year to reflect changes in inflation, national living wage etc. The rate is encompassed in the three year residential contracts and/or the homecare prime provider contracts and published in the annual statement attached to the Adult Care Charging Policy.

- £2.691m forecast growth in demand for adult social care, especially within services provided for working age adults. Growth in demand ranges from 1.2% to 2.9% depending upon the service.

An ACCW programme of service improvement aims to broaden the offer available to service users, improving the services received by the people of Lincolnshire by supporting more people to remain independent within their own homes / communities and improve the efficiency of how those services are delivered.

Delivery of the programme has the potential to see a material shift in the cost structure of adult care underpinning the potential to deliver within financial allocation in 2021-22 and reducing the scale of potential pressures 2022 onwards.

The key improvements underway and/or due to commence in 2021-22 are:

- Investments in front line services including re-ablement, occupational therapy and direct payment services. These investments mobilise pilots to trial different ways of working which have the potential to deliver the aims above.

- Financial Assessment Improvement Programme aims to make the process easier to navigate for the individual and provide clarity on the charges through its charging policy. The programme has/will deliver

    i. a financial assessment process which, for the majority of people, will take 28days to complete

    ii. an efficient and effective process by introducing an on line option and streamlining documentation

    iii. aligned systems enabling interaction and reduced duplication

    iv. a consistent and efficient payment basis moving residential care on to a 'gross' payment basis.

    v. an efficient income collection process

- Continue to utilise the Better Care Fund (BCF)/Improved Better Care Fund(iBCF) as the vehicle which brings NHS and local government together and deliver the core conditions of the grant which for the iBCF include:

    i. to meet adult social care needs;

    ii. to support reducing pressures on the NHS, including supporting more people to be discharged from hospital

    iii. to ensure the local social care provider market is supported.

    The budget increase between 2020-21 and 2021-22 reflects the winter pressures funding now forming iBCF core funding to support the above.

- 2021-22 will see completion of the first extra care housing development in Lincoln. The scheme is a partnership between the City of Lincoln Council and the County Council to provide Extra Care Housing (ECH). Housing which promotes wellbeing and independence through its design. Working with partners, ACCW is planning a further £9.69m capital investment over the next 4years in ECH and housing for working age adults.

3. Better Care Fund (BCF)

Launched through the spending review in June 2013, the BCF was highlighted as a key element of public service reform with the primary aim to drive closer integration between the NHS and adult social care and improve outcomes for patients, service users and carers.

The Lincolnshire Better Care Fund is an agreement between the Council and Lincolnshire CCG, 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 2020-21 is £257.162m, made up of the minimum CCG contribution and additional iBCF monies received directly from the government.

The government announced the BCF policy statement 3 December 2020 which confirmed

i. a reduced approach to monitoring and reporting of the 2020-21 BCF as a result of the pandemic
ii. a continuation of the iBCF funding in 2021-22 at 2020-21 levels. This is £33.279m into ACCW to deliver the grant criteria.
iii. A 5.3% increase to the CCG contribution was confirmed. Whilst the framework and planning requirements underpinning the policy are not expected until early 2021, this increase may result in further investment in social care of up to £0.9m thus achieving the minimum social care maintenance figure.

4. Conclusion

The Adult Care and Community Wellbeing budget proposal reflects the funding available to deliver services during 2021-22.

Following a comprehensive budget programme, the proposal reflects the priorities whilst operating within the resources available. These figures may be subject to change once we receive the Local Government Finance Settlement. 2021-22 will continue to be a year of uncertainty as we tackle the second wave of the Covid19 pandemic. As stated above, the assumption is for any costs resulting from Covid19 in 2021-22 to be support by further Government grants however at the time of writing, confirmation of the size of grant is not known.

5. Background Papers

Council Budget 2020/21	Executive Director of Resources
Adult Care & Community Wellbeing Budget Proposals 2020-2021	Head of Finance, ACCW

This report was written by Pam Clipson, Head of Finance Adult Care and Community Wellbeing, who can be contacted at pam.clipson@lincolnshire.gov.uk

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**13 January 2021**
Subject:	**Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at The Hoplands Sleaford with North Kesteven District Council**

Summary:

This report invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on *Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at the Hoplands, Sleaford, with North Kesteven District Council*, which is due to be considered by the Executive on 2 February 2021.

The views of the Committee will be reported to the Executive as part of its consideration of this item.

Actions Required:

The Committee is invited to:

1) Consider the attached Report and to determine whether the Committee supports the recommendation(s) to the Executive; and

2) Agree any additional comments to be passed to the Executive in relation to this item.

1. Background

On 2 February 2021 **t**he Executive is due to consider a report on *Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at the Hoplands Sleaford with North Kesteven District Council*, which is attached as Appendix 1 to this report.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendations in the report and whether it wishes to make any additional comments to the Executive. Comments from the Committee will be reported to the Executive on 2 February 2021.

3. Consultation

This Committee is being consulted on the proposed decision of the Executive on 2 February 2021.

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive on 2 February 2021 on *Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at The Hoplands Sleaford with North Kesteven District Council*, including: Appendix A - The Hoplands Site Drawings Appendix B - The Hoplands Site Plan Appendix C - Housing LIN ECH Financial Model Cost Benefits Example Appendix D - Extra Care Feasibility Tool – The Hoplands December 2020 Appendix E - Banks Long & Co Independent Hoplands Valuation Report Appendix F - The Hoplands ECH and CSL Initial Equality Impact Assessment Form

5. Background Papers

No background papers, as defined in the Local Government Act 1972, were relied upon to a material extent in writing this report.

This report was written by Emma Rowitt, who can be contacted on 07423 492024 or emma.rowitt@lincolnshire.gov.uk

Lincolnshire COUNTY COUNCIL *Working for a better future*

Executive

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

Report to:	**Executive**
Date:	**2 February 2021**
Subject:	**Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at The Hoplands Sleaford with North Kesteven District Council**
Decision Reference:	**I021124**
Key decision?	**Yes**

Summary:

This report recommends that a further £2.56 million of the designated capital programme budget is released to enable the Hoplands scheme to begin development in the summer of 2022. The project is a proposed partnership between Lincolnshire County Council (LCC) and North Kesteven District Council (NKDC), to provide Extra Care Housing (ECH), and community supported living (CSL) units for Working Aged Adults (WAA) with learning disabilities, mental health and/or physical disabilities, for the anticipated demand in the North Kesteven District.

Following the commencement of the De Wint Court scheme, in partnership with the City of Lincoln Council, the remaining capital programme budget is £9.086 million. However, a further £1.99 million has been allocated to support the Linelands ECH scheme, in partnership with Lace Housing Ltd (LH). LCC's contribution of £2.56 million towards the Hoplands scheme in Sleaford, (£1.6 million towards the ECH scheme, and £960,000 towards the CSL units for WAA) will provide LCC with nomination rights on all 40 units within the ECH scheme, and a further 12 CSL units for WAA with learning disabilities, mental health and/or physical disabilities for a period of 30 years; using a process of first refusal with no void risk. The scheme will help provide alternative accommodation choice whilst enabling independence, and access to services within the local community.

LCC proposes to dispose of 0.9625 hectares of the Hoplands site for nil value to NKDC, which is permitted under the state aid rules where the aid provided can be categorised as Services of General Economic Interest (SGEI). LCC's contribution to the Hoplands scheme is on the condition NKDC acquires relevant approvals, obtains planning permission and secures the additional funding required.

The remaining 0.81262 hectares will be sold to Lafford Homes, NKDC's wholly-owned property company, which operates through its own board of directors, at commercial value to provide market rental properties. Should Lafford Homes not be in a position to proceed, NKDC will purchase the remainder of the site for the development of social housing.

Initial findings suggest that a £2.56 million investment (£1.6 million towards ECH scheme and £960,000 towards the CSL units for WAA), which allows LCC nomination rights on 40 ECH properties supporting 40 individuals could generate an annual saving of £127,060 per annum based on 2019/20 prices. On this basis and assuming a rate of inflation totalling 2 per cent for the duration of the scheme, it is estimated that the total savings will equal the total value invested (i.e. the breakeven point) after 18 years. This saving will be higher once a WAA revenue model has been confirmed.

Recommendation(s):

That the Executive:

(1) Approves the payment of a sum of £2.56 million from the Capital Programme for Lincolnshire to NKDC through a Funding Agreement to support the development of the Hoplands, Sleaford, which is permitted under the state aid rules where the aid provided can be categorised as Services of General Economic Interest, with Lincolnshire County Council and North Kesteven District Council entering into a Nominations Agreement and Funding Agreement for the Extra Care Housing scheme and Working Age Adult properties, to secure nomination rights for Lincolnshire County Council on 40 Extra Care Housing units and 12 Community Supported Living units for Working Age Adults with learning disabilities, mental health and/or physical disabilities; through a process of first refusal with no void risk for a period of 30 years.

(2) Approves the under-value disposal of 0.9625 hectares of the Hoplands site for nil value to North Kesteven District Council to support the development of the Hoplands, which is permitted under the state aid rules, where the aid provided can be categorised as Services of General Economic Interest. (The market value for this section of land is £650,000).

(3) Approves the disposal of 0.81262 hectares of the Hoplands site for market value of £250,000 to Lafford Homes, North Kesteven District Council's wholly-owned property company, for the development of market rental properties, or to North Kesteven District Council for the development of social housing, in the event Lafford Homes are unable to proceed.

(4) Delegates to the Executive Director for Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care, Health and Children's Services, authority to determine the final form, and approve the entering into of all legal documentation necessary to give effect to the above decisions.

Alternatives Considered:	
1)	**Do Nothing:** The lack of affordable and available ECH and CSL for WAA in Lincolnshire as a viable alternative to more costly residential services will continue to limit choice and increase revenue costs for LCC in the medium and long term.
2)	**Provide funding for the Hoplands on the basis of a Collaboration Agreement rather than a Funding Agreement:** It is not possible to evidence the necessary collaboration in this instance to make this a viable option. This approach would require a greater degree of involvement in the Scheme and sharing of risk than can be achieved through a Funding Agreement.

Further assessment of the above options is set out in the body of this report.

Reasons for Recommendation:

- To enable LCC to develop an ECH scheme and additional CSL accommodation for WAA with learning disabilities, mental health and/or physical disabilities in partnership with NKDC, thereby utilising NKDC's existing housing development resources and expertise, together with their capacity for the creation of the new scheme, to offset the higher revenue costs of residential care, and allow LCC to reinvest resources in preventative measures;

- To provide the means for LCC to use its existing and future best value care and support contracts to support the new development; and

- The proposed contractual arrangements using the appropriate exemptions grants the ability for LCC to contribute compliantly with procurement and state aid obligations, together with providing the least risk in relation to the operation of facilities, and in particular financial implications in respect of voids.

1. Background

The Strategic Case

1.1 Lincolnshire County Council (LCC) has defined Extra Care Housing (ECH) and Community Supported Living (CSL) for Working Age Adults (WAA) with learning disabilities, mental health and/or physical disabilities as accommodation which promotes wellbeing and independence. It is designed in such a way that it responds to individuals developing care needs as they grow older; consequently providing a more adaptable and flexible approach in the provision of care and support for Lincolnshire's residents.

1.2 The Adult Care Capital Programme for Lincolnshire is intended to help older people and WAA achieve greater independence and improve wellbeing, by offering further choice over housing and care options within local communitites. Furthermore, both types of accommodation will help divert a number of older people and WAA from moving into residential care and inpatient admissions, allowing LCC to reinvest resources in preventative services. The development of ECH and WAA accommodation presents an opportunity to generate a sustainable future for health and social care in Lincolnshire; meeting a key ambition of the sustainable services review.

1.3 National policy debate has shifted from a focus on frail and vulnerable people and treating ill health, towards an agenda for which the emphasis is:

- Promoting independence;
- Improving well-being;
- Enhancing quality of life; and
- Accessing services closer to home.

1.4 The provision of supported living opportunities encourages people to live more independently in accommodation that matches their individual needs. It enables them to exercise much more choice and control in key aspects of their life, such as where they live, and the type of support package they receive. Supported living also promotes inclusivity within the local community, improving health and well-being, providing opportunities to develop skills and knowledge, helping to build confidence and, overall, enhancing quality of life.

1.5 An ageing population coupled with rising numbers of profoundly disabled WAA, presents public services, including housing, with a number of challenges to ensure the availability of adequate and appropriate services. These demographic changes have required a policy response from central government, local housing, health, and social care agencies.

1.6 In the context of austerity for local authorities in England, social care services for adults are widely recognised as being under-resourced. In addition, services are experiencing growing demand and increasingly complex care needs across the age ranges. This is coupled with increasing NHS pressure and spiralling staff costs, as highlighted in research by the Association of Directors of Adult Social Services. The research shows councils require a sustainable long-term funding strategy to underpin social care. Lincolnshire is no exception to this national picture and, as such, alternative approaches need exploring in order to deliver the most cost effective service. Housing is a key priority for the Health and Wellbeing Board and this project contributes to the impact on the following LCC Corporate Plan Strategies:

- Adult Frailty and Long Term Conditions;
- Special Adult Services;
- Carers;
- Adult Safeguarding; and
- Wellbeing.

1.7 LCC is contributing to the development of a 'Homes for Independence' Lincolnshire strategy, the delivery of which will be overseen by Lincolnshire's Housing, Health and Care Delivery Group. The strategy will articulate the types of housing required to support those for whom LCC provides services, the scale of this need, and the geographic hotspots in the county. LCC will work in partnership with District Councils and with the supported housing commercial market to deliver the requirements, rather than delivering the housing directly. The strategy will be made publically available to enable the market to develop suitable delivery approaches.

1.8 Currently the main sources of evidence surrounding the need for housing with care in Lincolnshire are the Council's Extra Care Needs Assessment, which was undertaken in 2014 and updated in 2017, and the work of Housing LIN in 2018. For the purposes of this business case, data from both of these sources has been used as the evidence base.

1.9 The Needs Assessment introduces LCC's vision for the provision of housing with care, both now, and in the future. This business case supports the following pivotal strategic objectives outlined in the Needs Assessment:

- Provide choices for housing, support and care services, to meet future demand;
- Design and develop schemes through innovative partnership which provide options in lifestyle, accommodation size, location, tenure and services;
- Work collaboratively with Health, District Councils, independent housing providers and voluntary groups; and
- Encourage older people's participation in the design and implementation of new schemes to better meet their requirements.

Existing Provision and Estimated Need of Specialised Housing for North Kesteven District Council (NKDC) – Data from Housing LIN Report 2018

Housing for Older People

1.10 The following table summarises the current profile of older people's housing in the North Kesteven district, in relation to the nomination rights on the proposed new the Hoplands scheme.

Housing for Older People	Current provision of housing for older people for rent is significantly above the Greater Lincolnshire and national average. Older people's housing for sale is below both the Greater Lincolnshire and national average. The district is currently ranked 51 out of 326 local authorities for older people's housing (social rent). Ranked 273 out of 326 authorities for private sector retirement housing.
Housing with Care	Limited provision of housing with care for rent. However, ranked 107 out of 326 authorities in relation to private housing with care for sale.
Residential Care	Provision below both the Greater Lincolnshire and national average. Ranked 247 out of 326 authorities.
Nursing Care	Provision above both the Greater Lincolnshire and national average. Ranked 138 out of 326 authorities.

1.11 The table below shows a summary of the ***current*** provision of older people's housing in the North Kesteven district, the projected need and the shortfall/net need. This project will aim to address the projected provision for social (rent) in the Housing with Care section, highlighted in red in the table below.

Type	Current Provision	Projected provision required				
		2018	2020	2025	2030	2035
		Units/Beds	Units/Beds	Units/Beds	Units/Beds	Units/Beds
Housing for Older People						
Social (rent) Units	1624	1624	1624	1624	1624	1624
Net need		*0*	*0*	*0*	*0*	*0*
Private(for sale) Units	91	372	560	1065	1338	1612
Net Need		*281*	*469*	*974*	*1247*	*1521*
Housing with Care						
Social (rent) Units	15	167	183	212	202	166
Net need		*152*	*168*	*197*	*187*	*151*
Private(for sale)Units	54	19	37	107	204	337
Net Need		*-35*	*-17*	*53*	*150*	*283*
Residential care Beds	338	588	596	683	698	704
Net need		*220*	*258*	*345*	*360*	*366*
Nursing care Beds	520	558	609	738	802	864
Net need		*38*	*89*	*218*	*282*	*344*

Working Age Adult Housing

1.12 As part of modelling work around need and demand for supported housing in Lincolnshire, the Public Health Intelligence Team (PHIT) reviewed national evidence to determine the estimated number of units required in the county. Applying national projections locally suggests that 994 units are currently required in Lincolnshire for WAA with learning disabilities, physical disabilities, sensory impairment and/or mental health problems. This figure is expected to rise to 1,239 by 2030.

1.13 There are currently circa 600 units of CSL accommodation in Lincolnshire. However, utilisation of this service type cannot be considered in isolation to determine demand, since it is somewhat reliant on what is available at any given time. Current supply and utilisation of services in North Kesteven as at 31 March 2020 indicates 241 people with learning disabilities known to Adult Care services of which;

- 90 people live in supported living settings;
- 97 people live with parents, family or friends;
- 16 people live in a property rented from an RSL or the District Council;
- 78 people with learning disabilities live in residential/ nursing care;
- 14 people physical disabilities are residing in long term residential care;
- 55 people with physical disabilities are in receipt of homecare provision; and
- 37 people are accessing day services.

1.14 This data gives an indication of potential demand for supported accommodation among this cohort within the North Kesteven district. Use of residential care services for people may serve as an indicator of demand for supported accommodation; if suitable supported accommodation were available it may be a more appropriate and beneficial alternative to long stay residential care for individuals. The accommodation setting of current users of services provides a potential indication of future demand for supported accommodation, particularly where people are living with an informal carer.

1.15 A Specialist Adult Services Accommodation Strategy (for adults with learning disability, autism and/ or mental health needs) is under development to support the Homes for Independence blueprint. This will consider the need for residential and nursing care as well as supported accommodation, shared lives services and other accommodation for WAA with complex needs, and this project will help to meet the needs of the strategies objectives and projected demand.

2. The Business Case for The Hoplands

2.1 This business case provides the information for a decision to be taken by LCC to proceed with securing nomination rights at the proposed new Hoplands scheme being developed by NKDC in Sleaford, for 40 ECH units and 12 CSL units for WAA with learning disabilities, mental health and/or physical disabilities, as part of the LCC's Adult Care Capital Programme at a cost of £2.56 million; £1.6 million towards the ECH scheme and £960,000 towards the CSL units for WAA.

2.2 The project's aim is to provide alternative accommodation choice for people to remain in a home of their own, connected to their local community where they can be supported by their social networks, thereby encouraging them to live meaningful and independent lives. Individual tenancies provide privacy, whilst communal spaces provide an area for neighbours, friends and family to meet, together with the opportunity to engage in group activities if they choose to. The ECH scheme will utilise the 24 hour care and support which schemes can provide across a range of residents.

2.3 The purpose of the project is to deliver ECH provision and accommodation for WAA with learning disabilities, mental health and/or physical disabilities in the District of North Kesteven, and enable LCC to nominate to all 40 ECH units and 12 CSL units within the proposed new scheme, for a period of 30 years, with first refusal and no void risk; subsequently helping to meet the identified need within the locality.

2.4 The Hoplands will play an important part in increasing people's independence, wellbeing and longevity, as well as aid in the ability to stop and/or slow down further physical and psychological deterioration, in turn reducing pressure on Adult Care revenue budgets, and enabling LCC to reinvest resources into more preventative measures. The proposed new scheme will provide an environment which encourages movement and opportunity for physical exercise which keeps the mind active, develops motivation, increases confidence and enhances creativity. Research highlights that unsuitable housing, stress, and loneliness can have a significant impact on health and well-being. The Hoplands will provide an

environment which promotes a more positive and healthy lifestyle, enabling and encouraging motivation to remain independent, and the ability to participate in meaningful and purposeful activities. The scheme will encourage tenants to volunteer in sharing knowledge, skills and experiences, as well as strengthen the opportunity to develop and build new and continued social networks.

2.5 LCC residents will be able to access all other services, both via the Wellbeing service, as well as through a range of options by which LCC supports people including, but not exclusive to, block contracted homecare, self-funded home care, Direct Payments, Personal Health Budgets, and other options developed over time. This care and support will be there to meet identified needs within a joint Care and Wellbeing Vision. A draft Nominations Process will be drawn up and joint workshops will develop the practical delivery of the Care and Wellbeing Vision for the ECH scheme, the allocations panel and nominations process for this project.

2.6 LCC owns the freehold of the Hoplands site which has been vacant since 24/07/2009. The site does not directly adjoin the public highway and access is therefore taken over a small strip of land off The Hoplands owned by NKDC. LCC lacks access rights for anything other than the highway depot usage established by prescription. Following the sale of the site to Lafford Homes and NKDC, NKDC will provide access rights to Lafford Homes.

2.7 The Hoplands site has been ear-marked for ECH and WAA accommodation, to aid the strategic need to support the development of ECH and CSL within the area. LCC proposes to provide financial assistance of £2.56 million and transfer 0.9625 Hectares of the Hoplands site for nil value to NKDC, both of which are permitted under the state aid rules where the aid provided can be categorised as Services of General Economic Interest (SGEI).

2.8 LCC is able to make an undervalue disposal without specific Secretary of State consent if it can meet the conditions of the Local Government Act 1972 General Disposal Consent (England) 2003. This states that specific consent is not required for the disposal of any interest in land which the authority considers will help it to secure the promotion or improvement of the economic, social or environmental wellbeing of its area, as long as (1) the amount of the undervalue is less than £2 million, (2) the disposal is state aid compliant and (3) the land is not held as housing land under the Housing Act 1985 or under the Town and Country Planning Act 1990. Point (3) is satisfied in this case, so LCC needs to consider points (1) and (2). In this case, the undervalue is £650,000, and the disposal will help secure the promotion of social wellbeing by providing ECH and CSL facilities which encourage people to live independently for as long as they wish to do so within their local community and access services closer to home. Furthermore, such facilities aim to improve wellbeing through enhanced community involvement opportunities and aim to avoid admission to hospital; consequently expanding the bed capacity within hospitals, increasing the number of patients discharged from hospital, and decreasing those who may have a need for residential care. Additional advantages of such facilities are set out in this report.

2.9 Alongside compliance with section 123 obligations, disposing of land at an undervalue, together with the giving of grant funding could also amount to state aid. The value of aid in property disposals is calculated as follows:

> *"when assessing the value of an aid in the form of a sale of property at an allegedly preferential price, the principle of the private investor operating in a market economy applies. Therefore, the value of the aid is equal to the difference between what the recipient in fact paid and what it would have had to pay in an arm's length transaction of the open market to buy an equivalent property from a vendor in the private sector at the time of the relevant transaction".*

In order for LCC to comply with their statutory obligations regarding state aid, LCC will rely on the Commission Decision (2012/21/EU) (SGEI Decision) on the basis that ECH is a Service of General Economic Interest (SGEI). LCC has sought external legal advice, which has outlined that aid provided in relation to the scheme is suitable for classification as SGEI. The SGEI Decision specifically refers to social housing and social services,[1] which the Hoplands will deliver. LCC, therefore, intends to transfer the site and provide the grant funding to support the construction of the proposed new ECH and WAA accommodation, which will provide both affordable housing and social care to those who qualify and are nominated by LCC. The Funding Agreement will be drafted to incorporate the requirements of the SGEI Decision.

2.10 Following the proposed sale of the Hoplands site to NKDC, NKDC's proposal is to develop a dedicated 40 unit ECH scheme comprising of 29 one bed units and 11 two bed units, with associated facilities to support independent living and encourage community involvement. In addition, it is NKDC's intention to deliver a residential development of 12 CSL units for WAA with learning disabilities, mental health and/or physical disabilities. Please see Appendix A for proposed site drawings.

2.11 Construction is planned to commence in summer 2022, for completion in spring 2024. Prior to construction, LCC will enter into a Nominations Agreement and Funding Agreement with NKDC for both the ECH units and WAA accommodation. LCC will purchase nomination rights for 40 units within the ECH scheme, and an additional 12 CSL units for WAA with learning disabilities, mental health and/or physical disabilities, for a period of 30 years, with first refusal and no void risk. The funding model for this is set out later in this report.

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[1] See paragraph 11 of the preamble to the SGEI Decision (emphasis added): *"Accordingly, undertakings in charge of **social services**, including the provision of **social housing** for disadvantaged citizens or socially less advantaged groups, who due to **solvency constraints** are unable to obtain housing at market conditions, should also benefit from the exemption from notification provided for in this decision […]. In order to benefit from the exemption from notification, **social services should be clearly identified services**, meeting social needs as regards **health and long-term care** […] social housing and **the care and social inclusion of vulnerable groups**."* Services which help integrate people with long term health or disability problems are specifically recognised as SGEI in the Commission's Staff Working Document on SGEI dated 29.4.2013.

2.12 The project aims to reduce the long term costs of care provision, as cost avoidance, and provide choice for older people, in line with LCC strategy, the benefits of which are highlighted below. This will ensure people with care needs have alternative choice options to traditional residential care provision, whilst providing affordable options for local people to remain within their communities. The provision is not aiming to generate profitable income.

2.13 The remaining 0.81262 hectares will be sold to Lafford Homes at commercial value to provide market rental properties. Please see Appendix B showing the breakdown of the site.

2.14 Lafford Homes, NKDC's wholly owned property company, operates through its own board of directors, using existing building companies to fulfil its projects, and seeks to raise the bar as an exemplar landlord, in terms of rental standards across the board. Lafford Homes Ltd assists the Council in achieving its objectives arising from the Central Lincolnshire Local Plan 2016 to 2036 to improve the quality and supply of housing in the North Kesteven District.

2.15 LCC will dispose of the site to NKDC and Lafford Homes as indicated above at the same time to ensure no pockets of land remain which have no access. In the event Lafford Homes are unable to purchase the site for whatever reason, NKDC will purchase the remaining 0.81262 hectares of the site at commercial value for the development of social housing, ensuring this transaction is concurrent to that of the other part of the site. Heads of Terms will be agreed between both parties and LCC and approved according to the delegated authority requested. LCC has a duty to satisfy its best value obligations under section 123, Local Government Act 1972. The total Market Value of the site is valued at £1,125,000 within the Banks Long & Co Valuation Report (Appendix E). The Market Value has been adjusted, however, to reflect the NKDC ransom access land at the entrance to £900,000. The Market Value is net of the access road and the public open space areas. Subsequently, Banks Long & Co have recommended a sale price of £650,000 for the parcel of land LCC proposes to transfer to NKDC, and a sale price of £250,000 for the section of site which LCC proposes to sell to Lafford Homes. LCC had assumed it would transfer the 0.9625 hectares of the Hoplands site to NKDC for its market value of £650,000. However, NKDC will apply for Homes England funding to support the delivery of the scheme, and as such, Homes England requires grant applicants to take "all reasonable measures" to acquire land at nil or reduced consideration to minimise the amount of Homes England grant required.[2]

3. Benefits and Risks

3.1 LCC uses a continuum of five levels for risk appetite[3] and corporately takes a 'Creative and Aware' approach, which is summarised as being: *'creative and open to considering all potential delivery options, with well measured risk taking whilst being aware of the impact of its key decisions; a 'no surprises' risk culture*.' This is deemed as a suitable risk appetite level for this project.

[2] Paragraph 81, shared Ownership and Affordable Homes Programme 2016-2021, Prospectus, 13 April 2016.

[3] The 5 levels are: Averse, Cautious, Creative and Aware, Opportunist and Mature (Hungry).

3.2 The aim of ECH and CSL is to provide high quality housing, together with support and care services which enable and encourage people to live independently for as long as they wish to do so. The provision of ECH and CSL aims to avoid admission to hospital, which consequently expands the bed capacity within hospitals, increases the number of patients discharged from hospital, and decreases those who may have a need for residential care. Below is a list of the identified key benefits and risks of this project:

Benefits	Risks
• Additional housing contributing to the current and projected needs; • Reduction in the long term costs of care provision; • Strengthening the partnership with NKDC; • Increasing the availability of suitable housing with the most appropriate care provision; • Supporting residents within Lincolnshire to stay within their local communities as they grow older; • Multiple care needs can be managed on one site; • Decreased risk of service users going 'missing' with ability to monitor location; • Option available for one care provider managing the site care needs; • New energy efficient accommodation; • Opportunity for added social value through developing a workforce development plan; • Bringing a vacant site back into use, enhancing the local community; • Promote independence for residents and other service users; • Encourage active lifestyles and social contact for residents and other service users; • Offer a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions; • Offer choice and self-direction or co-production of services for residents; • Be flexible in its style of service delivery so that services respond well to people's changing needs;	• Creating too much accommodation capacity compared to demand; • Not managing demand and nominations effectively; • Service users do not want to move to the site; • Older accommodation is no longer desirable following the development of a new scheme; • Accommodation design is not flexible enough for multiple needs; • NKDC is unable to obtain their board approval; • NKDC is unable to secure planning permission; • NKDC are unable to obtain sufficient funding to ensure the schemes viability; • Site design is not sufficiently flexible to facilitate one and/or multiple care providers; and • Negative reaction from the local community and issues surrounding planning permission.

Benefits	Risks
• Release of local housing for rent and sale to benefit families; • Moderating the burden of family members caring at home; • New facilities developed in the local area for wider community use; and • Couples can avoid being separated as they can live together in ECH accommodation, even if only one is in need of care.	

3.3 Potential Economic Benefits

- Additional use of, and income to, local businesses e.g. leisure centre, cafes, bus service;
- Additional employment opportunities e.g. on-site management/concierge provision, care provision, building construction, and site maintenance;
- Greater use of community facilities, thus supporting their longevity (e.g. GP surgeries);
- Residents providing volunteering in the community, with time banks, fundraising and befriending;
- Facilitates downsizing to more suitable housing, thus freeing up larger homes for the choice-based letting and/or sales markets;
- Delays and reduces the need for primary care and social care interventions including admission to long term care settings and hospital admissions;
- Limiting the demand on Housing Benefit – not all residents in a scheme will be in receipt of housing benefit and this creates additional checks and balances due to self-paying residents monitoring and keeping a downward pressure on rents and service charges, helping ensure they only cover the full costs. Compared to other groups, the average Housing Benefit spend per annum is around £5,200 per older person unit compared to £9,000 per working-age unit;[4]
- People in ECH can potentially use less care hours than if in the community, for example, if meals are provided by the scheme, less care hours may be required in preparing food etc.;
- Additional efficiencies can be gained by delivering care to a number of people on one site, reducing travel and mileage costs associated with domiciliary care in the community, and giving increased flexibility in the delivery of that care; and
- Accommodation is economic to heat and is of an appropriate and manageable size.

[4] Source – *The Value of Sheltered Housing report, Jan 2017, James Berrington – Commissioned by the National Housing Federation;* http://s3-eu-west-1.amazonaws.com/pub.housing.org.uk/Value_of_Sheltered_Housing_Report.pdf

3.4 Potential Individual Benefits

- Support and maintain independence through the provision of accommodation options, enabling personal choice;
- Provide peace of mind, safety and security for vulnerable older people;
- Improved physical and mental health;
- Maintain and develop links with the community;
- Maximise incomes of older people (includes benefits income) and reduce fuel poverty;
- Environment is more likely to be free from hazards, safe from harm and promotes a sense of security, enabling movement around the home, including to visitors; and
- On-site support available.

3.5 Potential Scheme Specific Benefits

- Land already in the ownership of LCC;
- An attractive setting with good access to local amenities;
- Extensive communal facilities designed to be attractive, welcoming and flexible in their use;
- Excellent day-to-day services ensuring that the quality of the scheme environment and service offer will remain very high;
- Support and care services which can be targeted to those who need them and can flex with people's changing circumstances; and
- A genuinely affordable proposition with a focus on great value for money.

4 Market Sufficiency and Competition

4.1 The development and delivery of housing with care typically involves partnerships which include a mixture of local authorities, funding organisations, architects, construction companies, housing associations, private landlords and care providers. There is continuous work and analysis needed to fully understand Lincolnshire's market of those parties willing and able to deliver the county's housing with care needs, and in particular the scale of housing associations in this regard. Indications to date, through liaison with providers and other local authorities' experience, are that housing providers are looking to enter into the county. Lincolnshire has an issue regarding the low sale and rental value of property compared to other areas of the UK, which can affect the willingness of organisations to develop new property.

5 Delivery Model

5.1 District Councils with a Housing Revenue Account (HRA) are responsible for social housing stock and are able to rent domestic properties, and retain the revenue received, in order to plan and provide services to current and future tenants. District Councils are able to deliver their own projects without relying upon additional partners. This helps to inform which delivery option is more suitable.

5.2 In accordance with LCC's direction of travel and appetite for delivering ECH, the best delivery method has been sought to ensure LCC is legally in a safe position, to provide best value for money across the county and enrich the lives of as many people as possible. Throughout the last 12 months the programme board have been developing an understanding of delivery options that will facilitate partnering with District Councils and Housing Associations. Advice and support has been sought from Legal Services Lincolnshire and external legal advisers, Bevan Brittan. Information within this report relating to potential delivery options is based upon providing ECH, however, opportunities with this site enabled additional CSL units for WAA with learning disabilities, mental health and/or physical disabilities, and therefore, a consistent approach has been adopted for this element of the project.

5.3 The following options should be considered for successful and timely completion of this programme. In Option 3 care is not provided by NKDC:

- **Option 1:** Do nothing and allow the market to deliver the needs of the county, using LCC's market position statement and a delivery plan as their guide;
- **Option 2:** Deliver identified projects via the districts, alongside Housing Associations and Registered Providers who have already formed a robust business case to prove requirement, purchasing nomination rights at an agreed level through a Funding Agreement; and
- **Option 3:** Deliver identified projects via the districts, alongside Housing Associations and Registered Providers who have already formed a robust business case to prove requirement, purchasing nomination rights at an agreed level through Hamburg co-operation agreements.

5.4 From these options, a shortlist of two for partnering with district councils and housing associations has been identified: (1) a Funding Agreement; and (2) a 'Hamburg' Collaboration Co-operation agreement. Both options enable LCC to enter into agreement with partners.

<u>A Funding Agreement</u>

5.5 A Funding Agreement for nomination rights provides a simpler approach to partnering. The expectations from the partner and the commitment from LCC are far fewer. The partner sets up an allocation panel, a decision making body comprising a representative from:

- Housing Association (HA) or District Council;
- Adult Social Care (Local Social worker);
- Care provider; and
- Health.

5.6 For the Hoplands scheme, LCC intend to deliver the scheme via NKDC who have already formed a robust business case to prove the requirement, purchasing nomination rights at and agreed level through a Nomination Agreement.

Hamburg Collaboration / Co-operation Agreement Model

5.7 Whilst considering the current proposal, the legal requirements of the Hamburg Collaboration co-operation agreement model were reviewed. The model requires LCC to evidence true collaboration with NKDC throughout the process, during the pre-procurement, procurement and eventual running of the schemes.

5.8 The programme team has considered LCC's ability to provide evidence of true collaboration, reviewed organisational processes for void management, and the appetite for financial risk of voids. The conclusion is that the Hamburg model is not the correct approach for the current proposal. However, the model is one that could be used moving forward with planning from the outset to ensure true collaboration, with the shared void responsibility as one of the strands of evidence of collaboration, although not necessary to the process.

5.9 In either case, typically a panel will meet on a regular basis to review all applicants registered for the scheme; along with a review of the composition care and support needs against the individual scheme target. This ensures a combination of people, carer, and place needs is considered when allocating accommodation. In addition to scheduled panel meetings, a virtual panel will be called where a unit becomes available to allow the empty home to be promptly returned to use.

6 Risks and Opportunities

6.1 A Funding Agreement

Risk/Opportunity	Benefit	Disbenefit
'Bare' nomination rights. Rights given to place on allocations panel for all of accommodation	Tried and tested with certain Housing Associations. Influence on all allocation panels, thereby giving LCC clients stronger chance of allocation.	Requires discipline through staff management, governance and processes.
Simple legal agreement	Deliverable and more achievable, involving less time/cost from Legal and operational teams.	
Longevity	Commitment with RP to keep accommodation in a desirable standard to retain clients.	
Procurement compliance	A simple Funding Agreement securing bare nomination rights is not covered by the procurement rules. No procurement challenge.	

6.2 'Hamburg' Co-operation Agreement

Risk/Opportunity	Benefit	Disbenefit
Pooled resourcing of delivery and operation of the scheme	More collaborative working with partners.	Financial cost and possible legal challenge for failure to work collaboratively.
Nomination rights available with specific number of places guaranteed	Guarantee of specific number of places as per legal agreement but no more.	Cost of void for period of time determined in legal agreement – potential cost to LCC revenue budget.
Complicated legal agreement with evidence required throughout lifetime of contract	Legally stronger as a guarantee of places.	Delivery more expensive by involving more time/cost from Legal teams. Long-term revenue cost for operational staff to ensure no voids.
Procurement compliance	Co-operation arrangements between Councils are exempt under Regulation 12 of the Public Contracts Regulations 2015. No procurement challenge.	
Longevity		Raised risk of voids once building becomes tired and better options are available in the market.

7 Recommendations

7.1 It is recommended LCC progress with the partnership with NKDC, whereby LCC contribute to the development of the Hoplands scheme in accordance with Option 2 (Funding Agreement) of the options set out within this report and as discussed in the Executive Report of 9 July 2019 in relation to the De Wint Court development, and in the Executive Report of 2 September 2020 in relation to the Linelands development.

7.2 The inherent financial benefits of the approach in Option 2 (Funding Agreement) are as follows:

- **No void costs:** In previous models of ECH the agreement has included risk agreements which provided the Housing Provider with assurance that vacant properties would be filled within the specified period, with units able to remain vacant for a limited period of time before additional cost become due. The use of Capital Reserves as a financial contribution to any proposed schemes can be done so on the basis that the contribution allows

LCC to place service users of their choosing within a pre-agreed proportion of units, over a pre-determined number of years without recourse to void costs; and

- **Diversions from Residential Placements:** The availability of additional ECH units directly funded via Capital Reserves allows for an additional number of services users who would otherwise be placed in residential establishments to be supported within an ECH environment.

7.3 By placing within ECH and CSL accommodation, LCC avoids expensive hotel costs which would otherwise be incurred, with costs funded via district housing benefit contributions instead. Care and support via LCC's existing prime provider framework is also likely to be cheaper than existing residential care and non-care provision.

8 The Financial Case

8.1 Funding for the scheme is sourced via Adult Care Capital Reserve which has been allowed to grow over a number of years as a result of grant funding awarded to LCC. The grants are specifically earmarked for use against capital investment within Adult Care with the current value of unused capital reserves totalling £7.900 million (accounting for De Wint Court and the Linelands commitment).

8.2 The financial feasibility of the project (cost versus savings) is based on LCC's bespoke Financial Feasibility Model (Appendix D). This model has been used to develop the financial models for a number of other LCC housing with care projects and considers a number of options, including number of tenants, level, and cost of care and savings through diversion of care.

8.3 LCC's data as at 31 March 2019 shows that LCC is funding the care provision of 6,536 people aged 65 and over in either a residential and nursing placement or within a homecare setting (including existing ECH). The total placed in nursing and residential care homes being 2,397 and 4,139 within a homecare setting. The gross annual cost to LCC for this care provision for these areas of service in 2018/19 was £100.157 million; with a net cost to the Council of £71.974 million.

8.4 The financial benefits of ECH are predicated on the basis that the costs of providing care within an ECH setting are materially lower than in traditional residential and nursing settings. The expected cost for older people currently ranges from £502 to £553 per week in 2019/20, with the average annual residential care cost estimate to be £27,566 per annum. Initial analysis suggests the gross cost of providing care within an ECH setting at 20 hours per week would be £309 per week, with an annual cost of £16,111. This represents a gross saving of £11,445 per annum or 41.5 per cent which reduces to £9,118 (33 per cent) once the impact of income loss is taken into consideration as the average placement income within a residential setting is higher than service user contributions derived from an ECH setting.

8.5 It is important to note the following:

- LCC would lose a portion of property related income, linked to service users residential care whereby LCC receives income related to the user's house when it is sold (including interest on the amount owed);
- It is very unlikely that all service users accessing residential care would be willing and able to move to housing with care;
- The savings will be focused more on new service users rather than those residents already in residential care, though the possibility remains that some people in residential settings may prefer to consider ECH;
- Placements within an ECH setting are predicated on 33 per cent being those diverted from a residential setting with the remainder placed via alternative community settings. This assumes that placements are split equally amongst those classified as Low, Medium or High dependency and existing care arrangements continue to be provided via the prime-provider home care contracts (for those categorised as Low, Medium and High). The majority of the saving will be via diversions away from residential;
- Initial findings suggest that a £2.56 million investment (£1.6 million towards ECH scheme and £960,000 towards the CSL units for WAA) that allows LCC nomination rights on 40 properties supporting 40 individuals could generate an annual saving of £127,060 per annum based on 2019/20 prices; and
- On this basis and assuming a rate of inflation totalling 2 per cent for the duration of the scheme, it is estimated that the total savings will equal the total value invested (i.e. the breakeven point) after 18 years. However, this does not take into account the time value of the initial investment which will reduce over the same the period (i.e. the value of £1 in 2019/20 will be less in future years). An analysis of future savings growth is also included within the financial feasibility model along with data from the Housing Learning and Improvement Network (LIN).

9 Timescales

Below is a summarised and early estimation of a potential timetable. Throughout the Covid-19 pandemic the Adults and Community Wellbeing Scrutiny Committee and Executive will meet virtually.

Activity/Milestone	Estimated Start Date	Estimated End Date
Adults and Community Wellbeing Scrutiny Committee	13 January 2021	1 February 2021
Executive	14 January 2021	2 February 2021
Agree and finalise legal documentation	December 2020	December 2021
Commence Development	Summer 2022	Spring 2024

10 Legal Issues

Equality Act 2010

10.1 Under section 149 of the Equality Act 2010, LCC 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; and
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

10.2 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; and
- 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.

10.3 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.

10.4 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 initial Equality Impact Analysis is attached at Appendix E. This will be kept under review. NKDC is itself subject to the Equality Act duty and LCC will use its influence to ensure equality issues are taken into account in relation to both the housing and care elements of the project as it progresses.

It is fair to say that the key purpose of the service is essential to enabling all those individuals who require community care services to live more independent and healthier lives. In that sense, ensuring adequate provision of suitable ECH and associated care helps to advance equality of opportunity. The ability of the providers of housing and care to provide services which advance equality of opportunity will be considered in the associated procurement and providers will be obliged to comply with the Equality Act.

The service will not affect those with protected characteristics (age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation) differentially. The nature of the service makes it more likely that adults with additional vulnerabilities or increased risk of adverse outcomes will benefit most.

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

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

The JSNA for Lincolnshire is an overarching needs assessment. A wide range of data and information was reviewed to identify key issues for the population to be used in planning, commissioning and providing programmes and services to meet identified needs. This assessment underpins the JHWS 2013-18 which has the following themes:

- Promoting healthier lifestyles;
- Improving the health and wellbeing of older people;
- Delivering high quality systematic care for major causes of ill health and disability;
- Improving health and social outcomes and reducing inequalities for children; and;
- Tackling the social determinants of health.

Under the strategic theme of improving the health and wellbeing of older people in Lincolnshire, there are two particularly relevant priorities:

- Spend a greater proportion of our money on helping older people to stay safe and well at home; and
- Develop a network of services to help older people lead a more healthy and active life and cope with frailty.

The provision of ECH and CSL units will contribute directly to these priorities. It also supports the themes selected as priorities in the forthcoming refreshed JHWS; namely housing, carers, mental health, plus the cross cutting theme of safeguarding.

Crime and Disorder

10.6 Under section 17 of the Crime and Disorder Act 1998, LCC 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.

In commissioning housing and care provision that is designed to provide a supportive and safe environment that enables potentially vulnerable customers to maintain their independence for longer, the provision of ECH and CSL for WAA with learning disabilities, mental health and/or physical disabilities may be said to contribute indirectly to the achievement of obligations under section 17.

11 Conclusion

LCC and NKDC's partnership will enable LCC to increase the provision of ECH and CSL for WAA with learning disabilities, mental health and/or physical disabilities in the county, to assist in offsetting medium and long term revenue cost increases, and facilitate Lincolnshire residents to live independently for as long as possible within their local communities; subsequently improving the wellbeing and quality of life for Lincolnshire people. The Hoplands scheme will deliver the initial need identified in the Housing LIN Report 2018.

12 Legal Comments:

The Council has the power to enter into the arrangement proposed. The detailed legal implications in relation to disposal of land and state aid are set out in the Report.

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

13 Resource Comments:

Funding of £2.56 million for the development of the Hoplands exists in the form of previously received capital grants which form part of the Adult Care Capital Programme. LCC's contribution must fall within the processes for Capital expenditure.

14 Consultation

a) Has Local Member Been Consulted? – No

b) Has Executive Councillor Been Consulted? - Yes

c) Scrutiny Comments

The proposal will be considered by the Adults and Community Wellbeing Scrutiny Committee on 13 January 2021 and the comments of the Committee will be reported to the Executive.

d) Have Risks and Impact Analysis been carried out?

An initial Equality Impact Assessment has been completed and there has been internal and external consultation. Internally, Council staff have been sent a link to the survey and a report will be formed from the results of this survey. Externally, the People's Partnership has been consulted, and they will work with groups such as Age Concern and Just Lincolnshire. Additionally, NKDC have a survey on their website and Twitter feed as part of the Housing LIN Phase 2 work, and will share this with LCC as part of our consultation. These sources of information will inform future versions of the EIA as the matter progresses.

e) **Risks and Impact Analysis** - See the body of the Report

15 Appendices

These are listed below and attached at the back of the report	
Appendix A	The Hoplands Site Drawings: A1 Existing Site Plan (Drawing PM75-01) A2 Proposed Site Plan (Drawing PM75-03 – Revision G) A3 Extra Care Building - Ground Floor Plan (Drawing PM75-04) A4 Extra Care Building - First Floor Plan (Drawing PM75-05) A5 Extra Care Building - Second Floor Plan (Drawing PM75-06) A6 Working Age Adults Accommodation – Ground Floor Plans (Drawing PM75-07) A7 Working Age Adults Accommodation – Second Floor Plans (Drawing PM75-08)
Appendix B	The Hoplands Site Plan (Drawing PM75-03 – Revision F)
Appendix C	Housing LIN ECH Financial Model Cost Benefits Example
Appendix D	Extra Care Feasibility Tool – The Hoplands December 2020
Appendix E	Banks Long & Co Independent Hoplands Valuation Report
Appendix F	The Hoplands ECH and CSL Initial Equality Impact Assessment form

16 Background Papers

The following background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

Background Paper	Where it can be viewed
Report to Executive on 9 July 2019 in relation to De Wint Court project in partnership with City of Lincoln Council.	Democratic Services
Report to Executive on 2 September 2020 in relation to the Linelands project in partnership with Lace Housing Ltd.	Democratic Services

This report was written by;
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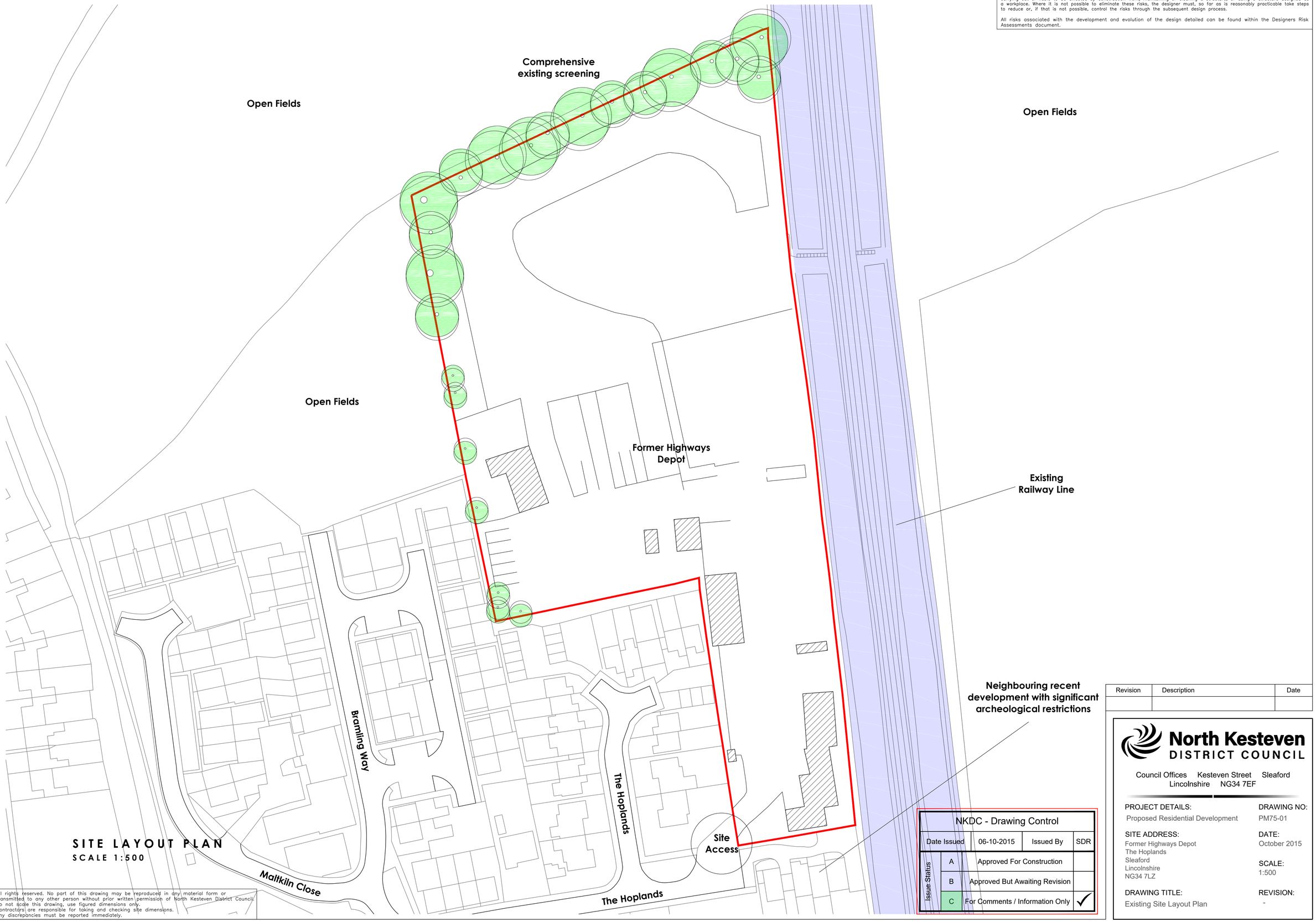

SITE LAYOUT PLAN

SCALE 1:500

A1

NKDC - Drawing Control				
Date Issued	06-10-2015	Issued By	SDR	
Issue Status	A	Approved For Construction		
	B	Approved But Awaiting Revision		
	C	For Comments / Information Only		✓

Revision	Description	Date

North Kesteven DISTRICT COUNCIL

Council Offices Kesteven Street Sleaford
Lincolnshire NG34 7EF

PROJECT DETAILS:
Proposed Residential Development

SITE ADDRESS:
Former Highways Depot
The Hoplands
Sleaford
Lincolnshire
NG34 7LZ

DRAWING TITLE:
Existing Site Layout Plan

DRAWING NO:
PM75-01

DATE:
October 2015

SCALE:
1:500

REVISION:
-

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A1

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Public Open Space (0.137 Ha)

Future Residential Development Space (0.467 Ha)

Extra Care

	29 One Bed 2 Person Flats (Up to 55m²)	= 1595m²
	11 Two Bed 3 Person Flats (62m²)	= 682m²
	Communal / Service / Circulation Space	= 1644m²
Total	40 Extra Care Flats	= 3921m²

Working Age Adults Accommodation

	12 One Bed 2 person Flats (53-56m²)	= 660m²
	Communal / Service / Circulation Space	= 65m²
Total		= 725m²

Total Development

52 Properties

Revision	Description	Date
A	Site Plan Changed	05-06-18
B	Site Plan Changed	26-06-18
C	Site Plan Changed	23-07-18
D	Site Plan Changed	13-09-18
E	Site Plan Changed	10-03-19
F	Site Plan Changed	07-10-20
G	Site Plan Changed	30-11-20

NKDC - Drawing Control			
Date Issued	09-12-2020	Issued By	SDR
Issue Status A	Approved For Construction		
Issue Status B	Approved But Awaiting Revision		
Issue Status C	For Comments / Information Only		✓

North Kesteven DISTRICT COUNCIL

Council Offices Kesteven Street Sleaford Lincolnshire NG34 7EF

PROJECT DETAILS: Proposed Residential Development

DRAWING NO: PM75-03

SITE ADDRESS: Former Highways Depot, The Hoplands, Sleaford, Lincolnshire, NG34 7LZ

DATE: October 2015

SCALE: 1:500

DRAWING TITLE: Proposed Site Layout Plan

REVISION: G

A1

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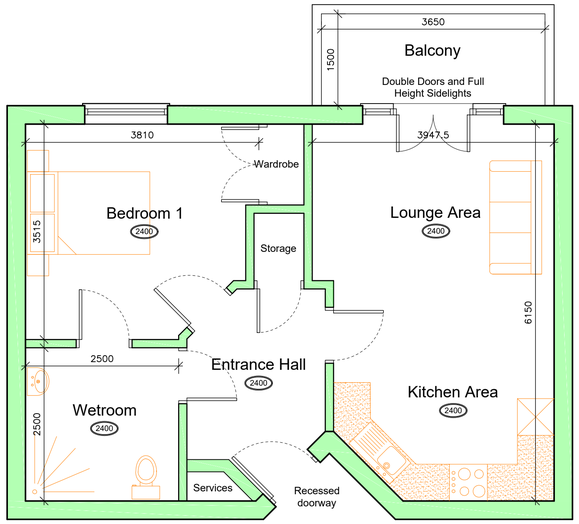
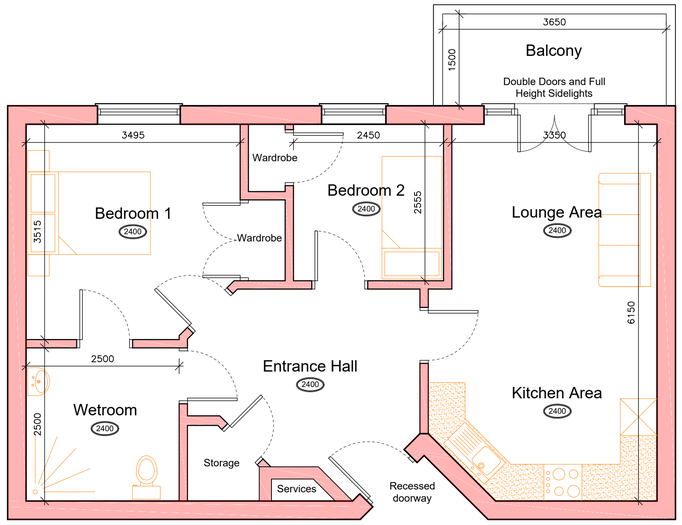


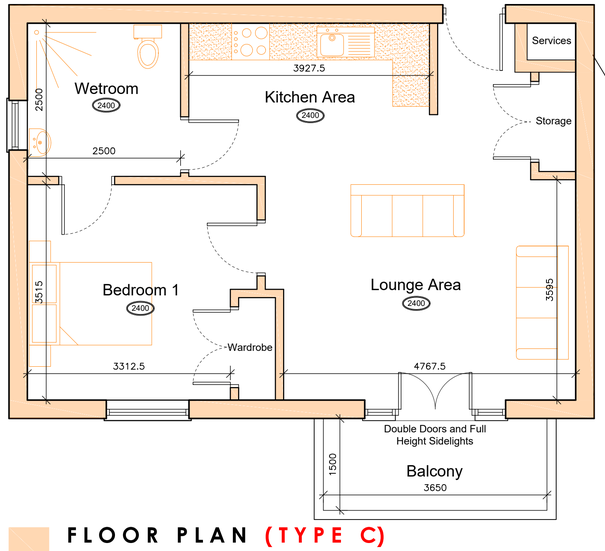
FLOOR PLAN (TYPE A)
SCALE 1:50

Type A
51.6m²
(1 bed 2 person)



FLOOR PLAN (TYPE B)
SCALE 1:50

Type B
62.1m²
(2 bed 3 person)



FLOOR PLAN (TYPE C)
SCALE 1:50

PROPOSED GROUND FLOOR PLAN
SCALE 1:150

Revision	Description	Date

NKDC - Drawing Control			
Date Issued	09-12-2020	Issued By	SDR
Issue Status A	Approved For Construction		
Issue Status B	Approved But Awaiting Revision		
Issue Status C	For Comments / Information Only		✓

North Kesteven DISTRICT COUNCIL

Council Offices Kesteven Street Sleaford
Lincolnshire NG34 7EF

PROJECT DETAILS:
Proposed Residential Development

DRAWING NO:
PM75-04

SITE ADDRESS:
Former Highways Depot
The Hoplands
Sleaford
Lincolnshire
NG34 7LZ

DATE:
November 2020

SCALE:
1:150 / 1:50

DRAWING TITLE:
Extra Care Building
Proposed Ground Floor Plan

REVISION:
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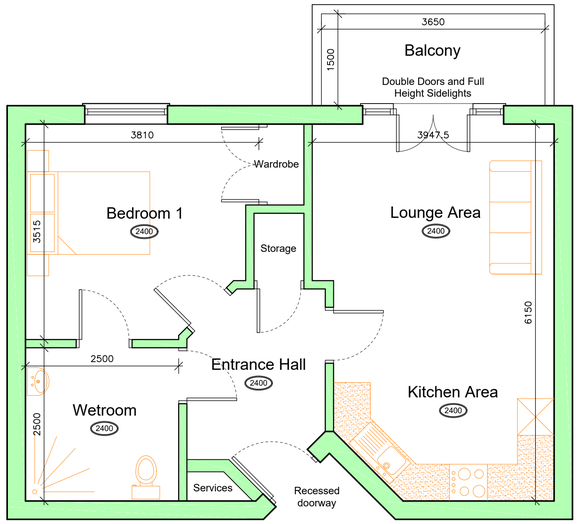

FLOOR PLAN (TYPE A)
SCALE 1:50

Type A
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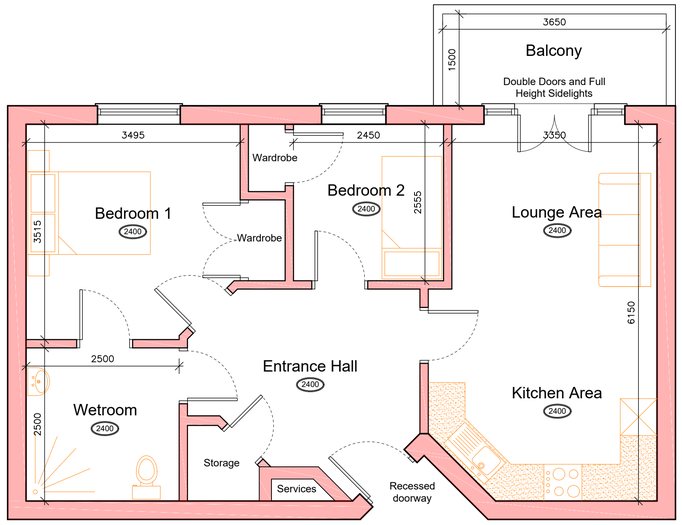
(1 bed 2 person)

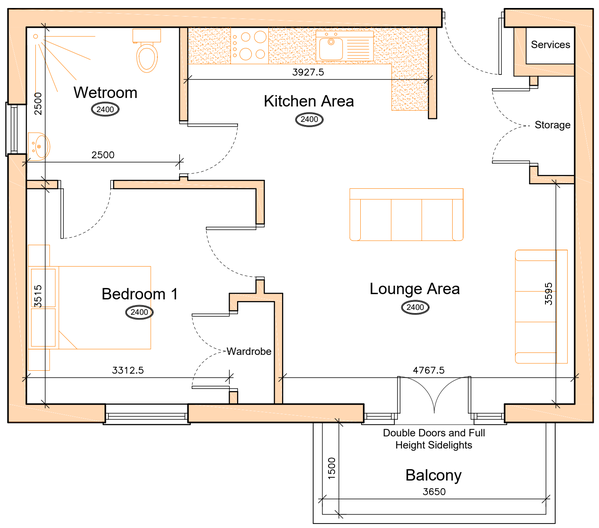


FLOOR PLAN (TYPE B)
SCALE 1:50

Type B
62.1m²
(2 bed 3 person)

PROPOSED FIRST FLOOR PLAN
SCALE 1:150

Type C
55.1m²
(1 bed 2 person)



FLOOR PLAN (TYPE C)
SCALE 1:50

Revision	Description	Date

North Kesteven DISTRICT COUNCIL

Council Offices Kesteven Street Sleaford
Lincolnshire NG34 7EF

PROJECT DETAILS:
Proposed Residential Development

DRAWING NO:
PM75-05

SITE ADDRESS:
Former Highways Depot
The Hoplands
Sleaford
Lincolnshire
NG34 7LZ

DATE:
November 2020

SCALE:
1:150 / 1:50

DRAWING TITLE:
Extra Care Building
Proposed First Floor Plan

REVISION:
-

NKDC - Drawing Control			
Date Issued	09-12-2020	Issued By	SDR
Issue Status A	Approved For Construction		
Issue Status B	Approved But Awaiting Revision		
Issue Status C	For Comments / Information Only		✓

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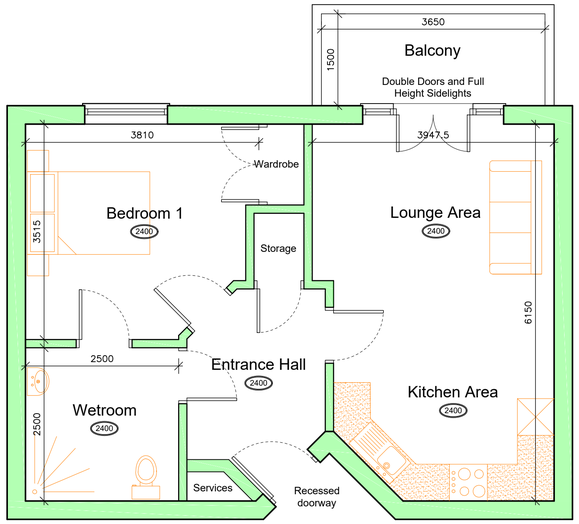

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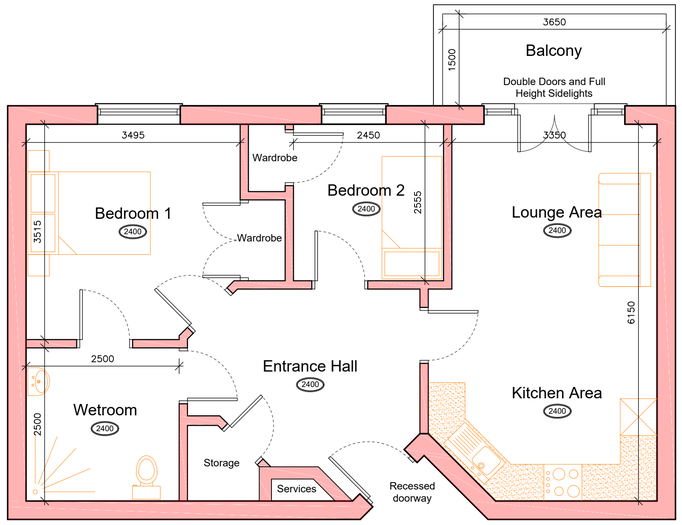
(1 bed 2 person)

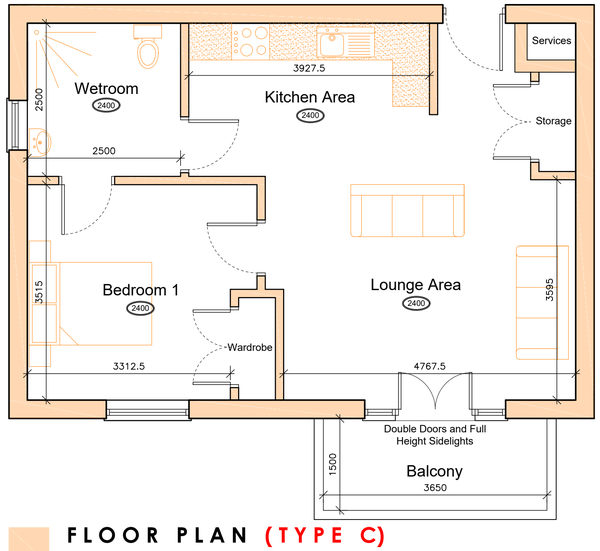


FLOOR PLAN (TYPE B)
SCALE 1:50

Type B
62.1m²
(2 bed 3 person)

PROPOSED SECOND FLOOR PLAN
SCALE 1:150

Type C
55.1m²
(1 bed 2 person)



FLOOR PLAN (TYPE C)
SCALE 1:50

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NKDC - Drawing Control				
Date Issued	09-12-2020	Issued By	SDR	
Issue Status	A	Approved For Construction		
	B	Approved But Awaiting Revision		
	C	For Comments / Information Only		✓

Revision	Description	Date

North Kesteven DISTRICT COUNCIL

Council Offices Kesteven Street Sleaford
Lincolnshire NG34 7EF

PROJECT DETAILS:
Proposed Residential Development

DRAWING NO:
PM75-06

SITE ADDRESS:
Former Highways Depot
The Hoplands
Sleaford
Lincolnshire
NG34 7LZ

DATE:
November 2020

SCALE:
1:150 / 1:50

DRAWING TITLE:
Extra Care Building
Proposed Second Floor Plan

REVISION:
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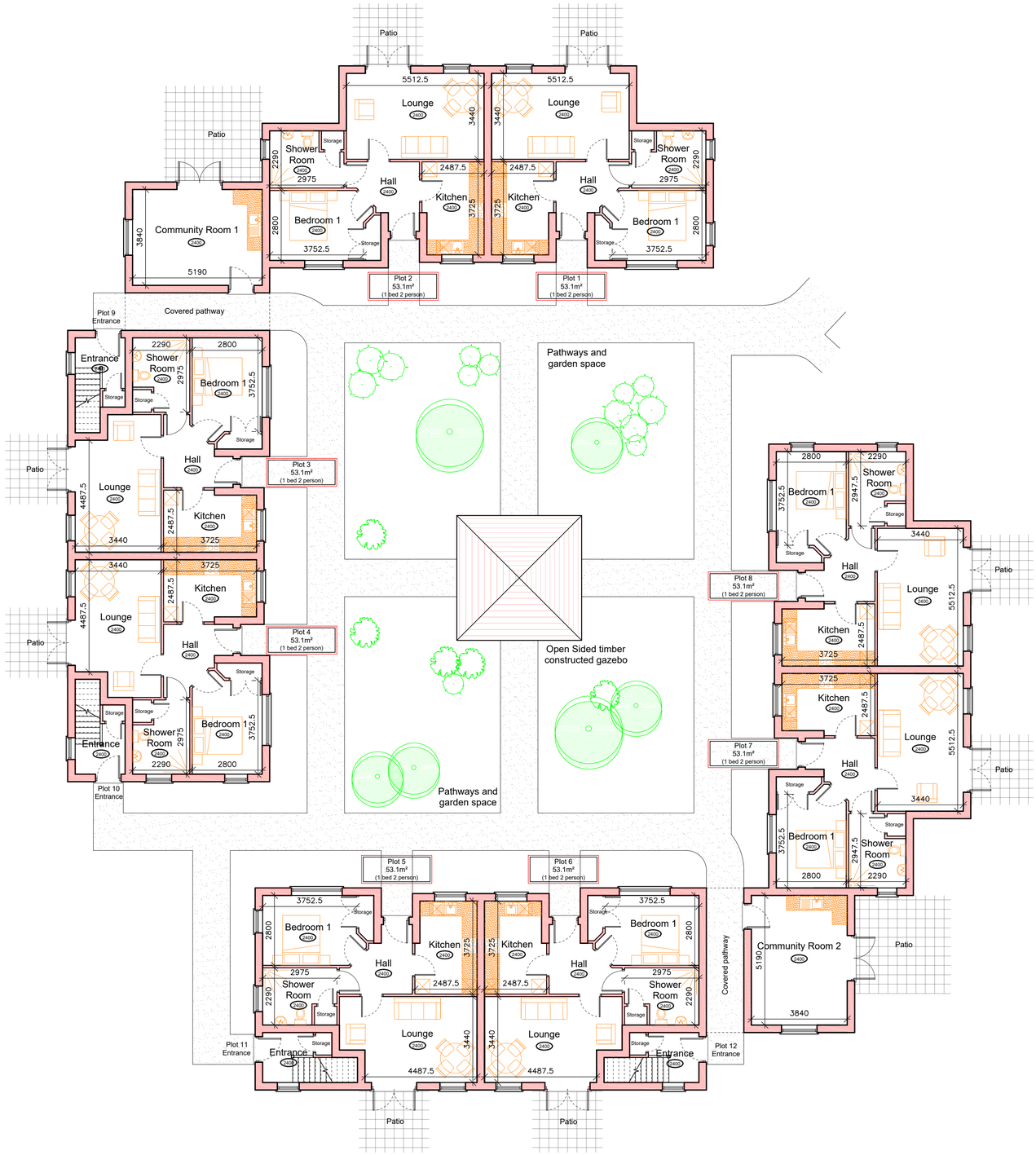

PROPOSED GROUND FLOOR PLANS

SCALE 1:100

Revision	Description	Date

NKDC - Drawing Control			
Date Issued	09-12-2020	Issued By	SDR
Issue Status	A	Approved For Construction	
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North Kesteven DISTRICT COUNCIL

Council Offices Kesteven Street Sleaford
Lincolnshire NG34 7EF

PROJECT DETAILS:
Proposed Residential Development

DRAWING NO:
PM75-07

SITE ADDRESS:
Former Highways Depot
The Hoplands
Sleaford
Lincolnshire
NG34 7LZ

DATE:
November 2020

SCALE:
1:100

DRAWING TITLE:
Working Age Adults Accommodation
Proposed Ground Floor Plans

REVISION:
-

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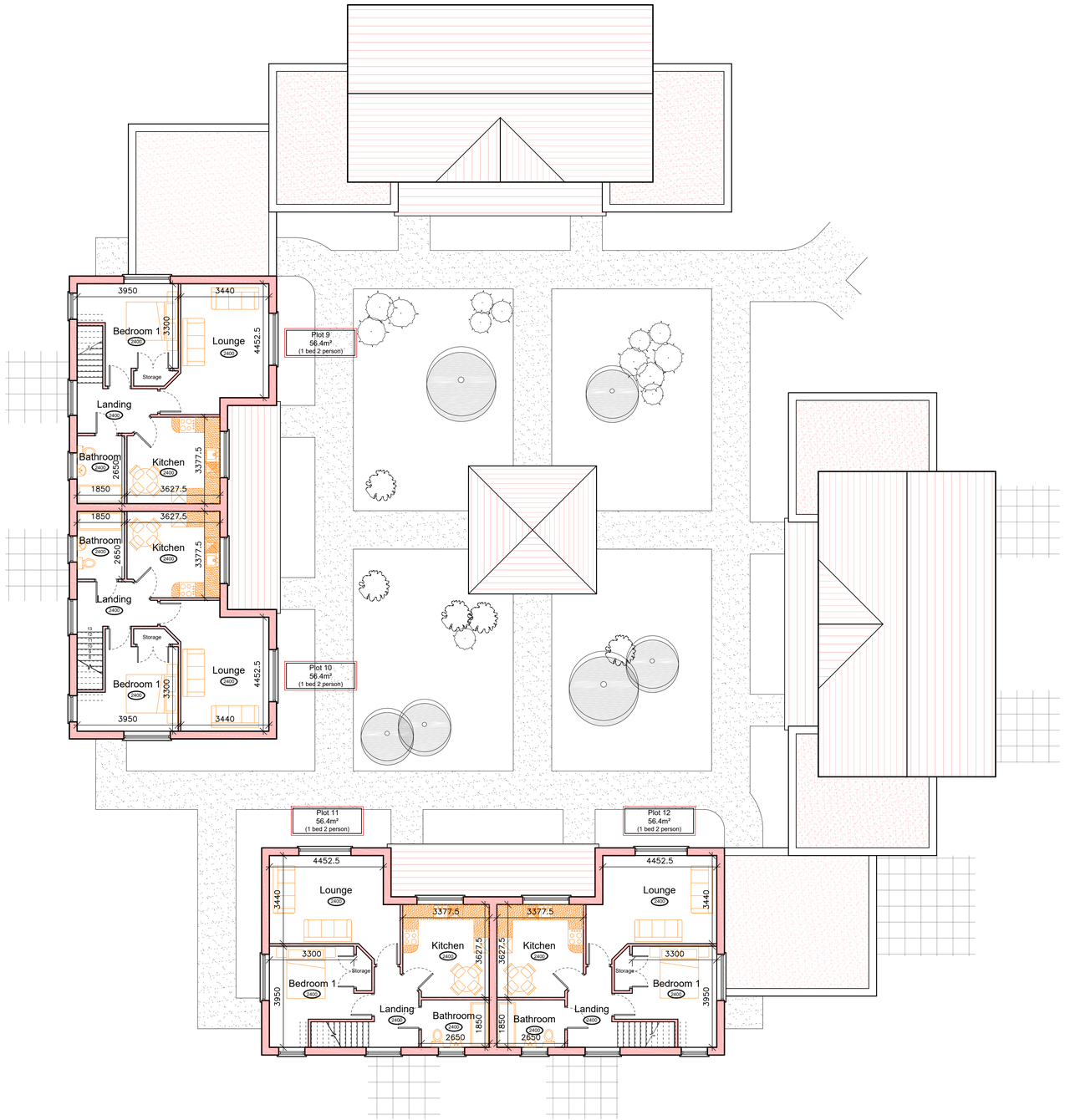

PROPOSED FIRST FLOOR PLANS

SCALE 1:100

NKDC - Drawing Control				
Date Issued		09-12-2020	Issued By	SDR
Issue Status	A	Approved For Construction		
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	C	For Comments / Information Only		✓

Revision	Description	Date

North Kesteven DISTRICT COUNCIL

Council Offices Kesteven Street Sleaford
Lincolnshire NG34 7EF

PROJECT DETAILS:
Proposed Residential Development

SITE ADDRESS:
Former Highways Depot
The Hoplands
Sleaford
Lincolnshire
NG34 7LZ

DRAWING TITLE:
Working Age Adults Accommodation
Proposed First Floor Plans

DRAWING NO:
PM75-08

DATE:
November 2020

SCALE:
1:100

REVISION:
-

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Under Regulation 9 of the Construction (Design & Management) Regulations 2015, Designers are required to include the identification and elimination, so far as is reasonably practicable, of foreseeable risks to the health or safety of any person carrying out or liable to be affected by construction work; maintaining or cleaning a structure; or using a structure designed as a workplace. Where it is not possible to eliminate these risks, the designer must, so far as is reasonably practicable take steps to reduce or, if that is not possible, control the risks through the subsequent design process.

All risks associated with the development and evolution of the design detailed can be found within the Designers Risk Assessments document.

SITE LAYOUT PLAN
SCALE 1:500

40x 1&2 Bedroom Flats

12x Working Age Adults Flats

Public Open Space (0.137 Ha)

Future Residential Development Space (0.467 Ha)

Extra Care

	29 One Bed 2 Person Flats (55m²)	= 1595m²
	11 Two Bed 3 Person Flats (65m²)	= 715m²
	Communal / Service / Circulation Space	= 1611m²
Total	40 Extra Care Flats	= 3921m²

Working Age Adults Accommodation

	12 One Bed 2 person Flats (55m²)	= 660m²
	Communal / Service / Circulation Space	= 65m²
	Total	= 725m²

Total Development

52 Properties

Revision	Description	Date
A	Site Plan Changed	05-06-18
B	Site Plan Changed	26-06-18
C	Site Plan Changed	23-07-18
D	Site Plan Changed	13-09-18
E	Site Plan Changed	10-03-19
F	Site Plan Changed	07-10-20

North Kesteven DISTRICT COUNCIL
Council Offices Kesteven Street Sleaford
Lincolnshire NG34 7EF

PROJECT DETAILS:
Proposed Residential Development

DRAWING NO:
PM75-03

SITE ADDRESS:
Former Highways Depot
The Hoplands
Sleaford
Lincolnshire
NG34 7LZ

DATE:
October 2015

SCALE:
1:500

DRAWING TITLE:
Proposed Site Layout Plan

REVISION:
F

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Housing LIN
Connecting people, ideas and resources

The health and social care cost-benefits of housing for older people

A note for Lincolnshire County Council

MAY 2019

Housing Learning and Improvement Network

Introduction

This note outlines the evidence for the health and social care benefits, and specifically cost-benefits, of housing for older people, particularly extra care housing. Overall there is reasonably strong evidence to suggest that housing for older people, particularly extra care housing, provide significant cost-benefits to the NHS and local authority adult social care.

- There is reasonably strong evidence that extra care housing residents **visit a GP less frequently**, most likely due to the support from on-site care staff and the resident community in general.
- There is evidence to suggest that extra care housing residents require **fewer community nurse visits**, for similar reasons as GP visits.
- There is evidence that specialist housing for older people can **reduce the number of ambulance callouts**, particularly in response to **falls** at home, due to the property being better designed and adapted to meet the needs of older people and regular contact with staff and other residents.
- There is reasonably strong evidence that the duration of **unplanned hospital stays** is **shorter** on average for those living in extra care housing. There is also some evidence that living in specialist housing for older people **reduces the frequency of unplanned admissions** overall. Communities where homes are accessible, care support is readily available and existing care needs are understood influence positively these cost-benefits.
- Extra care housing can be viewed as a **preventative alternative** to residential care for many people.
- Those living in extra care housing are **less likely to enter long-term care**, compared to those living in the community in receipt of home care.
- There is strong evidence that residents of specialist housing for older people have **improved wellbeing and quality of life**, including:
  - Reduced loneliness
  - Improved psychological well-being, mental health and memory
  - Higher feelings of autonomy and security
- Overall, the evidence indicates that one older person living in extra care housing generates health and social care cost-benefits of **£2,441 per annum**, not including some savings that are difficult to reduce to a per-person figure due to the nature of the evidence.
- In summary, there is a strong argument for providing more specialist housing for older people, particularly extra care housing, on the basis of the significant cost-benefits that it provides to the NHS and local authority adult social care.

Summary: the health and social care cost-benefits of older people's housing

A review of secondary evidence undertaken by the Housing LIN for a private client indicates that there is a growing body of evidence pointing to the potential health and social care cost-benefits provided by older people's housing, and extra care housing in particular. It is reasonable to conclude that the benefits are in summary:

NHS cost-benefits and savings:

- Fewer GP visits.
- Fewer community nurse appointments.
- Fewer ambulance call-outs.
- Fewer and shorter unplanned hospital admissions.

Savings compared to residential care:

- Delayed moves to a residential or nursing care setting.
- Lower overall health costs.

Reduced care needs/reduced growth in care needs:

- Less costly social care packages (especially for those with higher care needs).

Improved outcomes for individuals:

- Increased sense of autonomy and security.
- Fewer falls.
- Reduced loneliness and depression.
- Higher perceived mental health and quality of life.
- Lower death rate in the period following moving in.

From the evidence reviewed, the specific cost-benefits have been calculated. Table 1 shows financial estimates of potential cost-benefits from extra care housing, drawn from a review of available secondary evidence.

Table 1. Cost-benefits/savings from use of extra care housing.

Area of cost-benefit/savings	Cost benefit/saving (per extra care housing resident per year)
GP visits	£144.78
Community nurse visits	£362.55
Non-elective admissions to hospital	£624.11
Delayed Transfer of Care 'days'	£465.30
Falls	£380.00
Reduction in the number of hours in domiciliary care packages	£427.98
Reduced loneliness	£36.30
TOTAL	**£2,441.02**

This evidence indicates that an older person living in extra care housing generates health and social care cost-benefits of £2,441 per annum.

Housing with Care Feasibility Model

Project Name: East Lindsey District Council

Local Authority Partner : Lincolnshire County Council

	No of Units	SU Per Unit
Number of OP Properties	40	1

LCC Inflation	2%

Local Authority Contribution	£2,650,000.00	

Performance Indicators	Target	Actual
Lincolnshire County Council Payback Year	5	18

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Financial Summary

Financial Outputs dependent upon assumptions:			
Projected cost of extra care to LCC ASC	**£**	**372,573**	
Current cost of provision to be reprovided	**£**	**516,688**	
Projected Loss of income due to reprovision	**(£**	**17,055)**	
These figures together produce:			
Net saving to LCC ASC	**£**	**-127,060**	Negative figure is a saving
Saving per residential diversion	**£**	**-3,176**	Negative figure is a saving

Assumptions including Activity Outputs and finance outputs already summarised above

	Fixed	Variable per individual	Total all units
Hours per week as part of 24 hour cover	168		
Number of tenancy units	40		
Agreed Occupancy Support (Block)		0.5	20
Care planned share (Day Time)			148
Number of residents per property - tenants			40
Tenants - Number low care needs		33%	13
Tenants - Number medium care needs		33%	13
Tenants - Number high care needs		34%	14
Average hours low care needs		5.00	65
Average hours medium care needs		7.50	98
Average hours high care needs		20.00	280
Total care planned hours			443
Of which part of block			148
Hours bought in addition to block			295

Facility Care Service Unit Price

Assumed hourly rate - day block			£ 15.45
Assumed hourly rate day spot			£ 15.45
Cost to LCC ASC - Block			£ 135,335
Cost to LCC ASC - Spot			£ 237,238
Projected Total Cost to LCC ASC			**£ 372,573**
Projected cost to LCC ASC			**£ 372,573**

Replacement of existing care provision

Residents with low and medium care needs			
Day hours for residents with low care needs		65	
Current cost per hour existing provision		£ 15.45	
			£ 52,362
Day hours for residents with medium care needs		98	
Current cost per hour existing provision		£ 15.45	
		45	£ 78,542
Residents with high care needs			
Number of residents with high care needs		14	
Calculated cost of residential place			£ 385,784
Average residential cost		£ 27,556	
Current cost of provision to be reprovided			**£ 516,688**

Income change for residential diversions

Number of residents with high care needs		14	
Current expected residential income from assessed charges			-£ 48,674
Expected income from diversion to home support			-£ 31,618
***Assumes income change from low & medium will be cost neutral**			
Projected Loss of income			**(£ 17,055)**
Net saving to LCC ASC			**£ -127,060**
Saving per residential diversion			**£ -3,176**

Residential Support Calucaltions		
Average Expected Cost		£528.50
Income %		30%
Gross Cost	£	385,784
Income	£	-115,889
% Proportion of SU Paying Contribution		42%
Total Income	£	-48,674

Homecare Support Calculations		
Hourly rate	£	15.45
Number of hours		28
Annual cost	£	22,556
Average income		24%
Total Income	£	-5,377
% Proportion of SU Paying Contribution		42%

Grey Cell = not active
Green cell = formula do not overtype
Clear cell = assumption you can amend

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LCC Initial Investment
£2,650,000.00

Year	Revenue Savings	Cumulative Savings	Repayment Year
1	127,059.87	127,059.87	
2	129,601.07	256,660.94	
3	132,193.09	388,854.03	
4	134,836.95	523,690.98	
5	137,533.69	661,224.67	
6	140,284.36	801,509.04	
7	143,090.05	944,599.09	
8	145,951.85	1,090,550.94	
9	148,870.89	1,239,421.83	
10	151,848.31	1,391,270.14	
11	154,885.27	1,546,155.42	
12	157,982.98	1,704,138.40	
13	161,142.64	1,865,281.04	
14	164,365.49	2,029,646.53	
15	167,652.80	2,197,299.33	
16	171,005.86	2,368,305.19	
17	174,425.98	2,542,731.16	
18	177,914.49	2,720,645.66	**18**
19	181,472.78	2,902,118.44	
20	185,102.24	3,087,220.68	
21	188,804.29	3,276,024.97	
22	192,580.37	3,468,605.34	
23	196,431.98	3,665,037.32	
24	200,360.62	3,865,397.94	
25	204,367.83	4,069,765.77	
26	208,455.19	4,278,220.95	
27	212,624.29	4,490,845.24	
28	216,876.78	4,707,722.02	
29	221,214.31	4,928,936.33	
30	225,638.60	5,154,574.93	
31	230,151.37	5,384,726.30	
32	234,754.40	5,619,480.70	
33	239,449.49	5,858,930.18	
34	244,238.48	6,103,168.66	
35	249,123.24	6,352,291.90	
36	254,105.71	6,606,397.61	
37	259,187.82	6,865,585.44	
38	264,371.58	7,129,957.02	
39	269,659.01	7,399,616.03	
40	275,052.19	7,674,668.22	
			18

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BANKS LONG&Co

REPORT AND VALUATIONS

PROPERTY:

The Former Highways Depot, The Hoplands, Sleaford, Lincolnshire NG34 7LZ

PREPARED FOR:

Mr Rob Butler
Kier Specialist Services
County Offices
Newland
Lincoln
LN1 1YL

DATE OF VALUATION:

5 November 2020

CUSTOMER:

Lincolnshire County Council

PREPARED BY:

James R Butcher BSc (Hons) MRICS

26 Westgate, Lincoln LN1 3BD
t 01522 544515 e enquiries@bankslong.com

RICS PAI Commercial Property Network www.pai.uk.com

www.bankslong.com

EXECUTIVE SUMMARY

ADDRESS	The Former Highways Depot, The Hoplands, Sleaford, Lincolnshire NG34 7LZ	
LOCATION	Established residential location to the east of Sleaford town centre	
DESCRIPTION	Cleared development site – to be developed with a mix of private and extra car housing	
SITE AREA	Approximately 1.80 hectares (4.44 acres)	
TENURE	Freehold	
VALUATION	Market Value – Red Land - to be transferred to NKDC	£650,000 (Six Hundred and Fifty Thousand pounds)
	Market Value – Blue Land – to be transferred to Lafford Homes	£250,000 (Two Hundred and Fifty Thousand pounds)

CONTENTS

APPENDICES

BANKS LONG&Co

20 November 2020

JRB/YL/10101 (V1)

Mr Rob Butler
Kier Specialist Services
County Offices
Newland
Lincoln
LN1 1YL

Email: Rob.Butlet@kier.co.uk

Dear Mr Butler

Property: **The Former Highways Depot, The Hoplands, Sleaford, Lincolnshire NG34 7LZ**
Customer: **Lincolnshire County Council**

1.0 Instructions

In accordance with your recent instructions dated 12 October 2020, we have now inspected the above site and have made all of the relevant enquiries in order to provide you with our opinion of the current Market Value of the Freehold The Former Highways Depot, The Hoplands, Sleaford, Lincolnshire NG34 7LZ.

We understand that the valuation is required for Disposal purposes and as requested by way of our instructions we have provided valuations of the separate parts of the site. Our Report and Valuations have been prepared in accordance with your instructions, our own standard Conditions of Engagement, copies of which are incorporated within Appendix 1 of this report, together with the requirements of the RICS Valuation Global Standards (which incorporate the International Valuation Standards) and the UK National Supplement.

The property was inspected by James R Butcher BSc (Hons) MRICS who is also an RICS Registered Valuer. The inspection took place on the 5 November 2020. The weather at the time of the inspection was sunny and dry.

The Valuer has knowledge of the particular market for this property and the skills and understanding to undertake the valuation competently. Banks Long & Co act as external Valuers and we are not aware of any previous material involvement in the property. We confirm that we are not aware of any conflict of interest or potential conflict of interest that may arise as a result of us undertaking this valuation on your behalf. Appropriate Professional Indemnity Insurance is available in respect of the service provided.

In arriving at our valuation we may have taken reliance on information provided by a third party. Where this is the case, it will be brought to the reader's attention. Whilst we will use reasonable endeavours to validate this information no warranties can be given as to its accuracy.

The valuation is prepared in pounds sterling (GBP).

The date of the valuation is 5 November 2020.

2.0 Basis of Value

Market Value as defined in VPS4 of the RICS Valuation Global Standards being:

"The estimated amount for which an asset or liability should exchange on the valuation date between a willing buyer and a willing seller in an arm's-length transaction after proper marketing where the parties had each acted knowledgeably, prudently and without compulsion."

3.0 Subject of the Valuation

The Former Highways Depot, The Hoplands, Sleaford, Lincolnshire NG34 7LZ.

4.0 Type and Classification

Freehold development site situated in an established residential location which is be transferred to North Kesteven District Council and developed with a mix of private and extra care housing.

5.0 Location

The property is situated on the eastern side of Sleaford town centre on the north eastern edge of an established residential location, with its eastern border running parallel to the main railway line in to and out of Sleaford from the south east.

To the south and west are areas of established housing, to the north there are open fields running down to the River Slea and to the east of the railway line is Sleaford Town Football Club. The town centre is situated about half a mile to the north west.

Sleaford is a popular Lincolnshire Market Town and is the administrative/main commercial centre for the district of North Kesteven. The town has a population of circa 20,000 and enjoys good road links to the rest of the County and beyond, via the A17/A15 trunk roads that run along the north and western border of the town respectively. Lincoln is situated about 20 miles to the north and Peterborough a similar distance to the south.

Plans showing the location of the property in both a regional and local context are included in Appendix 2.

6.0 Description

The subject property comprises a predominately level and irregular shaped former highways depot site, which has been cleared, save as to a number of areas of concrete hard standing, ready for future development. We understand that the intention is that the site will be developed with a mix of specialist extra care and private/affordable housing, which will be developed by North Kesteven/Lafford Homes, the Council's own housing arm.

A site layout plan showing the anticipated proposals for the site are shown to the rear of this report at Appendix 3 and we have also incorporated within Appendix 4 photographs of the site as existing.

Vehicular access into the site is off The Hoplands, in its south western corner.

7.0 Accommodation

The approximate dimensions and area of the site, which have been scaled from the Ordnance Survey Plan, detail the site occupying an area of 1.8 hectares (4.44 acres).

8.0 Tenure

We understand the property is held Freehold by the County Council with the intention being to dispose of the property into two parts, to North Kesteven and Lafford Homes respectively, subject to vacant possession.

We have not inspected any documents of Title and for the purposes of this valuation we have assumed that the subject interest is unencumbered and free from any unduly onerous or unusual easements, restrictions, outgoings, covenants or Rights of Way. We have also assumed that it is not affected by any Local Authority proposals. We would however highlight that the property does not directly adjoins the public highway and access is therefore taken over a small strip of land off The Hoplands, which we understand to be owned by North Kesteven District Council. This does have implications from a Valuation perspective, for alternative uses to the former use as a Highways Depot, which we have gone into later in this report. We recommend that solicitors be instructed to verify the position in full, if this has not already been done.

We confirm that we have not yet had sight of the solicitor's Report on Title, however upon receipt of a copy, we would be pleased to separately confirm whether the content of this has an impact on the advice provided in this appraisal.

9.0 Services

We understand that all mains services are connected in the vicinity of the site although we have not made enquiries with respective service supply companies.

It should be noted that none of the services or appliances have been tested and no warranty can be given as to their condition or use.

10.0 Rating

Not applicable.

11.0 Planning and Statutory Enquiries

We have made enquiries of the Planning Department at North Kesteven District Council and understand that the property has a valid planning consent for its former use as a Highways Depot. There are currently no outstanding applications or consents made with respect to the subject site. The former use of the site as a highways depot will have fallen within Use Class B2 (Industrial) and B8 (Storage or Distribution) of the Town and Country Planning (Use Classes) Order 1987 (amended

2020). We further understand that the site is not Listed and is not situated within a Conservation Area.

We further understand that the proposed residential use of the site is likely to be looked at favourably by the Local Planning Authority and we have reflected this in out valuations.

We have made enquiries of the Highways Department at Lincolnshire County Council and it has been confirmed that The Hoplands is an adopted highway maintainable at public expense.

In England and Wales the Government has implemented the Energy Performance of Buildings Directive requiring Energy Performance Certificates (EPC) to be made available for all properties (with limited exceptions), residential and commercial when bought, sold or rented. The Certificate is valid for ten years and includes an Energy Efficiency Rating between A (Most Efficient) and G.

We have not been provided with an up to date EPC rating for this property, which is expected as it is a cleared site.

The Energy Act 2011 applies to both residential and commercial property and stipulates that properties with an energy efficiency rating falling in bands F and G of the Energy Performance Certificate (EPC) are no longer permitted to be let, as of April 2018, without improvement works being undertaken. There may be an adverse impact on the value of these properties that do not meet the minimum standards, together with their marketability.

12.0 Environmental Considerations

We have not been instructed to make any investigations in relation to the presence or potential presence of contamination in land or buildings, and to assume that if investigations were to be made, then nothing would be discovered sufficient to affect value.

Our brief enquiries have provided no evidence that there is a significant risk of contamination affecting the property or neighbouring property which would affect our valuation. We would stress, however, that we have not carried out, nor are we qualified to carry out an environmental audit. Our comments therefore, should be used as a guide only and should not be relied upon. If you require confirmation of the position then we strongly recommend that an initial environmental audit is carried out. Our inspections were only of a limited visual nature and we cannot give any assurances that previous uses on-site or in the surrounding areas have not contaminated sub-soils or ground waters. In the event of contamination being discovered, then further specialist advice should be obtained.

We have detected no evidence to suggest that further deleterious or hazardous materials or techniques have been used in the construction or subsequent modification of the building.

At the time of the inspection we did not identify any invasive plant or shrub species. Should it be established that they are apparent on the subject property, or any neighbouring land or boundaries, we would reserve the right to re-inspect or revise the report as this may adversely affect the valuation.

We have made enquiries of the Environment Agency website, which identifies the property at postcode NG34 7LZ as being in an area that has a very low chance of flooding from rivers and seas. The chance of flooding in this location is detailed as less than 0.1%. Enquiries into the risk of surface water flooding reveal that the area has a low chance of flooding. The chance of flooding from surface water each year is detailed as between 0.1% and 1%.

The Public Health England (PHE) website has identified that the property is situated in an area where between 1% and 3% of properties are at or above the radon gas action level. Further advice should be taken to establish whether action is required on this property, although we do not consider this is appropriate in this instance.

We have also referred to the Public Health England website for further information on Environmental matters. From our informal enquiries, there is no indication that the site or its immediate locality:

- is on or near landfills
- is located within a mining area
- is in an area that has been identified as having a risk of subsidence or landslip
- is subject to water or land pollution
- has been used for the manufacture, storage or sale of hazardous/toxic materials such as chemicals, petroleum products, pesticides, fertilisers, acids, asbestos, explosives, paint or radioactive materials
- is close to incinerators or chimneys giving off heavy emissions

13.0 General Market

The subject property comprises a large irregular level parcel of land in line with the outskirts of Sleaford town centre running parallel to the railway line running between Sleaford and Spalding. The surrounding area is a mix of open countryside and to the south and west established residential areas.

The latest UK Commercial Property Market Survey conducted by the RICS pointed to further deterioration in the market conditions over Q2 2020 as the economic fallout from the Global Pandemic continues to take its toll on demand across both occupier and investment markets.

The decline in tenant demand has been most pronounced within the retail and office sectors, with the near term outlook for rents being the poorest since 2008. Many businesses are looking to scale back their office space requirements over the next 2 years, on account of the increase in home working during the pandemic. The retail sector had already been experiencing structural challenges for some years due to the shift towards online shopping, which has been further exacerbated during the pandemic. Consequently, the availability of space is expected to continue to grow as well as the availability and size of incentive packages. On the back of this, twelve-month capital value expectations are firmly negative for both prime and secondary retail and office units.

Over the first half of 2020 commercial property investment totalled £13.8 billion pounds. This represents a 34% reduction on the equivalent period in 2019. Whilst confidence in the economy and markets has undoubtably had some impact, this has primarily been due to the practicality and logistics of lockdown measures which were imposed. Since the lockdown restrictions have been eased, there have been encouraging initial signs within the transactional market. There is a risk however that persistent uncertainty around the continuing health risks from Covid-19 and the steps imposed by the Government to counter these, could hold back a recovery in consumer spending in the coming months, which in turn will have an impact on the wider economy and in turn the property market particularly within those sectors already under pressure.

The industrial and logistics sector has been the least effected by the pandemic, with prime industrial capital values posting marginal gains for the year ahead. At a regional level the picture for capital values mirror the expectations for rental values with industrial values expected to grow modestly in

all parts of the UK, retail and offices values to fall across the whole country. The outlook for secondary industrial values appears strongest in the south and midland regions.

From a residential perspective the latest house price index (October 2020) from Nationwide shows that UK house price growth rose as the housing market recovery continues. House prices rose 0.8% in October, after an increase in September of 0.9%. Prices are now 5.8% higher than at the same time last year. The average house price in the country is now £226,129.

House prices have now reversed the losses recorded in May and June and are now at a new all-time high. The bounce back in prices reflects the unexpectedly rapid recovery in housing market activity since the easing of lockdown restrictions. These trends look set to continue in the near term, further boosted by the stamp duty holiday. However, most forecasters expect labour market conditions to weaken significantly in the quarters ahead as a result of the after effects of the Pandemic and as Government support scheme wind down.

Prospects for house prices will depend on developments in the wider economy and the ability to recover from the COVID-19 pandemic, over the next 12 months, and in what form our new relationship with the EU will take over the coming years, once the 'transition period' expires at the end of 2020.

To reduce the effects of the pandemic the Bank of England Monetary Policy Committee lowered interest rates to 0.1% on 19 March 2020, the lowest base rate on record and in order to enable businesses and households to get through the economic uncertainty created by the pandemic, rates are expected to remain at these historically low levels for the foreseeable future.

The past decade, initially saw a marked decline in home ownership rates amongst young adults. Traditionally this sector contained the most first time buyers, however in recent years there has been a recovery in this sector with first time buyer transactions, now broadly in line with pre-crisis levels. The improvement in credit availability (including the introduction of schemes such as Help to Buy), historically low interest rates (especially on fixed rates deals) and a steady improvement in labour market conditions over recent years, have all helped boost activity.

Demand within the private rented sector remains strong, however in recent years Stamp Duty changes and changes to the tax deductibility of Landlord's expenses introduced will affect investor demand in the years ahead, although there was a peak in activity prior to their implementation. It will also be difficult to gauge how sentiment from overseas buyers, particularly in London, will be impacted by increased economic uncertainty and the sharp decline in Sterling which, if sustained, reduces the cost of UK property in foreign currency terms. These concerns had prompted the Bank of England's Monetary Policy Committee (MPC) to implement a range of stimulus measures at the start of August 2016, which will provide support to economic activity and the housing market. Although these measures have now ended, the MPC are unlikely to reverse these measures if interest rates rise.

The decision in the Budget to abolish Stamp Duty for first time buyers, within certain criteria, is only likely to have a modest impact on overall demand. In most regions, first time buyers already paid little or no Stamp Duty.

We would expect that in the event that the site was to be offered to the open market, then provided the access issues could be resolved with North Kesteven District Council, then in our view the site would generate interest from the private sector for continuation of the existing industrial use and also potentially for some form of residential development.

15.0 Valuation Consideration and Analysis

In accordance with our instructions, we have assessed the market value of the site in two parts, reflecting the proposed transfer to North Kesteven District Council and Lafford Homes respectively.

Dealing first with the land to be transferred to North Kesteven District Council. We understand the intention is it will be developed out to provide an extra care housing scheme of 52 units. In order to arrive at a valuation for this site we have adopted a residual land valuation approach, under which we have valued the two bed plots at £25,000 per plot and the one bed plots at £20,000 per plot, to give a gross site value of £1,095,000.

The second smaller site to be transferred to Lafford Homes extends we understand to 1.16 acres so based on a density of 15 units per acre, the site will accommodation around 17 units. Based on affordable plot values, we've adopted £25,000 for each plot to arrive at a gross land value of £425,000. We have then deducted from these 2 gross site values, utility servicing costs of £2,500 per unit, which reduces the overall gross site values by the sum of £170,500. We have then deducted from the gross site values the cost of constructing the access road into the site, which we have assumed is to be an adopted highway due to the density of development. We have assumed the cost of this to be around £1,750 per liner meter, which based on the length of road of around 150 meters, provides for a cost for the construction of the roadway of £262,500. This has then been apportioned between the three sites based on the respective site areas and provides for further reductions in the gross land values of £151,734 from the land to be transferred to NKDC, £71,315 for the land to be transferred to Lafford Homes and finally £39,451 for the public open space.

Based on these various reductions, we have arrived at the net market value for each of the sites of £815,000 and £310,000 respectively. However there is a ransom access strip to consider in our valuations, which is owned by North Kesteven District Council. This therefore needs to be reflected in the calculation of the market values, as taking the proposed transfers out of the equation, and assuming a hypothetical disposal scenario, NKDC would still require payment in order to utilize the access into the land to permit development on it. We understand from the legal advice the Council have taken, that a continuation of the former use would be permitted under the existing access arrangements, as rights have been acquired by prescription for this purpose over many years, however a formal agreement would need to be reached with NKDC in the event of the land being used for any other high value use – such as the residential use now proposed.

In order to assess the value of this access strip, we have considered the value of the land on the basis of a continuation of existing use, which as stated above, we understand can be continued, without a further payment as the rights for this use have been acquired by prescription over many years. We have then compared this against the value of the land for more valuable residential uses, which are being proposed and we understand is likely to be approved in planning terms, to arrive at an uplift in value between the 2 uses/

Based on industrial land values in Sleaford we would value the land for continuation of the existing industrial use at around £100,000 per acre which produces a site value for this use of £450,000. The total value of the site for a residential based scheme proposed will be £1,125,000 and therefore the uplift in value is £675,000.

Applying the ruling in Stokes V Cambridge, which gives the owner of an access a right to claim a third of the uplift in value, between the value of the site with the access and the value of the site without it, would see NKDC as the owner of the access strip be entitled to 1/3 of £675,000, equating tot £225,000.

This will therefore need to be deducted from the Market Values set out above for the purpose of this exercise, which means that apportioning this payment based on the Market Values above, gives the following net site values to NKDC as follows:

NKDC Red Land - £650,000

Lafford Blue Land - £250,000

16.0 Valuation

Market Value – Red Edged Land – To be transferred to North Kesteven District Council

We are of the opinion that the Market Value of the Freehold interest of the site as at the 5 November 2020, subject to vacant possession and reflecting the existence of a ransom strip in favour of North Kesteven District Council, as described above for Disposal purposes, is:

£650,000
(Six Hundred and Fifty Thousand pounds)

Market Value – Blue Edged Land – To be transferred to Lafford Homes

£250,000
(Two Hundred and Fifty Thousand pounds)

Taking into account the evidence set out, for valuation purposes we have adopted the market approach using the comparable and residual land methods. We do not foresee any substantial increase in the value of the property other than as a result of any general improvement in market conditions. We do not consider that there is likely to be any significant decrease in the valuation figure stipulated provided that current market conditions prevail and significant contamination is identified on the site at some later date.

We do not consider that there are any environmental or contamination issues at the property or on adjoining land which would materially affect our valuation figures.

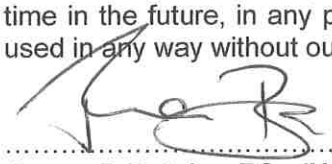
We do not consider that there is any Hope, Marriage or Special Purchaser Value attached to the property now, or likely to arise in the future.

We can confirm that our Firm carries current Professional Indemnity Insurance of £5,000,000 for any one claim plus legal fees. There is an excess of £10,000 for each and every claim.

17.0 Confidentiality

In accordance with the recommendations of the RICS, we would state that this report is provided solely for the purposes stated above. It is confidential to and for the use only of the party to whom it is addressed and no responsibility whatsoever is accepted to any third party for the whole of any part of its contents. Any such parties rely upon this report at their own risk.

Neither the whole nor any part of this report or any reference to it may be included now, or at any time in the future, in any published document, circular or statement, nor published, referred to or used in any way without our written approval of the form and context in which it may appear.



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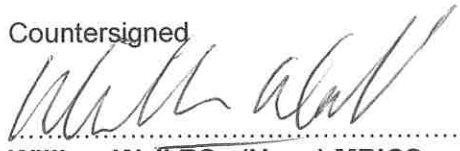
James R Butcher BSc (Hons) MRICS
RICS Number: 0844159

Countersigned



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William Wall BSc (Hons) MRICS
RICS Number: 1100653

For and on behalf of Banks Long & Co

Date 20th November 2020

APPENDIX 1

Standard Conditions of Engagement

BANKS LONG&Co

CONDITIONS OF ENGAGEMENT
Appraisal and/or Valuation Instructions

In accordance with formal procedures set out by the RICS Valuation Global Standards 2017 - including the International Valuation Standards ("The Red Book"), we confirm our Conditions of Engagement for the work undertaken on behalf of clients in connection with the preparation of formal Reports and Appraisals/Valuations for all types of commercial and residential property.

Purpose of Valuation or Appraisal	Each Report we provide to our clients will confirm the purpose of the Valuation or Appraisal. If there are special circumstances which require this to be confidential, then we will make appropriate assumptions which will be specified in our Report in order that clients can clearly see the way in which we have approached the Valuation or Appraisal.
Nature of Property Interest	Our Report will clearly confirm the interest in the property which is the subject of the Valuation or Appraisal, for example: freehold with vacant possession; freehold subject to a specified Lease; or a leasehold interest. With regard to any leasehold interest we will clearly confirm our summary of the principal terms and any assumptions which have been made where there is no formal Lease documentation available for our inspection.
Scope and Nature of Valuation	Our Report will clearly state whether or not we have valued or appraised a property on a "bricks and mortar" only basis or whether we have included fixtures, fittings, plant and/or machinery in our Valuation or Appraisal figures, being that present within the property at the date of our inspection. Unless otherwise stated, our Valuation or Appraisal of a property will normally exclude any element of value attributable to specialist trade fixtures, fittings and equipment and will not include any element of value attributable to any goodwill which may exist in connection with an established Business or Company occupying the property.
Basis of Valuation and Market Value (MV)	We will confirm the basis of our Valuation or Appraisal figures provided and each Report will include (unless otherwise agreed) our opinion of the property's Market Value (MV). This is defined in the RICS Valuation Global Standards 2017 as: "The estimated amount for which an asset or liability should exchange on the valuation date between a willing buyer and a willing seller in an arm's-length transaction after proper marketing and where the parties had each acted knowledgeably, prudently and without compulsion."
Valuation as an Operational Entity	With regard to certain properties, it may be appropriate to provide an opinion of Value on the basis of a fully equipped operational entity having regard to trading potential. This does not include a Valuation of the goodwill which is specific to a certain owning party and which would not pass with the property on a sale with vacant possession, but will take into account value which is attributable to the property for its ongoing business use inclusive of all trade fixtures, fittings, equipment, furnishings and/or floor coverings present within the property at the date of valuation. In such cases it will be assumed that any Justices/Statutory Licences, Certificates or other approvals which are required for the operation of the business from the property will for the foreseeable future be readily capable of renewal and that the property will for the foreseeable future continue to comply with all required Statutory Consents and Regulations. Any consumable stocks will, however, be excluded from any Valuation on this basis. No equipment or fixtures have been tested in respect of Electrical Equipment Regulations and Gas Safety Regulations and it is assumed that where appropriate all such equipment meets the necessary legislation. Unless otherwise specifically mentioned the valuation excludes any value attributable to plant and machinery.

Depreciated Replacement Cost (DRC)	Certain properties of a specific and specialised nature will by definition be required to be valued on the basis of Depreciated Replacement Cost. This is defined in the RICS Valuation Global Standards 2017 as: "The current cost of replacing an asset with its modern equivalent asset less deductions for physical deterioration and all relevant forms of obsolescence and optimisation." DRC should not be confused with net current replacement cost as by definition it has been reduced to reflect the physical characteristics and factors affecting the specific property (such as age, condition, construction and nature of design). It is also specific to the particular building or buildings which comprise the property at the valuation date and should not be construed as an estimate to erect a building or buildings in the future. When providing an opinion of the DRC, we will qualify our valuation figure as being subject to the adequate potential profitability of the business compared with the value of the total assets employed. It will be for the Directors or Owners to decide if the business is sufficiently profitable to be able to carry the property in the balance sheet at the full DRC or whether some lower figure should be adopted. In the case of leasehold land, we will draw our client's attention to the amount of rent payable both in the present and (where foreseeable) future and any unusual or onerous covenants which could affect the Directors' or Owners' judgement on the adequacy of profits. In the case of specialised properties in public ownership or not occupied primarily for profit, where the test of adequate potential profitability is not available, we will confirm our opinion of DRC as being subject to the prospect and viability of the continuance of the occupation and use. As and when required we can confirm separately in further detail the specific assumptions and procedures adopted with regard to the land and buildings elements when confirming our opinion of DRC.
Market Rent (MR)	Where required we are able to provide our opinion of Market Rent (MR) and this is defined in the RICS Valuation Global Standards 2017 as: "The estimated amount for which an interest in real property should be leased on the valuation date between a willing lessor and a willing lessee on appropriate lease terms in an arm's-length transaction, after proper marketing and where the parties had each acted knowledgeably, prudently and without compulsion." MR will vary significantly according to the terms of the assumed lease contract. The appropriate lease terms will normally reflect current practice in the market in which the property is situated, although for certain purposes unusual terms may need to be stipulated. Matters such as the duration of the lease, the frequency of rent reviews, and the responsibilities of the parties for maintenance and outgoings, will all impact on Market Rent. In certain countries or states, statutory factors may either restrict the terms that may be agreed, or influence the impact of terms in the contract. These need to be taken into account where appropriate.
Reinstatement Valuation	If we have prepared a Reinstatement Valuation we will not have carried out a detailed cost appraisal and the figure should therefore be considered for guidance purposes only.
The Nature of Inspection	Unless otherwise specifically agreed, our inspection of the property will be undertaken externally from ground level only and internally from the main accommodation areas where accessible to us. If our internal or external inspections have been unduly restricted then this will be confirmed in our Report. For example, where a property is situated in a narrow street amongst other abutting or connecting buildings, it may not be possible to visually inspect all the walls and roof slopes as these may not be capable of being seen from the Public Highway or from within the curtilage of the property. Any other restrictions limiting our inspection of the property will be specifically referred to in our Report and where known prior to our inspection will have been agreed with our client. With regard to land considered suitable for development, we will assume that there are no onerous ground conditions and that normal construction methods relative to the proposed development can be used without any material increase in cost as a result of the condition of the land which is the subject of our Report and Valuation/Appraisal. We will not have undertaken any on-site ground condition tests and where appropriately accessible to us we will have only undertaken a visual surface inspection of the land and its immediate surroundings. If information on ground conditions and the resulting additional construction costs is made available to us by our instructing clients, then this will be appropriately referred to and reflected in our Valuation/Appraisal. Where a property is occupied and/or contains fixtures, fittings, trade equipment, stock, furnishings and/or floor coverings, the existence of such items and/or the property's occupation (where applicable) will restrict the nature of our internal inspection and we will confirm in our Report whether or not this has been the case. Unless specifically instructed to do so, we will not have undertaken a full Structural or Dilapidations Survey but will, subject to the limitations of our inspection, reflect the general apparent condition and state of repair of the property at the date of our inspection in our Appraisal or Valuation figures. In this regard, those parts of the property which are hidden, inaccessible or otherwise unexposed cannot be inspected and we would not therefore be able to reflect any defects in these areas in our Appraisal or Valuation figure(s).

	If a Structural or Dilapidations Survey is required then this can be provided by our in-house Chartered Building Surveyor and where required can be reflected in our valuation figure(s).
Tenure, Lettings and Reports on Title and/or Tenancies	Unless otherwise stated, we have not inspected the title deeds, leases and related legal documents and, unless otherwise disclosed to us, we have assumed that there are no onerous or restrictive covenants in the titles or leases which would affect the value. Where we have not been supplied with leases, unless we have been advised to the contract, we have assumed that all the leases are on a full repairing and insuring basis and that all rents are reviewed in an upwards direction only, at the intervals notified to us, to the full market value. We have assumed that no questions of doubt arise as to the interpretation of the provisions within the leases giving effect to the rent reviews. We have disregarded any inter-company lettings and have arrived at our valuations of such accommodation on the basis of vacant possession. If a solicitors' Report on Title and/or Tenancies has been provided to us, our valuation will have regard to the matters therein. In the event that a Report on Title and/or Tenancies is to be prepared, we recommend that a copy is provided to us in order that we may consider whether any of the matters therein have an effect upon our opinion of value.
Environmental Matters and Contamination	In each Report we will confirm our assumptions and/or qualifications with regard to environmental factors. A formal Environmental Assessment will not be provided or implied and this would only be available where separately commissioned. Our Report and Valuation/Appraisal will be provided on the assumption that there are no environmental or contamination issues which materially affect the value of the property as confirmed. Subject to the limitations of our inspection we will, however, draw to our client's attention any issues which give rise for concern and as a result of which it may be prudent to separately commission an environmental audit, land quality statement or similar environmental report prepared by a specialist advisor. Where such is required we reserve the right to vary our valuation figure(s), or where such is already available and forwarded to us we can (where applicable) reflect the contents of such specialist report in our Report and Valuation/Appraisal.
Third Party Enquiries	Where a client has specifically asked us to rely on certain information which limits the scope of our normal enquiries or inspection of the property then our valuation figures will be totally dependent on the adequacy and accuracy of the information supplied and/or the assumptions made and such will be specified in our Report.
Date of Inspection and Conflicts of Interest	Our Report will confirm the date of our inspection and the name and qualifications of the person who inspected the property. We will also confirm that such person has the necessary experience and expertise to value a property of this particular nature in the subject location. We will further confirm to the best of our knowledge that neither this firm nor the individual Valuer has any conflict of interest in the matter. All valuations will be prepared by a suitably qualified valuer as defined by Valuation Practice Statement 1 of the RICS Valuation Global Standards 2017.
Date of Valuation	Unless otherwise specifically stated, the assumed date of valuation will be the date of our inspection. Where instructed by our clients we can confirm a specific date of valuation and the assumptions which have been taken into account in this regard.
Currency	Unless otherwise specifically stated, all valuation figures will be confirmed in pounds sterling (GBP).
Taxation	Whilst we have had regard to the general effects of taxation on market value, we have not taken into account any liability for tax which may arise on a disposal, whether actual or notional, and neither have we made any deduction for Capital Gains Tax, Value Added Tax or any other tax.
Descriptions and Area Calculations	Subject to the limitations of our inspection, our Report will confirm an appropriate description of the property, commenting on its age, nature, use, accommodation, construction, general state of repair and condition, amenities and services. Subject to the limitations of our inspection, our Report will confirm a description of the locality in which the property is situated, commenting on the characteristics of the locality, neighbouring uses, availability of highway and other relevant communications, together with any other apparent matters affecting value. Our description of the property will include a summary schedule of the approximate floor areas of the main accommodation and comment on any specific areas of accommodation which are not accessible to us at the date of our inspection. Such schedules of accommodation will confirm the approximate area in square metres and in square feet. Where applicable we will also confirm an approximate calculation of the site area and site coverage of any buildings thereon. All measurements of land and buildings will be undertaken in accordance with the current edition of the RICS Code of Measuring Practice and any departures therefrom will be drawn to the attention of our client. With regard to site areas, we will confirm whether or not these have been calculated from on-site measurements or scaled from the Ordnance Survey or such other plans as are available to us.

Local Authorities, Statutory Undertakers and Legal Searches	We have not made any formal searches or enquiries in respect of the property and are therefore unable to accept any responsibility in this connection. We have, however, made informal enquiries of the local planning authority in whose areas the property is situated as to whether or not they are affected by planning proposals. We have not received a written reply and, accordingly, have had to rely upon information obtained verbally. We have assumed that all consents, licences and permissions including, inter alia, fire certificates, enabling the property to be put to the uses ascertained at the date of our inspection have been obtained and that there are no outstanding works or conditions required by lessors or statutory, local or other competent authorities.
Utility Services	We will confirm, subject to the limitations of our inspection, which mains utility services are connected to the property or, where appropriate, those which in our opinion are available for connection. However, unless specifically instructed, we cannot confirm the ongoing suitability of any existing or anticipated services or connections and will have assumed they are connected and/or available for the purposes of our valuation figures. Unless separately commissioned, no specific tests will be undertaken of the service installations within the property but, subject to the limitations of our visual surface only inspection, we will endeavour to draw to the attention of our clients any issues which give rise for concern to the extent that a specialist report should be obtained.
Rating	We will make verbal enquiries of the Billing Authority to ascertain the Rateable Value of the property (or with regard to residential property the Band for Council Tax purposes). We will not comment on the appropriateness of the Rateable Value confirmed to us unless we are specifically instructed to do so and in which circumstances we will be able to provide specialist Rating Advice from our in-house Rating Surveyors.
Mortgages	We have disregarded the existence of any mortgages, debentures or other charges to which the property may be subject.
Arrears	We have assumed that all rents and other payments payable by virtue of the leases have been paid to date. If there are rent or other arrears, we recommend that we should be informed in order that we may consider whether our valuation should be revised.
Defective Premises Act, Health & Safety at Work Act and Disability at Work Act	Our valuations do not take account of any rights, obligations or liabilities, whether prospective of accrued, under the Defective Premises Act, 1972. Unless advised to the contrary, we have assumed that the properties comply with, and will continue to comply with, the current Health & Safety and Disability legislation.
Insurance	In arriving at our valuation we have assumed that the building is capable of being insured by reputable insurers at reasonable market rates. If, for any reason, insurance would be difficult to obtain or would be subject to an abnormally high premium, it may have an effect on value.
Duty of Care	Unless specifically agreed, our Report and Valuation/Appraisal will be prepared for the sole reliance of the instructing party for the purpose(s) confirmed and should not be relied upon by any other party, or by the instructing party for any other purpose, without our prior written consent.
Publication and Circulation	With the exception of valuations prepared for commercial or residential mortgage/ loan purposes neither the whole nor part of our Report, nor published references thereto, including references in company accounts and/or directors' reports, chairmen's or other statements or reviews or any company statement or circular, should be published without our prior written consent. Valuations prepared for Accounting and/or Balance Sheet purposes will be specifically stated as being prepared for such purpose and will therefore be deemed to have our consent for such publication and use.
Fees	Unless a client has established fee arrangements the fee will be agreed in advance for each commission. Our Scale of Charges leaflet is available on request. Fees for professional services are payable within twenty-eight days of issue of our fee account.

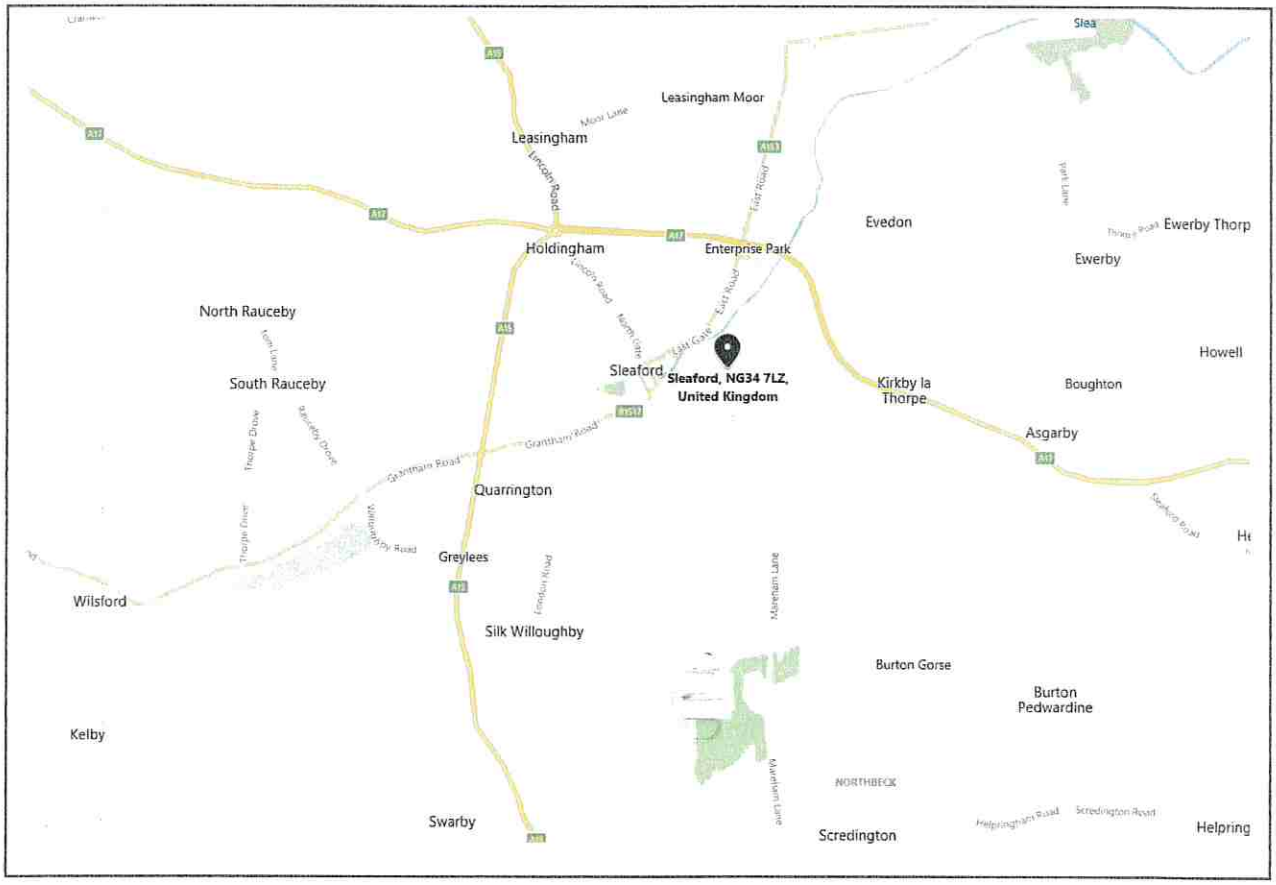
We would be pleased to provide clarification of any of our conditions of engagement and enquiries should be addressed to the Directors or senior staff.

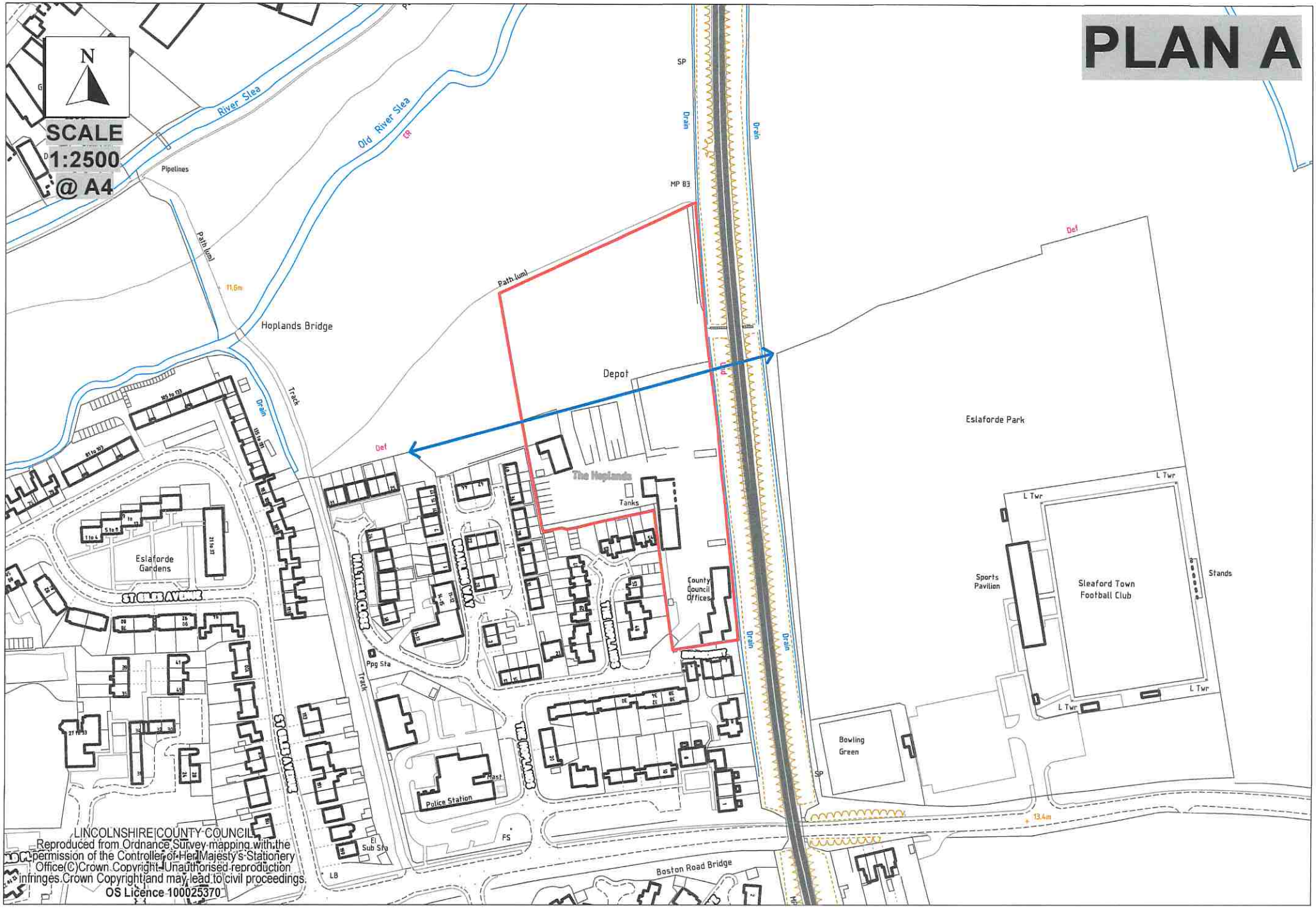
APPENDIX 2

Location Plan
Ordnance Survey Extract

BANKS LONG&Co

LOCATION PLAN

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Track
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Def
SP
MP 83
Depot
The Hoplands
Tanks
County Council Offices
Eslaforde Park
L Twr
Sports Pavilion
Sleaford Town Football Club
Stands
Bowling Green
Eslaforde Gardens
ST CLAIR AVENUE
Ppg Sta
Police Station
Mast
El Sub Sta
FS
LB
13.4m
Boston Road Bridge
LINCOLNSHIRE COUNTY COUNCIL
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APPENDIX 3

SITE LAYOUT PLAN

40x 1&2 Bedroom Flats

12x Working Age Adults Flats

Public Open Space (0.137 Ha)

Future Residential Development Space (0.467 Ha)

Extra Care

	29 One Bed 2 Person Flats (55m²)	= 1595m²
	11 Two Bed 3 Person Flats (65m²)	= 715m²
	Communal / Service / Circulation Space	= 1611m²
Total	40 Extra Care Flats	= 3921m²

Working Age Adults Accommodation

	12 One Bed 2 person Flats (55m²)	= 660m²
	Communal / Service / Circulation Space	= 65m²
	Total	= 725m²

Total Development

52 Properties

Revision	Description	Date
A	Site Plan Changed	05-06-18
B	Site Plan Changed	26-06-18
C	Site Plan Changed	23-07-18
D	Site Plan Changed	13-09-18
E	Site Plan Changed	10-03-19
F	Site Plan Changed	07-10-20

North Kesteven DISTRICT COUNCIL
Council Offices Kesteven Street Sleaford
Lincolnshire NG34 7EF

PROJECT DETAILS:
Proposed Residential Development

DRAWING NO:
PM75-03

SITE ADDRESS:
Former Highways Depot
The Hoplands
Sleaford
Lincolnshire
NG34 7LZ

DATE:
October 2015

SCALE:
1:500

DRAWING TITLE:
Proposed Site Layout Plan

REVISION:
F

APPENDIX 4

PHOTOGRAPHS

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Equality Impact Analysis to enable informed decisions

The purpose of this document is to:-

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

Using this form

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

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

Equality Act 2010

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

Protected characteristics

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

Section 149 of the Equality Act 2010

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

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

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

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

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

Conducting an Impact Analysis

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

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

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

Impact – definition

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

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

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

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

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

Background Information

Title of the policy / project / service being considered	Adult Care Capital Programme – Extra Care Housing and Community Supported Living for Working Aged Adults with learning disabilities, mental health and/or physical disabilities at The Hoplands Sleaford, in partnership with North Kesteven District Council	**Person / people completing analysis**	Gareth Everton/Emma Rowitt/Louise Olley
Service Area	Adult Care and Community Wellbeing	**Lead Officer**	Gareth Everton and Louise Olley
Who is the decision maker?	Glen Garrod	**How was the Equality Impact Analysis undertaken?**	Desktop exercise updated after engagement and consultation
Date of meeting when decision will be made	02/02/2021	**Version control**	1.0
Is this proposed change to an existing policy/service/project or is it new?	New	**LCC directly delivered, commissioned, re-commissioned or de-commissioned?**	Commissioned
Describe the proposed change	In order to alleviate the long term pressure for the provision of residential care and hospital admissions within the county, and to increase the availability of supported living accommodation generally, LCC has committed to working with partners to deliver Extra Care Housing (ECH) facilities and Community Supported Living (CSL) for Working Aged Adults (WAA) with learning disabilities, mental health and/or physical disabilities. As part of the Adult Care and Community Wellbeing Capital Programme, Lincolnshire County Council's (LCC) intention is to partner with North Kesteven District Council (NKDC) to deliver a 40no unit extra care scheme, and 12no CSL units for WAA with learning disabilities, mental health and/or physical disabilities, at the former Hoplands Highways depot site Sleaford. £11.886m has been allocated as part of the Adult Care Capital Programme to ECH and CLS to enable development of such accommodation. Each specific scheme will require a detailed Equality Impact Assessment to be undertaken by the District Council or Housing Association, leading on the development of the specific scheme. Both types of accommodation will help to encourage independence, allowing service users to remain in their home for as long as		

	possible, and access services close to their local community and support circles. The projects aim is to aid Lincolnshire residents to have further housing choice which matches their individual needs. It will enables them to exercise much more choice and control in key aspects of their life, such as where they live, and the type of support package they receive. ECH and CSL also promotes inclusivity within the local community for vulnerable people, improving their health and well-being, providing opportunities to develop skills and knowledge, helping to build confidence and, overall, enhancing their quality of life. LCC's contribution to the scheme will provide Adult Care with nomination rights for a proportion of the units; this number is dependent on each specific scheme. The basis of which will be via a process of first right of refusal; with no void risk liability for LCC. This Equality Impact Analysis addresses the equalities implications of the proposed new ECH and CSL development at The Hoplands.

Evidencing the impacts

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

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

Data to support impacts of proposed changes

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

Population data and the Joint Strategic Needs Assessment

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

Workforce profiles

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

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

Age	The demographic trends for Lincolnshire indicate that there will be greater need for supported accommodation, both in forms of ECH and CSL as the demand for social care increases. ECH is aimed at older people, with CSL aimed at WAA under 66 with learning disabilities, mental health and/or physical disabilities, however, because ECH is preventative and CSL for WAA is progressive, it attracts people of varying ages, allowing individuals to remain independent for as long as possible and avoiding admission to residential care and hospital. Evidential research indicates that supported accommodation is a cost effective way to deliver care in comparison to residential and domiciliary care, and promotes increased wellbeing and independence. The positive impacts for this cohort are; - The ability to stay within their local communities close to friends and family; - The ability to remain independent through having their own property, with their own front door; - Be supported in an environment where there is additional care and support should it be required and their needs develop and change, however, still remain with their own home for as long as possible; - Access services closer to their home and network; - The benefit of creating a social life and community, with social activities and events on offer, and the opportunity to make new friends; - The flexibility to be able to request additional support and care Improve the choice of housing options available within the county; - Multiple care needs can be managed on one site; - Benefit from new energy efficient accommodation; - The encouragement and opportunity for active lifestyles and social contact with other tennants; - The offer of a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions; and - Couples can avoid being separated as they can live together in extra care accommodation even if only one is in need of care.

Disability	Supported accommodation for older people (ECH) and WAA as a model is available to people with a range of needs including those with both physical, learning disabilities, mental health, which means the positive impacts of supported accommodation are also available to people with a disability where the nature of the scheme allows. The positive impacts are outlined below. - The ability to stay within their local communities where they friends and family are; - Remain independent through having their own property, with their own front door; - Be supported in an environment where there is additional care and support should it be required; - Access services closer to their home and network; - The benefit of creating a social life and community, with social activities and events on offer, and the opportunity to make new friends; - The flexibility to be able to request additional support and care should their needs develop and change and still remain with their own home for as long as possible; - Improve the choice of housing options available within the county; - Multiple care needs can be managed on one site; - Benefit from new energy efficient accommodation; - The encouragement and opportunity for active lifestyles and social contact with other residents; - The offer of a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions; and - Couples can avoid being separated as they can live together in extra care accommodation even if only one is in need of care. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Gender reassignment	No positive impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Marriage and civil partnership	No positive impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.

Pregnancy and maternity	No positive impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Race	No positive impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Religion or belief	No positive impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Sex	No positive impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation
Sexual orientation	No positive impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.

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.

The Hoplands scheme could assist in providing community capacity, which encourages a variety of different providers and promote a market which supports the offer of a sustainable and diverse range of care and support, along with different types of service. It provides genuine choice to meet the needs and reasonable preferences of local people. It provides part of the response to the care options for those who self-fund or who arrange and manage their own care through Direct Payments. In addition, it creates further employment opportunities within the district.

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 negative impact identified. No mitigating action required.
Disability	ECH and CSL for WAA with learning disabilities, mental health and/or physical disabilities must be designed suitability to meet needs of disabled people. The mitigation is that the design of scheme will be in line with the Equalities Act i.e. Disability Discrimination.
Gender reassignment	No perceived adverse impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Marriage and civil partnership	No perceived adverse impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Pregnancy and maternity	No perceived adverse impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.

Race	No perceived adverse impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Religion or belief	No perceived adverse impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Sex	No perceived adverse impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.
Sexual orientation	No perceived adverse impact The Hoplands scheme will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which NKDC and LCC will enter into as part of this project into will oblige both parties to comply with the Equality Act 2010 in the delivery of ECH and CSL accommodation.

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.
Any successful developer or partner will be expected to develop their own Equality Impact Assessment and in doing so identify whether their actions would have any negative impacts. This will provide evidence that developers are actively engaging the local community and potential future users.

Stakeholders

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

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

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

Objective(s) of the EIA consultation/engagement activity
Engagement to be undertaken with various groups about likely impacts to inform this Equality Impact Analysis as the programme progresses.

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

Age	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group; • Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties); • Lincoln and Lindsey Blind Society; • Carers FIRST; and • People's Partnership.
Disability	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group; • Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties); • Lincoln and Lindsey Blind Society; • Carers FIRST; and People's Partnership.

Gender reassignment	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group; • Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties); • Lincoln and Lindsey Blind Society; • Carers FIRST; and People's Partnership.
Marriage and civil partnership	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group; • Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties); • Lincoln and Lindsey Blind Society; • Carers FIRST; and People's Partnership.
Pregnancy and maternity	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group; • Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties);

	• Lincoln and Lindsey Blind Society; • Carers FIRST; and People's Partnership.
Race	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group; • Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties); • Lincoln and Lindsey Blind Society; • Carers FIRST; and People's Partnership.
Religion or belief	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group; • Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties); • Lincoln and Lindsey Blind Society; • Carers FIRST; and People's Partnership.
Sex	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group;

	• Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties); • Lincoln and Lindsey Blind Society; • Carers FIRST; and People's Partnership.
Sexual orientation	• LCC staff Carers Network; • LCC Corporate Diversity Steering Group; • LCC Black and Ethnic Minority Staff Engagement Group; • LCC LGBT staff Group; • LCC Disability staff engagement Group; • Age UK; • University of the Third Age (U3A) network; • JUST Lincolnshire; • Lincolnshire Independent Living; • Pelican Trust (adult disability/learning difficulties); • Lincoln and Lindsey Blind Society; • Carers FIRST; and People's Partnership.
Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way? The purpose is to make sure you have got the perspective of all the protected characteristics.	Yes
Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?	There will be continued Council involvement in ECH development and WAA accommodation through the nominations process and the Council's presence on the Nominations Panel. Evaluation of benefits will be conducted through this process and on-going monitoring of the accommodation.

Further Details

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

Actions required Include any actions identified in this analysis for on-going monitoring of impacts.	**Action**	**Lead officer**	**Timescale**
	Undertake engagement with protected characteristics groups	Emma Rowitt	By 09/12/2020.
Signed off by	Emma Rowitt	**Date**	19/11/2020

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**13 January 2021**
Subject:	**Director of Public Health Annual Report 2020**

Summary:

The purpose of this report is to present the Director of Public Health's Annual Report. This year's report is on Covid-19 and the impact of the disease on health and wellbeing in Lincolnshire.

Actions Required:

That the Committee receives the Annual Report from the Director of Public Health and notes its content.

1. Background

Directors of Public Health in England have a statutory duty to produce an independent report on the state of health of the people they serve on an annual basis. Local authorities have a statutory duty to publish the report. As the reports are aimed at lay audiences, the key feature must be their accessibility to the wider public.

The 2020 Director of Public Health Annual Report, attached as Appendix A, is focused on Covid-19 and its impact, so far, on Lincolnshire. The pandemic has highlighted many of the inequalities that exist in our communities. The longer-term impacts of the disease are likely to be with us for some time. Specifically, increasing number of people experiencing depression, anxiety, loneliness and mental health issues coupled with ongoing economic uncertainty which will impact on people's lives in terms of employment, loss of income and future opportunities for younger adults; and the increasing fatigue of having to live with the disease especially for the most vulnerable.

The Annual Report has been published on the Council's website.

2. Conclusion

The Director of Public Health has a statutory duty to produce an annual report on the health of the people in Lincolnshire. The Adults and Community Wellbeing Committee is therefore asked to note the contents.

3. Consultation

a) Risks and Impact Analysis

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Director of Public Health Annual Report 2020

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 Alison Christie, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk

The impact of Covid-19 on Lincolnshire

Director of Public Health Annual Report 2020

Lincolnshire COUNTY COUNCIL
Working for a better future

Contents

Foreword

Welcome to this, my second annual report as Director of Public Health for Lincolnshire. I must admit that the topic for this year's report is one I never hoped to have to write.

As we are all only too well aware, we are in the middle of a global pandemic that we have not seen for more than a century. It's brought huge challenges for us all and unsurprisingly has been the main focus of our work for most of this year. Which is why this report is a cut down version and without the broader look at health in the county than would normally be the case.

We've had to endure the difficult restrictions of lockdown and our way of life has been affected like never before. But the response of the people of Lincolnshire has been magnificent, with overall lower rates throughout the long months of the pandemic due to our residents sticking to the rules and restrictions, together with the support of a robust and well established health protection system. But as we've seen in many areas, the picture can change very rapidly and we continue to face big challenges with rising infection rates as more testing is carried out and the virus takes hold again in the winter.

Amidst the challenges there are positives. Science is starting to come to our aid, with more testing capacity, more rapid testing, and the hopes of a new vaccine. And the pandemic has done what all emergencies do in Lincolnshire – it has brought people together in a tremendous community spirit - socially distanced of course – as volunteers, neighbours and friends help those who are most vulnerable.

Our Lincolnshire Local Resilience Forum – bringing together the county's emergency services, health, local authorities, the voluntary sector and other partners – has played a major part in the response, supporting residents through the pandemic. Schools and their staff have endured the most difficult of times to ensure children continue their education in the safest way possible. Care homes and their staff have gone the extra mile to look after some of our most vulnerable older people. And we mustn't forget the magnificent response from NHS staff in the most trying of circumstances.

It has been a privilege to be part of this county response to the pandemic and to work alongside the best public health support network in the country. We aren't out of the woods yet. At the time of writing we are in lockdown 2 and we have a difficult winter period still ahead. So we need to stay focused and keep going, however difficult that may seem.

I said in my first meeting about Covid on the last day of January 2020 that this would be a marathon and not a sprint. We are entering the final quarter so we need to redouble our efforts to protect ourselves, our loved ones and each other. Remember the hands, face, space guidance and let's make sure we minimise the risk of catching or passing on the infection.

I'd just like to finish by thanking the team who put this report together. Although it's my report, it is very much a team effort and I am immensely grateful to all those who have contributed.

I hope the report will give you a better understanding of the pandemic and its effects on Lincolnshire. It reflects the tremendous work that has gone on in the background by so many, and for which I am hugely thankful.

Derek Ward
Director of Public Health

1. Introduction

1.1 About Lincolnshire

1.1.1 Population

Lincolnshire is a largely rural county with a population 761,224 of *(Source: ONS 2019 mid-year estimate)*, with a 49% male and 51% female breakdown. Lincolnshire has an ageing population with 23% of residents over the age of 65. Although the age distribution across the districts is proportionally similar, there are some noticeable differences as illustrated in Table 1.

Table 1: Population breakdown by age group
(Source: ONS 2019 mid-year estimate)

	0–19(%)	20–64(%)	65+(%)
Lincolnshire	21	55	24
Boston	23	56	21
East Lindsey	19	51	30
Lincoln	24	61	15
North Kesteven	21	55	24
South Holland	21	54	25
South Kesteven	22	54	24
West Lindsey	21	54	25

1.1.2 Deprivation

The 2019 Index of Multiple Deprivation (IMD) shows overall deprivation, and ranks Lincolnshire 91th out of 151 upper-tier local authorities in England, where 1st is the most deprived. Levels of deprivation vary across the county, which has an influence on health and wellbeing needs.

The general pattern of deprivation across Lincolnshire is in line with the national trend, in so much that the urban centres and coastal strip areas show higher levels of deprivation than other parts of the county. The Lincolnshire coastline, particularly the towns of Skegness and Mablethorpe, are amongst the most deprived 10% of neighbourhoods in the country.

1.1.3 Healthy Life Expectancy

Healthy life expectancy is the average life in good health, that is to say without irreversible limitation of activity in daily life or incapacities. Latest figures for 2016-2018 show that healthy life expectancy at birth in Lincolnshire is 62.8 years for men and 62.5 years for women. Both are comparable to the national equivalents of 63.4 years for men and 63.9 years for women. Longer term trends for Lincolnshire reveal that healthy life expectancy has reduced, from 64.4 years for men in 2009-2011, and from 65.2 years for women in 2009-2011.

In Lincolnshire, the inequality gap in male healthy life expectancy at birth between 2009 and 2013 was 11.9 years, and the gap for female healthy life expectancy at birth was 10.9 years. *(Source: Public Health England, Fingertips)*

1.2 Coronavirus Disease

Coronavirus disease 2019 (Covid-19) is caused by SARS-CoV-2, a newly emerging coronavirus, that was first recognised in Wuhan, China, in December 2019. The disease can be easily transmitted person to person by close contact through respiratory droplets; by direct contact with infected persons; or by contact with contaminated objects and surfaces. The incubation period for Covid-19, which is the time between exposure to the virus (becoming infected) and showing symptoms, is, on average 5 to 6 days, but can take up to 14 days. The distinctive symptoms of coronavirus (Covid-19) are a high temperature, a new continuous cough and the loss or change to the sense of smell or taste.

The World Health Organisation (WHO) reports[1] most people with Covid-19 will develop only mild (40%) or moderate (40%) symptoms and will recover without requiring specialist treatment. Approximately 15% of people will develop severe disease which requires oxygen support, and 5% will develop critical disease with complications such as respiratory failure, acute respiratory distress syndrome (ARDS), sepsis and septic shock, and multi organ failure. Older age, smoking and underlying long term conditions such as diabetes, hypertension, cardiac disease, chronic lung disease and cancer, are significant risk factors.

1. World Health Organisation. Clinical Management of Covid-19 Interim Guidance. May 2020 https://www.who.int/publications/i/item/clinical-management-of-Covid-19

2. Impact of Covid-19 in Lincolnshire

2.1 Positive Cases

Chart 1 – Total Confirmed Positive Cases

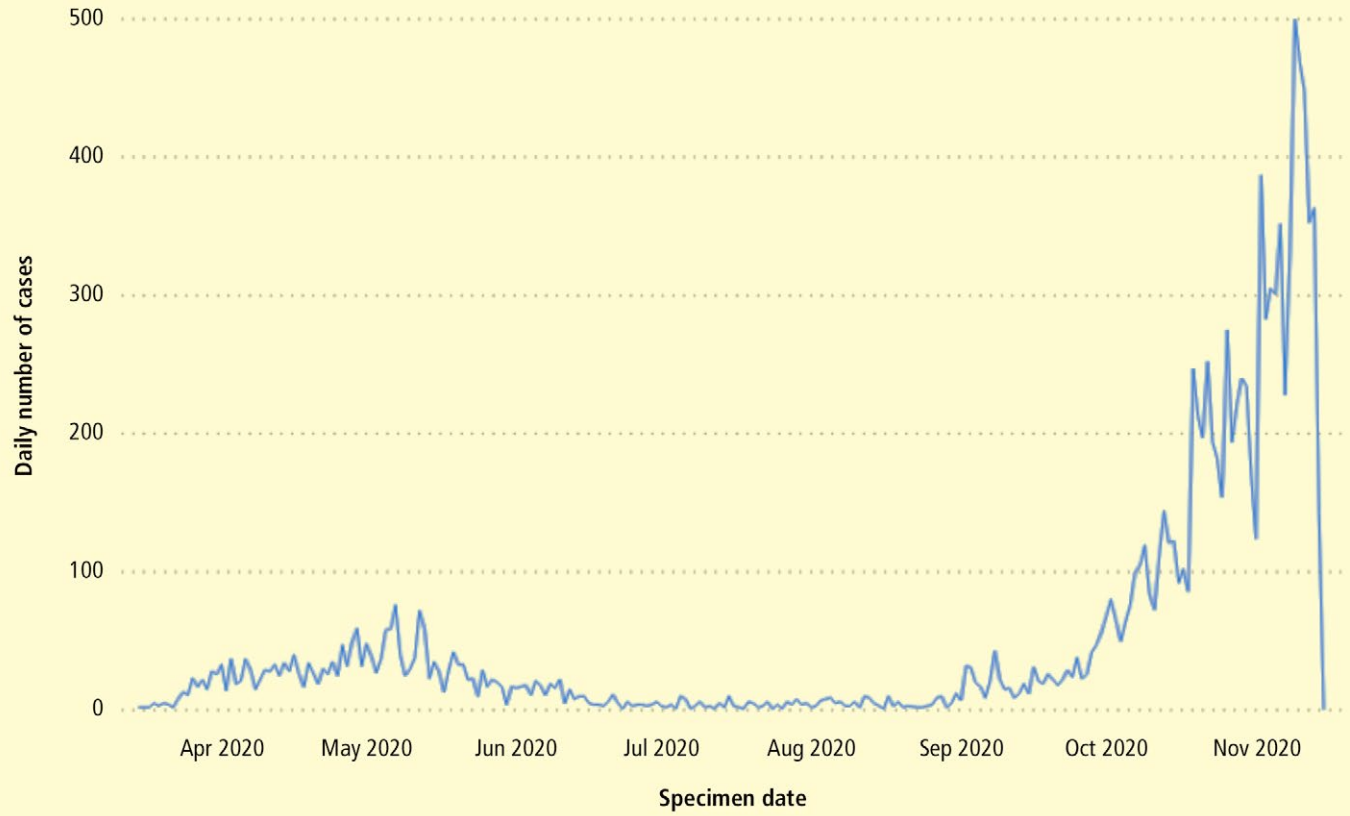
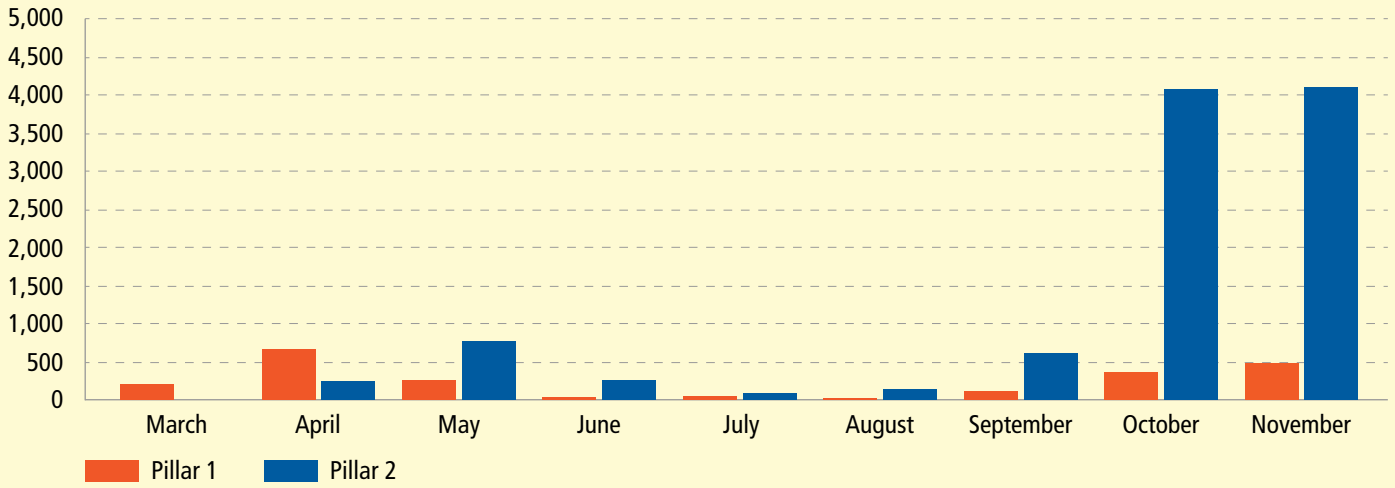


Chart 1 shows the number of positive cases each day in Lincolnshire since March 2020. As of 16 November 2020, there have been 12,414 recorded cases. The first peak was seen in May, with the highest daily figure being 76. Over the summer period the rate of positive cases fell and remained relatively stable. From September, rates have started to rise again, with the current highest daily figure of 500 being recorded on 9 November 2020. It is important to note that the testing available in the first wave of the pandemic was far more limited than later in the year, so comparisons across the two waves are difficult.

2.2 Testing (Pillar 1 & Pillar 2)

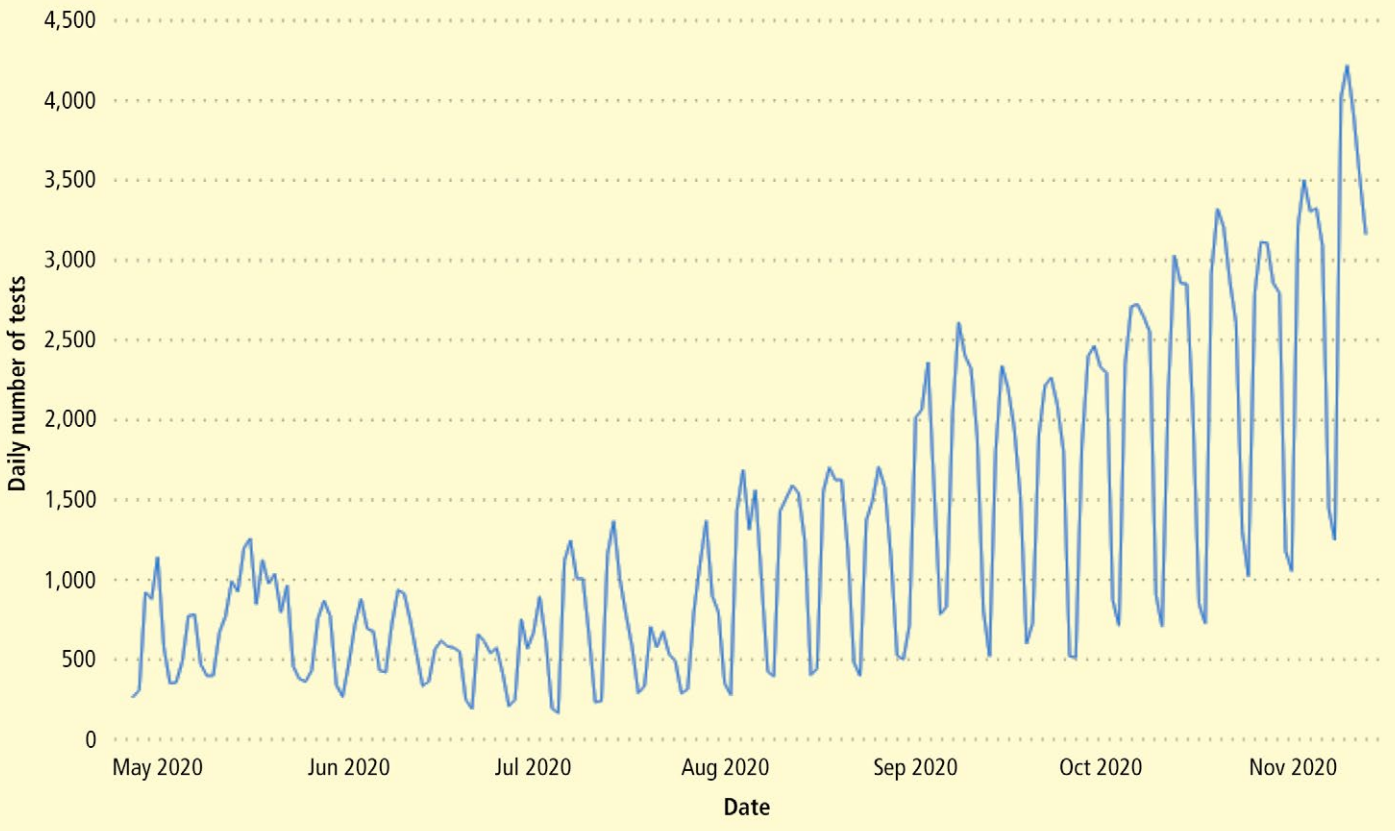
Testing for Covid-19 is organised in two ways, described as 'Pillars'. Pillar 1 testing (swabbing processed by PHE labs and NHS hospitals, for those with a clinical need and health and care workers) was the only source of testing to begin with when Covid-19 was first recorded in Lincolnshire with Pillar 2 testing (the national programme for the wider population) started to be recorded in May. As shown in Chart 2, positive cases identified from both forms of testing reduced over the summer months due to the low incidence rate. From May, Pillar 2 testing has resulted in finding most positive cases which has also been seen regionally and nationally.

Chart 2 – Pillar 1 v Pillar 2 Monthly Testing Figures (positive cases only)



In Lincolnshire there have been a total of 256,365 Pillar 2 tests undertaken as of 13 November 2020 (NHS Digital's secure dashboard). With regards to Pillar 2 testing the number undertaken in Lincolnshire during the Covid-19 pandemic is highlighted in Chart 3:

Chart 3 – Total Pillar 2 Tests

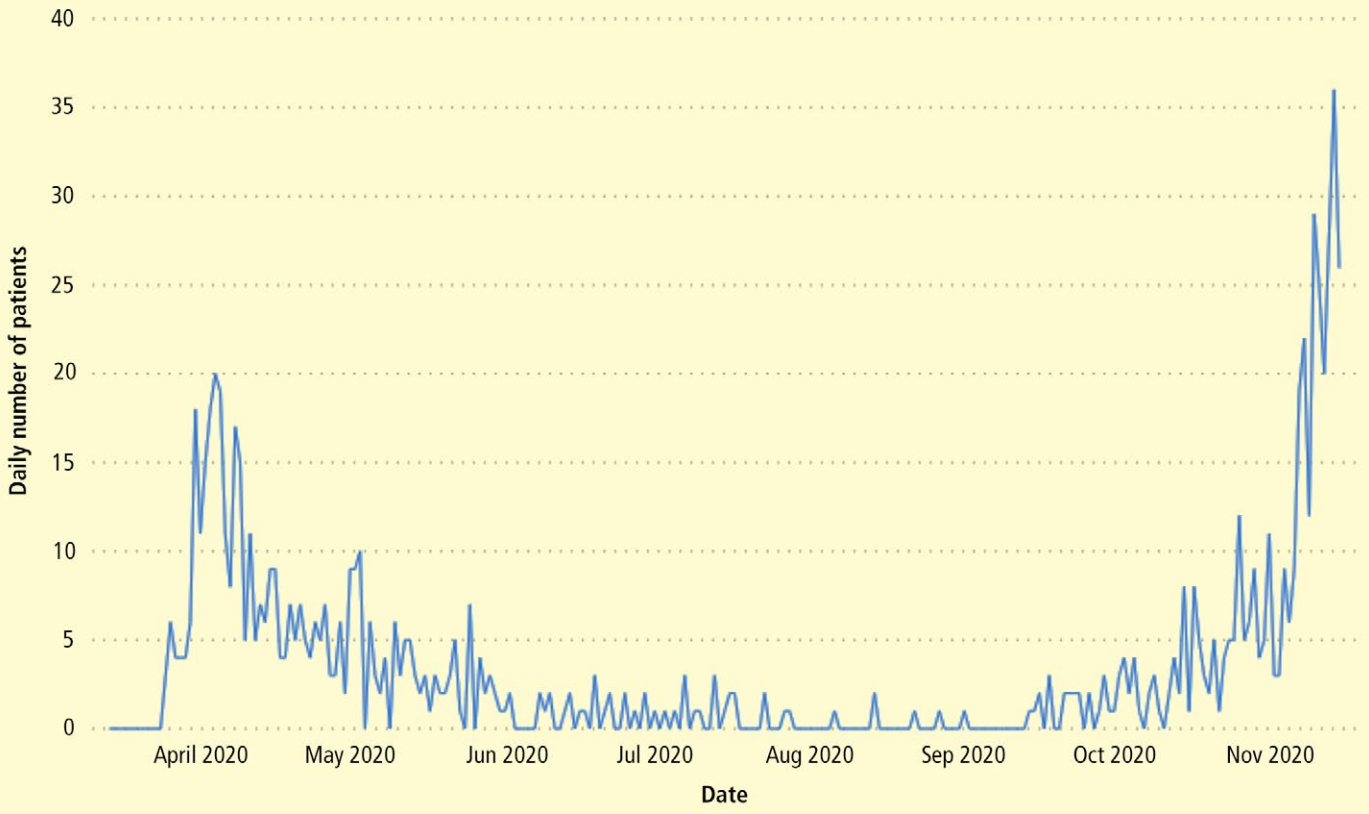


The number of Pillar 2 tests has continually risen across the year with the exception of June and July. The reason for the daily fluctuations in testing counts is due to a higher number of people accessing testing on weekdays compared to weekends.

2.3 Hospital Admissions

When looking at hospital admissions the first wave of Covid-19 in Lincolnshire, the month of April saw the highest amount of hospital admissions/diagnosis for COVD-19. The highest daily figure saw 20 admissions/ diagnosis in one day. Numbers dropped from May and continued to remain low during the summer before patient numbers began to rise from October. Since then the highest daily figure is 36 admissions/diagnosis in one day. This is illustrated in the Chart 4.

Chart 4 – United Lincolnshire Hospital Trust Patients Admitted or Diagnosed with Covid-19 within last 24 hours



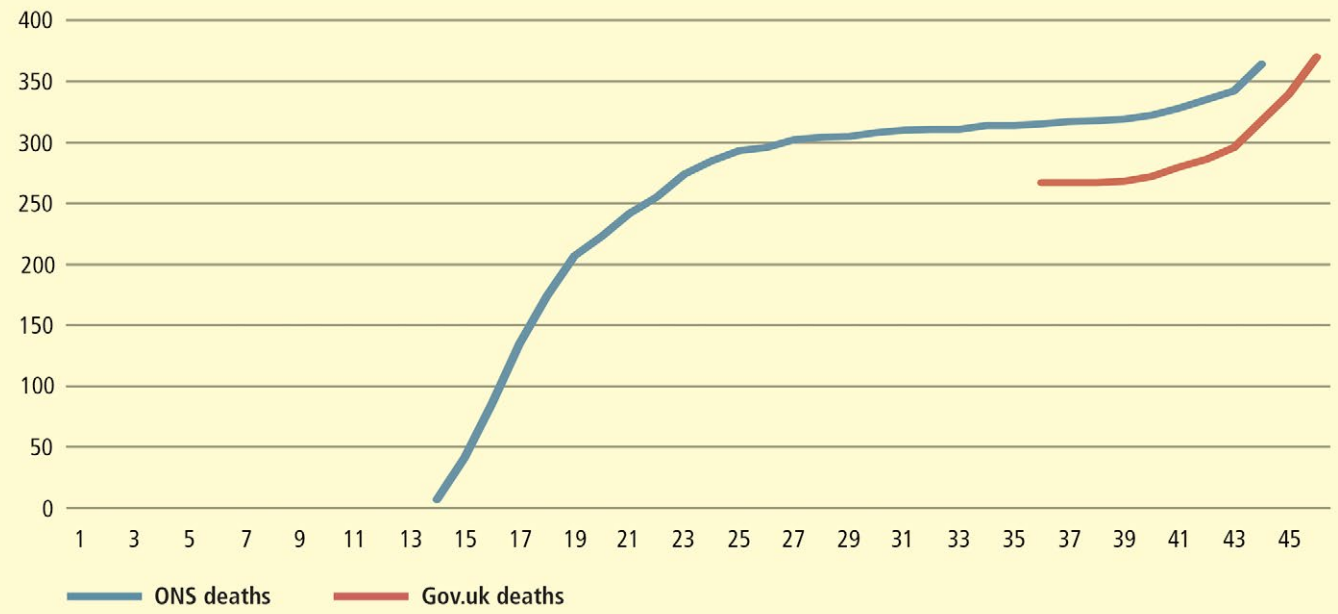
2.4 Deaths

Sadly, in some instances people do not recover from the illness caused by Covid-19. It is important we understand the number of deaths whilst recognising that each of these numbers represent an individual and family affected.

There have been two definitions of how deaths are recorded. ONS has continued to update Covid deaths each week with any mention of Covid on the death certificate whereas the national figures were altered and released as of 25 August 2020 to only include deaths with Covid diagnosed up to 28 days before death.

According to ONS as of 10 November 2020 Lincolnshire has seen 364 Covid deaths. The national figures released on https://coronavirus.data.gov.uk/deaths shows that Lincolnshire has had 370 deaths as of 13 November 2020. As illustrated in Chart 5 overleaf.

Chart 5 – Weekly Covid-19 Deaths in Lincolnshire by Source

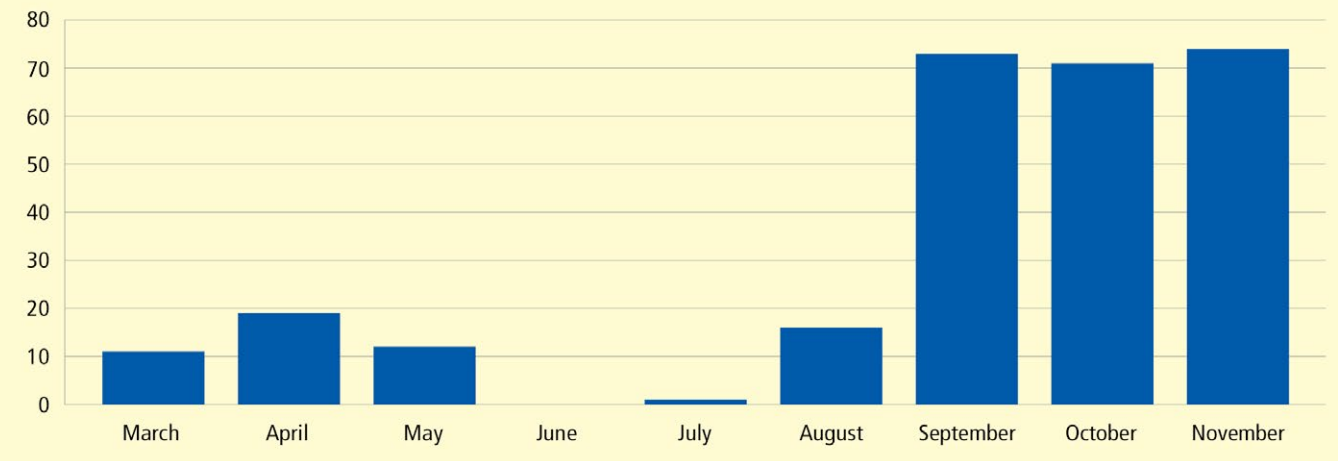


2.5 Care Homes

Across England, people living in long term care homes have been badly affected by the illness and the restrictions placed on them to limit family visiting. The care sector has been at the frontline, along with our hospitals, in responding to the pandemic.

An outbreak of an infectious disease is where two or more cases are reported in one place during a short time period. In some instances, these cases might not be linked to each other, but a response is needed to ensure onward spread is limited. There have been 277 Care Homes reporting an outbreak during the Covid-19 Pandemic in Lincolnshire as reported by the Health Protection Team (as of 16 November 2020). June and July saw very few outbreaks, with September and November having the most outbreaks in a month with 73 and 74 respectively, as illustrated in Chart 6.

Chart 6 – Care Home Outbreaks in Lincolnshire

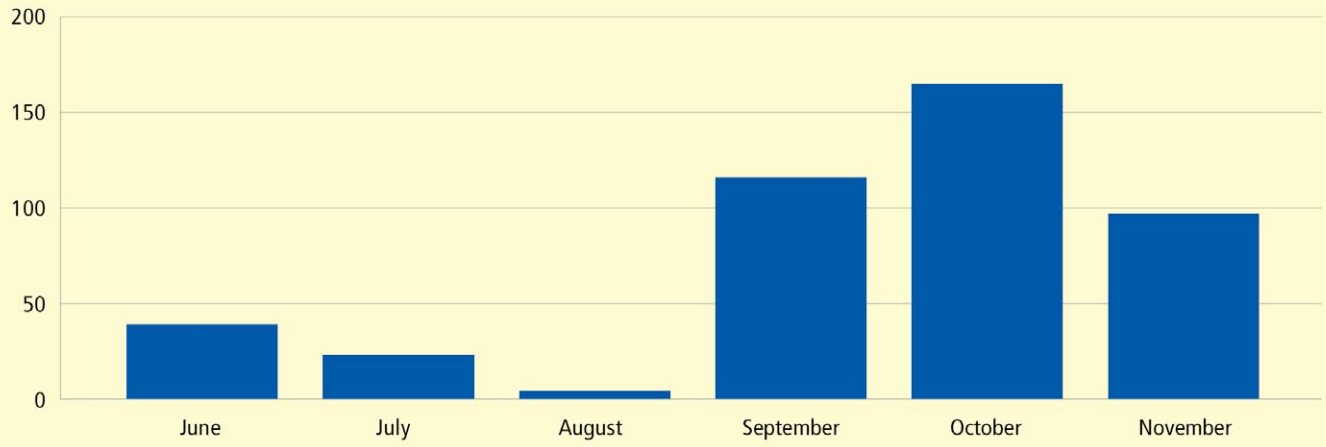


2.6 Schools and Education

Disruption to education is a long term risk to the health and wellbeing of children. Although schools closed during the first wave of the pandemic, apart for children of key workers, the plan is to prioritise them remaining open through the autumn and winter period.

There have been 444 reports of outbreak by 312 education settings during the Covid-19 Pandemic in Lincolnshire as reported by the Health Protection Team (as of 16 November 2020). The first outbreak was reported in June. As shown in Chart 7, October has by far seen the highest number of outbreaks, with 165, with a huge rise seen from September due to schools fully reopening in September.

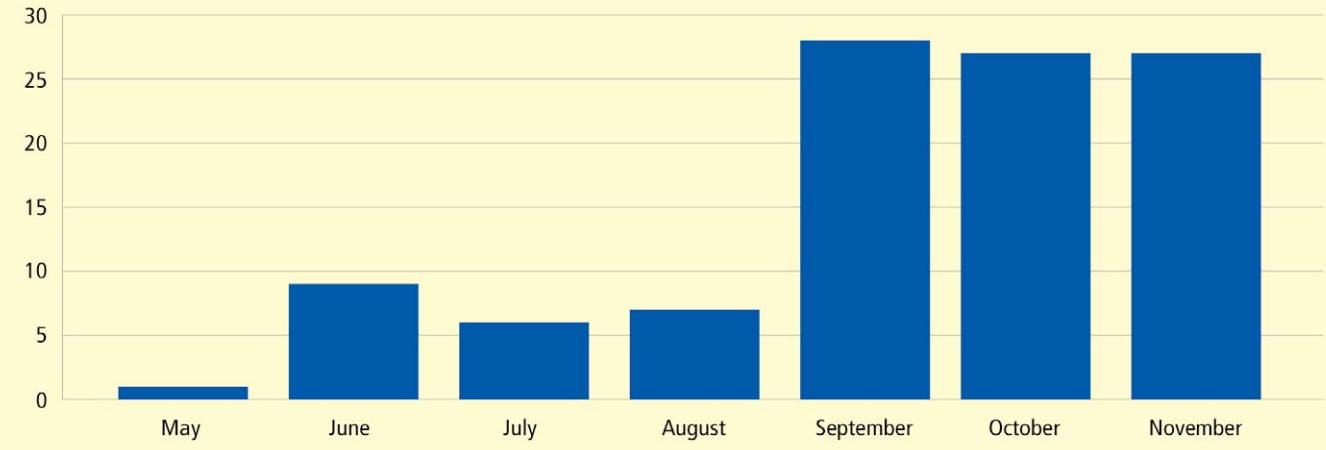
Chart 7 – School Outbreaks in Lincolnshire



2.7 Community/Workplace settings

There have been 105 community/workplaces reporting an outbreak during the Covid-19 Pandemic in Lincolnshire managed by PHE (as of 16 November 2020). October recorded the most outbreaks with 28 as shown in Chart 8.

Chart 8 – Community/Workplace Outbreaks in Lincolnshire

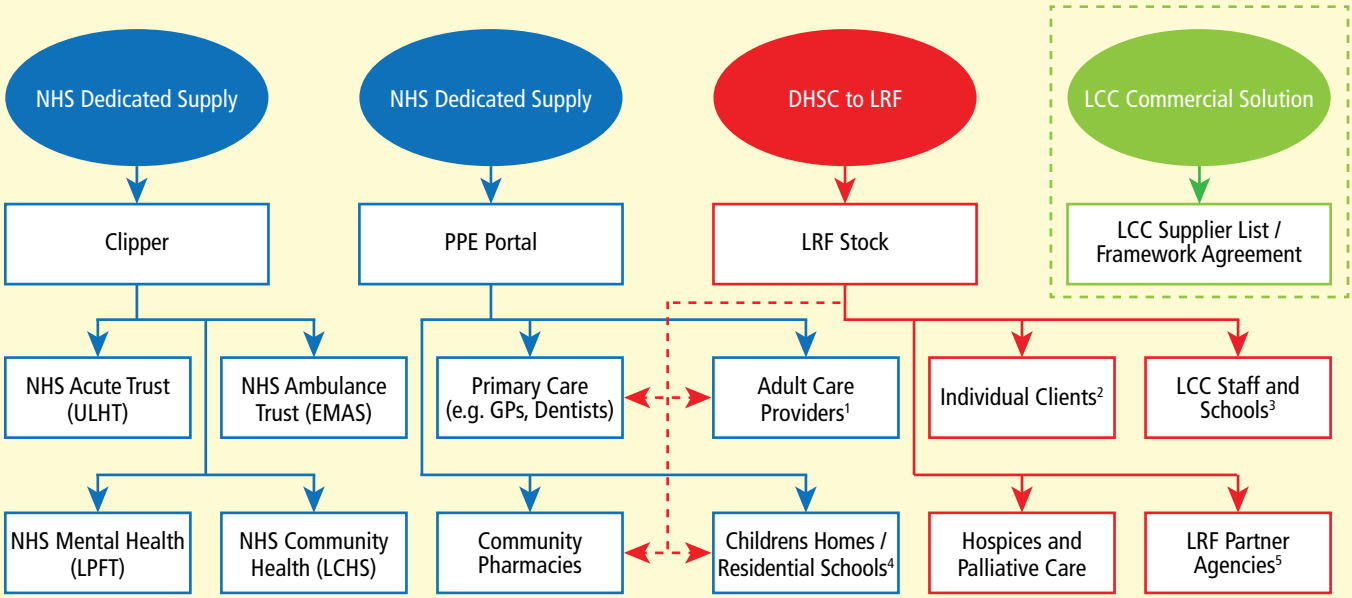


2.8 Personal Protective Equipment (PPE)

As Covid-19 is spread through droplets and close contact it is essential that those roles which require this type of contact use the right personal protective equipment as described in government guidance. Since early April 2020 the Department of Health and Social Care has regularly delivered PPE to the Lincolnshire Resilience Forum (LRF). The purpose of this has been to support health and care agencies with emergency need for PPE as a result of issues with their normal supply chain. This stock has been provided free of charge and issued based on the clear clinical need for staff to wear PPE to deliver their services. Given the resilience of the national supply chain (largely due to 70% of PPE now being produced by UK manufacturing firms), Government continues to issue PPE to the LRF both for day to day requirements in social work, education and child care settings as well as to continue to support local emergency need, e.g. due to local outbreaks.

There remains in place a variety of routes for organisations to access PPE as part of the new resilient supply chains and these are shown in Figure 1:

Figure 1: PPE Supply and Distribution Arrangements (September 2020)



1. Adult social care homes and domiciliary care settings.
2. Individual continuing health care patients and direct payment recipients/personal assistants.
3. Staff employed by LCC who require PPE as part of undertaking their role, maintained schools, academies and early years settings.
4. Children's care homes, secure children's care homes and children's residential special schools.
5. This also includes Mental Health Community Care Services, Domestic Violence Refuges and Rough Sleeping Services.

This line denotes that if these agencies cannot get the PPE they need through wholesaler routes or the PPE portal, they can still contact the LRF for emergency support.

To date the LRF has received in excess of 3 million items of PPE to support the emergency response. The LRF continues to manage its stocks in a prudent way to ensure it is able to continue to support partner agencies in the most urgent need for PPE due to a breakdown in their normal supply chain alongside provision of PPE to social work teams, etc. As a result of this the LRF still holds a stockpile of 2 million items of PPE in order to support the health and care system through the winter, local outbreaks of Covid-19 and the second wave of wider community-based infection. Table 6 shows the PPE distributed by the LRF in Lincolnshire thus far.

Table 6: LRF PPE volumes and usage – April 2020 to October 2020

PPE Item	Current volumes	Volume used	Daily usage
Gloves	949,690	-491,610	-2,574
Face masks	724,170	-239,422	-1,254
Eye protection (goggles, glasses and visors)	54,923	-98,692	-517
Aprons	249,600	-168,600	-883
Gowns	1,110	-4,700	-25
Coveralls	18,752	-570	-3
Alcohol hand sanitiser	7,006	-1,626	-9
Clinical waste bags	24,200	-1,850	-10
Body bags	1,104	-504	-3
Total	**2,030,555**	**-1,007,574**	**-5,275**

2.9 How Lincolnshire compares to the rest of the East Midlands and England

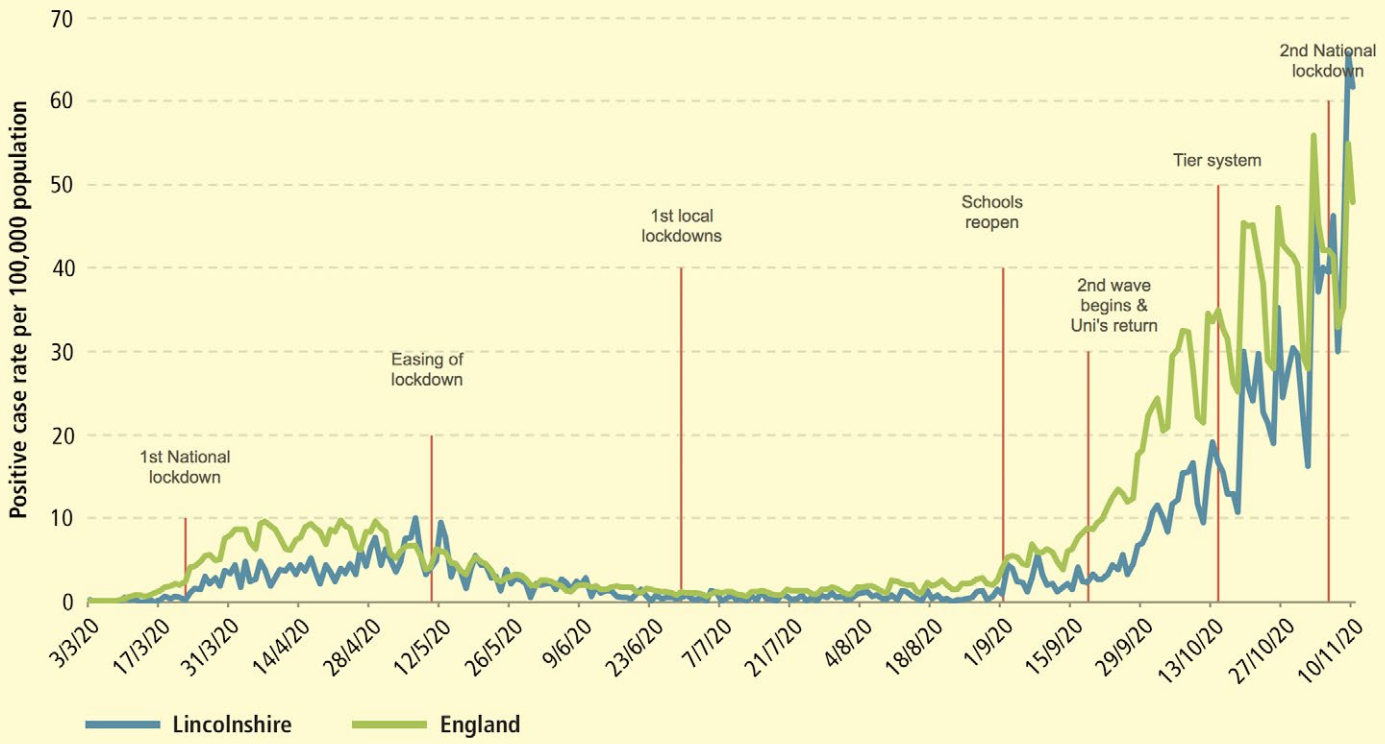
We need to be able to understand how we compare to other areas in the region and country. One measure that is frequently used and helps comparison is the rate of cases per 100,000 people over a 7 day period. We also have the rate of people over 60 years reported in a similar way as this helps comparison and tracking the pattern of the pandemic.

As of the 16 November 2020 there have been a total of 12,414 confirmed Covid-19 cases across Lincolnshire. There have been 116,548 in the East Midlands and 1,174,293 nationally. The first case was recorded on 30 January 2020 in England, 21 February 2020 in the East Midlands and on 3 March 2020 in Lincolnshire.

The rate of new cases in Lincolnshire has largely mirrored that of the national picture albeit with a one to two-week lag. Lincolnshire reached its first peak in cases during the weeks towards the end of April through to the start of May; reaching the highest daily confirmed cases of 76. As seen nationally, data quality issues were present at the beginning of the outbreak, however improvements have been continuously made over time which now makes it easier to inform local and national pictures with more confidence

On 10 May 2020 a conditional re-opening was introduced in the county. Again, Lincolnshire reflected the slowdown in daily confirmed cases seen elsewhere in the country between June through to the start of September, which coincided with a wider re-opening nationally on 4th July 2020. It was from this point onwards that the number of confirmed Covid-19 cases began to rise again which appeared to coincide with national easing of lockdown measures and schools reopening. Although daily cases have exceeded those of the first peak seen in April/May it should be noted that mass testing was introduced locally at the end of May; therefore making it much easier for the general public to access a test and resulting to a greater number of cases being identified. The dates are illustrated, along with the daily case rates (per 100,000 people) in Lincolnshire with a national comparison in Chart 9 overleaf.

Chart 9 – Daily cases per 100,000 population in Lincolnshire and England



3. Multi Agency Response to Covid-19 in Lincolnshire

3.1 Lincolnshire Resilience Forum (LRF)

The multi-agency Strategic Coordination Group (SCG), under the LRF was stood up in late January, and had its first precautionary meeting on 31st January 2020. This helped to provide leadership and co-ordination among all the partner organisations in providing a system-wide response to combatting the local infection. It helped to organise local testing centres, including mobile testing centres, support the most vulnerable during shielding, provide logistical support, assist with communications to the public, steer environment health and district activities, and provide an overall system response to local Covid-19 outbreaks. The SCG declared an emergency on 19th March 2020 and the county went into lockdown along with the rest of the UK on 24th March 2020. The restrictions helped in markedly reducing transmission of the disease. To support the emergency the LRF established several key support cells which had clear remits within the response. These cells included; a Community and Volunteer Cell which focussed on supporting those most vulnerable within the county, a Health and Care cell which had oversight of the health and care system as a whole, a Warn and Inform cell which assisted in supplying the public with key messages, and several others.

The Community and Volunteer Cell (CVC) of the Lincolnshire LRF has been operational since late March 2020. The cell continues to serve its role as a vital interface between the LRF, district councils, community and volunteer groups and the wider offer formulated by the Wellbeing Service, provided by Wellbeing Lincs, within the county. At the commencement of the pandemic, the core aim of the cell was to evaluate the community impact from the Covid-19 incident, including self-isolation and shielding, and coordinate and organise voluntary organisations, spontaneous volunteers and community assets and support. There is a plan in place to support them, which will be updated as new guidance become available.

As the epidemic began to reduce over the summer months the LRF formally stood down its emergency response, and the majority of organisations continued their work in supporting the epidemic as they normally would. However when cases began to rise again as the government lifted the lockdown restrictions and community interaction increased the LRF returned to its emergency response on the 28 September. The strength of this multi-agency response is one of the main driving forces in continuing to respond in a proactive and coordinated manner to the rising cases across Lincolnshire.

3.2 Legal and Regulatory Context

The Director of Public Health (DPH) retains primary responsibility for the health of their communities. This includes being assured that the arrangements to protect the health of the communities, which they serve, are robust and are implemented.

The existing legal responsibilities and powers for managing outbreaks of communicable disease, which present a risk to the health of the public, requiring urgent investigation and management sits:

- with Public Health England (PHE) under the National Health Service Act 2006 as amended by the Health and Social Care Act 2012;
- with the DPH under the National Health Service Act 2006 as amended by the Health and Social Care Act 2012;
- with the District Councils under the Public Health (Control of Disease) Act 1984 and Regulations made under it;
- with Magistrates' Courts under the Public Health (Control of Disease) Act 1984 and Regulations made under it;
- with NHS CCG to collaborate with DPH and PHE to take local action (e.g. testing and treating) to assist the management of outbreaks under the Health and Social Care Act 2012;
- with other responders specific responsibilities to respond to major incidents as part of the Civil Contingencies Act 2004, and;
- in the context of Covid-19, with the Secretary of State for Health and Social Care as part of the Coronavirus Act 2020.

- With Lincolnshire County Council under the Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020.

This underpinning context gives local authorities (Public Health and Environmental Health) and PHE the primary responsibility for the delivery and management of outbreaks of infectious diseases.

On 14 July 2020, the wearing of face coverings became mandatory in all public indoor settings in England, the exception of work places and venues that serve food. This measure is in addition to government advice to:

- wash your hands;
- follow social distancing rules;
- work from home where you can effectively do so.

On 12 October 2020, the government introduced Covid Alert Levels in England as a way of controlling the spread of infection by imposing localised restrictions based on a three tier approach. The alert levels have been set at medium, high and very high.

In response to a sharp rise in Covid-19 case numbers across the whole of the UK and Europe, the government announced new national restrictions in England from 5 November 2020 until 2 December 2020. The measures are aimed at fighting the spread of the virus, protecting the NHS and saving lives. The restriction measures:

- Require people to stay at home, except for specific purposes.
- Prevents gathering with people from different households, except for specific purposes.
- Closes certain businesses and venues.

From 5 November, the national restrictions replace the local restrictions under the Covid Alert Levels. The new restrictions will apply nationally across England for four weeks. At the end of the period, the government is anticipating a return to localised Covid Alert Levels based on the latest data.

3.3 Local Outbreak Management Response

National guidance stresses the key role of local government in identifying and managing infections. The Contain Framework, issued by the government in July 2020, gives clear responsibility to upper tier local authorities to develop leadership and oversight to local plans and measures to contain the further spread of infection. In line with government requirements, Lincolnshire County Council published a local Covid-19 Outbreak Management Plan on 1 July 2020. The plan sets out the local outbreak management system.

Lincolnshire is unusual in the East Midlands in that it has its own well-established Health Protection Team (HPT). This is a small team within Public Health, which works closely with Lincolnshire CCG HPT, Public Health England East Midlands (PHEEM) and Environmental Health Officers (EHOs) in the district councils.

The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This should be underpinned by a risk assessment, with regular re-assessment of the risk.

Since the beginning of the pandemic in late January, preventative public health messages have been widely pursued across our LRF partnership. These have sought to clarify and amplify national messages, ensure consistency across partners and build an early 'trusted voice' in local media. The public health messages include the following:

- Frequent hand washing and use of hand gels;
- Staying at home;
- Social distancing;
- Shielding of extremely vulnerable and other vulnerable people;
- Appropriate use of personal protective equipment (PPE).

Other preventative measures, which have been used to reduce transmission of the disease, are:

- early identification and appropriate management of outbreaks;
- early diagnosis and isolation of suspected and confirmed cases of Covid-19.

All districts have been carrying out functions to provide on the ground advice, guidance and support to businesses which can operate under the current restrictions. They have also been carrying out direct enforcement duties to follow up on complaints and, where necessary, will prevent premises from operating to prevent further spread of the disease.

The Outbreak Management Plan identifies high risk settings in the county in order to provide these settings with targeted advice to enable them to take steps to prevent infection and respond in the case of positive cases. This advice has been captured in a series of action cards, one for each of the high risk settings within Lincolnshire. These actions cards help in guiding the responses of individuals within the setting itself and the various professionals who may be called in to co-ordinate or take part in an outbreak response.

In accordance with good health protection practice the main emphasis of the response is to give advice and guidance to settings, thereby assisting them to help contain the outbreak. The aim is therefore to work through persuasion and co-operation in getting agreement to take voluntary actions necessary to prevent further spread of the infection. Where this is not possible and it is considered necessary to enforce the taking of necessary action, the Local Outbreak Engagement Board (LOEB) will consider recommending to one or more of the local agencies that they use any of the legal powers available to them to ensure action is taken. This will include the giving of Directions under the Health Protection (Coronavirus, Restrictions) (England) (No 3) Regulations 2020 and the making of applications to the Magistrates' Courts on an urgent basis to obtain necessary orders where appropriate.

3.4 Governance

3.4.1 Local Outbreak Engagement Board

The Lincolnshire Outbreak Engagement Board (LOEB) for Lincolnshire provides political ownership and governance for the local outbreak management response and to ensure consistent messaging with Lincolnshire's population by overseeing public facing engagement and communication. The LOEB discharges its responsibilities by means of recommendations to appropriate governance boards and relevant partner organisations. It provides progress reports and updates, as required, to the meeting of the Lincolnshire Council Leaders, including District Council leaders, Chief Executives and Police and Crime Commissioner. The LOEB is chaired by the Leader of LCC. Other members of the Board include District Councils Leaders, the Police and Crime Commissioner, NHS representatives from CCG and NHS providers, Healthwatch Lincolnshire and Greater Lincolnshire Local Enterprise Partnership

3.4.2 Covid-19 Health Protection Board

A Covid-19 Health Protection Board (HPB) for Lincolnshire is made up of senior officers from all relevant partner organisations and is chaired by the DPH. The Covid-19 HPB acts as the advisory board for the LOEB.

3.4.3 Outbreak Management & Contact Tracing Sub Cell

A Covid-19 outbreak management and contact tracing sub-cell has been set up under Lincolnshire LRF System Coordination Cell (SCC) to oversee the implementation of outbreak management plan; to develop setting-specific action plans and to develop the work plan and risk register. It is chaired by the Public Health lead for outbreak management and contact tracing, and its members are senior officers from relevant public sector organisations. It reports to the SCC Cell of the LRF and to the Covid-19 HPB.

4. Future Planning and Response

As the country sees a rise in the number of Covid-19 cases, Lincolnshire is also seeing a similar pattern. In early October we saw an increase in the number of cases detected each day across the western corridor of the county, primarily across the city of Lincoln, Gainsborough, and in the Kesteven areas. These increases have now also developed across the rest of Lincolnshire, with the current rate of positive cases (as of 16 November 2020) across the county now standing at 279.2 per 100,000 population (7-day average). The current rates per 100,000 population (7-day average) for each district (as of 16 November 2020) are:

- Boston – 383.4
- East Lindsey – 443.8
- City of Lincoln – 344.4
- North Kesteven – 249.8
- South Holland – 156.8
- South Kesteven – 167.1
- West Lindsey – 215.3

As the Covid-19 trend within Lincolnshire continues to rise several key pieces of work continue to be developed, as described below.

4.1 System Co-ordination Centre (SCC) Cell

As the Public Health response continued to develop and increase during September, a system co-ordination centre was developed as part of the LRF cell structure. The SCC has an operational level oversight of the response. This includes directing both the Council's and the LRF's responses to the rising case numbers, and liaising and coordinating with key stakeholders such as; the health protection team, district councils, PHE, communications, and the third sector, to ensure a system response is delivered accordingly. The SCC will ensure that as the pressure on the system increases into winter that resources from the Public Health division are diverted to the Covid-19 response as and where necessary.

4.2 Contact Tracing

The NHS Test and Trace system was launched in June 2020 and continues to have a positive affect across the county, achieving over an 80% success rate of following up positive cases. However with the likely increase in demand on this system in the coming weeks and months the Lincolnshire Public Health team, led by the SCC, have now begun to develop a local model to support the national NHS system. The local model will allow the Council to follow up cases that the national model is unable to track within 24 hours, and offer support and guidance with a local flavour where needed. This will allow the response to follow up outbreaks more proactively and provide advice and guidance in a more timely manner.

4.3 Testing Sites

To support the regional testing site at the Lincolnshire Showground, and in addition to the Pillar 1 testing programme, the Department for Health and Social care continue to offer testing provision through local testing sites. Lincolnshire currently has a local testing site which will remain in situ as a minimum for the following 6 months at the University of Lincoln, supporting access to Covid-19 testing where individuals from both the University and the local communities have symptoms and require a test. As of the 25 October approval for local testing sites in Grantham and Gainsborough has been received. Additional proposals for a site in Boston and one along the coast continue to be drawn up by the SCC and the appropriate district council.

The mobile testing units will continue to provide additional testing capacity across the county on a rotational basis, covering Skegness, Spalding, Grantham, and Boston. These test sites are currently testing on average approximately 14,000 people per week across Lincolnshire.

4.4 Covid-19 Vaccine

Advances within Lincolnshire nationally and globally continue to look positive in the development of a Covid-19 vaccine. Whilst there is no confirmed vaccine for the UK yet, all the signs remain positive that there may be a vaccine very late in 2020 or early 2021. Prioritisation of the vaccine has yet to be confirmed but it is looking very likely that this will be aimed at those most susceptible to the virus and key workers who support those with Covid-19. Lincolnshire is developing plans for a mass roll out of the vaccine to the wider population in the middle part of 2021.

4.5 NHS Services

From August 2020, the NHS issued guidance[2] asking local NHS systems to develop a detailed response on how NHS services would be restored. NHS Lincolnshire presented a report to the Lincolnshire Health and Wellbeing Board on 29 September 2020 on the arrangements being put in place for the county. Restoring NHS services as fully and as quickly as possible is a huge challenge to the NHS. There is a strong recognition that joint partnership working across local government, care homes, the voluntary sector, NHS and other partners will be essential. The restoration of services is being done against the backdrop of:

- continuing to manage the ongoing Covid-19 pandemic situation with partners
- anticipated increase in demand due to additional winter pressures
- EU exit arrangements which individually and collectively may present service capacity and supply chain challenges.

Emphasis for the Lincolnshire Health and Care system is:

- Delivering the enhanced flu vaccination campaign
- Ensuring arrangements are in place to deliver a Covid vaccination, when available
- Managing urgent and emergency care services
- Elective care recovery
- Cancer care recovery
- Restoration of all diagnostic services, and
- Primary care services being fully available.

2. NHSEI. Implementing phase 3 of the NHS response to the Covid-19 pandemic. Aug 2020 https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-Covid-19-pandemic/

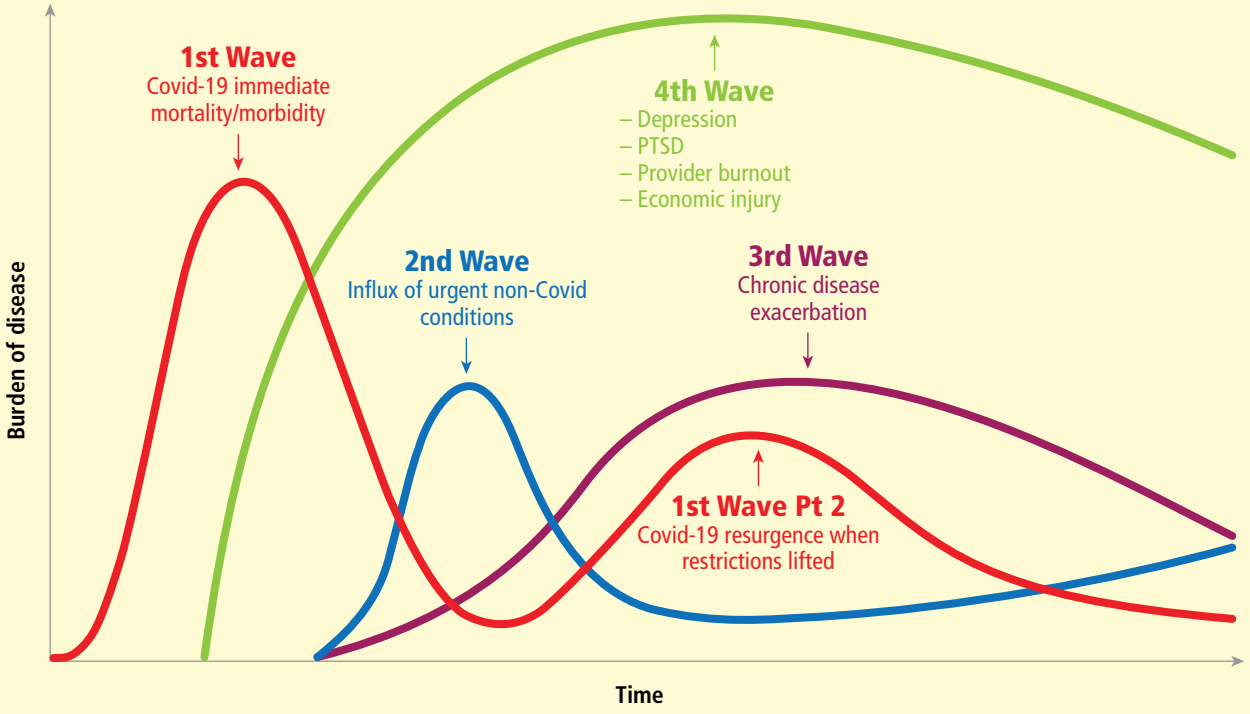
5. Longer Term Health and Wellbeing Implications of Covid-19

The Covid-19 pandemic continues to have a big impact on everyone's life. Restrictions on social interaction; local lockdown measures; loss of jobs and employment opportunities; and financial hardship are set to be in place for some time. Covid has exposed a number of inequalities in our society and the burden of the disease has not been felt evenly across our communities. The virus has had a disproportional impact on certain sections of the population, including those living in the most deprived neighbourhoods, people from Black, Asian and minority ethnic communities, older people, men and those who are obese or have a long term condition. A review by PHE[3] found that Covid-19 has replicated existing health inequalities and in some cases, increased them. This is supported by a survey undertaken by the NHS Confederation[4] which finds that the pandemic has exacerbated inequalities, disproportionately affected particular groups and exposed disparities in our communities.

The full impact of the disease is yet to be fully felt. The resilience of individuals, households and communities will influence their capacity and ability to recover as well as the length of time this will take. Figure 2 represents the impacts of the pandemic as a series of waves. The first wave is the immediate health impact of responding to the spread of the virus and the increase in deaths and long-term health conditions. The second and third wave is urgent non-Covid conditions and patients with exacerbated chronic disease, arising from the disruption of health and care services. The final wave is the wider burden on the health of individuals resulting from the Covid-19 restrictions and control measures. The lasting impact of Covid-19 will be increasing levels of depression, anxiety, isolation and loneliness coupled with poor economic and employment prospects[5].

Figure 2: Expected Covid-19 burden of disease over time

Credited to Tseng, Victor [@VectorSting]



3. Public Health England. Disparities in the risk and outcomes of Covid-19. August 2020 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_Covid_August_2020_update.pdf
4. NHS Confederation. Health Inequalities – Time to Act. September 2020 https://www.nhsconfed.org/resources/2020/09/health-inequalities-time-to-act
5. Health & Equity in Recovery Plans Working Group under the remit of the Champs Intelligence & Evidence Service. Direct and indirect impacts of Covid-19 on health and wellbeing. July 2020 https://www.ljmu.ac.uk/~/media/phi-reports/2020-07-direct-and-indirect-impacts-of-Covid19-on-health-and-wellbeing.pdf

In England and Wales, the majority of deaths involving Covid-19 have been among people aged 65 years and over *(Source: ONS)*. Across all age groups, males had a significantly higher rate of death due to Covid-19 than females; the age standardised mortality rate (ASMR) for males in England was 250.2 deaths per 100,000 males compared with 178.5 per 100,000 females *(Source: ONS)*. Provisional analysis by the ONS also shows the mortality rate for deaths was highest among males of Black ethnic background at 255.7 deaths per 100,000 population and lowest among males of White ethnic background at 87.0 deaths per 100,000 *(Source: ONS)*. The pattern for females is similar, with the highest rates among those of Black ethnic background (119.8) and lowest among those of White ethnic background (52.0).

Of the deaths that occurred between March and May 2020, 91% had at least one pre-existing condition, while 9% had none. The most common pre-existing conditions were dementia and Alzheimer disease; heart disease; diabetes and respiratory conditions. *(Source: ONS)*. In England, the age standardised mortality rate for deaths involving Covid-19 in the most deprived areas was 3.1 deaths per 100,000 population; this is more than double the mortality rate in the least deprived areas (1.4 deaths per 100,000 population) *(Source: ONS)*.

The redeployment of resources and staff during the first wave caused significant disruption to health and care services. The suspension of routine clinical care resulted in limited care for people with long term or chronic conditions and an increase in undiagnosed conditions. The impact of this is likely to be a surge in post Covid-19 morbidity. Estimates suggest the overall waiting list for treatment in England could increase from 4.2m (pre Covid-19) to over 10m by the end of 2020/21[6].

Many of the wider determinants of health; such as housing, employment, debt and personal relationships have an impact on an individual's overall wellbeing and their ability to deal with increasing levels of uncertainty. Analysis of mental health services suggests that during the peak of Covid-19 there was a 30 – 40% drop in mental health referrals[7]. Anecdotal evidence from providers suggests referrals to mental health services are now rapidly increasing and are likely to exceed pre Covid levels. Services are expecting to see:

- increasing demand from people who would have been referred to services if it were not for the pandemic;
- people needing more support due to the deterioration of their mental health during the pandemic;
- new demands from people needing support due to wider impacts such as self-isolation, increases in substance misuse and domestic abuse;
- a rise in the number of health and care workers needing support due to increasing levels of stress and staff burnout.

Shielding measures, in place for the most clinically extremely vulnerable during the first surge of infection between April to July, has caused the levels of loneliness and social isolation, and mental health issues to rise. Social distancing measures reduced the opportunity for people to socialise, connect with families, neighbours, or friends, and take part in physical activity, which we know are all conducive to good overall health. The Local Government Association[8] highlight loneliness and social isolation as a serious public health concern, referring to the fact that it leads to higher rates of premature mortality comparable to those associated with smoking and alcohol consumption. In Lincolnshire there has been a strong partnership response across local government with the voluntary and community sector to support vulnerable people.

6. Academy of Medical Sciences. Preparing for a challenging winter 2020/21. July 2020 https://acmedsci.ac.uk/file-download/51353957
7. NHS Confederation. Mental Health Services and Covid-19 – preparing for the rising tide. Aug 2020 https://www.nhsconfed.org/resources/2020/08/mental-health-services-and-Covid19-preparing-for-the-rising-tide
8. LGA. Loneliness, social isolation and Covid-19 – Practical advice. May 2020. https://www.local.gov.uk/loneliness-social-isolation-and-Covid-19-practical-advice

6. Conclusion

We have written this report in the middle of a global pandemic and it is likely that we will continue to face a number of challenges over the coming months before life can return to some form of normality. The figures, policy and guidance referenced in this report reflect the situation at the time of writing and we recognise that this information will be out of date by the time it is published. But it is important that we capture the current position and let the people of Lincolnshire know how partners are responding to the crisis. We have and will continue to communicate messages through TV, radio, newspaper interviews and through the county council's social media channels. For the most up to date data described in this report please look at the government website - https://coronavirus.data.gov.uk

We are continuing to deliver a multi-agency response in Lincolnshire. Working in partnership with our districts, NHS services, police and the voluntary and community sector has proven to be a particular strength in managing outbreaks. We are all focussed on keeping the people of Lincolnshire safe. We don't yet know what the medium and long terms impacts of Covid-19 will be on the county, but this is something we will be working on as we start to come out of the pandemic. Along with our partners, we will be doing everything we can to minimise the impact on the people of Lincolnshire.

We all have a role to play in helping to prevent the spread of the disease. Please look after yourselves, your loved ones and each other. And please remember:

Hands, Face, Space

Lincolnshire COUNTY COUNCIL
Working for a better future

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**13 January 2021**
Subject:	**Adults and Community Wellbeing Scrutiny Committee Work Programme**

Summary:

The Committee is also requested to consider its future work programme, which includes a list of items, which are planned up to and including 14 April 2021. 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: -

13 January 2021 – 10.00am		
Item	*Contributor(s)*	*Notes*
Mental Health Universal Offer and Community Based Model	Justin Hackney, Assistant Director of Specialist Services	This item provides an update on the mental health community based model and the Universal Offer for Lincolnshire
Adult Care and Community Wellbeing Budget Proposals 2021/22	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	The Committee's comments on the budget proposals for 2021/22 will be reported to the Executive.

13 January 2021 – 10.00am		
Item	*Contributor(s)*	*Notes*
Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at The Hoplands Sleaford with North Kesteven District Council	Kevin Kendall, Assistant Director, Property Services Roz Cordy, Interim Assistant Director, Adult Frailty and Long Term Conditions Gareth Everton, Head of Integration and Transformation	To consider a report on the proposed Hoplands Extra Care Housing Scheme, Sleaford, on which a decision will be made by the Executive on 2 February 2021.
Annual Report by the Director of Public Health	Derek Ward, Director of Public Health	Each year the annual report of the Director of Public Health is considered.

2. Future Items

Set out below are the meeting dates up to 14 April 2021, with a list of items allocated or provisionally allocated to a particular date.

24 February 2021 – 10.00am		
Item	*Contributor(s)*	*Notes*
Homes for Independence Strategy	Semantha Neal, Assistant Director of Prevention and Early Intervention	To consider a report on the Homes for Independence Strategy, on which a decision will be made by the Executive on 2 March 2021.
Service Level Performance Against the Corporate Performance Framework – Quarter 3	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
Disabled Facilities Grants / Transformation of Occupational Therapy Service	Lead officer to be confirmed.	This item was requested on 1 September 2020, to explore the way the County Council works with district councils on this topic.

24 February 2021 – 10.00am		
Item	*Contributor(s)*	*Notes*
Mental Wellbeing (including Suicide Prevention Strategy)	Kakoli Choudhury, Consultant in Public Health	To consider an update on mental wellbeing and the suicide prevention strategy.
One You Lincolnshire Update: Integrated Lifestyle Review	Semantha Neal, Assistant Director of Prevention and Early Intervention	To receive an update on the One You Lincolnshire service.

14 April 2021 – 10.00am		
Item	*Contributor(s)*	*Notes*
Personal Health Budgets / Direct Payments	Lead officer to be confirmed.	This item was requested on 1 September 2020, to explore the background to personal health budgets and their link to direct payments

3. Previous Items

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

4. Conclusion

The Committee is 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	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

APPENDIX A

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
ITEMS PREVIOUSLY CONSIDERED

	2017				2018								2019								2020							2021		
KEY ✓ = Item Considered = Planned Item	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 July	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr
Meeting Length - Minutes	135	170	146	150	245	120	200	185	135	135	210	185	130	170	190	135	194	150	140	132	185	183	127	84	150	152			
Corporate Items																													
Advocacy Services																				✓									
Better Care Fund		✓																											
Budget Items			✓		✓				✓		✓		✓	✓			✓			✓	✓	✓	✓		✓				
Care Quality Commission				✓																		✓							
Commercial and Contract Management					✓											✓													
Covid-19 Response																							✓			✓			
Digital and IT Updates					✓							✓													✓				
Integrated Community Care															✓														
Introduction to Services	✓																												
Joint Strategic Needs Assessment	✓																												
Local Account				✓																									
Multi-Purpose Block Beds																				✓									
Personal Health Budgets																													
Social Care Working																						✓							
NHS Long Term Plan														✓															
Quarterly Performance		✓	✓	✓			✓		✓	✓		✓		✓			✓	✓		✓		✓	✓			✓			
Strategic Market Support Partner			✓																										
Winter Planning										✓						✓			✓										

	2017				2018								2019								2020						2021		
KEY ✓ = Item Considered = Planned Item	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 July	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr
Adult Frailty, Long Term Conditions and Physical Disability																													
Activity Data 2018/19																		✓											
Ageing Better – Rural Partner																								✓					
Assessment and Re-ablement															✓						✓								
Care and Support for Older People – Green Paper												✓				✓													
Commissioning Strategy											✓																		
Dementia											✓				✓														
Direct Payments Support Service																				✓									
Home Care Service																					✓								
Homecare Customer Survey									✓																				
Residential Care / Residential Care with Nursing - Fees						✓			✓															✓					
Review Performance									✓																				

	2017				2018								2019								2020						2021		
KEY ✓ = Item Considered = Planned Item	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 July	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr
Community Wellbeing																													
Carers Commissioning Strategy											✓																		
Director of Public Health Report								✓													✓								
Director of Public Health Role								✓																					
Domestic Abuse Services			✓																										
Healthwatch Procurement								✓																					
Integrated Lifestyle / One You											✓								✓										
Mental Wellbeing																													
NHS Health Check Programme							✓																						
Sexual Health Services													✓																
Stop Smoking Service					✓																								
Wellbeing Commissioning Strategy											✓																		
Wellbeing Service												✓						✓											
Housing Related Activities																													
Disabled Facilities Grants																													
Extra Care Housing						✓											✓							✓					
Housing Related Support																		✓											
Memorandum of Understanding															✓														
Supported Housing						✓																							

	2017				2018								2019								2020						2021		
KEY ✓ = Item Considered = Planned Item	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 July	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr
Specialist Adult Services																													
Adult Safeguarding Commissioning Strategy										✓																			
Autism Strategy															✓														
Community Supported Living																					✓								
In-House Day Services																										✓			
Learning Disability – Short Breaks																	✓												
Lincolnshire Safeguarding Adults Board – Annual Plan																								✓					
Managed Care Network Mental Health							✓																						
Safeguarding Board Scrutiny Sub Group				✓		✓		✓		✓																			
Section 75 Agreement – Mental Health																						✓							
Section 117 Mental Health Act Policy																	✓												
Shared Lives							✓																						
Specialised Services Commissioning Strategy										✓																			
Team Around the Adult																			✓										
Transforming Care																										✓			
Universal Offer for Mental Health																													

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