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LN1 1YL

16 February 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, 24 February 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=5707> where a live feed will be made available on the day of the meeting.

Yours sincerely

A handwritten signature in black ink that reads 'Debbie 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, P Ashleigh-Morris, 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, 24 FEBRUARY 2021**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting held on 13 January 2021	5 - 12
4	Announcements by the Chairman, Executive Councillor and Lead Officers	
5	Adult Care and Community Wellbeing Market Position Statement 2020 - 2023 <i>(To receive a report by Gareth Maddison, Service Development Manager, and Claire McNally, Project Manager, which invites the Committee to consider the Market Position Statement 2020 – 2023)</i>	13 - 64
6	Service Level Performance against the Corporate Performance Framework - Quarter 3 <i>(To receive a report by Caroline Jackson, Head of Corporate Performance, which summarises the Adult Care and Community Wellbeing Service Level Performance for Quarter 3)</i>	65 - 100
7	Mental Wellbeing and Suicide Prevention Action Plan <i>(To receive a report from Kakoli Choudhury, Consultant in Public Health, which highlights some of the mental wellbeing activities undertaken during 2020/21 and progress towards the implementation of the Suicide Prevention Action Plan)</i>	101 - 126
8	Integrated Lifestyle Service (One You Lincolnshire) Service Review <i>(To receive a report from Semantha Neal, Assistant Director of Prevention and Early Intervention, and Phillip Garner, Programme Manager, Health Improvement, which invites the Committee to consider the performance of the provider in its first year of service)</i>	127 - 144
9	Lincolnshire Homes for Independence Blueprint <i>(To receive a report from Semantha Neal, Assistant Director of Prevention and Early Intervention, and Sean Johnson, Public Health Programme Manager, which invites the Committee to consider a decision report which recommends that Lincolnshire County Council adopt the Lincolnshire Homes for Independence Blueprint prior to a decision being made by the Executive Councillor for Adult Care, Health and Children's Services between 26 February and 3 March 2021. Councillor Mrs Wendy Bowkett, Chair of the Housing, Health and Delivery Group will be also in attendance for this item)</i>	145 - 192

10 Adults and Community Wellbeing Scrutiny Committee Work Programme

193 - 200

(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme for the coming year and ensure that scrutiny activity is focused where it can be of greatest benefit)

Democratic Services Officer Contact Details

Name: **Rachel Wilson**
Direct Dial **07796 994874**
E Mail Address rachel.wilson@lincolnshire.gov.uk

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
13 JANUARY 2021**

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, C E Reid and M A Whittington

Councillor Mrs P A Bradwell OBE attended the meeting as an observer.

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Roz Cordy (Interim Assistant Director of Safeguarding), Simon Evans (Chief Operating Officer, United Lincolnshire Hospitals NHS Trust), Gareth Everton (Head of Integration and Transformation), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), John Giblin (Communications) (Strategic Communications Team Leader), Lorraine Graves (Interim Head of Mental Health Services), Justin Hackney (Assistant Director, Specialist Adult Services), Nick Harrison (Democratic Services Officer), Kevin Kendall (Assistant Director - Corporate Property), Emma Rowitt (Project Manager), Professor Derek Ward (Director of Public Health)

Also in attendance:-

Claire Derbyshire (Deputy Director of Strategy, Lincolnshire Partnership Foundation Trust) and Rachel Redgrave (Head of Mental Health Commissioning, NHS Lincolnshire CCG)

34 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence was received from Councillor B Adams.

35 DECLARATIONS OF MEMBERS' INTERESTS

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

36 MINUTES OF THE MEETING HELD ON 25 NOVEMBER 2020

RESOLVED

That the minutes of the Adults and Community Wellbeing Scrutiny Committee meeting held on 25 November 2020 be agreed and signed by the Chairman as a correct record.

**37 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR
AND LEAD OFFICERS****Urgent Decision on Community Coronavirus Testing Facilities**

The Chairman reported that in his capacity as Chairman of the Committee he had been consulted on whether he considered a proposed decision on Community Coronavirus Testing Facilities was urgent. After following the Rule 17 process in the Constitution, he confirmed that the decision was urgent, which enabled the Chief Executive to make the decision on Friday 8 January 2021.

Councillor Mrs P Bradwell, Executive Councillor Adult Care, Health and Children's Services, stated that she fully supported the decision. She paid tribute to home care and residential staff as well as front line council staff for their hard work in meeting demand and keeping services going during the ongoing Covid-19 pandemic.

The Executive Director of Adult Care and Community Wellbeing, reported that the programme to vaccinate home care workers would commence the week commencing 11th January and that the care homes vaccination programme was already underway.

**38 MENTAL HEALTH UNIVERSAL OFFER AND COMMUNITY BASED
MODEL**

The Committee received a report from the Assistant Director Specialist Services, which provided an update on the ongoing work to develop and implement a Universal Offer and Mental Health Community Based Model in Lincolnshire. The Committee also received a presentation from Claire Darbyshire, Deputy Director of Strategy, Lincolnshire Partnership NHS Foundation Trust, Rachel Redgrave, Head of Mental Health Commissioning NHS Lincolnshire CCG, Lorraine Graves, the Interim Head of Mental Health Services and the Roz Cordy the Interim Assistant Director of Specialist Services on the Mental Health Universal Offer and Community Based Model.

It was noted that the NHS Long Term Plan, published January 2019, had made a commitment to transforming mental health services so that people with severe mental illness were able to access better care, closer to home. Lincolnshire's approach to supporting people with serious mental illness had been bolstered over the previous 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 was an 'early implementer' site for testing new models of care for young, working age and older adults who had moderate to severe, long term mental health problems. As well as radically redesigning how community mental health services operated and integrated dedicated mental health workers within local primary care and neighbourhood teams, the money had 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.

The Universal Offer started with Community Crisis Care transformation funds of £543K in 2019/20 and £680K 2020/21 to fund three initiatives: A 24/7 mental health helpline; Increasing the current crisis vehicular response, consisting of a crisis nurse

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13 JANUARY 2021

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. Reference was made to the launch of a confidential mental health and emotional wellbeing helpline in November 2019 which was a joint initiative across health, social care and the third sector, available 24/7. The Covid-19 pandemic had accelerated the need for this work as mental health issues were one of the impacts of this.

Key features of the new community based mental health services were a new place based mental health workforce that was integrated and co-located with Neighbourhood Teams (NTs) and Primary Care Network's (PCNs). This was not a separate service or team, but a constituent part of the existing NTs which already included GPs, social care, emergency services, substance misuse workers and third sector providers.

The Universal Offer and the Community Mental Health Model would continue to be developed, and over time, as more NTs and PCN's developed, the two models would become one as they worked together and complemented each other's work which was starting to show in the four accelerator sites of Boston, Gainsborough, Grantham and Lincoln South. It was anticipated that by 2023/24 there would be countywide integrated place based MH teams, Countywide Community Rehab - 3 teams and a Countywide Personality Disorder Service – 2/3 teams.

The Executive Director of Adult Care and Community Wellbeing, reminded the Committee that demand for mental health services was increasing as was the complexity of cases being presented. Resources in the service were mostly locked into funding institutional care which included mental health in patients and residential and nursing care. It was because of this that there was a deficit of community provision and accommodation creating a cycle of dependency which was a major challenge. He reported that a report on the future joint commissioning arrangements would be presented to a meeting of the committee later in the year.

During discussion, the Committee raised the following points:

- The Committee congratulated and thanked all those involved in developing the Mental Health Universal Offer and Community Based Model. This was seen as a good example of partnership working in Lincolnshire.
- The Committee welcomed the digital offer for mental health, including cardiac rehabilitation, which had received excellent feedback. It was recognised that during the current pandemic there was still a demand from those who were unable to access services digitally.
- It was recognised that the programme had been developed to connect organisational resources to work together to support people and in some circumstances would be dependent on the ability and speed of response from job centres. It was noted that the Department for Work and Pensions had increased their number of employment advisors recently. It was confirmed that there was the ability to connect to other health and other relevant agencies across county borders in order to support individuals.
- Members were pleased to note the funding allocated to perinatal care.

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- The 24/7 mental health helpline was particularly welcomed and members requested copies of the poster to be emailed to them and for the service to be publicised as widely as possible. It was noted that latest information showed that 40% of callers were new callers. A call plan was being developed to assist regular callers obtain the support they required.
- The simple visual messages posted on Facebook promoting services were supported as an excellent idea.

RESOLVED: That the report be endorsed and the comments made as outlined above be noted.

39 ADULT CARE AND COMMUNITY WELLBEING BUDGET PROPOSALS
2021/22

The Committee received a report from the Head of Finance – Adult Care and Community Wellbeing (ACCW), which detailed the budget proposals for Adult Care and Community Wellbeing for the financial year 1 April 2021 – 31 March 2022 and the assumptions made given the national context. The report stated that current indications highlighted the potential for ACCW to deliver services within its financial allocation for 2021-22. However, the Local Government Financial Settlement was awaited and the effects of Covid-19 were still being felt.

The Government's spending review had encompassed the following key aspects relating to social care and public health:- Councils would 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 could be deferred to 2022-23. The additional £1bn of grant funding announced in the spending review 2019 for Adult and Children's Social Care would continue. The National Living Wage rate for 2021-22 was expected to be £8.91 as opposed to the originally planned (pre Covid-19) £9.21. There was no increase in the public health grant to local councils. The improved Better Care Fund grant would continue in 2021-22, maintained at its current level. The Disabled Facilities Grant would be worth £573 million. The Clinical Commissioning Group (CCG) contribution would again increase by 5.3% in line with the NHS Long Term Plan settlement. The coronavirus pandemic had impacted significantly on the 2020/21 financial year, and central Government had provided grant funding to cover costs and losses arising directly from the pandemic. It was assumed that where direct impacts carry on into 2021/22 these would continue to be funded by Government grant.

Members considered the report, and during the discussion the following comments were noted:-

- The Committee was pleased to see that Adult Care and Community Wellbeing had performed well in managing and delivering an anticipated balanced budget for 2020/21, especially during such a challenging year because of the Covid-19 pandemic. The Committee also acknowledged the work of all those in Adults Care and Community Wellbeing involved in delivering balanced budgets for the last nine years, up to and including 31 March 2021.

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- It was expected that 2021/22 would be a similar challenging period, but the proposed balanced budget for 2021/22 was welcomed.
- In response to a question on the social care precept, it was stated that proposals for its use in 2021/22, would be included in the report due to be submitted to the Executive on 2 February 2021.

RESOLVED:

1. That the budget proposals be supported;
2. That a summary of the above comments be passed on to the Executive as part of their consideration of the final budget proposals.

40 EXTRA CARE HOUSING SCHEME AND COMMUNITY SUPPORTED LIVING UNITS FOR WORKING AGED ADULTS AT THE HOPLANDS SLEAFORD WITH NORTH KESTEVEN DISTRICT COUNCIL

Consideration was given to a report from the Assistant Director Property Services the Interim Assistant Director – Adult Frailty and Long Term Conditions and the Head of Integration and Transformation on the *Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at the Hoplands, Sleaford, with North Kesteven District Council (NKDC)*, which was due to be considered by the Executive on 2 February 2021. The views of the Committee would be reported to the Executive as part of its consideration of this item.

The report outlined a business case for The Hoplands and also highlighted the benefits and risks and potential economic, scheme and individual benefits. The Councils partnership with NKDC would enable an increase in the provision of extra care housing and community supported living for working aged adults 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 would deliver the initial need identified in the Housing LIN Report 2018.

The recommendations to the Executive were set out page 42 of the agenda and reports pack.

The Committee welcomed the recommendations and recorded their congratulations to those involved in developing the proposals. The contribution of the scheme to improving mental health was highlighted.

The Committee was also advised that accommodations for working age adults was often expensive and the provided opportunities for improved housing options. Reference was made to the work of the Health, Housing and Care Delivery Group, under the chairmanship of Councillor Mrs W Bowkett, which had supported the delivery of independent living.

In addition to supporting the recommendations and strongly welcoming the planned development at Hoplands, the Committee stated that they would like to see similar developments progressed in the future, together with this policy commitment continuing into the new County Council electoral term. The benefit of maximising independence for people in their local communities, both in extra care housing and in accommodation for working age adults, was strongly supported.

RESOLVED:

1. That the recommendations to the Executive as outlined above be endorsed;
2. That a summary of the above comments be passed on to the Executive as part of its consideration of this item.

41 DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2020

The Committee received a report from Director of Public Health, which presented the Director of Public Health's Annual Report to the Committee. The report was on Covid-19 and the impact of the disease on health and wellbeing in Lincolnshire. He commented on the key aspects of the report and responded to a large number of questions from the Committee which covered:- the latest data on Covid-19 pandemic locally and nationally on testing; hospital admissions and deaths; how care homes had been supported; the effect on education; the Lincolnshire Resilience Forum, legal and regulatory frameworks and guidelines; the local outbreak management response; contact tracing, testing sites; Covid-19 vaccine rollout programme.

The report highlighted that the pandemic had shone a light on the many of the inequalities that existed in communities. The longer-term impacts of the disease were likely to be with us for some time. Specifically, the increasing number of people experiencing depression, anxiety, loneliness and mental health issues coupled with ongoing economic uncertainty which would 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.

It was noted that unlike other parts of the country, Lincolnshire had maintained and funded a dedicated public health team which had been important in offering help and support.

Members made the following observations:

- There were some concerns that some people were still not complying with some of the guidance and regulations particularly on mask wearing and social distancing and that there was a need to promote trusted sources of information like the NHS website as much as possible. It was recognised that the police had a challenging job in enforcing the regulations.
- The successful bid by the Council to Government for community testing sites was welcomed. There were now sites for those with no symptoms for lateral flow tests in Lincoln and Boston, with results processed within one hour.

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Those with symptoms would be directed to the Showground site or home testing.

- It was hoped that by Easter 2021 the first wave of those on the priority list above the age of 50 would have been vaccinated. This would then start to have a positive impact on reducing hospital admissions and assist with creating a vaccine based herd immunity.
- It was not possible to vaccinate people who attended sites for a test as the vaccination programme was via the priority list order.
- Work was being undertaken on protocols for vaccination of council front line workers according to the national priority list.
- It was noted that there had been delays in receiving up to date information for local areas as this information was provided and controlled by national government. Timely information was required to be able to make informed decisions. For example there was no data available for 'no show' patients who had been booked in for vaccination.
- There had been some anecdotal reports of patients being asked at short notice not to attend due to vaccine shortages. It was confirmed that sufficient stocks of vaccine had been ordered however there were occasional logistical delays which could impact on the programme of delivery.
- Early vaccination was encouraged as was staying at home where possible.
- It was noted that the current evidence suggested that the vaccine would work on the current known variants and it was likely that it could be modified if necessary in the future.

RESOLVED: That the report be noted.

42 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
WORK PROGRAMME

The Chairman invited the Health Scrutiny Officer to present the item to the Committee. The Committee gave consideration to their work programme up to 14 April 2021 and commented on the possible impact of a May election.

An additional item was noted for the February agenda which would be going to the Executive in March - *Pooled Budget and Lead Commissioner Arrangements for people with Learning Disability, Mental Illness or Autism.*

RESOLVED: That the work programme presented be received, subject to the inclusion of the additional item for the February agenda, as outlined above.

The meeting closed at 12.34 pm

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	24 February 2021
Subject:	Adult Care and Community Wellbeing Market Position Statement 2020-2023

Summary:

This report invites the Adults and Community Wellbeing Scrutiny Committee to consider the attached Market Position Statement 2020 - 2023.

Actions Required:

To review and comment on the attached draft Adult Care and Community Wellbeing Market Position Statement 2020-2023, prior to its final publication.

1. Background

Lincolnshire County Council's current Adult Care Market Position Statement (MPS) was in place between 2015 and 2018 and requires a refresh. The MPS should be used as the basis for strategic commissioning and should be published, reviewed and updated regularly.

Market development is a statutory requirement for all local authorities following the implementation of the Care Act 2014. Key to this is the development of an MPS, which the guidance states should include information on the local authority's direction of travel, policy intent, key information and statistics on needs, demand and trends.

The purpose of an MPS is to outline a council's strategic direction surrounding the care and support market; what services are currently being delivered within the sector; and to inform current and potential providers of upcoming business opportunities. It is intended to be used by providers to plan for the future, informing business choices such as investment in capital or personnel.

The Developing Care Markets for Quality and Choice (DCMQC) programme produced a briefing paper for local authorities 'Developing a Market Position Statement' that recommended what should be in an MPS and how to develop one.

'Developing a Market Position Statement' recommended the following broad content:

- Analysis of the current population, unmet demand and anticipated projections of future demand for services
- Specific population groups (e.g. older people, people with learning disabilities) and geographical spread of these populations
- Information from local providers about recent and potential future changes in demand (e.g. older people seeking care who are more frail than previously)
- The number of people being supported by the local authority and current spend by the local authority (or with partner commissioning agencies)

The Adult Care and Community Wellbeing Market Position Statement 2020- 2023 (attached at Appendix A to this report) has been produced by:

- using desk top research such as scrutiny reports;
- holding virtual 1-2-1 meetings with key stakeholders including Heads of Service or key commissioning service leads to identify any areas that are missing such as data, commissioning intentions, market opportunities and strategic direction and agree sign off for their areas of expertise;
- joint working with colleagues from the People's Commercial Team, who have reviewed the entire document; and
- engagement with LinCA (Lincolnshire Care Association).

The document sets out what Lincolnshire aims to achieve, the financial challenge, the current service delivery, commissioning intentions, market opportunities and also references Covid-19 in terms of innovation and challenges.

It is the intention to make the Adult Care and Community Wellbeing Market Position Statement 2020 – 2023 accessible online, via the Lincolnshire County Council website. It is intended to be a live document, with links to local plans and strategies.

2. Conclusion

A MPS is seen as good practice within the sector and the updated version will aid in developing a care and support market in Lincolnshire that delivers a wide-range of sustainable high-quality services.

3. Consultation

a) Risks and Impact Analysis

No impact

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Final Draft Adult Care and Community Wellbeing Market Position Statement 2020 - 2023

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 Gareth Maddison and Clair McNally, who can be contacted on 07423 463813 or 07717 880190 or by email:

Gareth.Maddison@lincolnshire.gov.uk Clair.McNally@lincolnshire.gov.uk

**Lincolnshire County Council
Adult Care and Community
Wellbeing
Market Position Statement
2020-2023**

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Foreword

We are pleased to present Lincolnshire's second Adult Care Market Position Statement (MPS) 2020 – 2023. Its purpose is to outline what services are currently being delivered in Lincolnshire and to signal to the care market further development opportunities for care and support services. The development of this document represents the start of a dialogue between the Council and providers of care and support for adults, to ensure we are offering the best services for local residents.

Lincolnshire have adopted a proactive approach to helping people remain independent, safe, and connected to family and friends. Our focus is therefore on reducing dependency and developing services based on outcomes rather than tasks. Looking to the future, we will continue integration with our health partners, focusing on models of enhanced prevention and early intervention. We will also continue to work in partnership with the Voluntary, Community and Social Enterprise (VCSE) and independent sectors to ensure there are a range of good quality services or better promoting independence and wellbeing across Lincolnshire, reducing dependence on care services and developing alternative models of care within the community. As with the previous MPS housing and increasing housing options for people remains an important element and whilst progress has been made there is more to do. Critical to this area is how well we can work together – as seven district councils, the county council, NHS and, with housing providers.

2020-21 has been an extraordinary year due to the Covid 19 global pandemic. During this period in Lincolnshire there has been a high level of close working between partners that has enabled the health and care system to respond quickly and effectively to presenting risks. Collaborative and responsive working has led to rapidly re-designed processes and re-modelled services, delivering innovation and change in days/weeks that in normal times would take months or years. Organisations, teams, and individuals have come together to solve problems and identify solutions; elements of which will be beneficial for the sector in the longer term. Lincolnshire County Council would like to thank the Adult Social Care sector along with colleagues in health, housing and all related services, for their outstanding response to the pandemic. The commitment and hard work of everyone is to be applauded.

This MPS is presented in a way which outlines different themes of support and potential services rather than a more traditional 'client groupings'. This is to support providers to highlight the broad range of opportunities there are in the market across various sectors. Opportunities for providers are far-reaching; such as developing new technologies and changing culture, even more established service provision provides scope for 'doing things differently'

This MPS reflects market intelligence, which was available during 2019-20 and all figures were correct at the time of writing. The document reflects information we hold on current need, our thoughts on how demand for services will change and how these changes could be met in the future. More detailed information will be available on the council website, which will be updated, both in response to your feedback and comments and as our thinking and information continues to change. We also acknowledge that there are some gaps and areas where we need to work with partners and providers to develop a better understanding of future demand and need.

There will be much for us to reflect on together when we move collectively towards the 'new normal' of a post Covid 19 world and this MPS will need to be updated further to include some of the key findings as to date, the full impact of the Covid 19 pandemic is yet to be felt on services. However in advance of this we felt it was still important to take stock and to share with you points of interest in relation to some of the key issues and opportunities that will emerge during the next three years.

The council remains committed to working in partnership to provide good quality, sustainable care and support to people in the county. To collaborate with people, their families and carers along with wider health and social care providers and stakeholders to ensure this commitment is fulfilled.



Councillor Mrs Patricia Anne Bradwell OBE

Deputy Leader of Lincolnshire County Council, Executive Councillor for Adult Care and Health Services, Children’s Services



Glen Garrod

Executive Director of Adult Care and Community Wellbeing Services



Melanie Weatherley MBE

Chair of Lincolnshire Care Association.

Introduction

As we move into the next stage of our journey to achieving the vision for Lincolnshire it is essential that providers in adult community care and health services understand how they can contribute in the development and delivery of outcome focused services. Our Market Position Statement provides information and links to help achieve our ambitions.

Why do we need a Market Position Statement?

- The [Care Act 2014](#)
- The [NHS Long Term Plan](#)
- To encourage commissioners, people who use services, carers and provider organisations to work together to explain what services and support is needed in the area and why.

What do providers need to know?

- Our Lincolnshire County Council [Corporate Plan](#)
- [Lincolnshire Joint Strategic Needs Assessment](#)
- The [Better Care Fund](#)
- [Joint Health and Wellbeing Strategy for Lincolnshire](#)
- [Lincolnshire Safeguarding Adults Board](#)

Our performance against the Adult Social Care Outcomes Framework can be reviewed [here](#).

Who is the Market Position Statement For?

The MPS promotes opportunities to:

- Existing providers of adult community care services and health related services in Lincolnshire;
- Community care providers and organisations not currently active in Lincolnshire;
- Voluntary and community organisations as well as people interested in local business development and social enterprises;
- Private providers;
- Lincolnshire residents who are interested in co-producing services.

Key partnerships

- [NHS Integrated Care Systems](#)
- [Lincolnshire Learning Disabilities Partnership Board](#)
- [Lincolnshire Autism Steering Board](#)
- [LINCA](#)
- Voluntary Engagement Team (VET)
- [Care Quality Commission \(CQC\)](#)

Local businesses and start-ups can access support, grants, training and much more. Contact our Economic Development team via: economicdevelopmentteam@lincolnshire.gov.uk

Key messages to the Market

LCC wants to work alongside partners and providers to support an innovative, diverse and sustainable market which will meet the care and support needs of residents in Lincolnshire. We want to work with the market to:

1. prevent inappropriate admissions to acute hospitals, encourage the timely discharge of people, home from hospital including evenings and weekends, adhering to the 'home first principles'.
2. maximise joint commissioning with the Lincolnshire Clinical Commissioning Group, particularly around homecare & home-based reablement services.
3. collaborate and work with district councils and other housing providers around Housing, particularly Extra Care.
4. ensure providers have staff that are suitably competent to deal with more complex needs of service users, ensuring remuneration recognises the additional skills required. The workforce skills base needs to be suitable and consistent across the region and be supported by the right levels of leadership. After attracting staff ensure retention of those with the right skills, capability and values. Consider flexible working hours where feasible to attract and improve retention of staff. Providers to ensure they maintain an adequate workforce in all regions.
5. help to create micro commissioning opportunities for some remote areas of the county, maximising and strengthening community capability when providing care solutions.
6. encourage the development and making better use of community groups & charitable organisations.
7. raise awareness that mental health difficulties can hit anyone at any time. Providers need to clearly understand the prevention techniques, identification and support requirements that people need. However, if somebody develops mental health difficulties their primary need remains the same.
8. support the expansion of digital technology in better meeting need for care and support.

Key priorities

Workforce: Any organisation is only as strong as the people that work within in it. Our highest priority is therefore the Adult Social Care workforce. Skills for Care statistics suggest that the Adult Social Care workforce may need to increase by 35% by 2035 to help meet estimated need. There is also the need to ensure people have the right training and skills to continuously improve outcomes. Work is close to being finalised with LinCA on a workforce strategy and associated action plan and will be available in 2021-22.

Residential Rates – With the joint agreement of the sector and LinCA we have agreed an interim solution in relation to residential rates for 2021-22. During Covid -19 the number of residents in receipt of a commissioned service reduced by 10% based on recent figures. We will commence the work to agree future rates beyond that through the approach that is now well tried and tested.

Strengths based practice – Adult Care and Wellbeing (AC&CW) is working hard to embed strength based practice into assessment and care management activities. This approach considers people's strengths and aspirations rather than starting with a deficit view of needs. We are conscious that if people are to Maximise Independence it is also important that service providers also adopt strength based models of working. We are therefore keen to explore this approach further with the sector.

Homes for independence: AC&CW have been working closely with district councils and have developed a partnership approach called Homes for Independence. This is one of the foundation stones for helping people to continue to live independently. This includes specialist housing, homes for independence and extra care. Additionally the AC&CW occupational therapy services work with individuals to maximise their safety and independence in the home. There are a range of interventions offered which will usually include equipment on loan from the Lincolnshire integrated community equipment service and home adaptations using the Disabled Facilities Grants or District Council Housing Revenue Account (depending on tenure).

Joint commissioning arrangements: are well established in Lincolnshire with Adult Care and Public Health particularly in Specialist Adult Services who act as the Lead Commissioner for Adult Care and Continuing Health Care for Adults with Learning Disability and or Autism. Adult Care and the Lincolnshire CCG are currently exploring opportunities to build upon this commissioning approach linked to the development of four levels of Independence. Linked to this work is the development of a Joint Accommodation Strategy for Specialist Adult Services which will be available in 2021-22.

Accommodation and care for people with complex needs: Whilst we generally have a strong market for Residential and Community Supported Living in Lincolnshire we do have some on-going challenges commissioning consistently good quality accommodation and care for people with complex needs. We are therefore keen to explore new approaches to commissioning outcomes for people with complex needs and are open to ideas of how capital investment and partnership working may be better utilised to enhance outcomes for people with complex needs.

Lincolnshire County Councils digital roadmap: AC&CW have developed a digital roadmap which aims to set out how our vision can be realised by harnessing new ways of working and use of digital technologies. Digital innovations will be considered in conjunction with budget planning and workforce planning. The roadmap has been produced with input from AC&CW senior management, council members, and Information Management & Technology (IMT). It takes into consideration a number of central and local government and independent health and social care publications, and their key themes or recommendations. The roadmap focuses on three key themes:

- **Digital citizen:** Empowering the person and, where appropriate, their families and carers to maintain their own independence, manage their own care and support needs, and interact with the council and care services in a way that is convenient and effective for them.
- **Digital workforce:** Supporting the care workforce in delivering high quality care at all times, as part of a network of professionals who can communicate easily with each other, with access to people's records and care plans at the right time, supported by the best decision support and monitoring tools.

- **Digital community:** Integrating services and technologies across social care and the NHS so that people receive support and care in the place that is most convenient to them, whilst using health and care resources in the most effective way.

The council encourages the use of digital technologies to assist in the provision of care and support and improve people's lives.

Local context

The population of Lincolnshire is currently estimated to total 755, 833 people. Lincolnshire is made up of seven districts, as demonstrated in *figure 1*. The rate of Lincolnshire's population growth has increased in recent years but latest figures show that it is below the national rate of growth. *Figure 2* demonstrates the future population projections for people aged 18-64 and figure 3 demonstrates the future population projections for people aged 65 and over. The trend towards an ageing population profile is set to continue. For further information regarding Lincolnshire demography please visit the [Lincolnshire Research Observatory](#).

Figure 1 Map of Lincolnshire demonstrating district level population figures

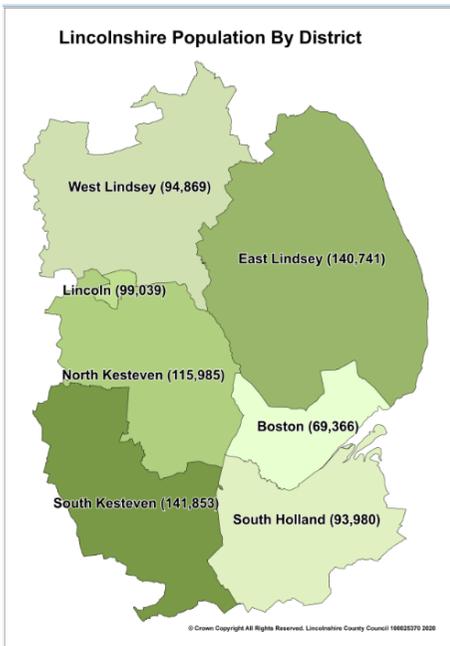


Figure 2: Demonstrates people aged 18-64 future population projections

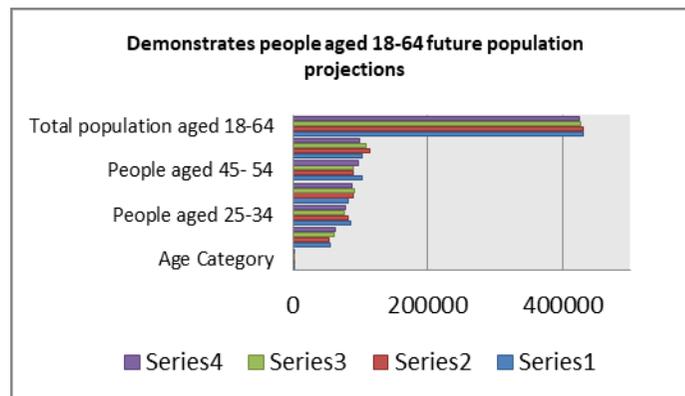
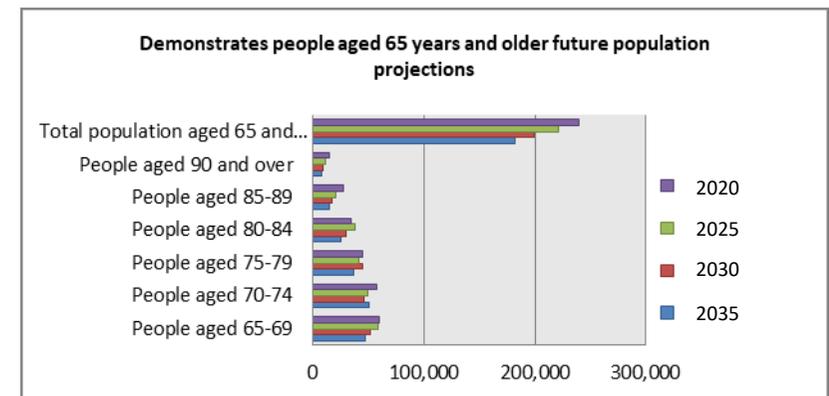


Figure 3: Demonstrates people aged 65 years and older future population



Financial Context

Figure 4: Demonstrates Adult Social Care Expenditure 2019 - 2020

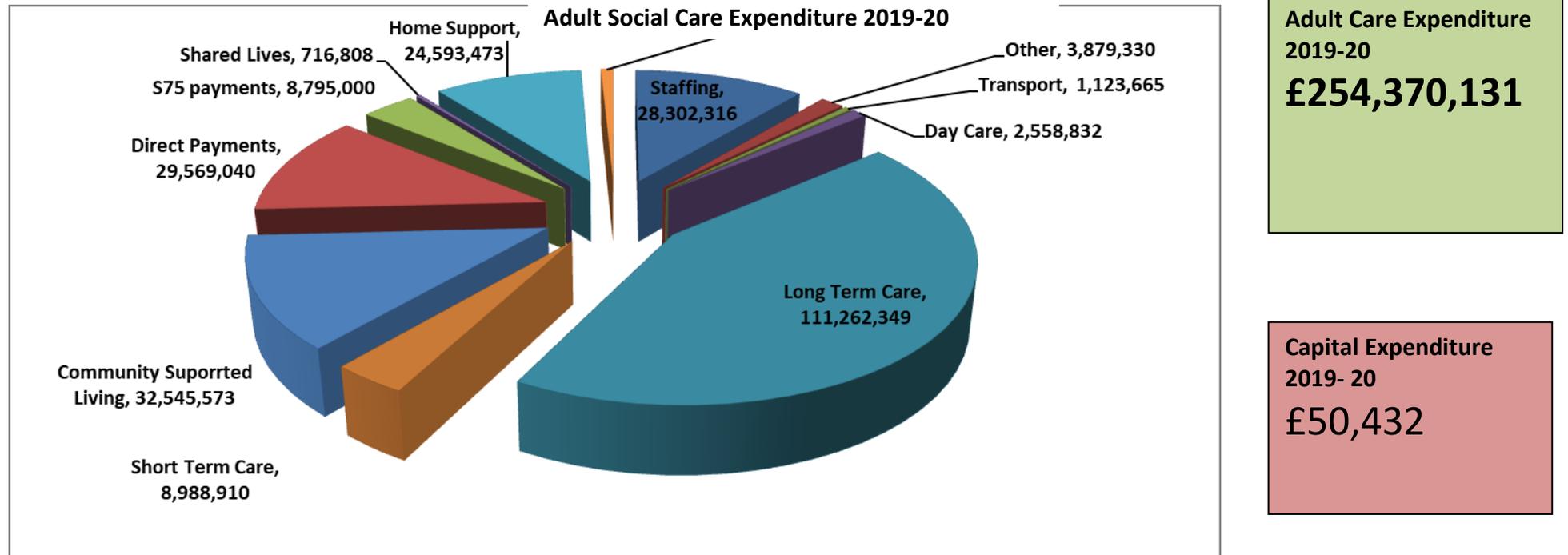


Table 1: Demonstrates Adult Social Care Income received 2019-20

Area of income	Amount received
Long Term Care	26,125,495
Short Term Care	1,235,837
Direct Payments	1,941,964
Community Services	8,185,423
Better Care Fund	46,374,000

Adult Care Income 2019 -20
£37,488,719

Workforce development

Lincolnshire's care workforce

The adult social care workforce is the key enabler to deliver the right services, at the right time, to the right standard to meet the needs of the service users in Lincolnshire. Skills for Care estimates for 2019/20 that there were 21,000 jobs in adult social care, across Lincolnshire split between local authorities (3%), independent sector providers (92%) and jobs working for direct payment recipients (5%).

Demographics

Skills for Care estimates that the majority (84%) of the workforce in Lincolnshire are female, with an average age of 44 years. Workers aged 24 and under make up 11% of the workforce and workers aged over 55 represent 27%. Given this age profile approximately 5,500 people will be reaching retirement age in the next 10 years. Nationality varied by region, in England 83% of the workforce identified as British, while in the East Midlands region this was 88%. An estimated 91% of the workforce in Lincolnshire identified as British, 5% identified as of an EU nationality and 3% a non-EU nationality, showing there was a slightly higher reliance on EU than non-EU workers.

(Source: Skills for Care) For further information follow <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-local-authority-area.aspx>

Recruitment and retention

Skills for Care estimates that the staff turnover rate in Lincolnshire is 32.2%, similar to the regional average of 34.2% and similar to England, at 31.9%. Not all turnover results in workers leaving the sector, over two thirds (70%) of starters were recruited from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience. Adult social care has an experienced 'core' of workers. Workers in Lincolnshire had on average 7.9 years of experience in the sector and 66% of the workforce had been working in the sector for at least three years.

We know from the Secrets of Success report (Skills for Care, 2017) that the turnover rates are lower for providers who recruit for values. We also know that turnover rates tend to be lower in provider settings which achieve outstanding ratings in their Care Quality Commission (CQC) inspections. Outstanding providers have an average vacancy rate of 3.2%. Having a skilled and stable workforce is critical to the success of all our services, without enough competent and motivated care workers it will never be possible to achieve the outcomes we desire for the people who most need our services.

Workforce projections

The 'Projecting Older People Information System' (POPPI) uses figures taken from the Office for National Statistics to project forward the population aged 65 and over from 2018 to 2035. In the East Midlands region, the population aged 65 and over was projected to increase between 2018 and 2035 from 930,000 to 1.29 million people, an increase of around 39%. This poses potential challenges for the adult social care workforce. Skills for Care forecasts that, if the adult social care workforce grows proportionally to the projected number of people aged 65 or over in the population between 2018 and 2035, an increase of around 36%, equivalent to almost 8,000 jobs would be required by 2035. The increase in the ageing population is expected to lead to an increased demand for social care.

Qualifications

Skills for Care estimates show that 45% of the direct care providing workforces in Lincolnshire have a relevant adult social care qualification (47% in East Midlands and 50% in England). We know that turnover rates are lower for staff who have achieved qualifications, so it is important that providers are investing not only in mandatory training but also the development of their staff. There will be an increasing need for a workforce, which has higher levels of qualification and skills, whilst retaining the key values of social care.

Workforce development in Lincolnshire

Alongside health service provision, the Health and Care sector has the potential to create great career opportunities and to provide the right environment for local research, innovation and technology. The coronavirus epidemic of 2020 has raised the profile of care workers within the wider public and within government.

During the coronavirus pandemic the Department for Health and Social Care formally established a new 'care' brand to sit alongside the 'NHS' brand in England feeling of identity and parity. We expect that, over time, the use of this brand will help build recognition of social care as part of attracting people to the sector and remain within the sector. An ageing population will create an increasing need for a workforce, which has higher levels of skills, whilst retaining the key values of social care to address increased demand and complexity of care. Skills development and support will be provided to the sector to enable leaders and managers to understand the importance of retention, and how to measure and reduce staff turnover.

Greater use of the right technology

We are all affected by the impact of the COVID-19 pandemic in our daily lives. Despite the many challenges, we have seen the adult social care sector and more broadly the public sector adapt at scale and pace to support communities through this time. Technology has played a significant role in supporting the work of councils in collaboration with local partners and communities. Locally, we are starting to see people experience 'virtual' care in their community as well as continued collaboration between councils and care providers to support digital adoption, building on existing progress in this area. We are also realising the value of technology for connection, wellbeing and bringing communities closer together. Nationally, there is drive from government in supporting the adult social care sector to invest in and embed more technology and capturing recent learning will be part of the legacy that will shape future support.

Locally we will look to take stock of the recent digital activity used across adult social care which can be used to promote and stimulate continued work in this area with local communities aimed at embedding digital approaches to support people to live the lives they want to lead.

Building the workforce capacity

We will support and attract more recruits to the Adult Social Care workforce from new and traditional backgrounds. To support the Department of Health & Social Care recent recruitment drive 'Care for Others, Make a Difference', the campaign to encourage people with the right values to take up work in social care. Measures supporting recruitment and retention, training and many other workforce related factors are a key part in every one of our services.

Where do we want to be?

In order to have a workforce which is fit for purpose for the future we will actively support the development of:

- Career opportunities which attract the best of Lincolnshire at all stages of their working life
- The promotion of care work as a fulfilling and rewarding career
- The development and promotion of a caring in Lincolnshire brand
- The development and communication of 'care values' which are recognised by care providers throughout the region
- Attract more people to work in the sector and improving the diversity of the workforce
- Methods to reduce staff turnover and increase retention rates
- Methods for improved workforce selection and development
- A workforce that recognises the importance of co-production and applies the principles in their workforce that has the skills and confidence to respond to the changing needs of our service users, and to work across traditional boundaries
- Terms and conditions which recognise the importance of flexibility and support for health and wellbeing as well as financial benefits
- Leaders who can encourage and challenge the workforce, and also become evolutionary or disruptive innovators
- An open system of continuous improvement which promotes innovation from all parts of the sector
- Working with employers across the sector, and build on existing relationships to improve the perception of the adult care sector as a place to work

This requires collaborative working with employers across the sector and partners in local government, NHS and the wider economy.

To ensure that the level of investment needed to achieve these aims, increased levels of engagement with the Local Enterprise Partnership (LEP) and elected representatives (locally and nationally) and other partners is taking place.

Safeguarding

Lincolnshire County Council is committed to delivering our statutory responsibilities in relation to every aspect of safeguarding. The Lincolnshire Safeguarding Adults Board (LSAB) is a statutory body established by the Care Act 2014. It is a strong and effective, multiagency partnership, whose main objective is to protect all adults in its area who have needs for care and support and who are experiencing, or at risk of, abuse or neglect against which they are unable to protect themselves because of their needs. The focus for Lincolnshire is around the aims and objectives of the LSAB, shown in the Safeguarding diagram (Figure 5).

Figure 5: Demonstrates the aims and objectives of LSAB



In Lincolnshire, we have been successful in implementing the Care Act 2014, but we strongly believe that, as well as ensuring people are protected and supported, success is about preventing abuse happening in the first place. The LSAB are committed to this and will be publishing its first Prevention Strategy in the coming months. One of the corner stones of the Prevention Strategy will be stronger partnership working in order to improve wellbeing and to keep people safe from harm within Lincolnshire. Adult Care will take a lead role in supporting the delivery of this strategy.

The LSAB recognises that with the continued increase in the number of safeguarding referrals, there is a need for a collaborative and multiagency approach to support vulnerable adults who would have fallen through the gaps of systems and services. The Vulnerable Adults Panel (VAPs) and Team around the Adult (TAA) initiatives will provide a consistent approach by providing support to adults in complex situations who are at risk of significant harm but may not necessarily require Safeguarding intervention. The Team around the Adult initiative will be implemented countywide in 2020 and will use a creative, multi-agency approach to working with the adult in order to achieve their desired outcomes. The aim is to support sustainable change where more traditional intervention methods have not been successful. .

The 'TH19' Safeguarding Adults Review was published in July 2017 and was a driver for initiatives such as the Team around the Adult. It highlighted the need for different agencies to work together better to safeguard adults who experience financial exploitation as well as other forms of abuse alongside such as physical, sexual and psychological abuse. This is further supported by the introduction of the Modern Slavery Act 2015.

When carrying out safeguarding duties Adult Care must support and empower each adult to make choices and have control about how they want to live their own life, we call this 'Making Safeguarding Personal'. Our intervention in a person's circumstances must be proportionate, balancing rights and risks whilst giving consideration to the person's capacity to make informed decisions about their safety, and whether others, including children, are or are likely to be at risk of harm.

The Care Act 14 sets out six key principles of safeguarding that apply to all sectors and settings, including care and support services. These key principles underpin all of our day to day operations. It is crucial that providers also work within the statutory framework of the Care Act; working in partnership, cooperating with the local authority and others in respect of safeguarding adults. In addition, the introduction of the ['Provider Generated Quality Concern Form'](#) supports providers to prevent abuse and neglect by identifying when practice falls below expected standards and addressing issues before they become more serious concerns.

A specialist Adult Safeguarding Team, situated in AC&CW, is responsible for all Section 42 safeguarding enquiries in Lincolnshire. A Section 42 enquiry must take place if there is reason to believe that abuse or neglect is taking place or is at risk of taking place, and the local authority believes that an enquiry is needed to help it to decide what action to take to support and protect the person in question. This includes providing advice and support to all LCC staff, partners and providers. However, 'safeguarding is everyone's business' and all staff in adult care are trained to recognise and respond to concerns of abuse and/or neglect. This approach is also promoted by the LSAB who provides multi-agency safeguarding training to support a consistent approach across Lincolnshire.

In addition, in 2017, Lincolnshire CCG's secured funding for the Safeguarding Ambassadors role, a joint initiative with LinCA, LSAB and the wider County Council. The role of the Safeguarding Ambassador is to further enhance quality improvement and safeguarding practice in residential homes and to ensure that consistent, current and competent advice and support on safeguarding is locally available. This role continues to grow, with network meetings for Ambassadors proving popular and productive in sharing information and best practice and recognising how the role is influencing safeguarding outcomes.

Direct Payments

Current contracting arrangements and service provision

AC&CW believes that people should experience choice and control in the support they receive. One way in which adults can experience this is by taking a Direct Payment. Lincolnshire County Council's strategy is to offer a Direct Payment as a first choice to any eligible adult whose needs may be met through community based services. Over the last four years, the number of people receiving a Direct Payment in Lincolnshire during the year has remained at around 2,500, at any one time there are around 2,100 people with a Direct Payment. 53% of people with a direct payment employ a Personal Assistant .The remainder of Direct Payment recipients purchase care and support from CQC registered providers. Emerging trends include a slight increase in younger adults accessing Direct Payments and a slight decrease in older people.

The council wants to support people taking direct payment in the best way for them. The intention is to offer a range of methods to support people manage their Direct Payment. The intention is to offer a range of methods to support people in managing their Direct Payments, such methods include:

- Own bank account – the option remains for people who are confident in managing their own finances to open a bank account and to manage their own direct payment
- Pre- paid cards have already been implemented in Lincolnshire; these are available free from the council to people taking a Direct Payment. The offer is a virtual bank account with a debit card. This removes the need for a separate bank account for people and the submission of statements and receipts for audit.
- An online Virtual Wallet which people can use to purchase services of their choice through an e-marketplace. The person's Direct Payment is stored securely and payments are made to the provider – without the need for the person to handle the payments.
- A fully managed account service - all payments are managed on behalf of the person with a Direct Payment. The individual has no involvement with the set up or administration of the payments. This would be a choice for people who need a great deal of support with complex care arrangements.

AC&CW commissions a Direct Payment support service which provides advice and support for all Direct Payment users in Lincolnshire.

What does this mean for you as a provider?

- Providers need to consider how they can market services to people (the 'customer base') rather than solely to the council
- Providers can work with us to explore the use of an online platform to make it easier to market and purchase services using Direct Payments
- We would like providers to work with us to increase the availability of Personal Assistants that can be employed to provide support using Direct Payments
- Providers will be expected to have plans for how they will involve service users in making choices about the ways in which their support is delivered
- The council will support the use of self-employed 'micro providers' to provide care and support to people with a direct payment.

Market Opportunity

In December 2020 , LCC is recommissioning its Direct Payment Support Service. The aims of the service include:

- To provide an information, advice and guidance service for all Direct Payment users.
- To provide a front loaded 'hand holding' service to ensure that the start of the Direct Payment is smooth and efficient.
- To enable people to move to the most appropriate level of support for them
- Working with the council to facilitate the person's path to independence.

The council is working with NHS Lincolnshire to introduce an online marketplace and budget manager for care and support services, called Virtual Wallet. People with a social care Direct payment, NHS Personal Health Budget and people who fund their own care, will be able to use the Virtual Wallet to manage their money and safely purchase care and support services.

The council is encouraging providers to register now on this market place to ensure their services are listed and available to a wide number of Lincolnshire residents.

Provider sign up form <https://lincolnshire.connecttosupport.org/s4s/FormDetails/FillForm?formId=105>

Homecare

Good quality homecare is a vital component of Lincolnshire's aim of enabling people to live independently, at home. The focus of this service is to support working age adults and older people to live as independently as possible and for as long as possible in their own homes. These services range from basic support through to live in care for those people with the most complex needs. The Homecare service includes help to carry out day to day tasks such as washing, dressing and preparing meals. Homecare services can delay the need for residential care or hospital admission by providing the right support at the right time.

Lincolnshire's ambition is to increase the take up of such services and wider community resources which help people to live well at home thus supporting a decrease in the number of people going into residential care when home based options are still available.

Current contracting arrangements and service provision

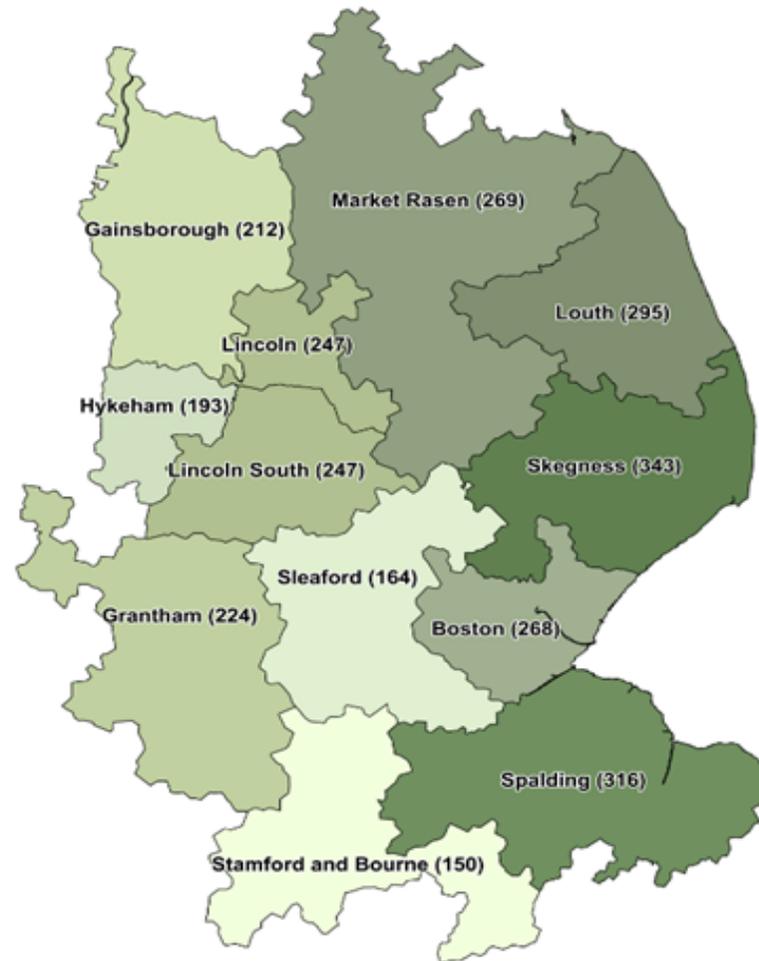
There are twelve 'Lead Provider' contracts in place each one taking responsibility for meeting all the demand for commissioned homecare in a specific area of the county either directly or via sub-contractors. There are approximately 2,600 service users in receipt of care and support at any one time and 25,000 hours of care delivered per week and over 60,000 visits a week. The table below (table 2) shows the current provider in each area of Lincolnshire and the average number of hours and clients. Figure 6 is a map demonstrating current number of clients in each area.

Table 2: Demonstrates the current Providers in Lincolnshire, the average number of clients and hours of care

Zone	Area	Current Provider	Average No. of clients in the zone	Average number of hours provided per week
1	Market Rasen	Hales Healthcare	269	2108
2	Louth	Libertas	295	2671
3	Boston	CRG Homecare	268	2506
4	Skegness	Walnut Care at Home	343	2963
5	Lincoln	Sage Care Ltd	247	2460
6	Gainsborough	Libertas	212	1905
7	Hykeham	Meridian	193	2263
8	Lincoln South	Sage Care Ltd	247	2263
9	Grantham	Fosse Healthcare	224	2214
10	Sleaford	CRG Homecare	164	1620
11	Spalding	Atlas Care Services Ltd	316	3185
12	Stamford and Bourne	Atlas Care Services Ltd	150	1658

Figure 6: Demonstrates the number of clients in each area

Lincolnshire Home Care Clients By Area



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Quality

Between 2017 and 2019 AC&CW have undertaken two comprehensive customer experience surveys across each zone. Results from both surveys have been consistent and demonstrate that a high percentage of people are satisfied with the overall care they receive. Areas identified from the survey for development and improvements in the homecare sector include:

- Communication with customers; people want to know who will visit, what time and be informed of any changes to their care
- The experience of the customers interacting with the homecare providers office, when they have a question, or something goes wrong
- Consistency: in the times staff arrive and leave and in the small team of familiar staff that visit.

What does this mean to you as a provider?

- Providers should continue to consider how they will move to outcomes based working, offering flexibility and responsiveness to how care is delivered.
- Providers should be responsible for developing a person centred approach in how best to delivering and meet a service users care outcomes.
- Providers need to focus how they can recruit and retain a workforce.

Market Opportunity

The council went out to tender for a new set of homecare contracts to run from October 2020 up to 2028 however due to COVID-19 we were forced to suspend the live tender exercise. It is anticipated that the tender will restart in early 2021 with a start date for new contracts of 1st October 2021.

Residential and nursing care

There are approximately 286 residential and nursing care homes registered within Lincolnshire of which LCC have contracts with approximately 83%.

The council currently contracts with 273 residential homes across all categories of care. They provide a range of care types categorised as:

- Residential care for older people (OP)
- Residential care for OP high dependency
- OP nursing care
- Mental health residential
- Nursing care
- Residential care for people with Learning and Physical Disabilities.

Table 3 demonstrates Lincolnshire's residential market and table 4 demonstrates the number of placements by district

Table 3: Demonstrates Lincolnshire's residential market as of January 2020

LCC funded residents	2,819	42%
LCC & health joint funded residents	699	11%
Fully funded health residents	477	7%
Self-funding residents	2,262	34%
Placed by other authorities	417	6%
Total	6,673	

Table 4: Demonstrates the number of placements by district

Long Term Care	Nursing Care	Residential Care	Total
18 - 64	129	546	675
Boston	8	18	26
East Lindsey	10	168	178
Lincoln	10	55	65
North Kesteven	21	57	78
South Holland	2	27	29
South Kesteven	4	29	33
West Lindsey	59	109	168
OOC	15	83	98
65 and Over	599	2039	2638
Boston	80	154	234
East Lindsey	95	551	646
Lincoln	88	244	332
North Kesteven	95	263	358
South Holland	56	261	317
South Kesteven	83	286	369
West Lindsey	81	200	281
OOC	21	80	101
Total	728	2585	3313

Residential and nursing care represents 42% of all Adult Care and Community Wellbeing expenditure at approximately £120m per annum. As such it is vital to manage the costs of residential and nursing care whilst also ensuring the market is being paid a fair and sustainable price for their services in support of our obligation to maintain a healthy market offering a choice of high quality services.

However, there has been a rapid decline in usage in both private and publicly funded residential care as set out below:

- Since January 2019 the total number of residents in LCC Commissioned homes has reduced by 4.7% and there has been a 0.9% reduction in state funded residents and an 11.6% reduction in the number of self-funded residents (figure 7)
- The number of self-funded residents has reduced by 13.3% since the beginning of the Covid-19 pandemic.

- The percentage of vacant beds (figure 8) has increased by 2.5% since January 2019, and 2.3% since the beginning of the Covid-19 pandemic.

Feedback gathered from care home providers in relation to the reasons why they think there is a reduction in vacancy occupancy levels include:

- Reduction in private placements due to individuals remaining in their own home;
- The assumption that families are caring for relatives where possible for fear of placing them into care homes due to the perceived increased risk of Covid-19, alongside concerns over reduced contact with family members;
- Challenges due to geographical location (e.g. rurality);
- Reduced confidence in the homes IPC measures following previous Covid-19 outbreak

Together the above facts pose a risk to the sector in securing a good quality service in the entire county. It is evident from data and feedback that Covid 19 has accelerated a decline in occupancy levels which was projected to take place over a number of years. This has placed additional pressure on providers to adapt their business and continuity plans.

Figure 7: Demonstrates the Residential Home Occupancy Rate

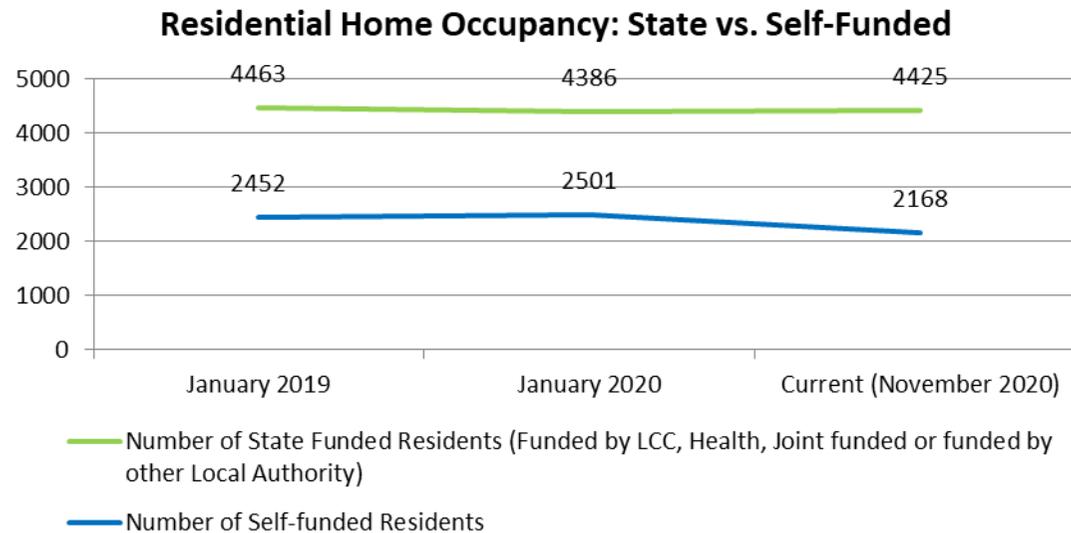
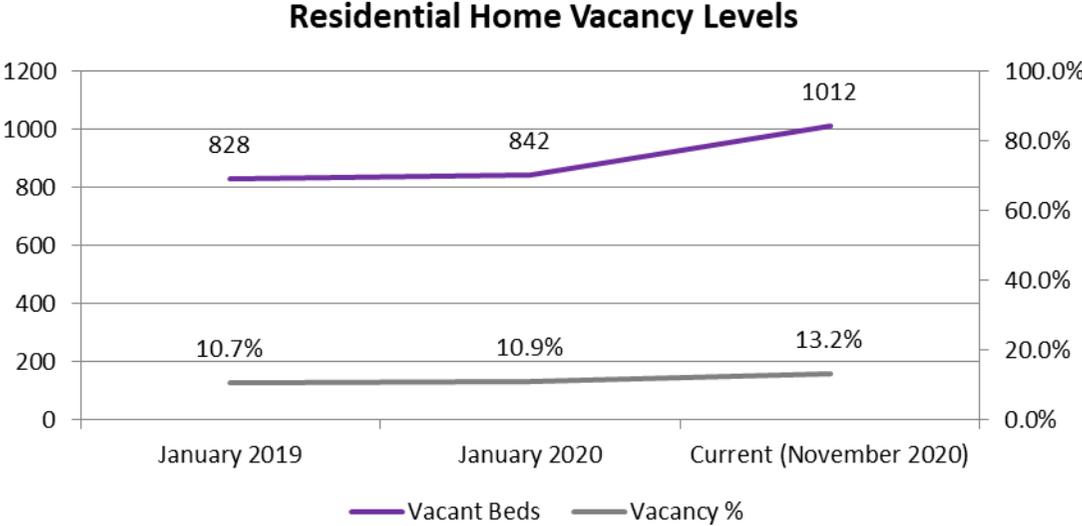


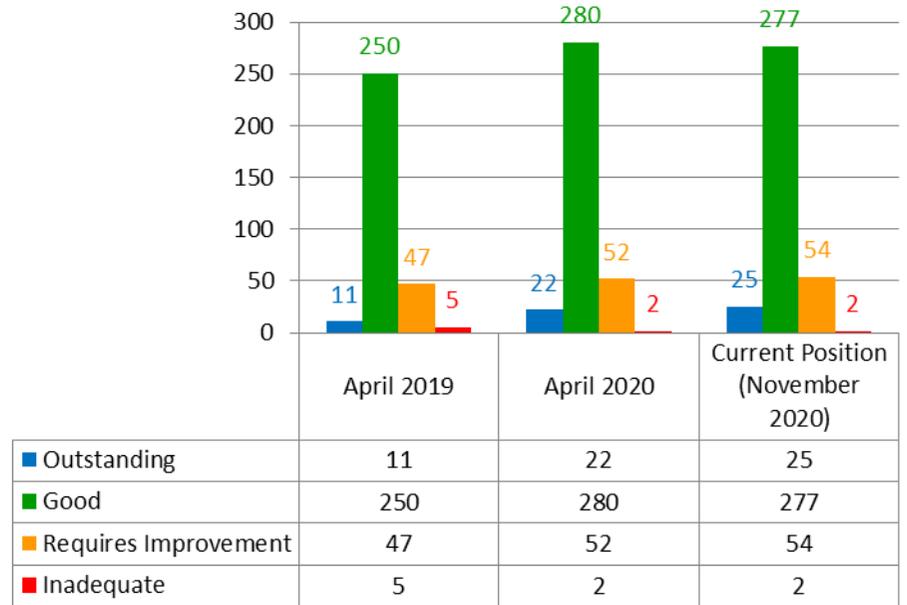
Figure 8: Demonstrates the Residential Home Vacancy Levels



The graph below (figure 9) demonstrates the CQC ratings for Residential Services, Homecare and Community Supported Living with the following findings:

Figure 9: Demonstrates CQC ratings for all Lincolnshire services

**All Lincolnshire services*
CQC Ratings: April 2019 - November 2020**



*Residential Services, Home Care and Community Supported Living Only

Market Opportunities:

The move towards better integration of social care and health services provides opportunity to look at ways in which they can meet both health and social care needs in a seamless way. LCC's key commissioning intentions will focus on developing high quality personalised services that are flexible, responsive and give people choice and control over how their care and support is provided.

The Council operates a framework for residential and nursing care. This was previously agreed in March 2018 and will be renewed in the next year.

The Council's ambition of reviewing the residential and nursing arrangements is to ensure:

- Market shaping and choice regulation compliance
- Meeting needs and complying with people's choice of accommodation
- Meeting responsibilities in relation to personal budgets
- Building a framework agreement with contract terms, conditions and fee levels are appropriate to provide the delivery of the agreed care packages with agreed quality of care.
- Helping improve the resilience and sustainability of the sector through increased funding and broader support measures.

The intention is that care homes placements will only be purchased by the council and Clinical Commissioning Group for people who cannot live safely at home, and primarily for those with nursing and/or specialist needs, for example advanced dementia. Over the next decade it is expected that the average age of people entering these services will increase, and it is likely that 50% of residents aged over 85 will be living with dementia. Therefore, we can expect an increase in demand for specialist care home beds. This specialist care will require providers to develop services which can meet the increased acuity and frailty.

The self-funder population is also expected to rise, but based on current patterns would indicate that they enter care when they are more able. It is estimated that 25% of self-funders require nursing care, compared to 46% of council funded residents. Additionally, an increasing number of children are moving into adulthood with complex health needs, which may add to the demand for specialised care home places.

The introduction of a new pricing model for Learning Disability (LD) residential services represented the biggest change to how the council contract for this type of care. This successful transition means that LCC are a position to further develop this model and to work on maximising the benefits of the new improved framework design, continuing to build a strong market for residential and nursing care and, most importantly, ensuring service users receive the best possible care.

The wider residential & nursing review process will involve a comprehensive programme of engagement cross all sectors of the residential care market in order to support an effective and sustainable market in future years.

Extra Care Housing

Extra Care Housing (ECH) provides an alternative housing option which encourages independence and promotes wellbeing. It has been designed with flexibility in mind, responding to individual's physical needs and changing care requirements that may develop over time. The aim of ECH is to provide high quality housing, support and care services which enable, support, and encourage people to live independently, connected to local communities for as long as they wish to do so.

ECH comes in many forms, and properties can be rented, owned or part owned/part rented. People living in this type of housing have their own self-contained homes and their own front doors. Depending on the offering, such housing can include communal facilities such as residents' lounge, a guest suite, laundry facilities, shop, restaurant/café, health and fitness facilities, hobby rooms etc. Domestic support and personal care can also be made available, usually provided by on-site staff.

Together with improving resident's independence and wellbeing whilst enabling people to remain within their local communities and social circles, ECH has many other benefits such as: additional employment opportunities, greater use of community facilities and volunteering opportunities in the community.

Current contracting arrangements

The council has developed the Adult Care ECH Capital Programme for Lincolnshire which is intended to help older people achieve greater independence and improve wellbeing, by offering further choice over housing and care options within local communities. Partnership with districts, local housing associations and providers allows LCC to reinvest resources in preventative services.

Lincolnshire currently has 9 ECH schemes as demonstrated in figure 10 and approximately 339 units as demonstrated in table 5. These were built before the current LCC ECH programme began. The De Wint Court scheme will be the first for which LCC will purchase nomination rights into a proportion of the scheme's total capacity, further developments are planned at Nettleham and Sleaford. LCC has, worked in partnership with existing schemes and supported these partners over the years. There are well established allocation panel arrangements in place and LCC is already benefitting from a number of existing schemes.

Figure 10: Demonstrates Extra Care sites in and bordering Lincolnshire (sources: LCC internal, www.housingcare.org)



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Data suggests that LCC could benefit from an additional 792 ECH units across the county which is comparable to a third of care home placements at 838. Priority areas should be seen as: inland East Lindsey (Horncastle or Woodall Spa areas), Spalding, Gainsborough, Market Rasen, Sleaford and Stamford/Market Deepings. LCC have established a model for extra care which enables them to support tenants through purchasing nomination rights for a predetermined period of time, with first refusal and no void risk.

Table 5 suggests that LCC could benefit from up to 792 additional ECH units across the county.

Table 5: Demonstrates existing capacity ranked against need

District	Existing units	Need 10-15 per 1,000	Additional units required
South Holland	0	67-100	100
West Lindsey	12	99-164	152
North Kesteven	56	136-204	148
South Kesteven	79	155-233	154
Boston Borough	40	68-103	63
East Lindsey	114	193-289	175
City of Lincoln (Inc De Wint)	38 (108)	71-107	0
		Total	792

Market Opportunity

LCC are open to conversations in how they could potentially support new housing developments.

Lincolnshire County Council is focussed on delivering new-build ECH housing in partnership with a Housing Association. Recently announced changes to the planning system and discussions with Homes England present opportunities that LCC could consider supporting with a capital investment or release of land or buildings.

Through the One Public Estate (OPE) programme, LCC and partners may have appropriate buildings in appropriate locations surplus to requirements for conversion to ECH. Homes England has outlined grant aid proposals for re-purposing buildings and conversion of redundant commercial buildings in to housing will have permitted development rights.

LCC has also improved its joint working with district council development management teams in recent years. This could offer opportunities to influence developers to bring forward ECH as part of their wider market housing proposals – with a Housing Association or district council on board to manage the units and LCC to commission the extra care. It may be appropriate to subsidise the build cost in return for a proportion of the market housing surrounding the ECH development being built to the highest accessibility standards where extra care could be delivered to both working-age and older adults with those needs in an individual rather than communal setting.

There is a need to consider those people who will wish to remain living in a rural setting where their support networks exist but who still need extra care. Small-scale rural schemes do exist and provide some of the wider support with; household chores, personal care, social activities and travel. Services can also be delivered through digital technology where feasible.

Government has indicated that Section 106 agreements and Community Infrastructure Levy will be replaced in a new planning system. If ECH housing is identified as essential infrastructure there is potential for this to be part funded through whatever replaces these two pieces of legislation.

People with Learning Disabilities

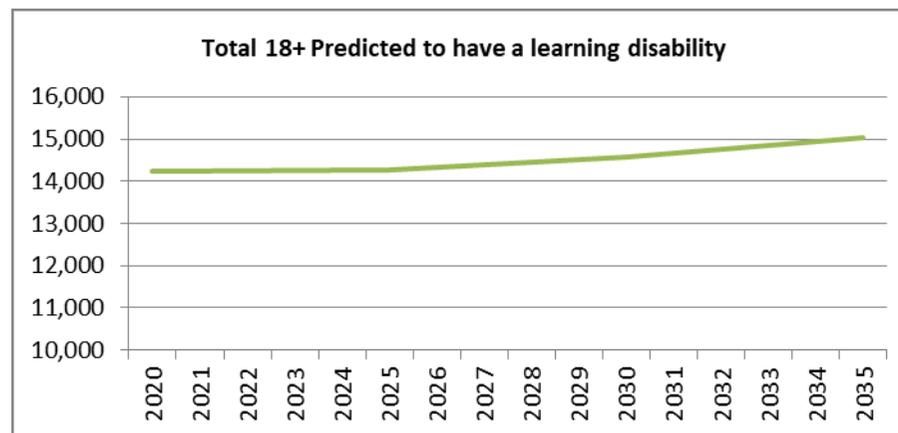
In 2019 there were 14,222 adults aged 18+ with a learning disability in Lincolnshire ([PANSI](#)). This number is projected to increase to 14,568 by 2028, a 2% increase (figure 11).

People with Learning Disabilities can experience a number of challenges in maintaining good health and leading fulfilling lives. It is common for people with Learning Disabilities to have co-existing conditions such as Mental Illness and Physical Disabilities and the average life expectancy for people with a Learning Disability is lower than the general population.

There is a highly integrated approach to the commissioning, management and delivery of services for people with a learning disability and strong working relationships have been developed between NHS partners and the Council. This arrangement includes a Section 75 agreement, with pooled funding for the commissioning of services that support adults with a learning disability with adult care and/or continuing health care. The council works closely with health colleagues to ensure that people have access to the services they need locally, including respite, accommodation and healthcare.

AC&CW is committed to promoting the independence of adults with learning disabilities. In addition, more people are being empowered to take control over how their needs are met and have the option of taking their personal budget as a direct payment. The introduction of the integrated health and social care budgets has enabled us to develop our vision to offer greater choice, control and quality of life for people with complex needs. AC&CW supports individuals and provides information about the transition process for young people, their families and carers to make this process as seamless as possible.

Figure 11: Demonstrates the number of people 18+ Predicted to have a learning disability:



Market Opportunity

- To plan for the future, the health and social care economy will be investing in additional community based solutions, to allow people to remain at home whilst receiving support.
- One of our priorities during 2020-2023, is to support people with learning disabilities to access meaningful and paid employment, through working with colleagues to pilot services which are designed to help people with disabilities access work.

Community Supported Living

LCC currently commissions care and support in the community for working age adults, through Community Supported Living (CSL) services. The commissioned CSL services provide care and support to individuals who live in a variety of settings including dedicated single or shared supported living schemes.

LCC currently has an Open Select List in operation for the commissioning of community supported living for adults with a range of different needs including Learning Disabilities, Physical Disabilities and Mental Health. The purpose of the service is to enable vulnerable adults to develop existing skills or acquire new skills to increase their independence in daily living through appropriate risk taking, identify and enable opportunities for education and employment and ultimately meet their desired outcomes. In addition services focus on keeping individuals healthy and safe.

Current Service Provision

Across Lincolnshire 903 people are currently supported (excluding those who access services via direct payment) 569 of whom are supported within a dedicated accommodation setting and 334 are supported at home. The demand for tenancies is demonstrated in table 6.

Table 6: Demonstrates the current demand for tenancies in Lincolnshire.

Geographical Zones	Settings	Tenancies	Geographical Zones	Settings	Tenancies
Market Rasen	9	30	Hykeham	12	89
Louth	4	24	Lincoln South	7	38
Boston	16	62	Grantham	2	30
Skegness	5	22	Sleaford	5	24
Lincoln	6	18	Spalding	20	63
Gainsborough	4	18	Stamford & Bourne	20	78

Not all supported living is used by LCC funded individuals and some people will be accessing services via a Direct Payment.

- There are approximately 590 existing supported living tenancies.
- The overall net number of people eligible for CSL is increasing year on year alongside the increasing complexity of needs. Table 7 demonstrates the future demand for tenancies in Lincolnshire.
- It is estimated that 200 people currently known to Adult Care may require CSL services at some point in the future.

Table 7: Demonstrates the future demand for tenancies in Lincolnshire.

Geographical Zones	Identified Future Demand 2 - 5 yrs	Geographical Zones	Identified Future Demand 2 - 5 yrs
Market Rasen	10	Hykeham	10
Louth	2	Lincoln South	10
Boston	12	Grantham	11
Skegness	21	Sleaford	15
Lincoln	5	Spalding	16
Gainsborough	12	Stamford & Bourne	22
		Location unspecified	17

Our overall approach is that people with Learning Disabilities should be supported to live in communities rather than in care homes, holding their own tenancies where possible. It is expected providers will deliver high quality services that recognise and promote the rights of the people they support and encourage their independence, choice and inclusion through a strengths based approach.

We will continue to operate the same contractual model in the future to access providers who offer good performance and quality particularly where need is highly complex. The framework supports a wide range of needs which allows for greater utilisation to support other primary support needs including Mental Health and Physical Disabilities. There are comparable links between the benefits of expanding the range of housing for older people and having similar models for housing with care for working age adults (WAA).

There are currently a number of preliminary discussions taking place regarding proposed housing developments across the county, where the inclusion of ECH is seen as a significant element of the plan. There is scope within these proposals to consider the development of additional units to meet the specialist housing needs of WAA in receipt of adult social care.

Options for the development of mixed communities are being received positively by developers, registered housing providers and district councils. There is consensus that designing schemes in this manner, rather than having isolated pockets of housing specifically for a particular group of people will be mutually beneficial to the prosperity of communities. It will also assist individuals to live as independently as possible and encourage increased wellbeing and a sense of being part of a community, which are key objectives in our role of providing adult social care support to people.

Market Opportunity

- The current OSL framework commenced on 1st July 2020 and runs until 30th June 2025. There may be further opportunities for new providers to join this Open Select List, and the Council reserve the right to open the select list to new entrants who can meet need for a specific specialism and/or within a specific geographical area should the need arise. Any such opportunities will be subject to a tender process, communicated to the market through advertisement.
- It is expected providers will deliver high quality services that will recognise and promote the rights of the people they support as citizens and encourage their independence, choice and inclusion through a strengths based approach.

Day Services

Day Services offer a wide variety of activities for people with a range of disabilities across Lincolnshire. The aim of the service is to help people to live independent and fulfilling lives and to support families to continue to care for each other, where appropriate the service will also seek to help people find volunteering or employment opportunities. The service ensures that people, can participate and make important contributions to their local communities.

Figure 12 and table 8 show the number of people using day services within the county for the last quarter of 2019-20, by districts and by age:

Figure 12: Demonstrates the number of service uses by district in Lincolnshire in 2019-20

Lincolnshire Day Service Users By District



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Table 8: Demonstrates the number of people using day services by age group

Age Band	Number
18 - 64	404
65 and Over	262

Day Services aim is to provide:

- Day support with meaningful activity for a wide range of people which is personalised support to meet individual need.
- Support and information for families and carers.
- Support for elderly people with complex needs living in the community, to enable them to keep their independence and remain living at home, have regular social contact and get more involved in community life and to reduce the physical or emotional stress to them and/or their carer.

We help an increasing number of people to experience community-based activities. This has helped them to move away from traditional day services and to maximise the use of their personal budgets by accessing both chargeable and free activities that are available in the community.

Our strategy for Day Services

To provide:

- Opportunities for a fulfilling life: we will develop a new program of purposeful activity providing meaningful opportunities for people we support, including opportunities to work and contribute to local communities.
- Sharing space: our buildings will be open to and being used by a range of community groups. This will support safety and wellbeing of service users and mean council resources are available to local communities.
- Active Partnership working: our aim is to form a local partnership in each area to support service development, this will mean actively supporting and encouraging self-advocacy and fostering stronger links with the counties existing Learning Disability Partnership Board.
- Supportive relationships: developing a personal volunteer program and significantly increase the role of volunteers across the service.
- Valuing our staff: creating an entry level apprentice post and recruit to a number of positions across the service.
- Ensuring excellence: developing a quality assurance process based on service guarantees.
- Developing places and spaces: developing local implementation plans for each locality describing the work planned and underway to develop the use of our buildings.

Day Services overview in Lincolnshire

AC&CW has established an [Open Select List](#), the purpose of which is;

- to establish consistent contractual arrangements for all externally commissioned building based day services, incorporating a standardised specification and pricing mechanism, and
- to enable access to responsive services from a variety of providers, that meet the needs of customers and which promote choice for customers across Lincolnshire.

- services that meet the varied and diverse needs of people in Lincolnshire, reduce the impact of rural isolation and take account of community transport solutions.

We commission a number of Day Services across the county, there are currently 97 Day Care providers on the council data base. We would like to see these services maintained under the Open Select List and would encourage all existing providers to apply, as well as potential new providers.

We are keen to work further with day opportunity providers to ensure that day services that lead to more independence and more work-related activities. These services may largely occur in the voluntary and community sector, and support disabled and older people to learn new skills, play an active role in the community, and maintain independence and wellbeing.

What does this mean for providers?

We will continue to monitor usage of the new Open Select List as well as the take up of services through direct payments. If there are gaps in the market, then the Open Select List may be opened again. There is growth in this sector where more people are choosing to access community opportunities by using a direct payment or prepayment card, and there are opportunities for new and innovative providers. Service providers need to cater for Lincolnshire's diverse communities and tailor their offer to meet a range of needs.

Greater flexibility

It is important to ensure that people have access to timely, good quality information and advice to individuals so they can make good decisions about care and support and to have a range of provision of high quality, appropriate services to choose from. This means that we will engage with suppliers to develop a directory of available day opportunities and broadening the building based day services throughout the county. We will continue to review available services with the aim of identifying future demand for this type of service and what type of contractual arrangements are most appropriate.

Market Opportunities

We aim to work with:

- Providers who will develop the more specialist expertise required to meet the needs of Lincolnshire residents reducing the need for people to have to go out of county to access the support that they need.
- Providers who offer services that actively aid recovery and/or the development of independent living skills.
- Providers from the independent sector to work in partnership with community and voluntary groups to address gaps in customer need – for example supporting adults of working age to be work ready.
- Providers who will offer greater flexibility around choice and accessibility of services such as sessional access not just full days.

Advocacy Services

Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options.

In Lincolnshire we currently commission two services which deliver advocacy. The Independent Lincolnshire Advocacy Services delivered by Voiceability and the NHS Complaints Advocacy Service delivered by POhWER. Both of these contracts come to an end as of 30th June 2021. The Lincolnshire Advocacy Services contract covers all types of statutory and non-statutory Adults and Children's provision including: Children and Young People Advocacy, Care Act Advocacy, Independent Mental Capacity Advocacy (IMCA), Independent Mental Health Advocacy (IMHA), Relevant Persons Representative, Rule 1.2, Litigation Friend and Professional Advocacy Requirements. The NHS complaints service supports people who, for a wide range of reasons, find it difficult to navigate the NHS complaints system themselves. The annual indicative future demand projections of the service have been forecast as set out in table 9.

Table 9: Demonstrates the number of referrals by advocacy type

Description of Advocacy Type	Cases/Referrals
Tier 1 Referrals/Enquiries/Low level advocacy support	11,500
Children Advocacy Cases	264
Adult Advocacy Cases	2,730
Total Volumes	14,494

Market Opportunity

It is anticipated that a procurement exercise will be undertaken with the intention of commissioning a fully integrated service incorporating both of the above services which will commence 1st July 2021. Whilst it is the intention that the council will be contracting with a single entity, providers will have the opportunity to propose consortium, partnership or sub contractual arrangements.

In terms of future volume predictions these could be affected by the implementation of the Liberty Protection Safeguards (LPS) which have been postponed from October 2020 to April 2022. LPS will effectively replace the current Deprivation of Liberty Safeguards (DoLS) scheme. Whilst providers await the revised MCA Code of Practice to be published in order to determine all implications and how this will work in practice it is likely to increase demand particularly in respect of the IMCA advocacy requirements and also as LPS will be eligible from 16 years of age.

People with Sensory Impairments

The Lincolnshire Sensory Services (LSS) is a preventative and reablement service for both adults and children with a sensory impairment, both cognitive and acquired and their associated disabilities. The service encompasses visual impairment (including blind and partially sighted), hearing impairment (including those who are profoundly deaf, deafened and hard of hearing) and dual sensory impairment (deaf-blindness). The service enables people who are sensory impaired to remain independent in their own homes and engage as active participants in the community, it empowers people to regain the ability to perform their usual activities, such as cooking a meal, paying a bill, using public transport, navigating road crossings or accessing social activities. The service focuses on maximising and sustaining choice and involvement through the use of outcome-focused support plans and person centred approaches that facilitate opportunities for people who are sensory impaired, to live fulfilled lives within a community setting.

It is evident from the table below (table 10) that demand will continue to increase year on year, in large measure driven by demographic predictions related to age. In 2019, 11.6% of people aged 65 and over were estimated to have a moderate or severe visual impairment.

Table 10: Demonstrates Sensory Impairment Condition Projections

Lincolnshire - Hearing Loss Projections	2020	2021	2022	2023	2030
18 – 64 - Some Hearing Loss	46,717	47,147	47,579	47,857	46,728
65 + - Some Hearing Loss	111,585	113,989	116,281	118,837	141,250
Total - Some Hearing Loss	158,302	161,135	163,859	166,695	187,977
18 - 64 - Severe Hearing Loss	2,755	2,789	2,823	2,850	2,806
65 + - Severe Learning Loss	14,312	14,689	15,009	15,446	20,078
Total - Severe Hearing Loss	17,066	17,477	17,832	18,296	22,883
Lincolnshire - Visual Impairment Projections	2020	2021	2022	2023	2030
18 - 64 - Serious Visual Impairment	280	281	281	280	277
65+ - Moderate or Severe Visual Impairment	15,954	16,313	16,832	17,300	20,004
75+ - Have Registrable Eye Conditions	5,402	5,587	5,907	6,163	7,174

Table 10 appears to indicate a year on year 2% - 3% increase in demand.

Market Opportunity

The service provision will be reviewed in terms of the potential for any future joint commissioning opportunities with NHS partners and/or Children's Services. This service will be reviewed within the next year.

People with Mental Health difficulties

Additional detail on Mental Health prevalence and associated conditions is available at [Lincolnshire Research Observatory, Joint Strategic Needs Assessment: Mental Health \(Adults\)](#). We are committed to increasing wellbeing, reducing the stigma of mental ill health and to promoting recovery through all of the services it commissions. Services and care packages will be reviewed to ensure that they meet the person's needs, are outcome focused and that they provide value for money.

The health, social and economic consequences of poor mental health are substantial. One in four adults experience at least one diagnosable mental health problem in any given year (Mental Health Taskforce, 2016).

Lincolnshire's approach to supporting people with serious mental illness will be bolstered over the next two years, as it has been selected as one of twelve areas across the country to benefit from significant additional national funding. The county is expected to receive around £6 million over the next two years and will be 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.

Key priority objectives for the service are:

- Improved preventative services for adults who have mental health needs and their families through closer integration with local services.
- NHS health checks – targeting uptake of those with mental health conditions.
- Reducing in-patient numbers (both in and out of county).
- Development of an all-age crisis service.
- Development of better analytical data to identify needs and target service provision more effectively, including improved understanding of the Mental Health Investment Standard and where resources are being targeted.
- Ensure appropriate transport arrangements are available for people with mental health needs, including at times of crisis and/or mental health assessment.
- Development of a new patient-held digital information platform for mental health (including families caring for people with dementia).

Covid 19 has had a major impact on people's mental health. Therefore the local authority, in partnership with the NHS and other colleagues has been focussing on a generic mental health and psychological wellbeing support offer for Lincolnshire called 'The Universal Offer', along with specific support relating to;

- People who already had previous or ongoing mental health problems and who have been affected by the pandemic situation
- Health and care staff who have been through particularly challenging or traumatic times at work related to supporting patients
- Health and care staff who themselves have suffered from COVID 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
 - people who have suffered specific harm as a result of the 'lockdown' (eg domestic abuse victims)
 - people in Lincolnshire who have suffered as a result of the economic impact of the COVID pandemic eg job losses or job insecurity.

Market Opportunity

As well as radically redesigning how community mental health services operate and integrating dedicated mental health workers within local primary care networks, the money will also help develop new dedicated support for people with a personality disorder, as well as those transitioning from mental health rehabilitation services back into the community. Part of testing new models of care for young, working age and older adults, we will be working hard with our partners to develop new integrated models of primary and community mental health care.

Informal carers (eg. families and friends)

Lincolnshire was estimated to have 84,000 carers aged between 5 -100 prior to the Covid-19 pandemic.¹ Informal carers have been profoundly affected by the COVID-19 pandemic, with many thousands more relatives and friends becoming the critical 'life-support' link to community and providers of basic care that people shielding and with care and support needs have relied on. Carers play a vital role in our communities - and caring is increasingly becoming a core element of family life. Without the support of carers of all ages, health and social care agencies would struggle to provide the level of care and support that people need to continue living in their own homes and communities. Supporting carers well is vital to the functioning of Lincolnshire's health and care market. The Council acknowledges that effective support for carers needs to go beyond the health and social care system, and beyond public services, and recognises the role that the wider social, economic and cultural environment needs to play in supporting carers.

Lincolnshire priorities

Carers are one of the six priorities of the Lincolnshire Joint Health and Wellbeing Strategy. It was developed with carers and sets out the County Council's continued commitment to work with partners to support the health and wellbeing of all carers in Lincolnshire. The strategy and its commissioned services aim to reduce the negative impact of caring and to enable carers to lead fulfilled, independent lives alongside their caring role.

The priority areas of the strategy are:

1. Early identification of carers from diagnosis and signpost to appropriate support.
2. Ensure that carers are listened to from the outset, and involved in the care of the person they support
3. Ensure young carers are identified and prevented from undertaking inappropriate caring responsibilities, and their educational outcomes supported
4. Carers are supported to look after their own physical and mental wellbeing including supporting resilience
5. Carers are supported to plan for the future, including contingency planning, and to make choices about their lives, including combining care and employment.

It is essential therefore, that all sectors and communities take ownership of this issue and work collaboratively with carers and their families to achieve the aims of the [Joint Health and Wellbeing Strategy for Lincolnshire](#)

¹ [Lincolnshire Carers JSNA](#)

Support to carers is provided principally through:

1. The [Lincolnshire Carers Service](#) which is delivered in partnership between Carers FIRST and Serco.

Carers FIRST delivers all face to face Statutory Adult Carers Assessments required within Lincolnshire, including determining eligibility for support, carrying out support planning including Personal Budgets where applicable and reviewing support plans.

Carers FIRST also provide a universal offer to all carers in Lincolnshire, consisting of one or more of the following:

- Information and advice
- Signposting to other services
- Delivery of formal and informal learning events
- Facilitation of wellbeing groups
- Advice on and help with applying for benefits

During 2019 -2020 Carers FIRST:

- Received 2091 referrals
- Supported 6,688 unique carers
- Provided information and advice to 8,834
- Encouraged 798 attendees at 184 events
- Advised 1,104 carers on what benefits they were entitled to receive

2. [Early Help Young Carers Service](#)

3. Carer Personal Budgets

4. [Everyone](#)

In addition to the core services, support can be accessed through the following services:

- [Lincolnshire Partnership Mental Health Foundation Trust](#)
- Support to the adult or child in need of healthcare, support and personal care from health and care providers
- Community and condition specific voluntary sector organisations
- A continually growing network of schools, colleges and university who take steps to offer pastoral care for young carers and student carers
- A growing network of employers who acknowledge and support staff in a caring role through employee information and wellbeing support
- A continually growing network of pharmacy, primary, community and acute healthcare providers, signed up to the Carer Quality Award Advice, who are pro-active in their identification, support and signposting for carers.

Market Opportunity

We offer businesses and providers the following in order to develop a skilled, carer friendly market:

1. Free access and support to achieve accreditation of the Lincolnshire [Carer Quality Award](#)

Join 322 Lincolnshire services and organisations who are working towards or who have achieved the nationally¹ respected CQA. Improve the awareness and practice of your company and staff in recognising and signposting carers to support, including your own staff. Add value to the quality of your homecare or residential provision offer. Highly valued by participating employers and recognised as a signifier of quality by CQC.

2. Free access to Carers UK [Digital Resource for Carers](#)

Add to your HR and employee wellbeing offer with this useful and discrete signposting and support tool for your staff who are working carers. Excellent, continually updated resources including the latest Covid 19 Guidance for carers; contingency planning; working and caring e-learning; nutrition and caring; health and wellbeing e-learning. Use digital access code DGTL 194.

3. Free membership of [Employers for Carers](#) for public sector employers and SME providers of up to 250 staff in Lincolnshire

Join 116 Lincolnshire employers who are part of a national network of good practice; access excellent, up to date resources for employers, managers and staff. Membership supports equality, diversity and supports being an employer of choice.

Home Based Reablement Service

The Home Based Reablement Service (HBRS) is designed to help people learn or relearn the skills necessary for daily living, which have been lost through illness, deterioration of health and/or increased support needs. The HBRS offers outcome focussed, person centred care and support in the service user's own home, designed to optimise their independence, for a period of up to six weeks per user episode, with the average support duration being around 3 weeks. It is a critical service which is at the front line of maintaining the independence of Lincolnshire's residents. Without this service the impact on service users and the wider health system would be far reaching and disruptive. Not only is an effective reablement service beneficial for individuals' health and wellbeing, it also creates the opportunity to reduce dependency on long term care and support services by providing more intense services upfront. As an illustration of this, the percentage of people who go on to require no further funded social care services following a period of reablement is approximately 59% (2019/20).

Current service provision

The HBRS operates with a single provider of services Countywide. Following a recent procurement process, the current contract runs for a five year period between 1st November 2020 and 31st October 2025. The HBRS is a critical component of the entire out of hospital strategic agenda. This service together with rapid response and bed based rehabilitation services manages the flow of people as part of admission avoidance and discharge facilitation with the primary aim of helping people regain their independence.

Taking into consideration the demographics of an increasingly ageing population and the consequent need for services which prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability, and the levels of service achieved by the current provider; the Council has a minimum expectation of the annual requirement for reablement services to be delivered under this contract at 137,200 face to face reablement contact hours per annum. Table 11 demonstrates the SALT returns for 2019- 2020.

Table 11: Completed episodes of reablement (ST-MAX) for new clients. (SALT STS002a 1920)

Row Labels	1. Early Cessation of Service (not returning to long term support) - NHS funded care/ end of life / deceased	2. Early Cessation of service (not leading to LTS)	3. Early Cessation of service (leading to LTS)	4. Long Term Support (any setting)	6. Ongoing Low level Support	7. Short Term Support (other)	8. No services provided - needs identified but support declined	10. No services provided - no identified needs	Grand Total
Discharge from Hospital	66	208	32	172	53	37	34	1449	2051
Diversion from hospital				1			1	5	7
Community / Other Route	27	102	17	113	8	31	21	723	1042
Prison		2		1					3
Grand Total	93	312	49	287	61	68	56	2177	3103

Market Opportunity

There are further opportunities and efficiencies to be gained through an integrated approach to reablement, rehabilitation and recovery in partnership with community health providers offering improvements both in performance and quality outcomes. Therefore, providers will need to demonstrate to Lincolnshire County Council their commitment to working towards further integration of health and social care services.

People with Dementia

Dementia is a high priority for health and social care, with diagnosis rates increasing related to an aging population. Dementia can have a profound impact on the person with dementia's life their family and friends. It is one of the top five underlying causes of death and is the leading cause of death with people over the age of 80.

Dementia prevalence is predicted to increase across Lincolnshire in all districts over the next 5 years, based on the projections provided by POPPI, as shown below in table 12.

Table 12: Demonstrates the number of people in Lincolnshire predicted to have dementia between 2020-2025

People aged 65 and over predicted to have dementia across Lincolnshire	2020	2025
Boston	1019	1119
East Lindsey	2813	3180
Lincoln	1094	1216
North Kesteven	1953	2281
South Holland	1643	1861
South Kesteven	2352	2745
West Lindsey	1590	1859
Lincolnshire	12497	14268

Additional figures on dementia prevalence & commissioning intentions are available through [Public Health England](#), the [Joint Strategic Needs Analysis](#) and the [Lincolnshire Joint Strategy for Dementia 2018 – 2021](#).

[The Lincolnshire Joint Strategy for Dementia](#) underpins the delivery plan and emphasises the need for a whole system approach across the NHS, Adult Social Care, Public Health, the independent and voluntary sector, and beyond, in order to identify the needs of people with dementia and those at risk of dementia, and their families from diagnosis to the end of life.

People with Autism

Based on the indication that 1.1% of the UK population is autistic, it is estimated that there are over 8,100 autistic people in Lincolnshire (*applying this prevalence rate to the Office for National Statistics population estimates for Lincolnshire in 2016*). For more information about Autism, please visit the Lincolnshire Research Observatory Website: <http://www.research-lincs.org.uk/jsnaAutism.aspx>

The Council is a partner in [Lincolnshire's All Age Autism Strategy](#) 2019 – 2022 which informs the vision and priorities in the delivery of improved outcomes and opportunities for people with autism and their parents or carers.

[Lincolnshire's Autism Partnership Board](#) (LAPB) is responsible for overseeing the delivery of this strategy. It consists of a range of representatives from partner organisations and stakeholders, who are working in collaboration to try to push this agenda forward and develop ways of improving services and support for autistic people. The LAPB includes professionals from health and social care, education, mainstream public services, voluntary sector organisations and, importantly, autistic people and their family members and carers.

The main focus has been on achieving the [15 Priority Challenges for Action](#) that are set out in the government's national autism strategy. These have key themes and issues locally that are being prioritised and an action plan is being implemented to address the concerns that are of most importance to autistic people and their families in Lincolnshire.

The Council welcome as many public services, partner organisations and members of the community to help deliver this strategy and ensure that Lincolnshire is a place that respects and supports all autistic people who live here.

People with autism will have found the disruption caused by the Covid 19 pandemic particularly challenging. People for whom routine and regular patterns are important to help manage their anxieties are likely to have found the lock-down to be extremely stressful. This will have placed additional pressures on carers. It is expected that new demands may arise for respite and other support from this group.

Market Opportunity

AC&CW would like to work with providers to develop opportunities for people with autism with a focus on employment, education, volunteering and training. There are opportunities for organisations to provide support for people with personal budgets and for individuals funding their own care needs, both in autism and/or learning disability services and in other areas of adult social care. Any services implemented would need to;

- Be flexible, local and affordable
- Encourage peer support, independence and education/ employment
- Enable ease of access and to ensure that staff at all levels are trained suitably.

Procurement Timetable

LCC publish all contracts with a total value of more than £15,000 on the [East Midlands Tenders Portal](#). On this portal, you can:

- search for tender opportunities
- receive notification of new opportunities
- request and clarify tender information
- access historic contracts
- find dates for supplier events
- submit responses to opportunities

Existing contracts

To find out when a contract is due for renewal or will expire, [view the contracts register](#).

For further information on our Procurement strategy, procedures and policies visit [Lincolnshire County Council website](#).



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	24 February 2021
Subject:	Service Level Performance against the Corporate Performance Framework – Quarter 3

Summary:

This report summarises the Adult Care and Community Wellbeing Service Level Performance for Quarter 3. This report will only summarise the measures that are above or below the target range.

Actions Required:

To note performance of the measures that are above or below the target range.

1. Background

This report will summarise the performance of the Tier 2 Service Level Performance measures for Adult Care and Community Wellbeing.

There are 18 measures in Tier 2 that should be in Quarter 3, however, 2 of these measures are unable to be reported on, they are 'Carers supported in the last 12 months' and 'Carers who have received a review of their needs'. These are not reported due to Covid-19.

In Quarter 3:

- 10 measures achieved their target;
- 2 measures exceeded their targets;
- 4 did not achieve their targets; and

There is an explanation below as to why these have either exceeded or not achieved the targets for these quarters.

Exceeded in Quarter 3

Percentage of people aged 40 to 74 offered and received an NHS health check

In Lincolnshire during Quarter 1 2016/17 - Quarter 2 2020/21, the overall percentage of people taking up a NHS Health Check invite was 63% (46.7% in England). This is measured on a 5-year rolling basis.

During 2020/21 the NHS Health Check programme has been impacted by Covid-19, with much reduced activity taking place across the county. Each General Practitioner (GP) Practice is able to self-determine when to restart NHS Health Checks and all practices are expected to restart from April 2021.

Permanent admissions to residential and nursing care homes aged 65+

Admissions for 65+ into a residential and nursing care have continued to reduce resulting in performance being exceeded for 20/21. In part this is due to the continued work of the teams to help people stay in their own homes longer if that is the best option. However another cause is due to the current pandemic, which at the start of the year saw fewer new contacts being received into LCC and so the number of people receiving a long term service has reduced.

Not Achieved in Quarter 3

Percentage of alcohol users that left specialist treatment successfully

The number of those who left specialist treatment successfully has reduced from 33.6% in Quarter 1 to 30.8% in Quarter 2. So despite the quarter 1 improvements the impact of the Covid 19 pandemic is now being seen within the substance misuse services performance.

This is a challenging period for substance misuse treatment services with several sets of revised guidance being released by the Department of Health and Social Care. Most people are currently being seen remotely with face to face appointments being reserved for those deemed as high risk. Services have maintained regular contact with people throughout each lockdown however the focus has been to keep service users and staff safe.

Evidence suggests that alcohol consumption has increased through the pandemic, it is anticipated that more people will seek help as restrictions are relaxed which may affect performance over future reports.

People supported to successfully quit smoking

One You Lincolnshire has achieved 63% of the target during this report period. As a result of the Covid-19 pandemic the service has moved to phone and digital support for smoking cessation with any nicotine replacement therapy being delivered by post in order to maintain the programme. The transition to this new delivery model in response to the lock-downs has managed to maintain the stop smoking service but the sub contracted services with pharmacies and primary care

settings has mainly been suspended although a few did restart delivery between lock-downs which accounts for 9% of activity.

Adults aged 18-64 living independently

The Trust continues to ensure that those individuals who are supported both by social care under the S75 agreement and by Lincolnshire Partnership Foundation Trust (LPFT) under health, in addition to being on Care Programme Approach (CPA), are in accommodation settings to ensure their safety and wellbeing. Whilst the target has not been attained, performance for Quarter 3 is in line with the Chartered Institute of Public Finance and Accountancy (CIPFA) group average (our comparator authorities) for 2019-2020 (Mean 61% and Median 67%). The low number of people making up the denominator results in high volatility with regards to performance for this Key Performance Indicator (KPI).

Adult Safeguarding concerns that lead to a Safeguarding enquiry

The Local Safeguarding Adults Board (LSAB) will continue to work with partners to embed learning from the referral form audit. Some activity has been delayed due to the impact of Covid-19. A retrospective change has been made to the Quarter 2 target, as it was erroneously recorded as 50% rather than the actual 46.5%.

2. Conclusion

The Adults and Community Wellbeing Scrutiny Committee is requested to consider and comment on the report.

3. Consultation

a) Risks and Impact Analysis

None required.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Performance Measure Summary

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 Caroline Jackson, who can be contacted on 07920 214017 or Caroline.Jackson@lincolnshire.gov.uk

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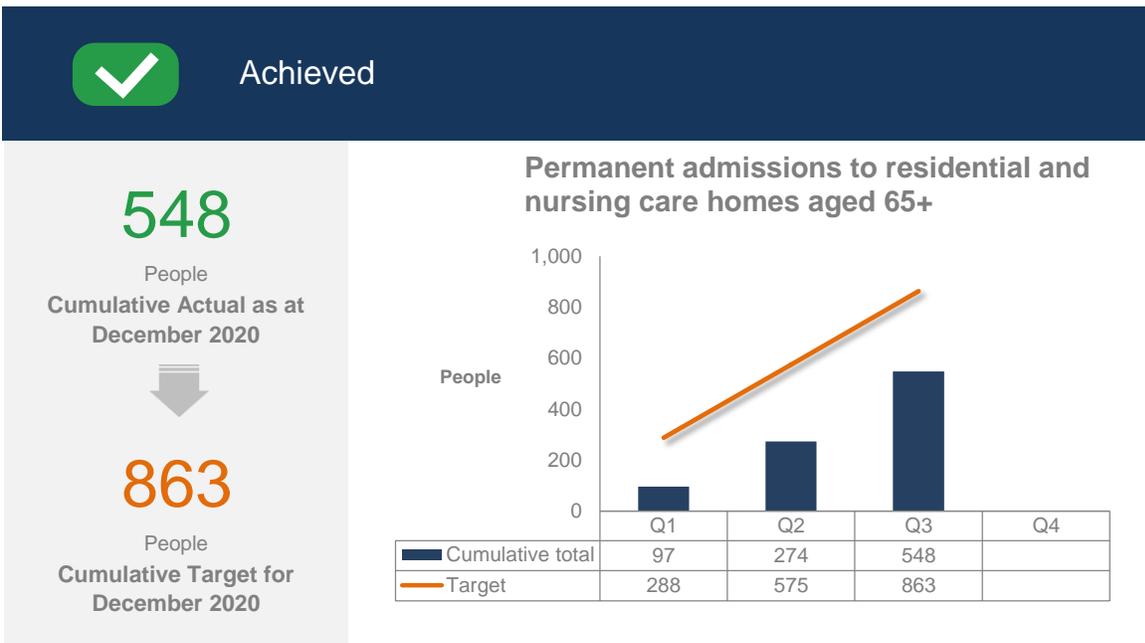
Permanent admissions to residential and nursing care homes aged 65+

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

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

A smaller number of people permanently admitted to residential and nursing homes indicates a better performance. Admissions into residential and nursing placements tend to increase in the winter period due to illness and increased care being required.

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

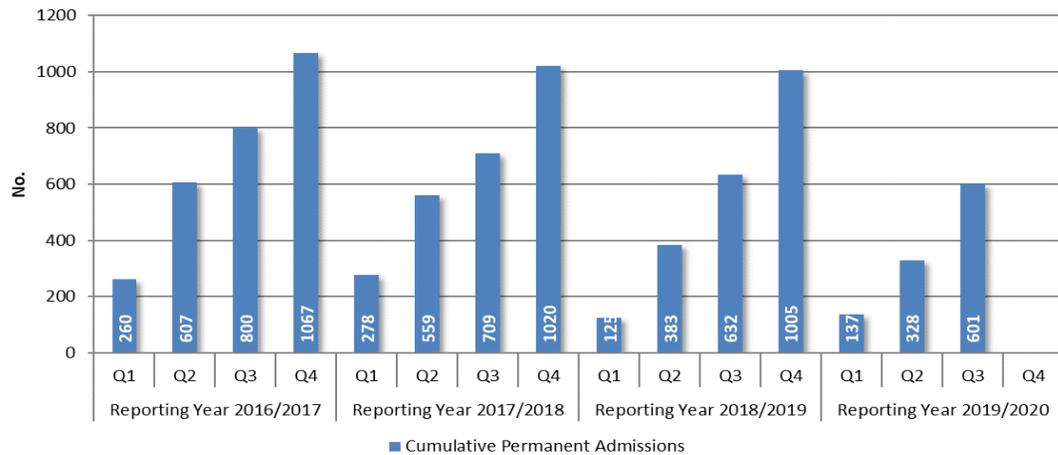


About the latest performance

Admissions for 65+ into a residential and nursing care have continued to reduce resulting in performance being exceeded for 20/21. In part this is due to the continued work of the teams to help clients stay in their own homes longer if that is the best option. However another cause is due to the current pandemic, which at the start of the year saw fewer contacts from new clients being received into LCC and so the number of people receiving a long term service has reduced.

Further details

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



About the target

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

About the target range

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

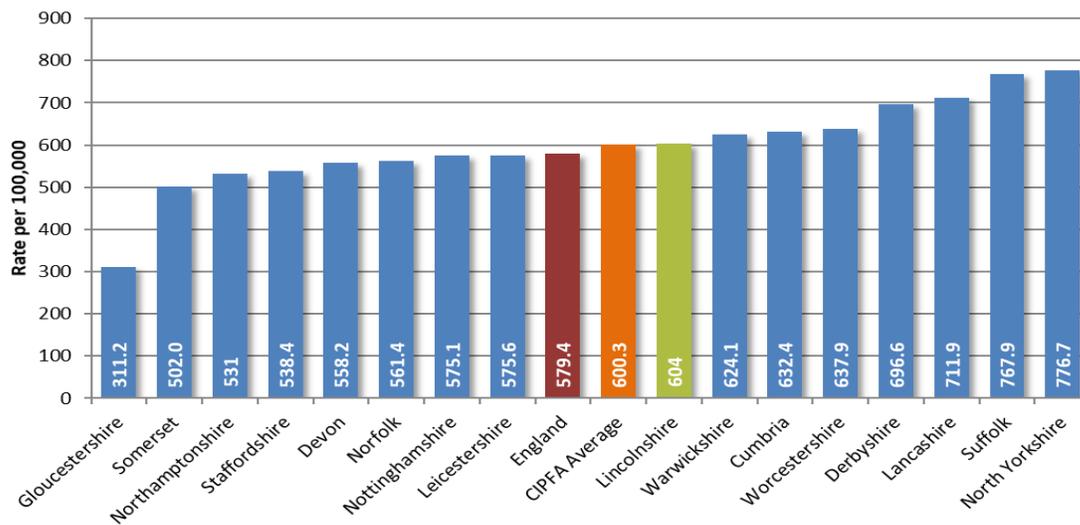
About benchmarking

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

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

Permanent admissions to residential and nursing care homes aged 65+

Source: ASCOF - CIPFA Benchmarking 2018/2019



Adults who receive a direct payment

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

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

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

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

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

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



Achieved

38.0

%

Quarter 3 December 2020

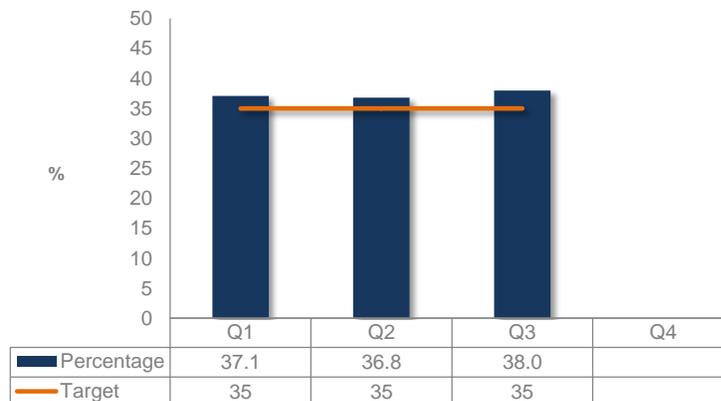


35.0

%

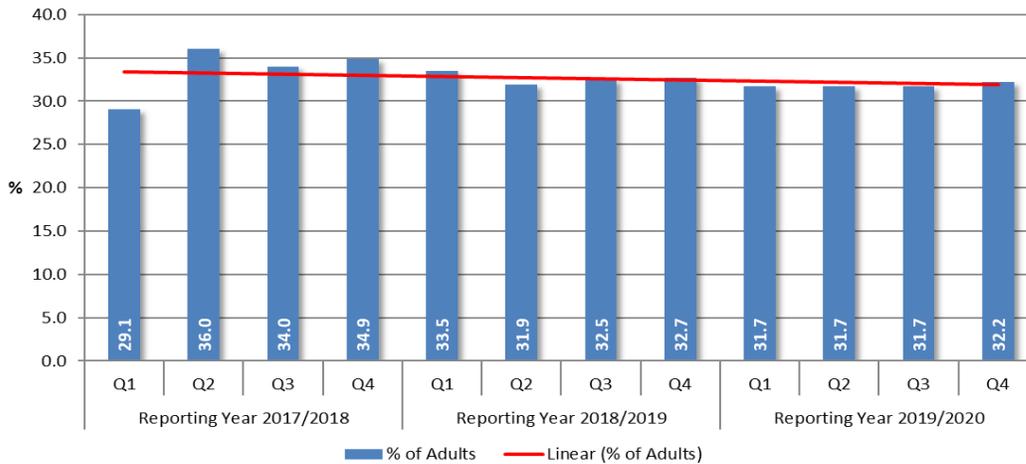
Target for December 2020

Adults who receive a direct payment



Further details

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



About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance from 2019/20 we have set a revised target of 35% for the 20/21 reporting year which now covers all service users.

About the target range

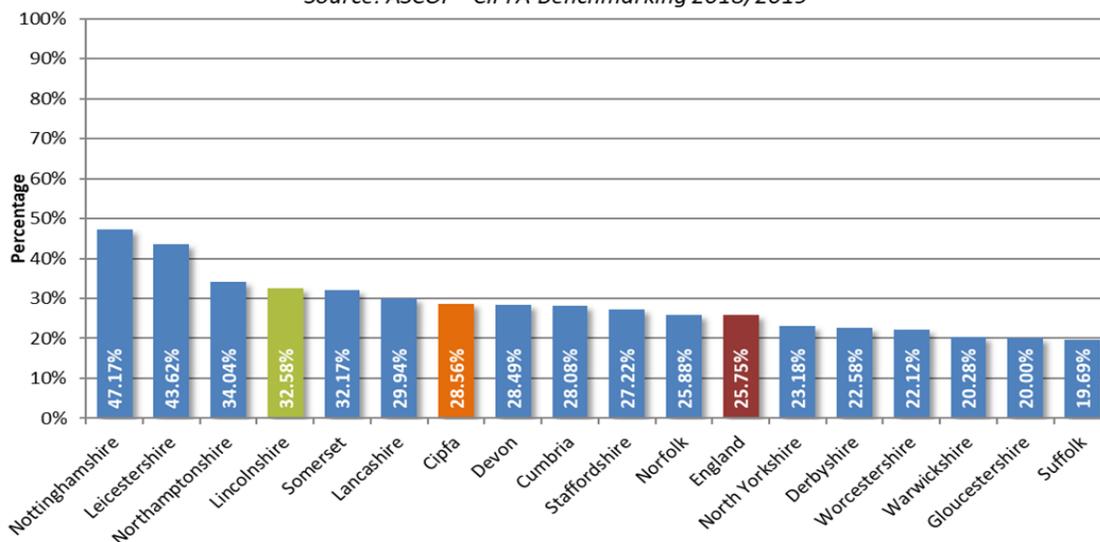
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

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

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

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



People in receipt of long term support who have been reviewed

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

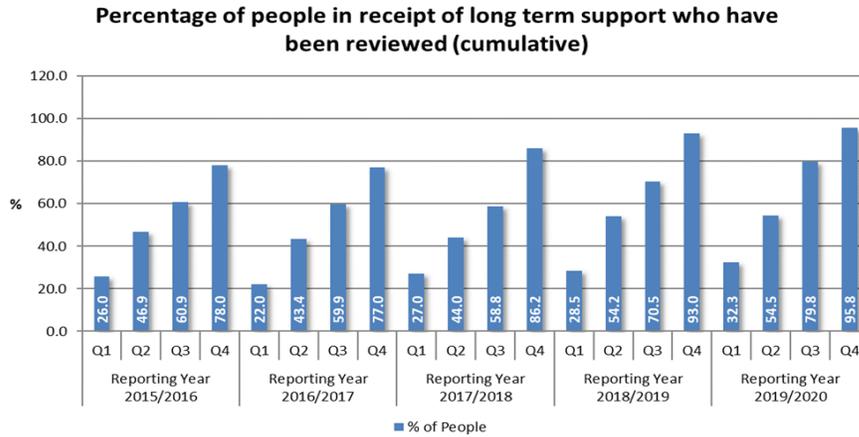
Numerator: For adults in the denominator, those that have received an assessment or review of their needs in the year.

Denominator: Number of current service users receiving long term support in the community or in residential care for 12 months or more.

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



Further details



About the target

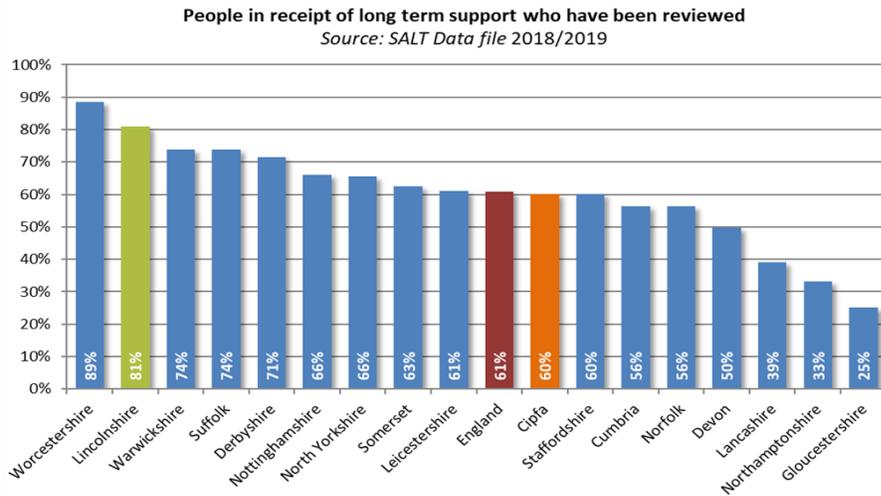
The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

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

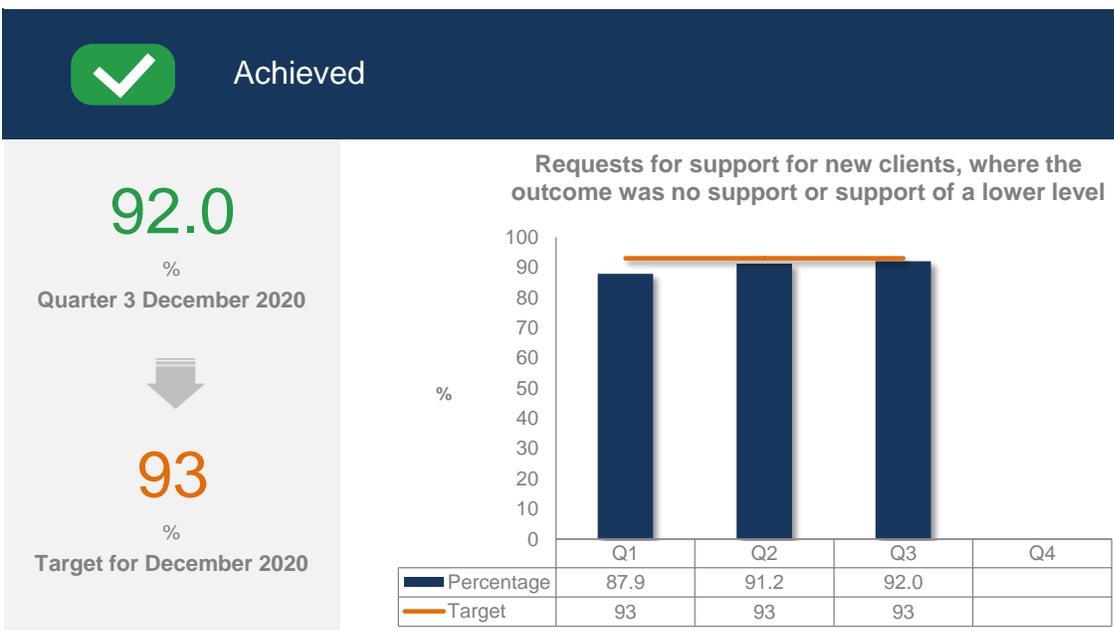
About benchmarking

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



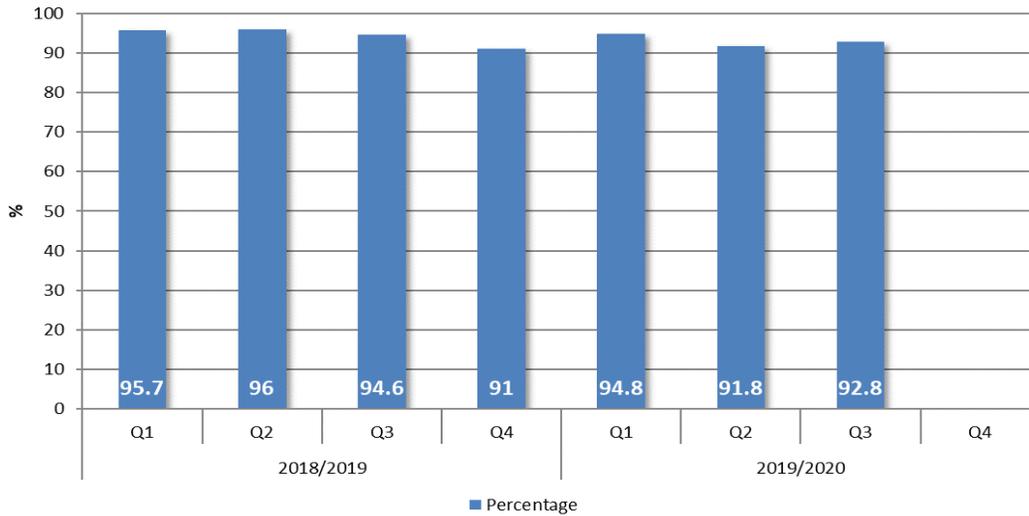
Requests for support for new clients, where the outcome was no support or support of a lower level

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



Further details

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



About the target

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

About the target range

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

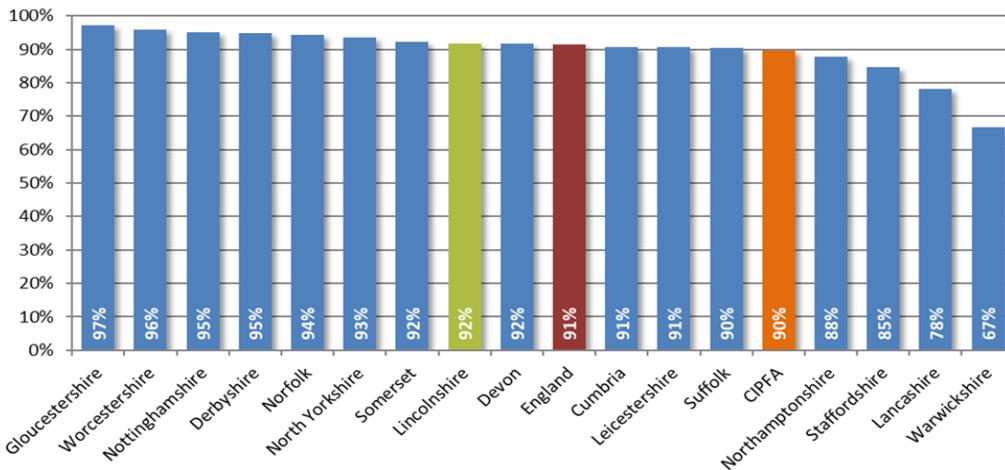
About benchmarking

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

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

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

Source: SALT Data file 2018/2019



Completed episodes of Reablement

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

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

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

Achieved

94.5

%

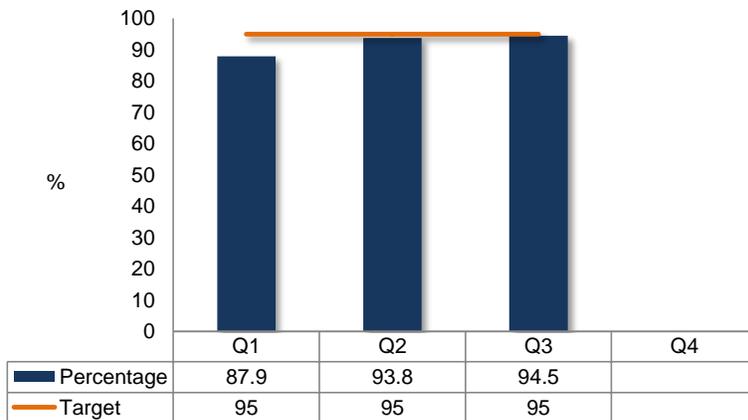
Quarter 3 December 2020

95

%

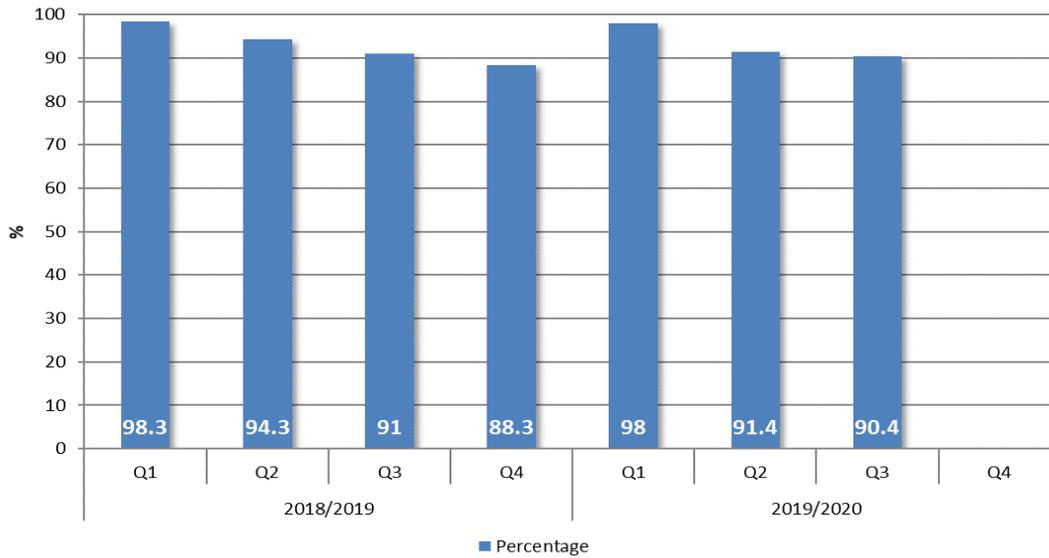
Target for December 2020

Completed episodes of Reablement



Further details

Completed Episodes of Reablement



About the target

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

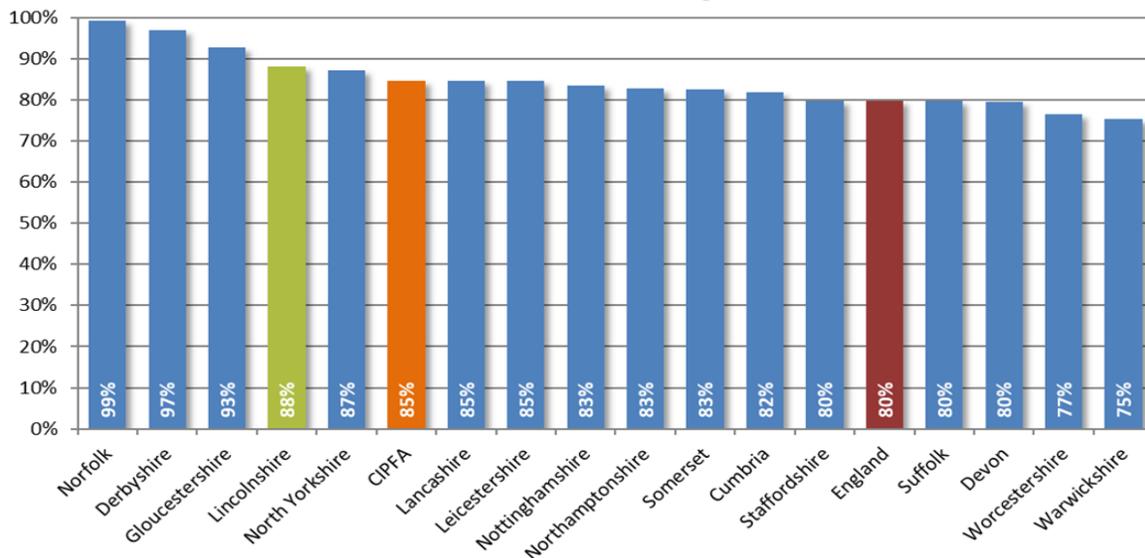
About the target range

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

About benchmarking

Since this measure is an ASCOF measure, benchmarking is available each year in the Summer. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

Completed episodes of reablement
Source: ASCOF - CIPFA Benchmarking 2018/2019



Safeguarding cases supported by an advocate

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

An advocate can include:-

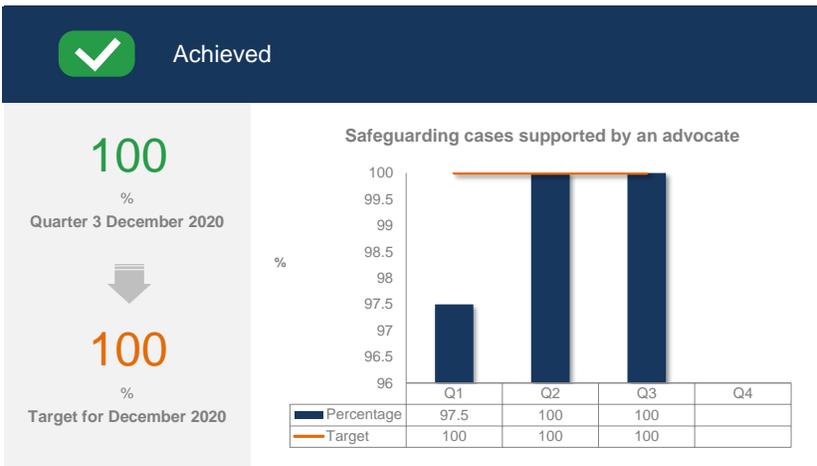
- * An Independent Mental Health Advocate (IMHA);
- * An Independent Mental Capacity Advocate (IMCA); or
- * Non-statutory advocate, family member or friends.

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

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

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

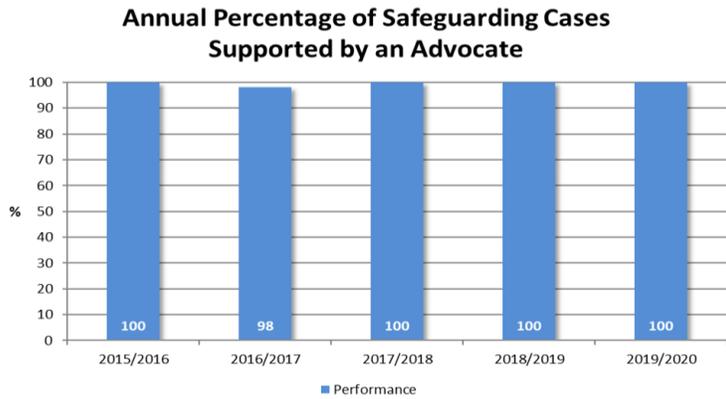
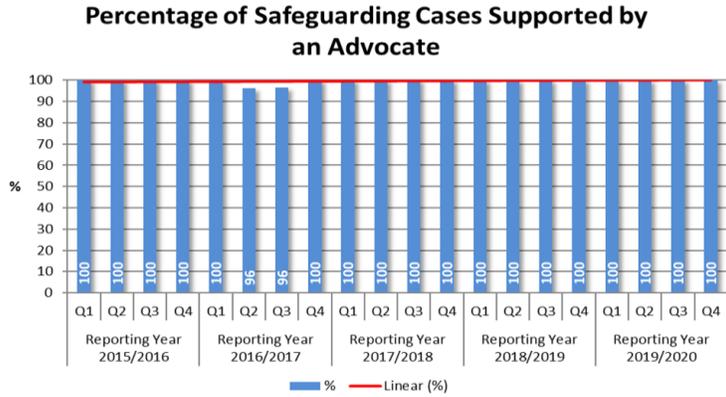
A higher percentage of cases supported by an advocate indicates a better performance.



About the latest performance

Performance in this areas is consistently high, demonstrating that the principles of Making Safeguarding Personal are firmly embedded in practice.

Further details



About the target

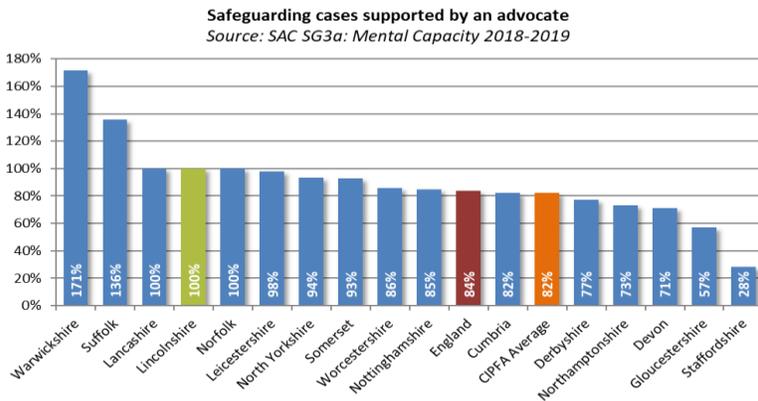
Targets are based on trends and CIPFA group averages.

About the target range

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

About benchmarking

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



Concluded safeguarding enquiries where the desired outcomes were achieved

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

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

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

A higher percentage indicates a better performance.

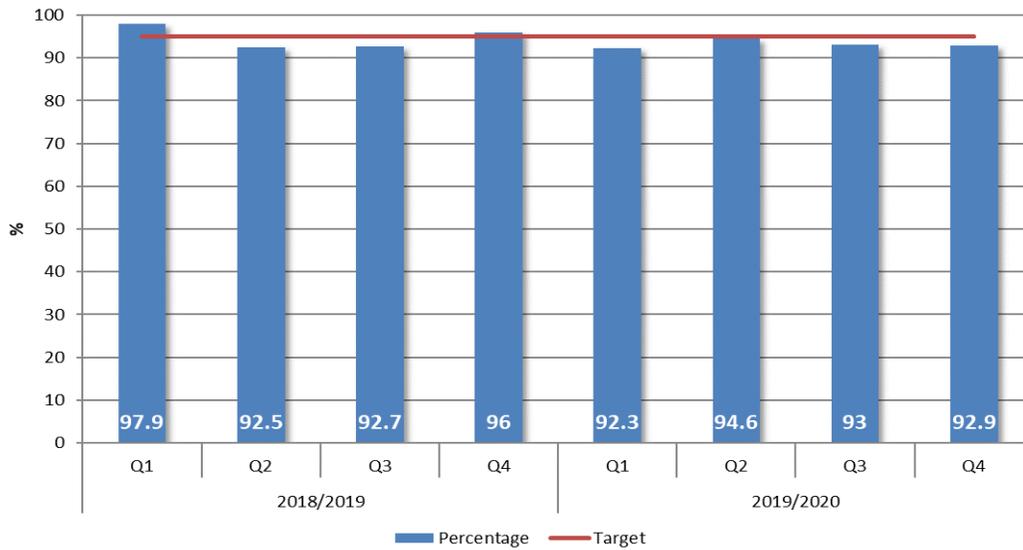


About the latest performance

Performance in this area remains strong and demonstrates a person-centred approach in accordance with the principles of making safeguarding personal.

Further details

Concluded Enquiries Where Desired Outcomes Were Achieved



About the target

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

About the target range

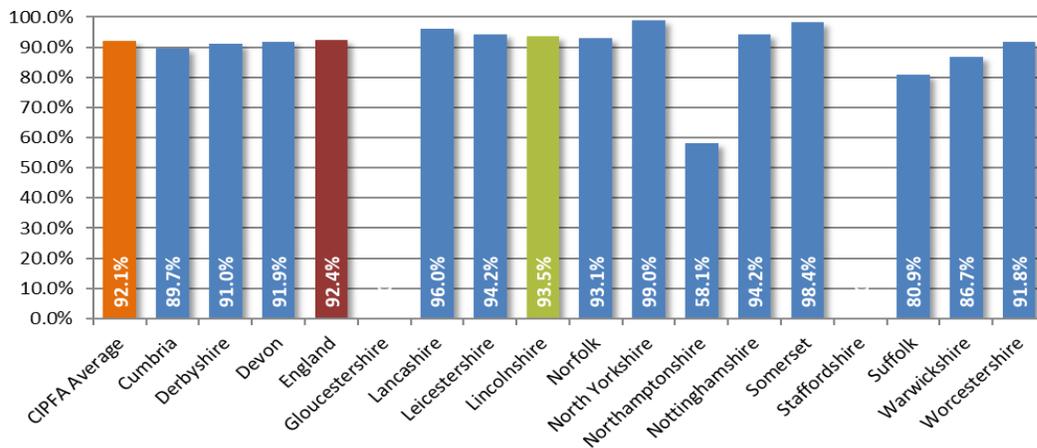
This measure has a target range of +/-5 percentage points.

About benchmarking

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

Safeguarding enquiries where the desired outcomes were achieved

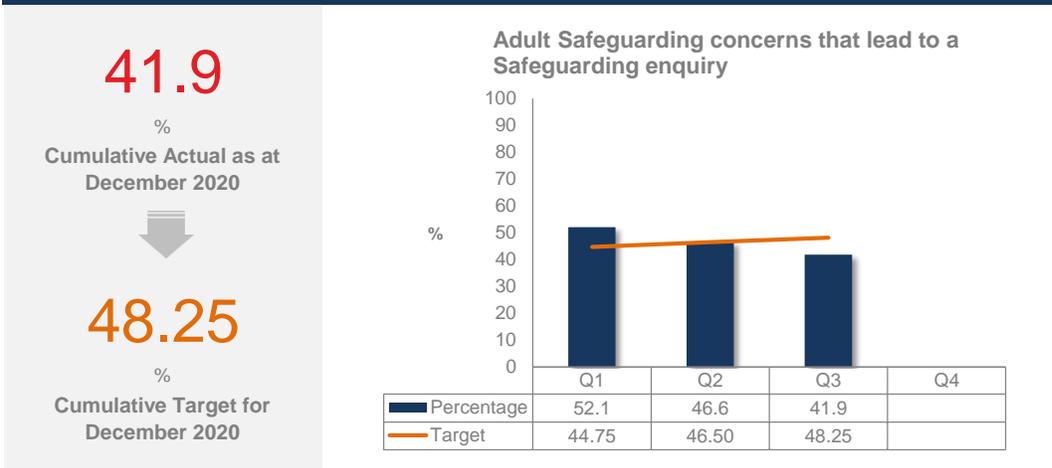
Source: SAC SG4a: Making Safeguarding Personal 2018-2019



Adult Safeguarding concerns that lead to a Safeguarding enquiry

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

X Not achieved

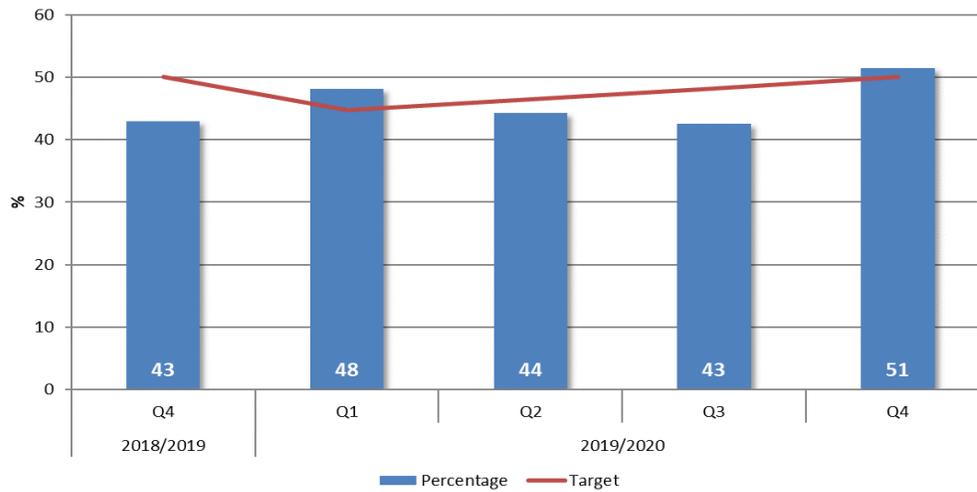


About the latest performance

The Local Safeguarding Adults Board (LSAB) will continue to work with partners to embed learning from the referral form audit. Some activity has been delayed due to the impact of Covid 19. A retrospective change has been made to the quarter 2 target, as it was erroneously recorded as 50% rather than the actual 46.5%.

Further details

Adult Safeguarding concerns that lead to a Safeguarding enquiry



About the target

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

An increment of 5 percentage points for each subsequent year has been proposed, however this may need to be reviewed after a period of monitoring to determine whether this is realistic.

About the target range

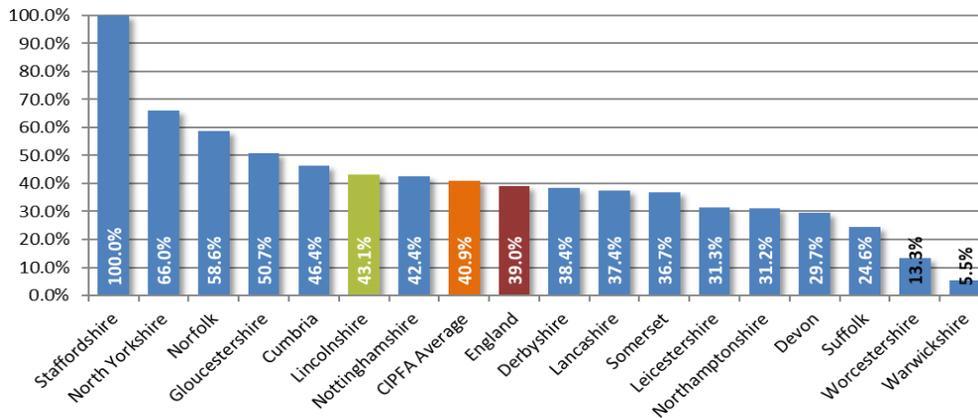
This measure has a target range of +/-5 percentage points.

About benchmarking

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

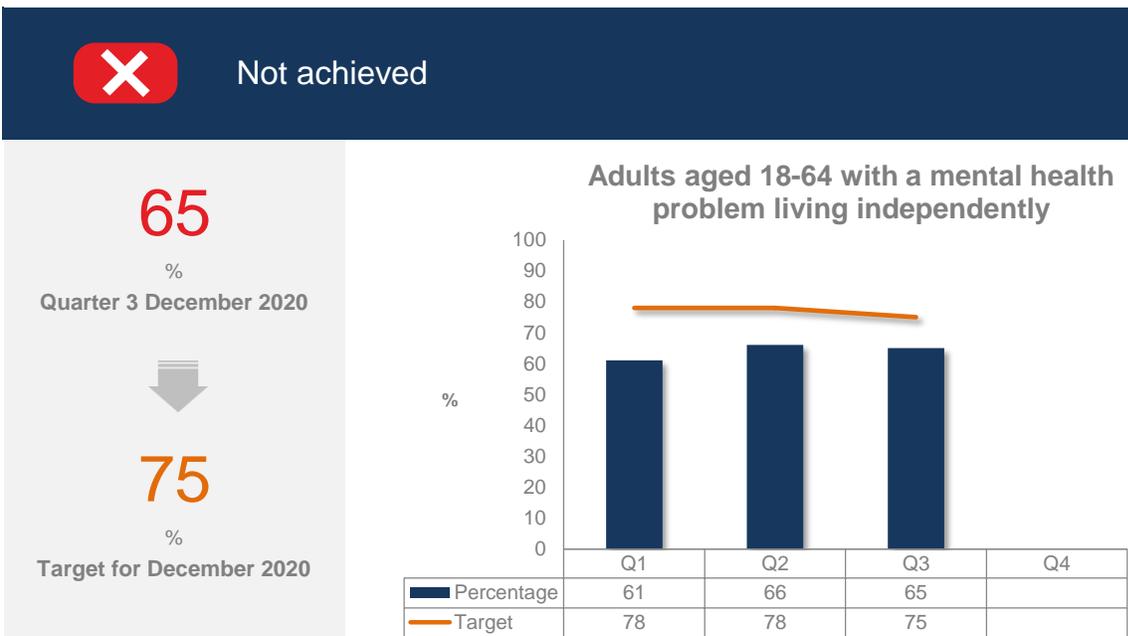
The proportion of adult safeguarding concerns received in the year that lead to a Safeguarding enquiry

Source: SAC SG2b: Safeguarding Enquiries 2018-2019



Adults aged 18-64 living independently

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

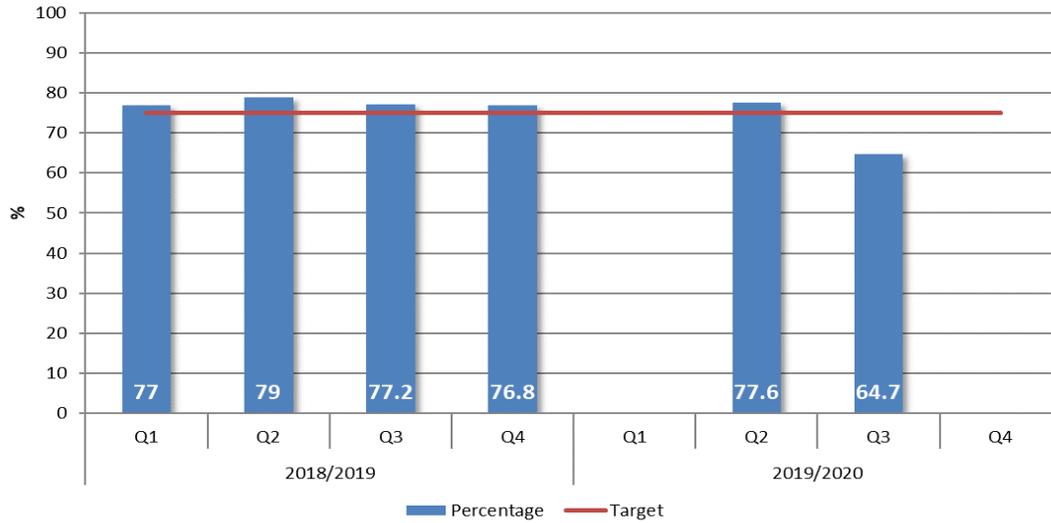


About the latest performance

The trust continues to ensure that those individuals that are supported both by social care under the S75 agreement and by LPFT under health, in addition to being on Care Programme Approach (CPA), are in accommodation settings to ensure their safety and wellbeing. Whilst the target has not been attained, performance for Q3 is in line with the Chartered Institute of Public Finance and Accountancy (CIPFA) group average (our comparator authorities) for 2019-2020 (Mean 61% and Median 67%). The low number of people making up the denominator results in high volatility with regards to performance for this Key Performance Indicator (KPI).

Further details

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



About the target

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

About the target range

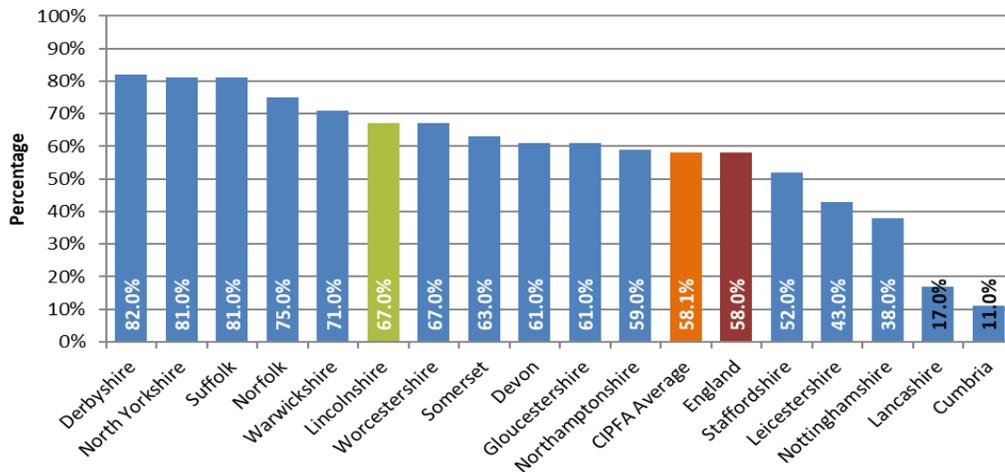
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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

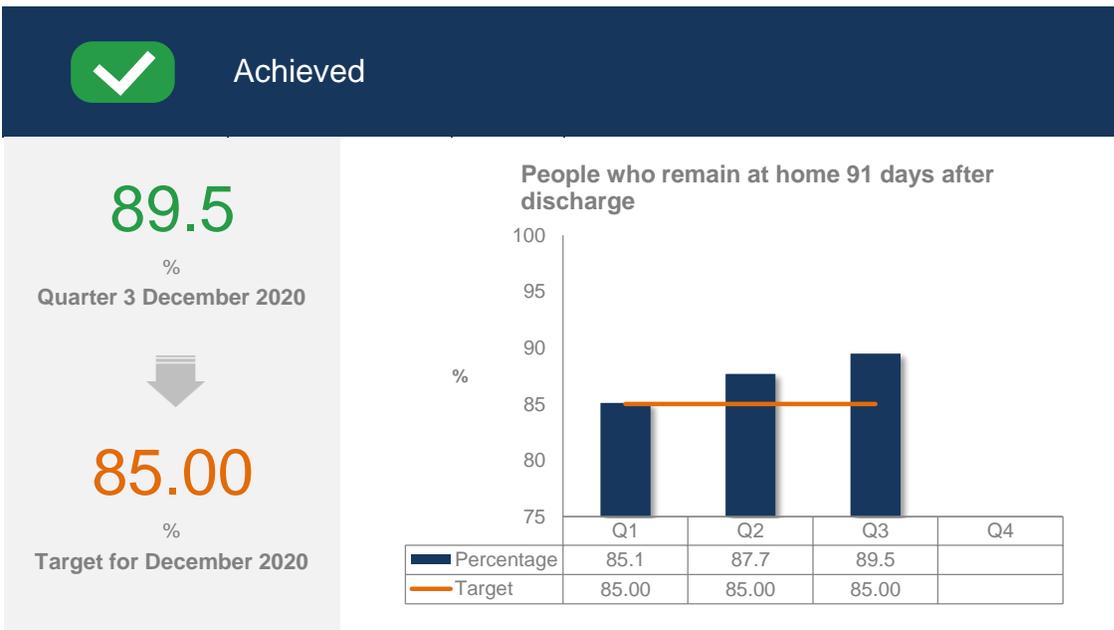
Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

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



People who remain at home 91 days after discharge

The hospital teams discharge clients from hospitals and this new measure will look at all confirmed hospital discharges from acute sites for 18+ year old who were discharged in the previous quarter. This measure looks at how many were still at home 91 days after discharge, being at home is defined as people living in their own home in the community.



About the target

The target for this measure has been set to 85%, based on the average of the past 6 quarters. Our aim is to give us an indicator of how well our commissioned services are at keeping people in the community after a hospital discharge.

About the target range

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

About benchmarking

This is an internal measure so cannot be bench marked nationally, however can be benchmarked internal for the same period last year.

Percentage of alcohol users that left specialist treatment successfully

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

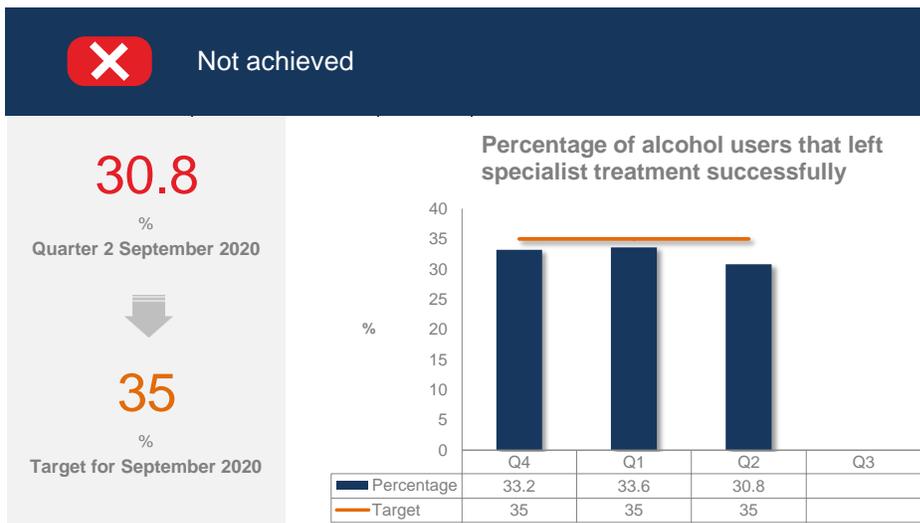
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider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

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

Numerator: Number of successful completions (NDTMS)

Denominator: Number of completions (NDTMS)

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



About the latest performance

The number of those who left specialist treatment successfully has reduced from 33.6% in quarter 1 to 30.8% in quarter 2. So despite the quarter one improvements the impact of the Covid 19 Pandemic is now being seen within the substance misuse services performance.

This is a challenging period for substance misuse treatment services with several sets of revised guidance being released by the Department of Health and Social Care. Most people are currently being seen remotely with face to face appointments being reserved for those deemed as high risk. Services have maintained regular contact with people throughout each lockdown however the focus has been to keep service users and staff safe.

Evidence suggests that alcohol consumption has increased through the pandemic, it's anticipated more people will seek help as restrictions are relaxed which may affect performance over future reports.

Further details

Percentage of alcohol users that left specialist treatment successfully



About the target

A target of 35% has been set to reflect the wording and definition of this measure.

About the target range

The target range for this measure is between 33% and 37% (of people who leave specialist treatment in a planned and successful way). This is based on an expectation of fluctuation in performance across the year.

About benchmarking

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

Percentage of people aged 40 to 74 offered and received an NHS health check

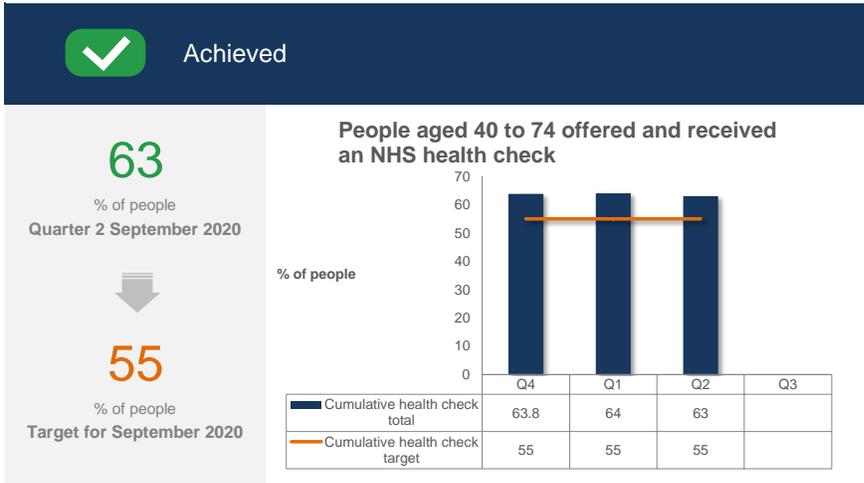
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease,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

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

Numerator: Number of people aged 40-74 eligible for an NHS Health Check who received an NHS health check in the financial year (Integrated Performance Measures Monitoring Return (IPMR_1), NHS England)

Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the financial year (IPMR_1, NHS England)

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

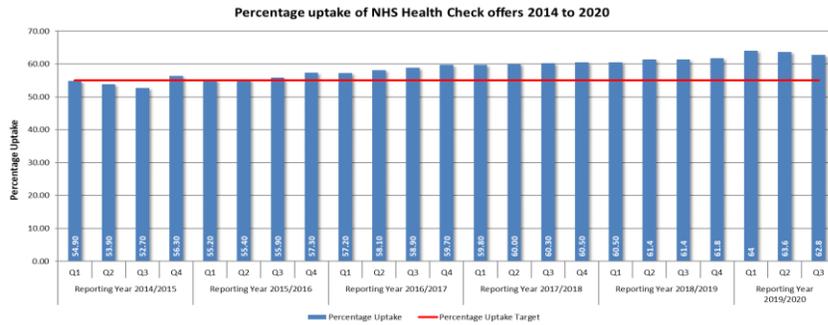


About the latest performance

In Lincolnshire during Quarter 1 2016/17 - Quarter 2 2020/21, the overall percentage of people taking up a NHS Health Check invite was 63% (46.7% in England). This is measured on a 5-year rolling basis.

During 2020/21 the NHS Health Check programme has been impacted by Covid-19, with much reduced activity taking place across the county. Each General Practitioner (GP) Practice is able to self-determine when to restart NHS Health Checks and all practices are expected to restart from April 2021.

Further details



About the target

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

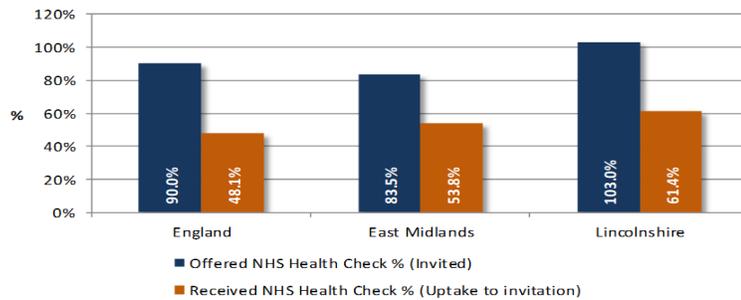
About the target range

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

About benchmarking

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

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



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

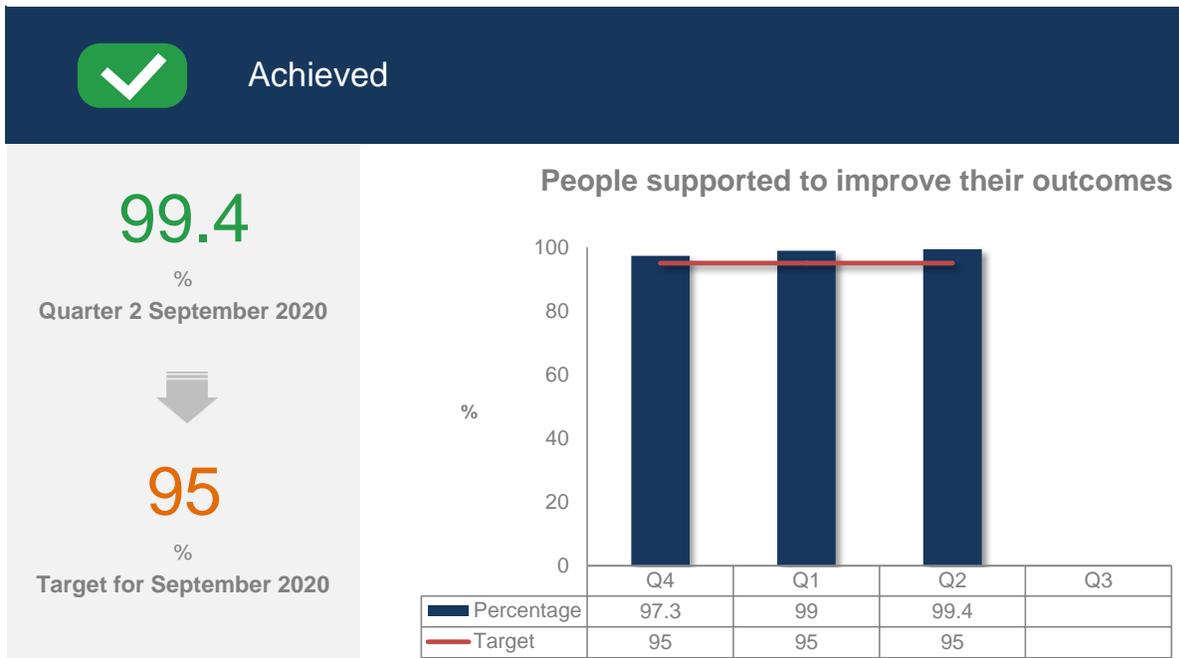
Percentage of people supported to improve their outcomes following Wellbeing intervention

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

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

Denominator: The total number of service users exiting the service.

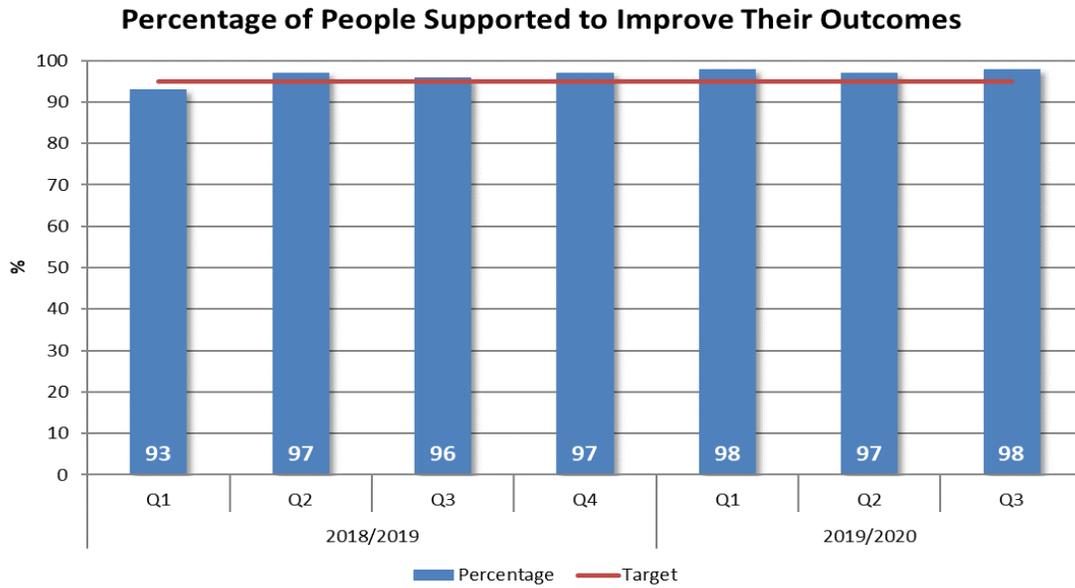
A higher percentage of people supported to improve their outcomes indicates a better performance.



About the latest performance

The Wellbeing Service continued predominantly remote delivery methods in light of the pandemic during this reporting period. Whilst, volumes of referrals did increase this quarter they remain lower than previous year's comparable data. Despite the altered service delivery, the Wellbeing Service has maintained its consistently high performance in supporting individuals to achieve their outcomes. This measure captures the overall improvement in customer's self-determined outcomes through up to 12 weeks of support, advice and signposting to local community resources.

Further details



About the target

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

About the target range

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

About benchmarking

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

People supported to successfully quit smoking

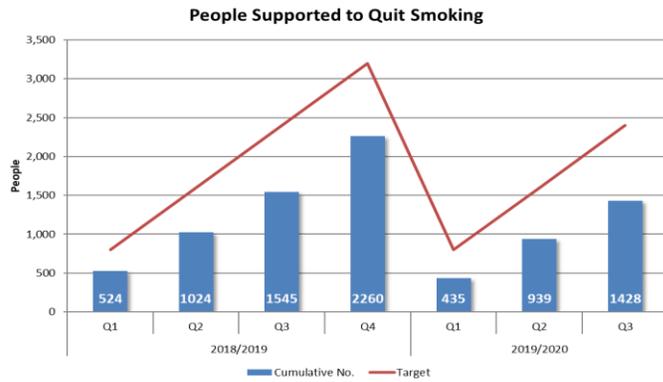
This measure identifies all those people who are supported to quit smoking by stop smoking and tobacco control services. These services raise awareness about the harms of tobacco and encourage and support smokers to quit smoking. People accessing the service are measured at 4 weeks; this will be the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



About the latest performance

One You Lincolnshire has achieved 63% of the target during this report period. As a result of the Covid-19 pandemic the service has moved to phone and digital support for smoking cessation with any nicotine replacement therapy being delivered by post in order to maintain the programme. The transition to this new delivery model in response to the lock-downs has managed to maintain the stop smoking service but the sub contracted services with pharmacies and primary care settings has mainly been suspended although a few did restart delivery between lock-downs which accounts for 9% of activity.

Further details



About the target

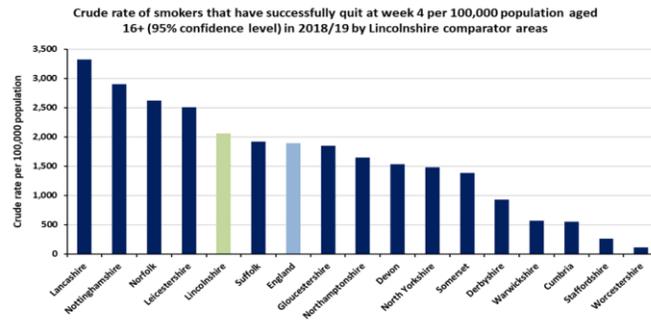
Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF)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

About the target range

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

About benchmarking

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



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

People supported to maintain their accommodation via Housing Related Support Service (HRSS)

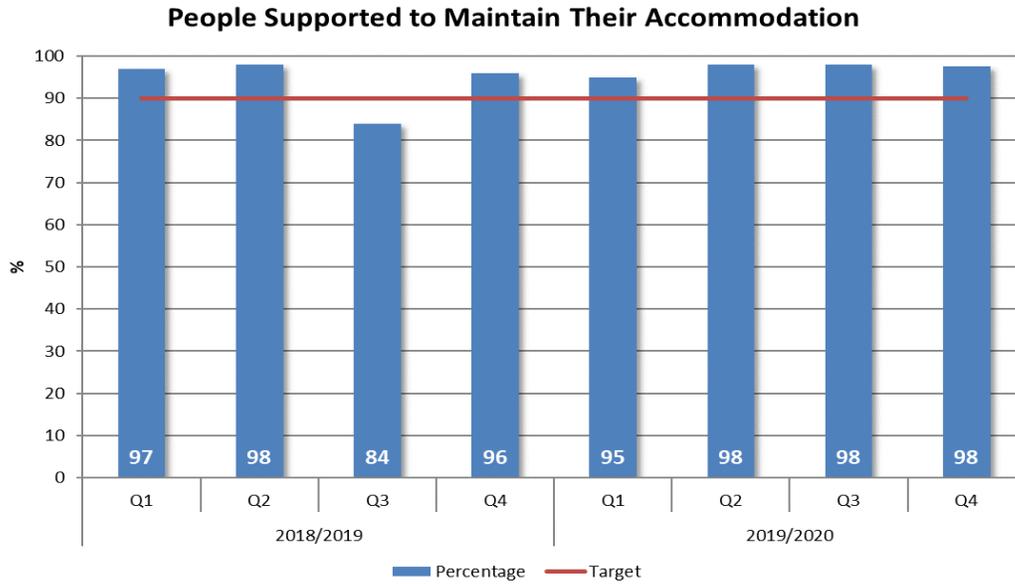
Percentage of service users supported to achieve an overall improvement across their outcomes following a period of three months of housing related support which is the expected average length of support someone will receive.



About the latest performance

The new Housing Related Support contract commenced delivery on 1 October 2020, Lincolnshire County Council have been working with District Council's and Framework as the new provider to improve the number of referrals that are coming through the district housing departments. We anticipate a higher number of referrals during Quarter 4 as the contract settles into its new delivery model.

Further details



About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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

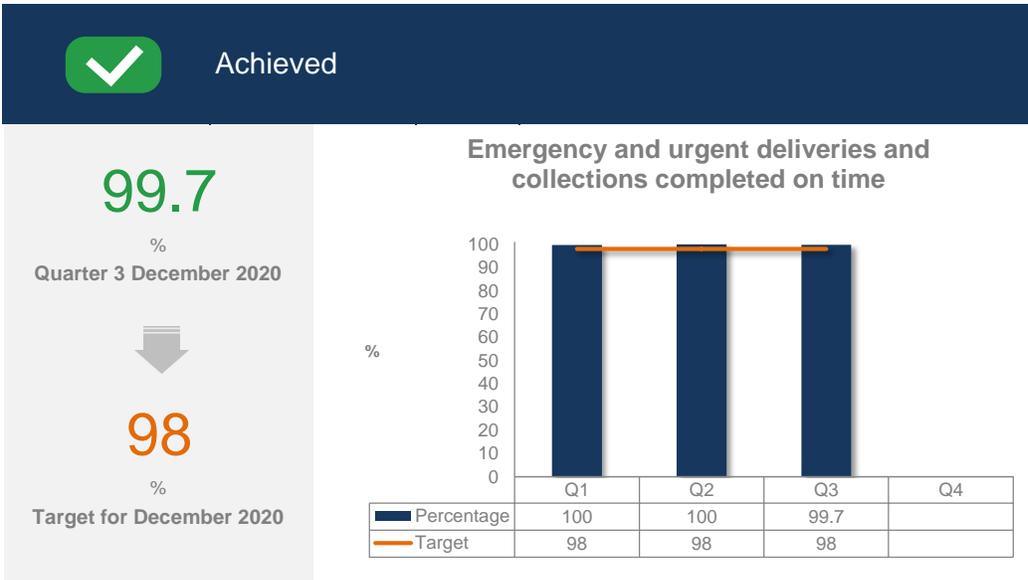
Emergency and urgent deliveries and collections completed on time

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

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

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

A higher percentage indicates a better performance.

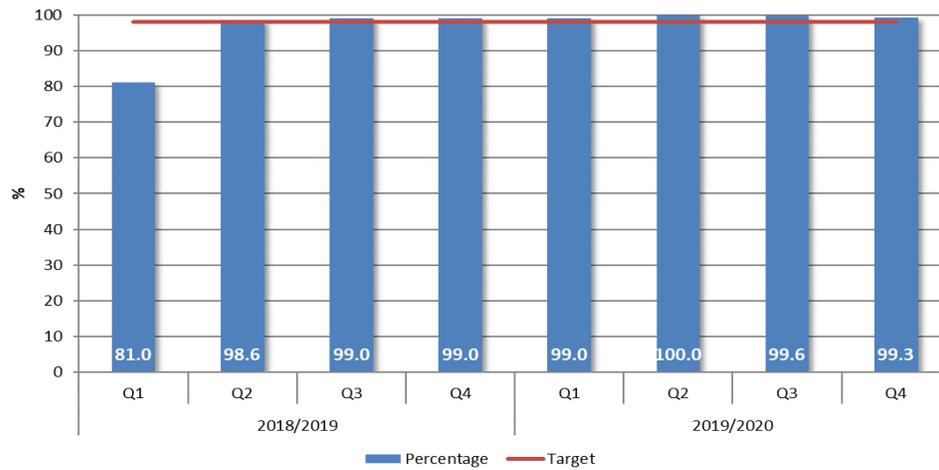


About the latest performance

There has been an increase in demand during quarter 3 mostly as a result of Covid-19 pressures on health and social care. The performance indicator demonstrates that the service has shown resilience in meeting these increases.

Further details

Emergency and Urgent Deliveries and Collections Completed on Time



About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	24 February 2021
Subject:	Mental Wellbeing and Suicide Prevention Action Plan

Summary:

This report highlights some of the mental wellbeing activities undertaken during 2020/21 and progress towards the implementation of the Suicide Prevention Action Plan.

Actions Required:

Adult Care and Community Wellbeing Scrutiny Committee are asked to:

- Note and discuss the contents of the report and the appendix
- Continue to support the work Public Health are leading on for Mental Health and Suicide Prevention

Background

This report highlights some of the mental wellbeing activities undertaken during 2020/21 and progress towards the implementation of the Suicide Prevention Action Plan. The Adult Care Specialists Team lead on a number of workstreams that support the mental health agenda, but this paper focuses on the areas of work that the Public Health Division are leading, including the steps being taken to reduce the number of suicides among Lincolnshire residents. It also highlights some of the mental wellbeing activities undertaken during 2020/21 and the progress being made towards the implementation of the Suicide Prevention Action Plan.

A. Mental Wellbeing

The work on mental wellbeing is as follows:

1. Lincolnshire County Council (LCC) Employee Health and Wellbeing Strategy

The LCC Employee Health and Wellbeing Strategy was launched in May 2019 and provides a number of interventions to support the health and wellbeing of staff. LCC continue to support their staff and have made changes where required due to Covid-19. These include:

- Dedicated Health and Wellbeing information on George - Updates have been made to the pages on Mental Health, Coping with Change, Financial Issues, Relationship Issues, Working From Home, Managing Remote Teams and Local and National Information for Carers
- Lunchtime Wellbeing Sessions - short 30 minute sessions encouraging mental wellbeing and being physically active whilst at work:
 - Motivational Mondays – Guided motivation sessions to get ready for the week ahead
 - Workout Wednesdays – Desk exercises and stretching to get you moving
 - Wind down Fridays – Guided relaxation and stress relief to put the week behind you
- One You Lincolnshire – Healthy Lifestyle advice and support. A communication plan has been in place since August with regular OYL messages to staff.
- Resilience - resilience modules (4 for all staff and 2 targeted to managers) have been commissioned through to September 2021. A total of 1,560 places have been made available. So far just under 45% of the places have been booked. This would suggest that the sessions are welcomed and needed by staff.
- Mental Health First Aid (MHFA) - Health Education England has provided £75k funding for delivery of MHFA training to health and LCC staff. Lincolnshire Partnership NHS Foundation Trust (LPFT) are currently commissioning a third sector organisation to deliver at least 224 course places, between 1 December 2020 and 30 June 2021. This will include spaces for us to commence training for the 100 Mental Health First Aiders in LCC.
- Confidential Counselling Support - the Employee Support & Counselling Service now offers up to 6 video or telephone counselling sessions. Training is being commissioned on group support for cohorts of staff (e.g. those re-deployed to emergency response roles). Priority Referral to Lincolnshire Partnership Foundation Trust is also being given to LCC staff.

2. Lincolnshire County Council Loneliness and Social Isolation Work Programme

There is a growing evidence base regarding the negative impacts of social isolation and loneliness on people's health and wellbeing, both mental and physically. LCC's Public Health Division currently provides services and resources which supports the social connection work programme, which includes:

- Joint Strategic Asset Assessment (JSAA) – a need to undertake a review of 'assets' to sit alongside the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy has been identified.
- Rural and coastal communities' health inequalities - a discussion paper was produced for Adults and Community Wellbeing Scrutiny Committee and Councillor workshops are being planned to review LCC's role in improving outcomes in rural areas.

- Social Prescribing – a discussion with and support to the Integrated Community Care (ICC) leads to maximise the impact of social prescribing linked to the contribution of LCC commissioned services.
- Communities of the Future – a project has been scoped to extend broadband in local areas and provide facilities to support a range of outcomes, including reducing isolation and loneliness. In particular, the aim is to equip community hubs to improve their digital offer (e.g. to telecast an adult learning class so it can 'run' in multiple remote locations). This project will be put to the Greater Lincolnshire Local Enterprise Partnership (GLLEP) Health and Care Enterprise Board to request resources, with LCC support.

3. Lincolnshire County Council 12 Positive Steps to Better Mental Wellbeing

Public Health, with the help of LCC's Communication Team, has developed a 12 Positive Steps to Better Mental Wellbeing social media campaign that aired on the 14 December 2020 to 25 December 2020 showing 12 different ways in which you can improve your mental health and wellbeing. This messaging is being repeated during January 2021.

4. Lincolnshire County Council Mental Wellbeing Webinar

The Public Health Division, along with LCC's Communication Team organised a virtual mental wellbeing webinar on Monday 12 October 2020 to highlight the importance of mental wellbeing. Lincolnshire County Council, with health and voluntary sector partners, outlined the support in place to promote good mental health and wellbeing. Cllr Bradwell spoke at the event along with other speakers from a range of both statutory and non-statutory organisations. It was well attended and the feedback received was positive.

Highlighted support included:

- Specialist, targeted services for people with long-term physical and mental health conditions, those with complex needs and those adversely affected by Covid-19.
- Lincolnshire Mental Health Crisis Care mental health hub and helpline which signposts people to places of support in their area.
- Lincolnshire County Council Connect 2 Support Directory, the Night Light Service and LPFT Crisis Team.
- The SHINE Network outlining their mental health and wellbeing plans.
- GP community mental health support.
- Community outreach support project in Spilsby and Skegness.

5. Mental health impact of Covid-19

The Covid-19 pandemic has been having a mental health impact on the population. These can broadly be divided into three groups:

- Increased loneliness and social isolation of vulnerable people who have been shielding
- Anxiety and depression among those who have lost their jobs or have job insecurity

- Mental health impact of long Covid

These are areas where the Public Health Division is planning to work with other colleagues in LCC and in other organisations.

In addition to the actions noted above the following work will continue:

- Continue to review the LCC Employee Health and Wellbeing Strategy and make changes where required due to Covid-19
- Continue working with LCC Communication department on the send out key messages that support the mental health and suicide prevention agenda
- Continue discussions with LPFT around the development of the mental health work and the recovery planning from Covid-19
- Continue delivering the Suicide Prevention Action Plan
- Continue to support the Domestic Abuse work programme to ensure people needing the services have a safe place to stay and time to reflect and plan their next steps in life
- Mental Health (Adults) is one of the priority areas of the Joint Health and Wellbeing Strategy. The Health and Wellbeing Board over the next year are undergoing a review of the priority areas in light of Covid-19 and partnership working will be key under this review.

B. Suicide Prevention

The Suicide Prevention Strategy 2020/23 and Action Plan 2020/21 were published in October 2020 and can be found on the [Lincolnshire Research Observatory](#). The Suicide Prevention Action Plan covers the period from October 2020 to September 2021.

The Strategy and Action Plan have been produced in collaboration with the Suicide Prevention Steering Group (SPSG), which is a system-wide, multi-agency partnership consisting of statutory and non-statutory organisations, which are interested in and are involved in reducing suicides among Lincolnshire residents. The Action Plan is currently being worked through with the SPSG members and the latest progress report can be found in Appendix A.

I. Progress on delivery of the Suicide Prevention Action Plan

- Under 1.1 of the action plan, an engagement session with people with lived experience, took place on Friday 8 January 2021 to obtain feedback around supporting males around mental health and suicide prevention. The feedback has been used to feed into the Community Suicide Prevention Innovation Fund Market engagement event on 12 January 2021
- Under 1.3 of the action plan, Lincolnshire County Council now have a contract with an organisation called Harmless/The Tomorrow Project to provide a low level Suicide Bereavement Support Service in Lincolnshire. The contract started on 21 December 2020 and lasts for 6 months until 21 June 2021
- Under 2.1 of the action plan, work is well underway to use the transformation funding from NHS England and Improvement to reduce male suicides and support males that self-harm. Engagement with people with lived experience

has taken place to understand how males like to be helped and supported. The Community Suicide Prevention Innovation Fund has been confirmed and engagement with the market has taken place to make organisations aware of this funding and what the money can be spent on. There is a lot of interest in this funding within the community and it is positive that there will be further support out in the community for males to access in the new financial year

- Under 4.2 of the action plan, information on any deaths that are suspected suicides are sent through to Public Health Intelligence Team from Lincolnshire Police on a weekly basis these are uploaded to a master database and mapped. However, due to resources being redeployed to Covid-19 work, this task is behind schedule and no detailed analysis has been conducted from the data received. We are exploring options for the Real Time Surveillance work to be managed by a third party.

II. Impact of Covid-19 on delivery of the Action Plan

Broadly, the progress on the Action Plan has been good despite the pandemic. The majority of the actions are on track. The two actions, which are **Red**, are:

1.2. Identify/develop clear pathways of support for both individuals and professionals

and

4.2. Develop Real Time Surveillance

Both of these actions have suffered from re-deployment of staff into the Covid-19 response. Hence, their delivery dates need to be adjusted, and in the case of the latter, we are planning to contract it out for a short period of time.

The one action, which is **Yellow**, is:

4.1. Explore alternative data sources to gather intelligence to aid prevention of suicidal behaviours.

This is because of the current time commitment of Intelligence Teams across the system on the Covid-19 response and as a result the delivery date may need to change.

III. Future Plans

The following activities are planned for during 2021/22:

- Development of the Suicide Prevention Action Plan for 2021/22
- Continue to provide support to the workforce through the Employee Health and Wellbeing Strategy
- Continue to deliver and develop the Social Connections work programme
- Design the 12 Positive Steps to Better Mental Wellbeing social media campaign into an electronic document.

Consultation

a) Risks and Impact Analysis

A risk assessment for the Suicide Prevention work has been developed and an Equality Impact Analysis was conducted during the development of the Suicide Prevention Strategy 2020/23 and Action Plan 2020/21.

Appendices

These are listed below and attached at the back of the report	
Appendix A	Suicide Prevention Action Plan 2020/21 Progress Report Oct 20- Jan 21

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 Shabana Edinboro, who can be contacted on 07876 395710 or shabana.edinboro@lincolnshire.gov.uk

LINCOLNSHIRE’S SUICIDE PREVENTION ACTION PLAN 2020-2021

The Lincolnshire Suicide Prevention Action Plan has been developed to achieve the vision and priorities set within the Lincolnshire Suicide Prevention Strategy.

It is our intention to review this action plan at each Suicide Prevention Steering Group (SPSG).

The five priorities areas for this action plan stated within the Strategy are indicated below with clearly identified tasks for year one:

RAG Rating Key

	On Plan, no concerns
	On Plan, but concerns or behind plan and no concerns
	Behind plan and concerns

1. Develop a Core Local Offer

ID	Task	How will this be achieved?	Lead	Planned Completion Date	Progress To Date	RAG Rating
1.1	Ensure co-production with those with lived experience throughout the work around Suicide Prevention.	a) Those with lived experience are represented at the SPSG b) Regular engagement sessions are held with those with lived experience to ensure the action plan is updated to reflect the needs of those who need support	Public Health	December 2020	People with lived experience have been engaged with during the development of the Suicide Prevention Strategy and Action Plan. An engagement session with people with lived experience took place on Friday 8 th January 2021 to obtain feedback around supporting males' mental health and suicide prevention. The feedback has been used to feed into the Community Suicide Prevention Innovation Fund that is available to community groups around the county to support male suicide prevention. The	

					event was run by the SHINE Network and Public Health	
1.2	Identify/develop clear pathways of support for both individuals and professionals.	<ul style="list-style-type: none"> a) Produce and publish a visual pathway to services with a "no wrong door" approach linking in with the Mental Health Hub b) Identify any gaps in services c) Promote helplines i.e. Samaritans; 101 d) Identify and promote apps and web-based support 	Public Health	March 2021	<p>The first Pathway Task and Finish group took place on 12th August 2020, which was very productive.</p> <p>As the conversation progressed it became clear that we have a lot of information already produced in different documents and formats and what we need to do is put the information into one document.</p> <p>Due to Public Health resources being redeployed to Covid-19 work, this task is behind schedule and will be delayed by two months. Public Health are aiming to have a draft pathway by May 2021.</p>	
1.3	Identify support available for families and those bereaved by suicide	<ul style="list-style-type: none"> a) Map the current services available to those that have experienced bereavement by suicide including trauma support b) Develop clear pathways to these services c) Talk to those bereaved by Suicide and obtain feedback from their experiences and identify any gaps in provision d) Order and distribute "Help is 	Public Health	May 2021	<p>Under A and B, Public Health are in the process of mapping all the current services available to people in Lincolnshire, both locally and nationally around, generic bereavement support, suicide bereavement support and trauma support. Once gathered, this will be added to the Connect to Support website and developed into an electronic document that will be shared with all partners. All services will state the clear pathways and referral criteria.</p> <p>Under C, Public Health are exploring ways in which to conduct engagement with those that are bereaved through a suicide.</p> <p>Lincolnshire County Council Public</p>	

		<p>at Hand booklet"</p> <p>e) Explore options for commissioning a suicide bereavement support service for those bereaved through suicides</p>			<p>Health now have a contract with an organisation called Harmless/The Tomorrow Project to provide a low level Suicide Bereavement Support Service in Lincolnshire. The contract started 21st December 2020 for 6 months, until 21st June 2021. The following will be provided by Harmless:</p> <p>The aim of the service is to provide an initial Suicide Bereavement response to those bereaved by suicide. The Lincolnshire Coroner's Office, the Public Health Suicide Prevention Lead and Lincolnshire Police can refer into this service only for those recently bereaved due to a death through a suicide. The service will provide a coordinated response for each deceased household, by offering the following support:</p> <ol style="list-style-type: none"> 1. Provide initial contact within 72 hours of referral 2. Complete an assessment of need 3. Provide information, advise, guidance and sign-posting 4. Send the 'Help is at Hand' booklet to the primary member of the bereaved household (Supports part D of the task) <p>Referrals can be made via Lincolnshire Police, the Lincolnshire Coroner's Office and Public Health only, as this is a temporary, low level support service.</p> <p>Under E, Public Health will start to explore options to commission a suicide bereavement support service in April</p>	
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					based on the Harmless/The Tomorrow Project contract. However funding from NHS England and Improvement for a Postvention service until 2022/23 in Lincolnshire.	
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2. High Risk Groups

ID	Group	How will this be achieved?	Lead	Planned Completion Date	Progress To Date	RAG Rating
2.1	Males	<p>a) Submit a bid to NHSE/I for Suicide Prevention Wave 3 money to support the work around males and suicide prevention</p> <p>b) Once funding has been secured develop an agreed approach to supporting males around suicide prevention</p>	SHINE	February 2021	<p>Task A is complete and funding secured. Lincolnshire were successful in securing Wave 3 Suicide Prevention funding of £151,000 each year for 3 years. This money will be spent on Males.</p> <p>SHINE are taking the lead on Task B. The following is an update on progress since last update:</p> <ol style="list-style-type: none"> 1. Project Brief approved 2. Governance – Multi-Agency Project Board meetings held monthly to oversee development and delivery of projects. 3. Grant Agreement and associated papers approved 4. Recruitment process for SHINE staff - Project Manager interviews on 13 January & deploying resources to support project development and delivery working with partner agencies through Development Consultant 	

					<p>5. Engagement with people with lived experience and organisations underway and will inform investment programme for the development of mutual support groups and awareness raising</p> <p>6. Community Suicide Prevention Innovation Fund engagement has been started with the market and an event took place on 12th January 2021. A lot of interest of the funding in the community.</p>	
2.2	People who self-harm	<p>a) Develop an agreed approach to support people who self-harm</p> <p>b) Implement the "Self-harm and suicide prevention framework" created by Health Education England (HEE) and the National Collaborating Centre for Mental Health (NCCMH)</p> <p>c) Implement good practice based on NICE Guidance CG16 "Self-harm in over 8s: short-term management and prevention of recurrence" and NICE Guidance CG113 "Generalised anxiety disorder and panic disorder in adults: management"</p>	SPSG Task and Finish Group	May 2021	<p>The SPSP Self-Harm Task and Finish group have met up three times and have outlined the work that is required under task 2.2.</p> <p>The draft approach will be ready for March and will be shared with the SPSP for comments.</p>	

<p>2.3</p>	<p>Support towards a safe, decent and secure environment for those in prison to reduce the risk of self-inflicted death amongst prisoners and reduce levels of self-harm in custody</p>	<p>a) Have a comprehensive suicide prevention protocol in place. This will include:</p> <ul style="list-style-type: none"> - Implement effective screening for signs of increased risk self-harm or suicide, particularly during early days in custody, and ensuring interventions are in place to manage and reduce this risk - Providing prisoners with meaningful activities in line with their individual resettlement and criminogenic needs - Support prisoners to develop and maintain pro social support networks including family and community organisations - Ensuring prisoners live in a decent and clean environment - Implement a holistic safety framework for HMP Lincoln in line with national safety framework 	<p>HMP Lincoln</p>	<p>September 2021</p>	<p>The following is an update on progress to date:</p> <ul style="list-style-type: none"> • Risk screening is undertaken via a combination of HMP reception protocols and locally commissioned and funded partnership screening with Lincolnshire Action Trust (LAT) called “SPARC+”. SPARC+ screens for signs of finances risk prior to arrival at HMP Lincoln in court custody suites and flags alerts to HMP Lincoln teams so that bespoke support can be given on arrival. This is further enhanced via an induction process (currently 14 days due to Covid-19 cohorting process) which supports those newly into custody in a separate environment and helps them adjust to custodial living/community • All prisoners are offered the opportunity to engage in meaningful activity in custody either in workshops or education. This is allocated as part of their pathway which is designed in consultation with their prison offender manager who manages there sentence plan • HMP Lincoln have in place a families and significant other strategy which set out the actions HMP/YOI Lincoln, and its partners will take to develop and build family ties and support networks • HMP Lincoln delivers a clean environment despite a Victorian setting. This year the governor has 	
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					<p>secured additional £20m of funding to deliver decency improvement across the site from including heating, windows, showers, flooring etc. HMP and the regional director undertake regular decency checks and positive feedback is received from these sources and also from prisoners during annual measuring the quality of prisoner life (MPQL) survey</p> <ul style="list-style-type: none">• Local framework has been created and is undergoing consultation and competitive analysis prior to publishing.• Local framework for suicide and self-harm now in place and providing strategy delivery for HMP/YOI Lincoln• Due to national Covid pandemic (and local outbreak site during December) and HMPPS Covid control regime men in custody at HMP/YOI Lincoln are experiencing extended periods do in cell confinement to limit contact. To limit the effects of this confinement on wellbeing and anxiety related self-harm, HMP/YOI Lincoln has implemented a “1st time fix” programme to identify and resolve issues at the earliest opportunity.• Activity packs have been created and are given to the men in custody on regular basis to provide in cell distraction activates• Virtual visits via “purple visits” has	
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					<p>been implemented at HMP/YOI Lincoln to provide men with the opportunities to keep in contact with their families and support networks during Covid restrictions</p> <ul style="list-style-type: none"> • Nottingham Healthcare trust (healthcare providers) have gained additional funding to operate a new self-harm pathway which focuses on those men who self-harm and ways to support them and reduce further self-harm taking place. 	
2.4	Reduce suicides of mental health patients within both the community and in-patient settings supporting the zero suicide ambition	<p>a) Work closely with Lincolnshire Partnership NHS Foundation Trust (LPFT). Follow LPFT Suicide Prevention Strategy to support them in:</p> <ul style="list-style-type: none"> - delivering the LPFTs inpatient zero suicide ambition plan year on year aims developing and implementing an LPFT community zero suicide ambition plan 	LPFT	March 2021	<p>The Trust launched its 2020 – 2023 Suicide Prevention Strategy in September 2020 setting out its vision for patients and their families/carers who access our services. The Covid-19 pandemic has impacted on some progress of the Inpatient Zero Suicide Ambition Plan as resources needed to focus upon the resilience response. Due to this the Trusts Clinical Advisory Group agreed that the innovative work within the action plan be suspended whilst those actions which had been completed could become more embedded. There does not appear to have been an increase in suicide during the period March 2020 to October 2020 but the Trust remains alert particularly heading towards the winter months, on-going pandemic and increasing risk of recession.</p> <p>A key part of meeting the strategy is the development of a the strategy is the Community Zero Suicide Ambition</p>	

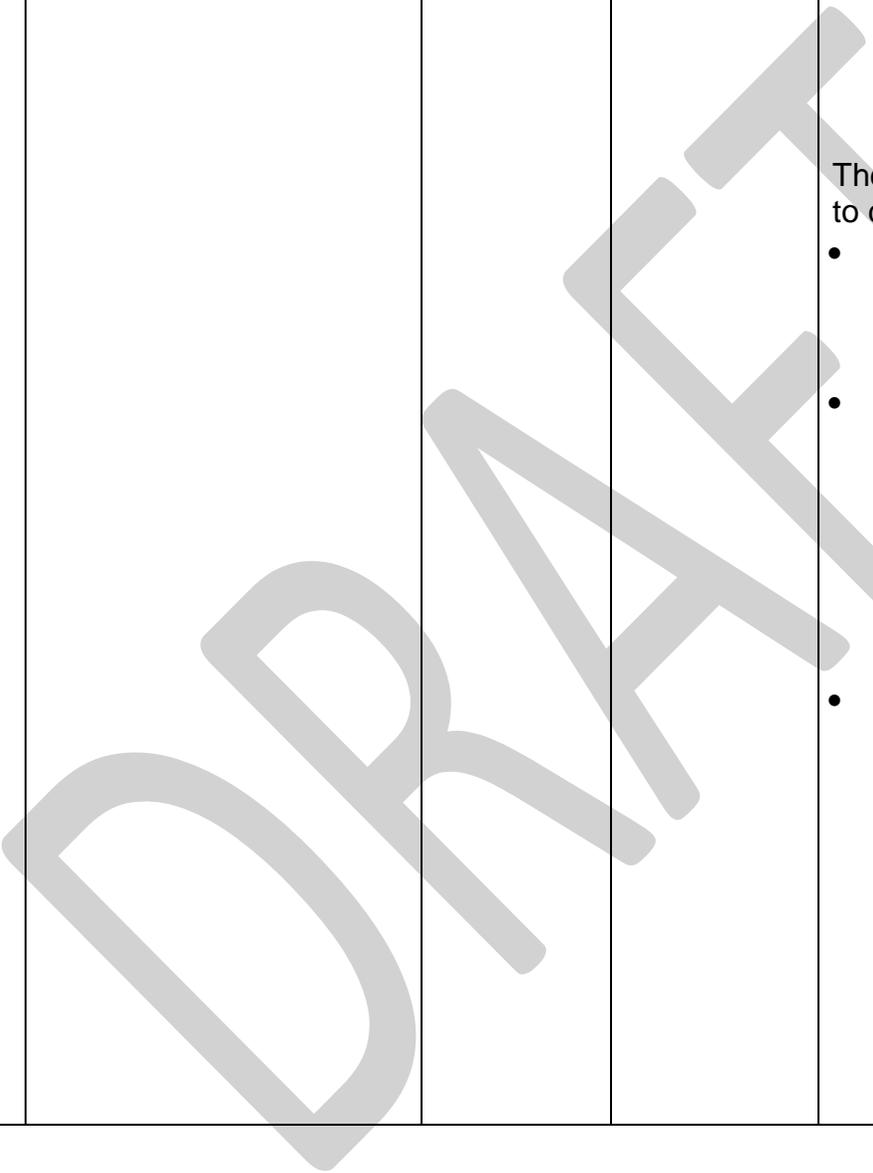
					Plan this important piece of work has been progressing with key stakeholders and it is anticipated that a final plan will be formulated during quarter 3 of 2020/21.	
2.5	Those suffering during the COVID-19 pandemic	a) Work with the relevant organisations that support the various groups of people being adversely affected by the COVID-19 pandemic	SPSG	Ongoing	No concerns to report at the moment. Action: All SPSG members to raise any concerns to Samantha Long MSO to Kakoli Choudhury or during SPSG meetings.	

3. Children and Young People

ID	Task	How will this be achieved?	Lead	Planned Completion Date	Progress To Date	RAG Rating
3.1	Promote positive mental health and emotional resilience	a) Work with schools, colleges and universities to raise awareness of mental ill health b) Training to early years providers, schools staff, colleges and future teachers/childcare providers on early warning signs, supporting and signposting of emotional/mental ill health and suicidal behaviours c) Mental Health Support in Schools roll-out in	Children Services/ Academies / Schools/ further and higher education	Ongoing Ongoing Operational from Jan 2021	The following is an update on progress to date for task a: <ul style="list-style-type: none"> CAMHS, Healthy Minds Lincolnshire and MHSTs created online resources, videos and workshops to support CYP's emotional wellbeing and mental health concerns, parents/carers and professionals. Resources available to schools via Kyra Teaching School – Mobilise Project Partnership working with Lincoln University re. The Office for Students Project continues with both LCC and LPFT represented on the Steering Group. Children's Commissioning Team in collaboration with CYP and other 	

		Lincoln and Gainsborough areas			<p>stakeholders developed the "Here to Help" pocket-sized information leaflet that gives information about CYPMH services including crisis. 6,000 leaflets were distributed to Lincolnshire secondary schools in September 2020.</p> <p>The following is an update on progress to date for task b:</p> <ul style="list-style-type: none">• Wellbeing for Education Return training which is DfE funded project in response to Covid-19 is being rolled out to all state-funded education settings which pupils aged 5 to 18 years, with on-going support for education settings up until end of March 2021. Healthy Minds Lincolnshire is acting as lead on behalf of the Council and training being delivered by Healthy Minds Lincolnshire in partnership with other key LCC and commissioned services.• Online workshops, resources and videos created by LPFT (CAMHS, Healthy Minds Lincolnshire and MHSTs) to support CYP's emotional wellbeing and mental health concerns. Healthy Minds Lincolnshire utilising workshops and online resources to provide training to education staff on how to use these within their own settings.• Healthy Minds Lincolnshire dedicated professionals resource hub is also available.	
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				<ul style="list-style-type: none">• Kyra Teaching School through Mobilise Project supporting the Recover Lincolnshire initiative, including Recovery Curriculum: Reconnection, Re-engagement and Re-set and Building Resilience. <p>The following is an update on progress to date for task c:</p> <ul style="list-style-type: none">• MHSTs in Lincoln and Gainsborough continue to work towards becoming fully operational from January 2021.• Education Mental Health Practitioners (EMHPs) completed their training with Derby University at the end of December 2020, with results of final submissions pending (anticipated that outcome of final submissions will be known by March 2021)• Lincolnshire successful in a second bid for MHSTs in Boston and Skegness (and surrounding area). These teams commenced their induction with LPFT 4th January 2021 and will commence their training year with Derby University from end of January/beginning of February 2021. Upon successful completion of training it is anticipated that teams will be fully operational from January 2022.	
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3.2	Continue to provide and further improve the outstanding mental health support on offer in Lincolnshire	<p>a) Effective contract management of the Healthy Minds Lincolnshire, Kooth online Counselling and CAMHS contracts</p> <p>b) Review of Healthy Minds Lincolnshire and other emotional/behavioural support commissioned by Lincolnshire County Council</p>	Children's Services / LPFT	<p>Ongoing</p> <p>December 2021</p>	<p>The following is an update on progress to date for task a:</p> <ul style="list-style-type: none"> Contract management of Services continues to take place. . <p>The following is an update on progress to date for task b:</p> <ul style="list-style-type: none"> Review has continued during Covid-19 and is still on-going. Covid-19 has impacted on the timescales of the review and these are currently being revisited. 	
3.3	Ensure effective response when children are in crisis	<p>a) Develop more effective mental health risk identification across CAMHS and social care to prevent escalation to point of hospitalisation</p> <p>b) Work with regional and local partners on New Models of Care to provide 'hospital in the home' care to children instead of admission to out of county MH inpatient units</p> <p>c) Develop more responsive 24/7 crisis response for children as part of the local NHS five-year plan</p>	Children's Services / CCGs / LPFT / Regional provider collaborative / NHSE	<p>December 2020</p> <p>March 2021</p> <p>March 2022</p>	<p>The following is an update on progress to date for task a:</p> <ul style="list-style-type: none"> A more effective tracking spreadsheet is now in place that allows multi-agency discussion about CYP judged at risk of MH inpatient admission by CAMHS colleagues at the monthly joint Complex Case meetings. The next step is to refine and align this with Transforming Care dynamic risk assessment. <p>The following is an update on progress to date for task b:</p> <ul style="list-style-type: none"> The Community Crisis and Enhanced Treatment Team is now fully operational and successfully supporting CYP with intensive treatment in the community to prevent inpatient admission for General Adolescent Unit (GAU) beds. CYP inpatient admissions remains low, they are also 	

					<p>supporting eating disorder patients in the community who are recovering but still require nasogastric tube feeding. Continued monitoring of the implementation of these new arrangements is required as contractual responsibility changes from NHS England to the new Provider Collaborative model.</p> <p>The following is an update on progress to date for task c:</p> <ul style="list-style-type: none"> • Complete. Through the implementation of the New Model of Care for CYP Tier 4 crisis and work around 24/7 telephone access in response to Covid, Lincolnshire has an effective and responsive crisis provision in place. 	
3.4	Evaluate the impact of the new assessment form for young people in Lincolnshire Secure Unit that self-harm or are suicidal	<p>a) Task How will this be achieved? Type of Engagement Lead Planned Completion Date</p> <p>b) Evaluate the impact of the new assessment form for young people in Lincolnshire Secure Unit that self-harm or are suicidal Ensure, following training, that the new assessment (yellow form) is used as required.</p> <p>c) Consistently review the use of the form</p>	Children Services	September 2021	<p>The following is an update on progress to date:</p> <ul style="list-style-type: none"> • All training completed for staff on the theories behind self-harm and suicide, along with how to complete the new 'Suicide and Self-Harm Keep Safe (yellow) assessment form'. An audit process of the assessment has been finalised. • Staff feedback on the training was positive, particularly the additional section for the teachers in school to complete. All further follow up actions complete. • Staff want to ensure the young person's voice is considered. A leaflet for young people has been 	

		<p>and capture information and feedback for evaluation.</p> <p>d) Complete evaluation and identify any improvements.</p> <p>e) Make changes and improvements if needed based on lessons learnt.</p>			<p>produced to explain the new process and to assist their understanding of how they will be involved in decision making to keep them safe.</p> <ul style="list-style-type: none">• The new assessment has been undertaken on two young people. Both had the opportunity to feedback but declined. Further conversations with young people are taking place.• Engagement with school was positive. Agreement that young person should not being automatically excluded from lessons due to self-harm or suicidal thinking and that risk assessment should help inform what activities young people are able to take part in.• Care staff have been thinking more flexibly about helping young people create 'safer room environments' so that instead of removing items from rooms they can keep items that help them soothe. The healthcare team have also been creating self soothe boxes with young people.	
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4. Intelligence

ID	Task	How will this be achieved?	Lead	Planned Completion Date	Progress To Date	RAG Rating
4.1	Explore alternative data sources to gather intelligence to aid prevention of suicidal behaviours	a) Set up Suicide Prevention Data Review sub group b) Determine the different types of data sources available including any interventions and attempted suicides	Public Health	March 2021	The first Data Task and Finish Group took place on 14 th January 2021, were the group discussed the different types of data they collect and as a group will think about how this information can be used to support the suicide prevention work and will be discussed further at the next Task and Finish group meeting.	

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4.2	Develop Real Time Surveillance	<ul style="list-style-type: none"> a) Conduct a pilot through Lincolnshire Police data b) Confirm final protocols and procedures based on the findings from the pilot c) Phased inclusion of data from additional sources with established information sharing agreements with each organisation i.e. EMAS, A&E, British Transport Police d) Use the intelligence to identify themes and where resources need to be targeted 	Public Health	June 2021	<p>The Real Time Surveillance (RTS) project has been up and running since January 2020 with Lincolnshire Police and has been going very well.</p> <p>Information on any deaths that are suspected suicides are sent through to Public Health from Lincolnshire Police on a weekly basis and uploaded to a master database and mapped. The information is then shared with Public Health Suicide Prevention leads.</p> <p>The RTS work will expand to other data sources and organisations in a planned way, yet to be determined by the Data Task and Finish Group.</p> <p>Due to Public Health resources being redeployed to Covid-19 work, this task is behind schedule and no detailed analysis has been conducted from the data received from Lincolnshire Police. Public Health are exploring options for the RTS work to be managed by a third party.</p>	
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5. Awareness and Training

ID	Task	How will this be achieved?	Lead	Planned Completion Date	Progress To Date	RAG Rating
5.1	Develop a communications plan for suicide prevention in Lincolnshire	<p>a) Produce a communications plan for Suicide Prevention in Lincolnshire</p> <p>b) Identify national suicide prevention campaigns i.e. Time to Change</p> <p>c) Agree campaign materials i.e. suicide SAFE material or national material</p>	Public Health	February 2021	<p>The Communication Plan has been drafted and will be discussed at the next SPSG on 3rd February 2021.</p> <p>Information and material already produced are being gathered and will be created into one document.</p>	
5.2	Develop Suicide Prevention Website	<p>a) Work with Connect to Support Lincolnshire to create a Suicide Prevention website for all to recognise suicide signs and provide early intervention, prevention, support and signposting resources</p>	SPSG Task and Finish Group	June 2021	<p>Discussions have taken place with Connect to Support Lincolnshire who are happy to develop a dedicated page on Suicide Prevention.</p> <p>Reviews of other websites have been undertaken and material being gathered. This will be shared with the SPSG once recommendations have been made.</p>	
5.3	Identify training available to recognise suicidal signs and provide early intervention, prevention, support and signposting	<p>a) Identify the training available, including online training</p> <p>b) Explore delivery options for provision of Suicide Prevention and Intervention training</p> <p>c) Ensure this links with the countywide Mental Health workforce</p>	Public Health	July 2021	<p>The Zero Suicide Alliance (ZSA) provide access to a free online training resource which is accessible and useful for any member of the community. It can be accessed here: https://www.zerosuicidealliance.com/training</p> <p>Covid-19 has prevented face to face training for several months and this looks set to continue into 2021. The</p>	

		training programme		<p>ZSA training is online and the MHFA training will also be facilitated via an IT platform until such time as face to face training can safely resume.</p> <p>The roll out of Mental Health First Aid (MHFA) within the county has been affected by Covid-19 since March 2020. A very small number of courses have taken place with reduced numbers of delegates to ensure safety of all. Regrettably we are not undertaking any MHFA courses at the moment.</p> <p>However, during the past couple of months, the MHFA sub group of the MH Crisis Care Concordat put out an Expression of Interest within the county to current MHFA trainer organisations to seek interest to deliver an agreed number of course places to the health and care sector in Lincolnshire between now and June 2021. The contract has been awarded and an announcement will be made on who the successful provider is.</p> <p>With the support of LCC, an online booking and recording system will be used to enable accurate recording and reporting of activity.</p> <p>The aim of the training is to maximise opportunity for individuals to receive this training and work with confidence within our community, addressing</p>	
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				<p>immediate MH needs of individuals, as well as supporting those in the workplace to identify and manage their own and others mental wellbeing.</p> <p>LPFT have also developed an in-house training package for clinicians that cover suicide and self-injury and this has begun to be delivered via TEAMS within the Trust, following a pilot programme within inpatient areas during 2020.</p>	
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**Open Report on behalf of Glen Garrod,
Executive Director - Adult Care and Community Wellbeing**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	24 February 2021
Subject:	Integrated Lifestyle Service (One You Lincolnshire) Service Review

Summary:

One You Lincolnshire (OYL) has implemented a mixed model of lifestyle support within 2019/20 and early 2020/21 reaching over 8,600 people and generating 3,669 outcomes helping people to move more, be smoke free, eat well, lose weight and drink less.

The scale and speed of implementation was less than originally anticipated and substantially impacted by Covid-19.

As a result of the Covid-19 pandemic and the first national lockdown the One You Lincolnshire (OYL) service moved from primarily face to face and group work to a digital and virtual delivery method from 16 March 2020.

Temporary changes in response to Covid-19 have generated more referrals into the service (+19%) without changes to the nature of the service or its response.

Actions Required

The Committee is invited to:

- (1) Note the performance of the provider in its first year of service delivery.
- (2) Note the proposed actions as a result of the performance review report:

Service Delivery and Contractual

- Continue to support OYL to engage and innovate to facilitate professional referral into all lifestyle elements.
- Continue the extension of the self-referral pathway for all lifestyle behaviours potentially for the remainder of the current contract year. Promotion and targeting will continue to be focused on those with long term conditions and the Extremely Clinically Vulnerable cohort. Quarterly reviews of referral data will continue to closely monitor the impact on service capacity and outcomes.
- Maintain and strengthen momentum with Lincolnshire County

Council staff and Carer service referrals.

- Review the alcohol reduction theme in order to re-prioritise the scale of this work within the programme.
- Review service strategy for multiple pathway interventions to maximise service user outcomes.
- Review and potentially revise Key Performance Indicator (KPI) targets for current contract year to reflect the continued impact of Covid-19.

Partnerships

- Confirm and describe the proposed pathway for the NHS Optimisation Policy to facilitate an effective referral mechanism.
- Assess the willingness of the Clinical Commissioning Group (CCG) to increase investment in the Integrated Lifestyle Service (ILS) and the NHS Trusts interest to contribute financially to support their staff wellbeing.

Future Development

- Determine the role for OYL to support a healthy pregnancy within the Better Births Strategy.
- Explore the diversification of OYL to support an older population with a falls prevention agenda.
- Scope the potential of OYL to support people with learning disability, autism and mental illness.

1. Background

Smoking tobacco, excess weight, physical inactivity, unhealthy diet and alcohol misuse are prominent modifiable risk factors contributing to a poor quality of health and diseases affecting the population in Lincolnshire. One approach to respond to such factors is to 'Enable Choice' - the provision of a supportive behavioural change programme to help motivated individuals to make daily changes to their lives and sustain them.

Lincolnshire County Council and the Lincolnshire Clinical Commissioning Group (CCG) jointly invest £2.7m annually (£2.2m and £0.5m respectively) in an Integrated Lifestyle Service. The commissioned provider is Thrive Tribe, utilising the branding of One You Lincolnshire, to support adults in Lincolnshire to adopt healthier lifestyles. The service focuses on the four leading risk factors impacting on health and wellbeing: smoking, obesity, physical inactivity and excessive alcohol use, and is specifically targeted at those with long term conditions.

The One You Lincolnshire ILS went live from July 2019 with the smoking cessation service, and from September 2019 for the remainder of the new service for weight management, physical activity and alcohol reduction. The initial contract term is for three years ending in June 2022, with the option to extend for up to a further two years upon review.

2. Commissioning Intentions and Service Outcomes

The ILS provides high quality, accessible information and direct support to eligible adults in Lincolnshire to achieve and maintain healthier lifestyles through a behaviour change model. The service is structured around the four key lifestyle behaviours that can lead to preventable ill-health, disability and premature mortality.

Tiers of Support

The ILS delivers two tiers of support:

- *Tier 1:*
 - Information, advice and support to facilitate self-care across the range of lifestyle behaviours through a digital platform.
 - Information and advice via a single point of access and assessment.
 - Assessing people's level of need and motivation to change their behaviour using an evidence-based approach.
- *Tier 2:*
 - Health coaching and behaviour change support for those in most need, across a number of behaviours for a period of up to twelve months.
 - Connecting people and families to local community assets and services to support healthier lifestyles via local information on current activities and events to support behaviour change.
 - Delivery of a stop smoking service in line with national standards and ensure access to appropriate pharmacotherapy.

Referral Routes

The service was designed with two distinct referral routes influencing access and eligibility to service elements;

Self-referral direct to OYL through Tier 1:

- All smoking adults (and under 16 years if 'Gillick' competent and with parental consent) seeking support to stop smoking, particularly pregnant women, can access the smoking pathway.
- Carers (registered with the Lincolnshire Carers Service) can access any of the four service elements as appropriate.
- Lincolnshire County Council employees can access any of the four service elements through self-referral.

Professional Pathway from a health or agreed professional organisation for adults who exhibit one or more of the four unhealthy behaviours and who:

- Are diagnosed with one or more long-term health conditions;
- Are at risk adults who have undertaken an NHS Health Check (defined by Q-risk score); or

- Are engaged with the NHS's health optimisation policy for support with smoking cessation and or weight management prior to surgery.

Service Outcomes

The main overarching service outcomes are focused around eight key performance indicators (KPIs) related to outcome improvements in rates of smoking, obesity, improved diet (five pieces of fruit and vegetables a day), physical activity and alcohol consumption. The service is also measured according to the proportion of service users supported from the most deprived areas of Lincolnshire and individuals' self-reported improvement in wellbeing through service interventions. Figure 1 illustrates the number and proportion of annual service outcomes allocated to the service elements delivered through the ILS.

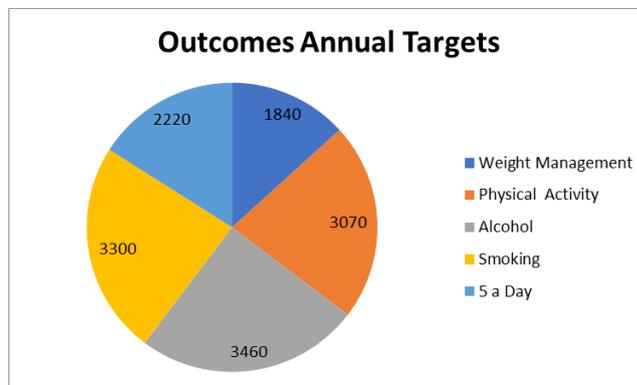


Figure 1: Annual Outcome Targets for Service Elements

3. Service Mobilisation, Volumes and Covid-19 Impact

One You Lincolnshire (OYL) progressively mobilised the Lincolnshire ILS from contract go-live in July 2019, implementing its mixed model of direct delivery and sub-contracting arrangements across the four key service interventions.

During the initial year of service delivery OYL received 8,700 referrals into the ILS. A gender mix of 36% male and 64% female was recorded during year one with 92% of referrals eligible for Tier 2 support along with a further 700 people provided with Tier 1 advice.

As anticipated with any newly mobilising contract, referrals into the service gradually increased during the initial six months as the four lifestyle behaviour programmes were incrementally implemented. Figure 2 tracks the significant increases in referrals into the start of Q4 2019-20 which were then impacted by the pandemic into the final months of the first contract year. It should be noted that seasonal variation is also likely to have influenced the referral cycle during the year, although this will become clearer as more service data is gathered during the contract. Figure 2 also illustrates the proportion of initial referrals by service element for the first year with the majority seen entering smoking cessation and the least being referred for alcohol reduction.

Achievement of the service outcomes was always inextricably linked to successful engagement and embedding of professionals' referral pathways to reach those deemed most at risk from premature mortality. The Covid-19 pandemic not only disrupted the momentum developing with referring health partners, but also restricted the activities of sub-contractors to deliver on projected outcomes. Whilst OYL swiftly adapted its direct delivery components to virtual and digital methods, the national lockdown measures meant many sub-contracted elements were unable to operate fully or at all during Q1 2020-21.

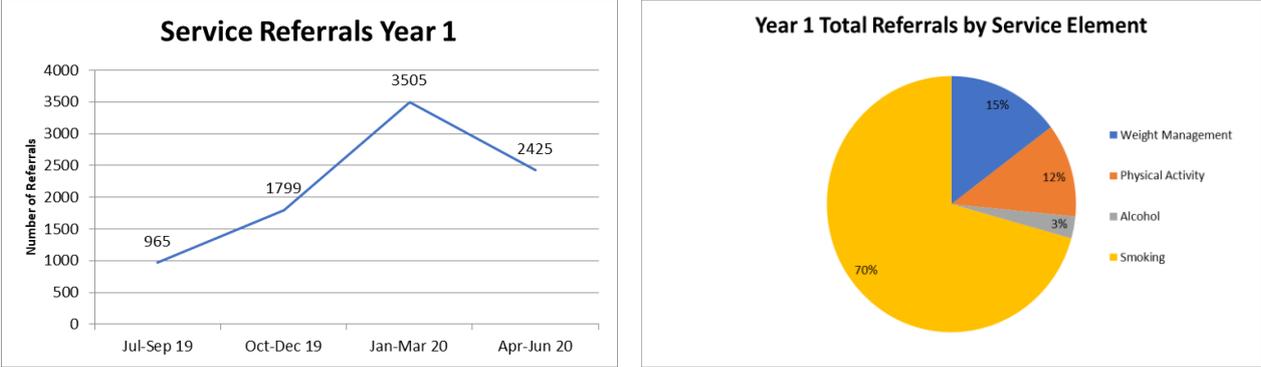


Figure 2: Contract Year 1 Service Referrals and Lifestyle Element Proportions

Overall Covid-19 Impact

One You Lincolnshire's business continuity plan for Covid-19 highlighted the fact that service delivery could move to digital solutions in order to maintain a client: staff delivery model, conditional upon sufficient referrals in to the service from NHS partners and the introduction of a new alternative (self-referral) pathway in response to Covid-19.

In recognition of the significant impact the Covid-19 pandemic was having on the professional referral pathway, it was agreed to make a temporary change to the enable self-referrals into all four lifestyle elements from July 2020. The focus and promotion of this alternative pathway remained targeted at those with long term conditions and/or shielding with service users' self-declaration of health status captured at referral. This approach sought to maximise utilisation of service capacity during the disruption to normal service throughput and delivery methods as well as providing an opportunity for those isolated or shielding to access lifestyle support. The impact and recommendations for this alternative pathway are considered as part of this service review.

Assessing service performance considers the specific challenges and opportunities facing the key service interventions during the first contract year and beyond. This also considers the future demands and focus of a lifestyle service operating within and emerging from a pandemic that disproportionately impacts on those individuals with some of the very risk factors the service is seeking to support.

4. Performance Review

Smoking Pathway

The smoking cessation element of the service was subject to TUPE of staff from the previous established service provider. The process was sensitively managed with very positive comments from the transitioning staff members. Service continuity was maintained for exiting clients and further recruitment was undertaken in July 2019 to complete the OYL smoking cessation team.

The annual performance target for this element is 3,300 four-week quits, delivered through a mixed model of Specialist Stop Smoking Advisors employed by OYL, a network of advisors through sub-contractor relationships within primary care and pharmacies and a '28 Days' online programme.

OYL set a quit rate of 50% across all settings and allocated the annual quit target across the pathways at 1,500 through OYL direct advisors, 1,500 through primary care and pharmacies and 300 through the '28 Days' online route. Targets were weighted to increase during the first year of service delivery reflecting the transition period and need to recruit and train staff and establish links with sub-contractors.

With support from Lincolnshire County Council in the first six months, OYL recruited up to 60 sub-contractors between pharmacies and GP surgeries to refer smokers to the service and provide smoking cessation clinics within the GP surgeries. This was achieved through intensive communication and networking campaign including newsletters, webinars, emails, presentations and training to CCGs and GP surgeries to engage and work with Primary Care. A referral template was also embedded into System1 to increase visibility and facilitate an easier referral process for practitioners.

Referrals and quit rates for OYL delivered pathways increased in line with expectations during the mobilisation period and neared target levels by the end of Q4 (March 2020). However, delivery through sub-contracted primary care and pharmacy routes underperformed compared to forecasts and accounted for a third of service delivery during the first contact year (target of 45%). The intensive engagement work with GP practices and pharmacies had begun to see an increase in performance in the first half of Q4 2019-20, yet this performance deteriorated significantly in Q1 2020-21 as Covid-19 saw this pathway only reach 14% of quarterly target quits as illustrated in Figure 3 below.

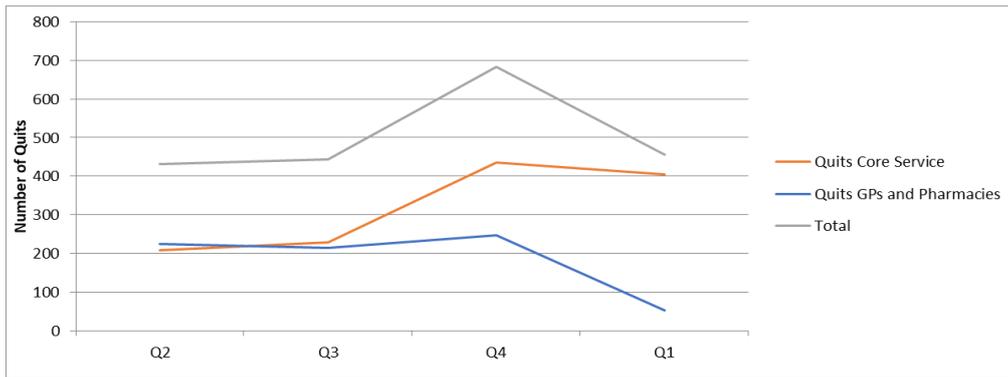


Figure 3: Smoking Quits by delivery pathway in contract Year One

Covid-19 Impact

Whilst the OYL delivered elements of the smoking pathway were able to adapt quickly to the restrictions imposed by the coronavirus pandemic, Figure 3 illustrates the significant impact it had on the primary care pathway. During Q1 2020-21 only eight sub-contractors out of 60 were active, as they focused on the immediate Covid-19 response. OYL delivery during this time was maintained to a good level, continuing to provide smoking cessation support and continuity to existing service users. As Figure 4 shows the drop off in referrals (and therefore number setting a quit date) into the service in Q1 2020-21 impacted on the overall position at the end of year one.

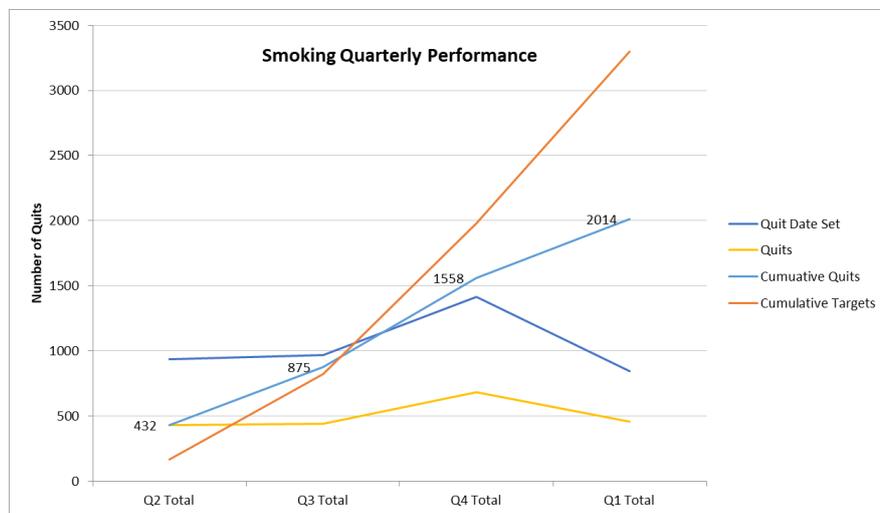


Figure 4: Quarterly Smoking Cessation Performance Contract Year One

The service ended the first contract year on 2,014 outcomes against the 3,300 target level (61% of target) realising an overall quit rate of 48% achieving the four week smoke free outcome. The smoking pathway received the highest number of referrals at 71% of all initial referrals in the first contract year. The established nature of this service provision in Lincolnshire and the ability to self-refer into this lifestyle element are likely to have contributed to the higher proportion of referrals received.

Opportunities and Challenges

Currently 22 out of 60 sub-contractors are supporting the smoking cessation pathway and only ten are considered to have an adequate number of referrals and outcomes. Data for Q2 2020-21 are encouraging that despite the low numbers of active primary care partners over 1,000 referrals were received for this element with a third coming from primary or secondary care. It is expected that in entering a second wave of coronavirus the number of referrals and outcomes from sub-contracted primary pathways will continue to be fragile. Therefore OYL will need to provide a strong self-referral smoking pathway to engage with those proactively seeking support and potentially boost its remote delivery options to compensate for the reduction in sub-contractors performance and to adhere to the NCSCT recommendation to cease all face to face interactions at this time.

During mobilisation it was agreed that the CCG working with Lincolnshire County Council and OYL would progress the NHS Health Optimisation Policy which is a key element of the professional pathway for both smoking cessation and weight management. OYL have incorporated this criterion into its referral and assessment process and have captured through self-declaration some service users for whom this applies. Currently, the CCG has been asked to explore how the NHS intends to implement this policy centrally to enable health colleagues to effectively refer appropriate patients directly to OYL. However, being mindful that elective surgery had been curtailed during the pandemic with the recovery phase for healthcare likely to be some way off, implementation of this pathway is doubtful for the remainder of the current contract year.

The second largest professional referral route into OYL is via midwives and maternity services. Smoking in pregnancy is an important theme in the county's tobacco control work as Lincolnshire has a challenging smoking at the time of delivery status. Scaling up the service towards supporting pregnant women to quit and remain smoke free was initially slow but has begun to increase through intervention from Lincolnshire County Council through the Commercial Team and Public Health. OYL has provided some positive results working with NHS Trusts and midwifery to offer smoking cessation within pregnancy, although there is not a target set for pregnant smokers OYL has worked to establish the referral pathway from the Maternity services, with positive feedback received. There is an opportunity to build further capacity for smoking cessation in pregnancy to increase the number of successful quitters to tackle the smoking at time of delivery prevalence in Lincolnshire. 132 pregnant women were supported to stop smoking and remain smoke-free during their pregnancy in the first year of service delivery, although this was only 32% of those engaged with the service.

Weight Management

The weight management element of the service has had a more limited history within public sector services locally. Commencing in September 2019, the mobilisation period saw OYL recruit and train a new team to commence delivery of its weight management support groups and 'Man V Fat' programme. This pathway is also delivered through sub-contracting arrangements with Slimming World, Weight Watchers and 'OurPath' digital and telephone interventions.

The annual target outcomes for weight management were set at 1,840 individuals achieving 5% or more weight loss after twelve weeks of support. OYL projected 1,200 outcomes would be achieved from arrangements with commercial support groups, 400 through its own delivered groups and 120 each from digital and Man V Fat interventions. The support groups and Weight Watchers/Slimming World pathways were operational from September 2019 with the 'Man V Fat' programme implementation delayed until January 2020.

The eligibility criteria and referral pathway for this service element is predominantly through professional referral via GP surgeries, secondary care or from self-referral for Lincolnshire County Council staff or carers. Referrals for the first full quarter of delivery (Q3 2019-20) were slow despite significant promotional and engagement campaigns across the CCG and GP practices. This is not unusual for a newly established service with Figure 5 illustrating the significant increase in referrals directly into the weight management pathway during Q4 2019-20 from primary care reflecting the success of this engagement.

OYL are also able to refer and transition suitable individuals into weight management from other lifestyle pathways as part of its holistic approach. During the first contract year this route accounted for half of the referrals into this service element, however, outcomes were noted to be higher for those directly referred (25% success rate) rather than those engaging in other lifestyle behaviour programmes also (15% success).

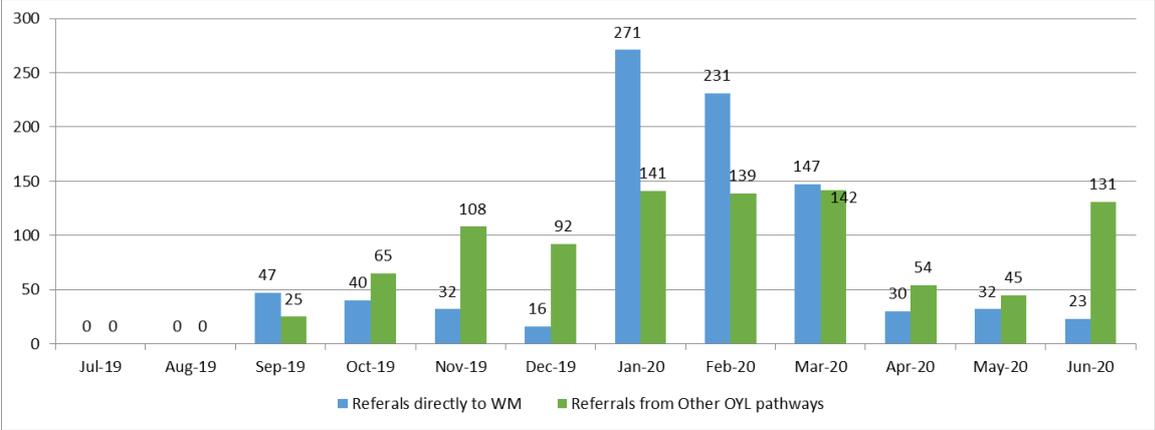


Figure 5: Referrals received into the Weight Management Pathway during First Contract Year

Covid-19 Impact

Given the heavy reliance on healthcare referrals for this service element, the rapid decline in throughput seen in Figure 5 in the final months of the first contract year was unfortunately inevitable. The lockdown measures impacting during this period equally disrupted service delivery methods and sub-contractors' ability to operate. This impact was particularly evident within the commercial support groups (Weight Watchers/Slimming World), who were unable to hold their traditional face to face interventions, meaning these pathways were operational for only seven months of year one achieving limited annual anticipated outcomes through this route as a result. A similar impact was seen with the 'Man V Fat' intervention whose delayed start meant only three months of this programme was able to be delivered.

Other direct provision through OYL was able to continue throughout lockdown by quickly adapting its support groups to remote delivery methods and promotion of its digital and telephone support programmes. Overall, the service concluded the first year with 362 individuals achieving the 5% or more weight loss outcome, reaching only 20% of the weight management annual service target.

Opportunities and Challenges

Progression of the NHS Optimisation Policy pathway is equally important for supporting referrals into this service element as with smoking cessation. However, as discussed, it is unlikely this will be realised before the end of the second contract year due to the changed NHS landscape and priorities in light of the pandemic.

During Q2 2020-21 limited Weight Watchers groups were able to resume under Covid-19 secure measures however OYL are renegotiating its offer to hopefully include access to its digital package shortly. OYL's partnership with Slimming World is also anticipated to enable virtual support for service users soon, however, the continued uncertainty about when conventional activity through these key partners can resume casts doubt on the achievement of outcome targets into contract year two.

Despite referral volumes not meeting expectations during the first contract year, of those elements largely dependent on professional referral, weight management did receive the highest level of referrals at 896 (15% of total year one referrals) and had showed significant increases prior to Covid-19. The temporary widening of the self-referral pathway in Q2 2020-21 saw 43% of those accessing lifestyle support through this route choosing to focus on weight management. However, pleasingly this only accounted for 40% of the 460 referrals received during this period with primary care referrals equally accounting for 40% of referrals indicating the initial recovery of the professional pathway. Yet, as the prospect of a further wave of Covid-19 approaches the sustainability of this recovery is increasingly uncertain.

Physical Activity

The Physical Activity 'Move More' element of the contract mobilised within a landscape where local programmes and lifestyle work had helped to generate capacity and facilities across the county to enable the population to get more active. OYL proposed to achieve its annual 3,070 outcome target through a mixture of direct one to one and group delivery, sub-contracted supervised sessions in local leisure centres and implementation of the 'Get Healthy, Get Active' programme utilising sustainable community assets.

Similar to the weight management element, OYL had to recruit and train the Physical Activity team to commence delivering the service from September 2019 and establish partnerships and sub-contractor arrangements across the county. Whilst negotiations with leisure providers took longer than anticipated, by November 2019 OYL had established and commenced sub-contractor delivery across the county. Service promotion and engagement with referring partners

during the early months of the contract saw direct referrals into physical activity mirror increases seen in weight management in Q4 2019-20 but equally track decreases following lockdown measures from April 2020 as illustrated in Figure 6 below.

Direct physical activity referrals through the professional pathway for those with long term conditions or deemed high risk following an NHS Health Check accounted for 696 referrals in the first contract year, although a further 1,918 were received through OYL's holistic offer through other lifestyle pathways. Indeed, this holistic route was always intended to account for 40% of the annual outcomes; however, what has become evident is the reduced success rate of those taking on secondary outcomes requiring OYL to carefully consider the timing of introducing additional behaviour programmes to achieve the best outcomes for individuals. During the first year those referred direct to physical activity programmes achieved a 41% success rate of being 'active' for over 150 minutes of moderate activity per week, compared to 19% reaching this target that were secondary referrals.

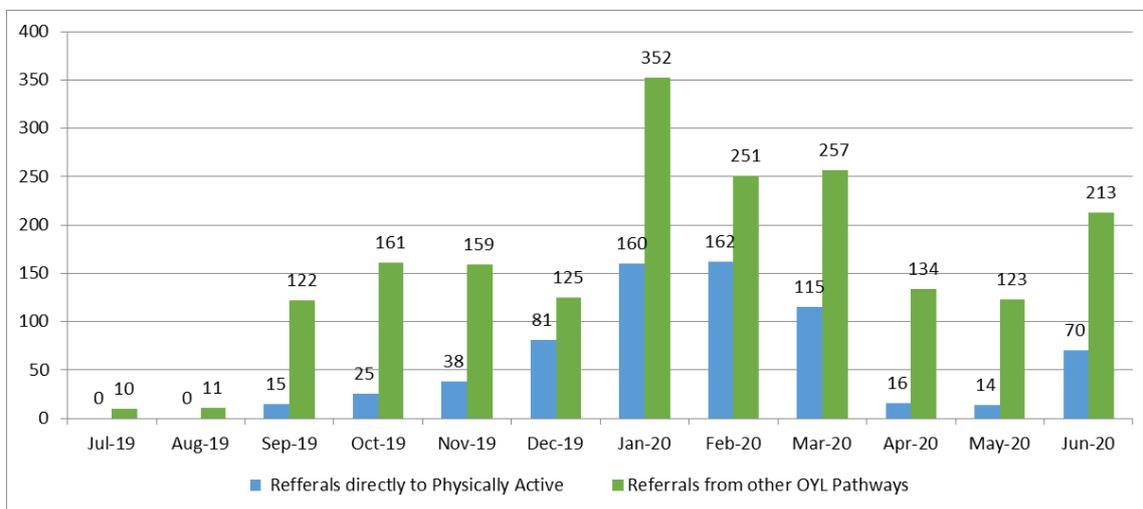


Figure 6: Referrals received into the Physical Activity Pathway during First Contract Year

Covid-19 Impact

This element adapted substantially as OYL moved into the Covid-19 lockdown with its digital and virtual offer mobilised swiftly. Unfortunately, the Exercise on Prescription programme delivered through its sub-contracts with leisure providers could not continue with most settings closing completely during Q1 2020-21. This meant only five months of service delivery was possible through this option with a 36% success rate for those that did utilise this intervention. The closure of local facilities and sports clubs has equally impacted on the implementation of the 'Get Healthy, Get Active' programme which has had minimal activity during year one requiring consideration of its viability in the medium term as an outcome resource.

OYL launched their 'The Other Room' virtual gym platform in May 2020, enabling service users to continue to start some physical activity remotely by accessing a range of classes, content and sessions. All service users were contacted and offered a range of online or telephone support meaning direct delivery through the OYL Physical Activity team was able to be maintained throughout the first contract year with a 52% success rate for those utilising this behaviour change method.

Overall, the physical activity programme achieved the second largest outcomes in contract year one, with 647 individuals supported to become active following engagement with the service. Whilst, this is well below the annual target (21% achieved) the noted challenges in stimulating sufficient referrals through primary care together with Covid-19 impacting on referrals and delivery has combined to hamper the target outcomes being realised in the initial year of operating.

Opportunities and Challenges

As with all service elements significantly dependent on healthcare referrals, there remains uncertainty over the level of engagement from professional pathways as the Covid-19 pandemic continues to influence access and prioritisation within primary care. There have been some encouraging signs during Q2 2020-21 of referrals from GP surgeries recovering, accounting for 44% of the nearly 400 received during this period for physical activity. The self-referral pathway also saw 98 individuals reach out for support to become more active since July 2020. The revised method of data collection monitoring the expanded self-referral pathway equally provides enhanced analysis which will be invaluable to track referral source in the coming months as the pandemic threatens to resurge in Lincolnshire.

The outlook for many of OYL's sub-contractors and stakeholders to deliver physical activity interventions in the medium term is a concern. In recent months some have tentatively begun to offer exercise on prescription, however, risk assessments and processes are kept under close review with the frequent changes to central guidance and the heightened vulnerability of those referred with long term conditions. Given the continued instability in Covid-19 rates and the additional measures and financial constraints small, local clubs have to implement to operate in this environment the landscape and scale of local community assets may look very different once full recovery is realised.

OYL is well prepared for any second wave of Covid-19 from the amendments made during the spring to deliver remote services through "The other room" website and videoconference based physical activity programs. The learning from this will equally assist OYL to further adapt to the changing landscape within the NHS with digital engagement, triage systems and the use of centralised call centres being considered by NHS organisations. An interest to generate referrals from providers still exists, but not necessarily from the traditional 1:1 consultations.

Links with technology are being explored further in order to generate referrals into this new future. An example of this is the work of OYL with the CCG's digital Vitracare Project, providing virtual healthcare monitoring and digital support to specific cohorts of NHS patients subscribed to the technology. A digital link on PC, Kindle, tablet or smart phone enables people with diabetes, managed mental

health conditions and cardiac rehabilitation to sign up to OYL and access virtual and digital interventions. These conditions have led OYL to co-ordinate with healthcare in more diverse ways with multiple engagement points, than solely through primary care, in order to generate client referrals.

Alcohol Reduction

The alcohol reduction component of the service is the newest aspect and has faced the most significant challenges to successfully achieve the proposed demand and outcomes since commencing in September 2019. This service element is focused on identifying and providing advice and brief interventions to 'increasing or higher risk' drinkers defined as those consuming over the recommended 14 units of alcohol per week. Any service users found to be exceeding 20 units of alcohol per week are referred to the specialist treatment service delivered by 'We Are With You' (WAWY).

This service element has the highest annual outcome target of all lifestyle behaviours with 3,460 individuals to be supported to reduce their units of alcohol below the recommended limit or their intake by 50%. OYL planned to achieve this KPI through a mix of Health Coach interventions, secondary holistic outcomes and sub-contracts with One Year No Beer digital content programme and Alco-change app providing customised brief interventions.

Direct referrals into the service through the professional pathway have been very low, with only 164 received in the first year accounting for 3% of total annual volumes. Despite promotional campaigns and engagement there has been limited buy-in to refer individuals into OYL regarding excessive alcohol use.

Alongside direct professional referrals, a significant proportion of outcomes for this lifestyle element were forecast to be through secondary extended brief interventions with those attending other programmes. As figure 7 indicates, although referrals through this route were consistently higher in most months, throughput remained well below the volumes required to achieve the intended outcomes. In seeking to meet this target OYL conducted 838 screenings using the validated Audit C tool to determine the level of dependant drinking. Yet, few clients presented with a motivation to discuss or amend their alcohol use resulting in 89 brief advice sessions and only 1 extended brief advice and follow up.

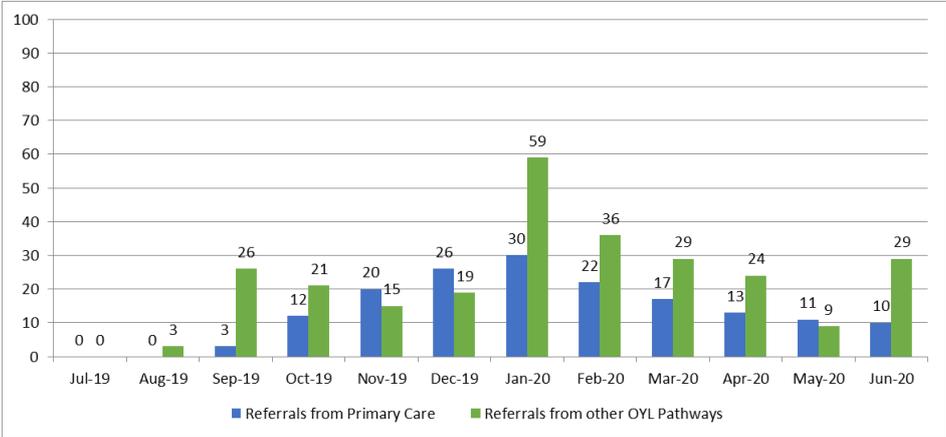


Figure 7: Referrals received into the 'Drink Less' Alcohol Reduction Pathway during First Contract Year

Due to the consistent low professional referral numbers, the pandemic has seemingly not had a direct impact on service volumes, equally despite depressed demand in other elements, secondary take up on alcohol reduction has been disappointing contributing only 7% of predicted outcomes. Overall, 177 positive outcomes were achieved in the first year (5% of annual target) with OYL's Health Coaches maintaining support to service users throughout the pandemic via digital and remote means.

Opportunities and Challenges

The sub-contracting arrangement with One Year No Beer did not contribute to outcomes despite proposing 1,500 funded places with this promising programme suggesting 86% success rate with this method. Given the low demand this is unlikely to have had a significant impact to overall performance in year one, OYL are in discussion with this partner to find a solution for the current contract year to offer this pathway to service users.

Referral generation is this most significant challenge to this lifestyle intervention. The current eligibility criteria provide a narrow opportunity for professionals to identify those with a long term condition who consume between 14 and 20 unit of alcohol per week. OYL has engaged with GP practices to increase referrals following a Health Check where alcohol screening indicates a need. Projections of the potential population size suggested health checks could account for up to 1,400 engaged service users through the professional pathway for all interventions although only 52 individuals came into the service through this route in the first contract year.

A review of this intervention and KPI is warranted to consider remodelling the target towards number of alcohol screens to identify risk and number of awareness and brief advice sessions in line with the Making Every Contact Count methodology. Reflecting these measures alongside altered targets for reductions in consumption may be beneficial to consider.

5. Additional Performance Measures

Deprivation Reach

OYL supported 41% of service users in the first contract year from the top 30% most deprived LSOA's in Lincolnshire, nearing the KPI target of 50%.

Five a Day

OYL identified 1,700 service users in the first year of operating who did not eat the recommended five portions a day of fruit and vegetables, successfully supporting 476 to do so, meeting 21% of the annual target. This KPI is wholly achieved through OYL's holistic approach to enable multiple behaviour changes; however it may reduce the chances for a service user to be able to change two or more behaviours at the same time. The total number of service users set in this KPI is 2,200; however this number will not be included to the total outcomes KPI.

Wellbeing

As a measure of mental resilience, there is an average on the overall improvement for each service user of 37% of people that engaged with the service. About 70% of the service users reported an improvement of 37% to 40% on their wellbeing at the exit of the program.

Total Outcomes

The overall annual service outcomes per year are set at 13,890 including eating five a day however; only 11,870 are relevant to be included in the total outcomes KPI of this contract. In this first turbulent year of the contract 28% of this target was reached, the comparison of outcome performance and target levels is illustrated by Figure 8 below. First year data also suggests the majority of people are successful in achieving one or two behavioural goals when engaged with OYL. Beyond this, the numbers reduce markedly for three or more outcomes, the independent evaluation of OYL will explore this aspect further.

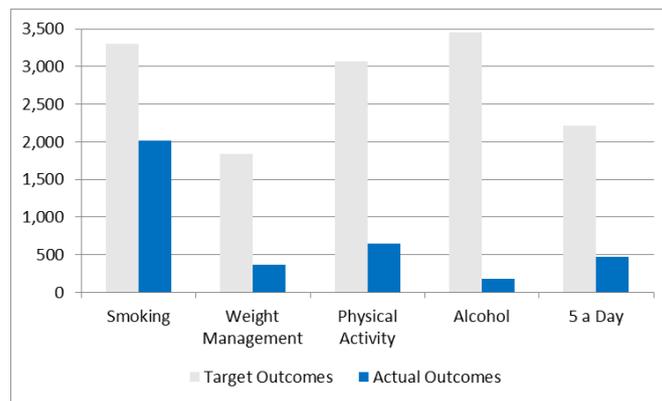


Figure 8: Annual Outcomes compared to KPI Targets

To achieve the annual outcome target of 11,870 OYL projected that 17,000 clients would need to start a tier 2 programme per year. The first service year has seen only 8,700 such service starts owing to a combination of mobilisation, lower than anticipated healthcare referrals and Covid-19.

Service credits are applicable to five KPIs to a maximum value of 6% of the annual contract value. Early on during the pandemic the decision was taken to suspend contractual remedies for performance below expectations where performance had been adversely impacted by Covid-19. This stance will remain under review with decisions related to application of service credits judged on their individual merit when applicable.

6. Other Service Opportunities

A component of the OYL service is a support package for Lincolnshire County Council staff. Work was underway early in 2020 to gain insight and engage the workforce with an electronic survey and engagement events across numerous sites and departments. The national lockdown and the deployment of staff to work from home work prematurely curtailed the staff engagement and insight phase. Since the relaxation of lockdown an element of recovery is being considered corporately through the Employee and Wellbeing project where a number of offers are being developed through the respective digital interfaces and a trial of wellbeing texting and digital support for staff.

As for the wider public sector workforce, Public Health and Lincolnshire Partnership NHS Foundation Trust have recently considered how the Trust could support staff affected through Covid-19 experience with their health and wellbeing. A suggestion has been proposed for OYL to develop a workforce package with LPFT to complement the existing Lincolnshire resident offer. This suggestion is in line with previous conversations regarding OYL at the System Executive Team (SET), where NHS providers had enquired upon the potential of a workplace offer for NHS staff similar to the county council's programme. If NHS partners had investments to make into their own workforce then a conversation was deemed worthwhile. OYL are to scope out the potential business case with LPFT.

NHS therapy services are anxious that a cohort of older people have physically and mentally deconditioned during lockdown putting themselves at a greater risk of falls and substantial injury. From OYL's perspective the digital platform and `The Other Room` interactive service has within its library and live interactive sessions strength and balance classes appropriate for adaption. Health coaches have capacity in their work to support an older audience for lifestyle change. These opportunities have the potential to dove-tail with dedicated NHS frailty and falls services along with the developing Centre for Better Ageing Healthy Ageing programme.

Colleagues in Adult Care & Community Wellbeing are working to ensure that all services are accessible and proactively offered to people with learning disability, autism and mental illness. OYL is reviewing their capacity and competency needed to support distinct cohorts of clients.

Further work is also taking place to support pregnant women in relation to being more active and maintain a healthy weight, as part of the Better Births strategy. The intention is for ILS to offer a differentiated, personalised programme of support during pregnancy, post-natal and into the early years. Developments to build the competency and subsequently the capacity with OYL are underway between the NHS, OYL and Public Health.

7. Future Service Direction

The OYL model for delivery consists of direct provision and sub-contracting in all four lifestyle behaviours. The national lockdown has disrupted the sub-contractor methodology, moving most of the work to the OYL core team, who have quickly adapted to a digital and virtual support approach. The relaxation of restrictions during the summer allowed for limited re-engagement with sub-contractors under new Covid-19 secure conditions, with the capacity for sub-contractors likely to continue to be limited in the medium term. The reliance on direct provision, including innovations with digital and virtual applications needs to be assessed as to its scale and application. The OYL Team have developed a recovery plan that examines the expansion of the scope and the scale of a re-vamped service model into the uncertain months ahead.

Prior to Covid-19 the landscape locally was "open" and interested in an introduction of a multi-faceted health improvement programme. Yet, numbers of anticipated referrals from the NHS have not been forthcoming. Many of the initial eligible clients groups have been shielding with obesity, alcohol consumption, physical inactivity and mental resilience now becoming more prominent as risk factors in their own right as a result of Covid-19 representing an opportunity for the ILS to be at the forefront of responding to this heightened awareness.

The extension of the self-referral pathway during Q2 2020-21 has been successful in opening up lifestyle support during period when professional routes, where restricted and need was arguably increasing due to the effects of the pandemic. During this period 421 individuals accessed support through this altered pathway accounting for 19% of all referrals which is contrary to the expectation and concern that opening up the service in this way could dominate throughput.

As Figure 9 displays collectively 81% of referrals were received through the original service pathways with primary care the main referrer. This has been facilitated through OYL re-engaging with Primary Care, and also delivering a strong promotional campaign within Lincolnshire County Council staff and Carers First to increase their referral volumes also during recent months. Indeed, Q2 2020-21 saw the highest number of referrals into the service to date with over 2,600 received with 178 self-declared as 'shielding'. Maintaining this momentum into the winter will be highly dependent on the trajectory of the pandemic in Lincolnshire.

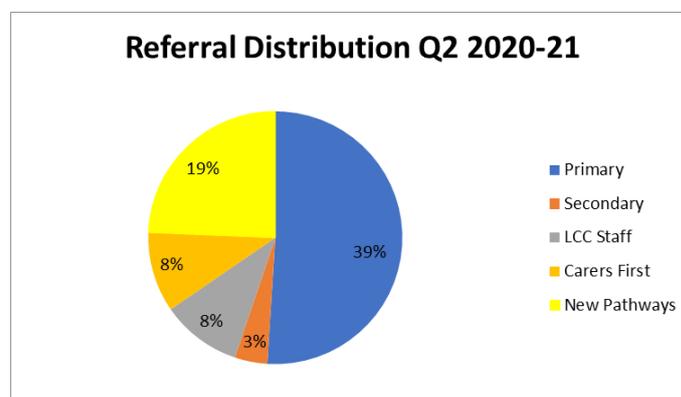


Figure 9: Referral Distribution Q2 2020-21 by Source

Therefore, it is recommended that the extended self-referral pathway is continued and closely monitored over the rest of this contract year to effectively utilise service capacity in light of the likely continued disruption to professional pathways. OYL has shown great adaptability alongside a commitment to the original service intentions enabling them to respond to further challenges and opportunities as they undoubtedly arise in the remainder of this contract year and beyond. This review has highlighted some of these opportunities; however, the focus for the rest of this contract year must be centred on maximising the delivery of the core contract within the turbulent service environment currently being experienced.

8. Finance

Lincolnshire County Council and the Lincolnshire Clinical Commissioning Group jointly invest £2.7m annually (£2.2m and £0.5m respectively) in an integrated adult lifestyle service, delivered by Thrive Tribe, utilising the branding of One You Lincolnshire (OYL), to help people move more, be smoke free, eat well, lose weight and drink less.

OYL provides regular updates on service expenditure, which have a quarterly reporting delay on invoices from subcontractors. The full first contract year saw an underspend against the contract value given the reduced spend with some partners and activities due in part to the pandemic. The commercial team will continue to monitor service spend through open book review. The contract has a gain share mechanism in place to manage underspends as appropriate alongside due consideration of service re-investment proposals. It is expected that as service users with long term conditions become protected from Covid-19 through vaccination, engagement and referrals will incrementally increase during the third contract year.

9. Conclusion

OYL has shown great adaptability to continue service delivery during an exceptional situation alongside a commitment to the original service intentions. This approach will enable them to react and innovate further in response to the inevitable challenges and opportunities that are likely to arise in the remainder of this contract year and beyond.

10. Background Papers

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

This report was written by Rachel West, who can be contacted on 07741 605910 or Rachel.West@lincolnshire.gov.uk



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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	24 February 2021
Subject:	Lincolnshire Homes for Independence Blueprint

Summary:

This report invites the Adults and Community Wellbeing Scrutiny Committee to consider a decision report which recommends that Lincolnshire County Council (LCC) adopt the Lincolnshire Homes for Independence blueprint. This is due to be considered by the Executive Councillor for Adult Care, Health and Children's Services between 26 February and 5 March 2021. The views of the Committee will be reported to the Executive Councillor as part of their consideration of this item.

Actions Required:

The Committee is invited to:

- 1) Consider the attached report and determine whether the Committee supports the recommendation to the Executive Councillor; and
- 2) Make any comments to be passed to the Executive Councillor in relation to delivering the objectives in the blueprint.

1. Background

Between 26 February and 5 March 2021 the Executive Councillor for Adult Care, Health and Children's Services is due to consider a report on the Lincolnshire Homes for Independence blueprint. The decision report is attached as Appendix 1 and the blueprint as Appendix A to this report. The blueprint is owned by the Housing Health and Care Delivery Group (HHCDG) and supported by the HHCDG Delivery Plan. The Lincolnshire Health and Wellbeing Board signed off the blueprint on 1 December 2020 and recommended that partner agencies formally adopt it through the appropriate decision-making route.

2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendation in the report and whether it wishes to make any comments to the Executive Councillor.

3. Consultation

This Committee is being consulted on the proposed decision of the Executive Councillor between 26 February and 5 March 2021.

4. Appendices

These are listed below and attached at the back of the report	
Appendix 1	<p>Report to Executive Councillor on Lincolnshire Homes for Independence Blueprint, including:</p> <ul style="list-style-type: none">• Appendix A Lincolnshire Homes for Independence Blueprint• Appendix B Housing Health and Care Delivery Group Membership• Appendix C Housing, Health and Care Delivery Group - Delivery Plan for 2020-22

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 Sean Johnson, who can be contacted on 07917707186 or sean.johnson@lincolnshire.gov.uk

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

Report to:	Executive Councillor for Adult Care, Health and Children's Services
Date:	Between 26 February to 5 March 2021
Subject:	Lincolnshire Homes for Independence Blueprint
Decision Reference:	I021473
Key decision?	Yes

Summary:

Lincolnshire Homes for Independence is the blueprint of the Housing, Health Care Delivery Group (HHCDG) and seeks to provide a high level vision for the provision of a greater range of housing options for those who need additional support, and better integrated services to promote and sustain independent living. The foreword is endorsed by the Clinical Commissioning Group (CCG) in addition to the Chairmen of the Lincolnshire Health and Wellbeing Board (HWB) and HHCDG.

There is a focus on independent living throughout life (all ages) and giving people choices or housing options. One option is for people to remain living in their current home and so the concept of housing for life is important. Whilst older people are the largest cohort of people with needs, there are others with particular needs highlighted in the blueprint, whose ability to live independently is currently limited by a lack of appropriate housing and/or well integrated services which are easy to navigate.

The majority of the homes that people live in now may not be suitable for their needs, particularly as these needs change over time. In terms of existing housing and service provision to enable people to remain living in their current home, more can be done to ensure that adaptations and equipment are provided through more integrated services which centre on the needs of the person. A business case is being developed to propose a review of existing services to secure better outcomes and use of resources, to support the delivery of this blueprint. The blueprint aims to help people to remain living in their current home, across all tenures, where appropriate. There is a focus on private sector housing including supporting low-income, owner-occupied households living in poor conditions or unsuitable homes to improve and/or adapt them.

The blueprint also looks at helping people to find and move to a different home for life. New-build housing design, quality and accessibility standards are

included, linking to the work of the Housing Infrastructure Group (HIG) on a Lincolnshire Design Guide/Lincolnshire Design Review Panel. Government is at present consulting on Planning for the Future (a White Paper on proposals for reform of the planning system in England) and accessibility standards in building regulations for new homes. Should a standard similar to Lifetime Homes be enshrined in building regulations it would embed the principle of housing for life. National planning policy identifies core requirements and much good practice guidance exists to support the development of new homes that are appropriate for those with additional needs. That said, most housing development is undertaken by businesses whose aim is to make a profit. This can lead to new housing being pared back to meet minimum requirements, particularly in areas where land values are low. Developing this blueprint is a first step in agreeing across local government, social housing providers and communities, the standards we wish to see achieved in Lincolnshire.

Recommendation(s):

That the Executive Councillor for Adult Care, Health and Children's Services approves the adoption of the Lincolnshire Homes for Independence blueprint attached at Appendix A on behalf of Lincolnshire County Council.

Alternatives Considered:

1. That the blueprint is not adopted by Lincolnshire County Council

Reasons for Recommendation:

It is considered appropriate that Lincolnshire County Council formally adopts the Lincolnshire Homes for Independence blueprint to demonstrate its commitment to collaborative working and joint ownership of the vision for the provision of a greater range of housing options for those who need additional support, and better integrated services to promote and sustain independent living in Lincolnshire.

Joint action on the Delivery Objectives throughout the blueprint is essential to the effective delivery of the County Council's Corporate Plan priorities around housing for independence and homes for life.

1. Background

- 1.1 The Lincolnshire Homes for Independence blueprint has been developed over a long period and progressed through the last two Housing, Health and Care Delivery Group (HHCDG) meetings in August and October 2020. There has been extensive consultation with the Chairman and members of HHCDG and comments, including from Lincolnshire County Council's Executive Councillor for Adults, Health and Children's Services, have been incorporated into the document. There is now broad, in principle support for the blueprint; which was signed off by the Health and Wellbeing Board (HWB) on 1 December 2020 and this is the final version (other than design improvements).
- 1.2 The blueprint is a high level statement and call to action to partners to identify and strive to meet the housing and related support needs of those in Lincolnshire who need something other than mainstream market housing. It is not intended to be public facing. By agreeing the blueprint, organisations are buying in to a journey. Alongside there is a HHCDG Delivery Plan, the latest draft of which is attached at Appendix C for the information of the Executive Councillor. When finalised, the Delivery Plan will set out the detail and actions to deliver on the vision. The Delivery Plan will not commit any of the partners to any actions and therefore approval is not being sought to the Delivery Plan in this report. Decisions on the proposed actions will be subject to partners' individual decision-making processes.
- 1.3 The audience for the blueprint in those partner organisations is senior managers and board members who are less familiar with the housing and health agenda than staff working in the field, but they will nevertheless be making commissioning and funding decisions. Those working in the field can use it for their project planning and as justification in their decision-making processes. It aims to focus the efforts of the HHCDG members on actions to secure greater provision of a wider range of housing choices, and to further integrate services designed to support independent living and housing for life.
- 1.4 There have been a number of national and local changes that have taken place in recent years which are relevant to the Lincolnshire Homes for Independence blueprint:
 - The One Public Estate (OPE) programme has begun to review public sector land-holding to ensure that best use is made of this to meet local needs and ensure that communities can live, work and access the services they need, in some cases releasing public estate for housing.
 - The Greater Lincolnshire Housing Delivery Group has created a Housing Development Programme to meet rising demand for new homes.
 - The County Council has developed an Extra Care Strategy supported by a capital programme to deliver up to 600 units of accommodation across the county, predominantly for older people. The aim was to provide an alternative to residential care, in places where this did not exist in

sufficient numbers to meet evidenced need. Accommodation was to be designed to adapt as a person's needs change, increasing independence for older people and reducing the cost to the County Council of long-term care.

- The Greater Lincolnshire local authorities (including North and North East Lincolnshire) have jointly commissioned research from Housing LIN, the national advisory body on housing. Phase 1 (2018) was funded through the Local Government Association (LGA) Advisers Programme and reviews current provision and future needs for housing for older people. Phase 2 (2019), funded directly by the ten authorities, explores the appetite and aspirations of older people for options to meet their needs.
- Disabled Facilities Grants (DFGs) have become part of the Better Care Fund (BCF); the district councils have developed policies and protocols for working together more closely, but to date have kept separate services and budgets.
- The Lincolnshire Wellbeing Service has been commissioned for a potential ten year period, helping people stay connected within local communities and supporting access to minor adaptations and equipment. This is now operated by the seven district councils working in partnership.
- National legislation has introduced new duties for local authorities in relation to Care Leavers and for Transforming Care for those with more complex needs.
- National legislation has enhanced and extended the duties of district councils through the Homelessness Reduction Act (2018)
- Lincolnshire County Council has re-commissioned Housing Related Support services for young people and adults, and Domestic Abuse Refuge accommodation; district councils have secured significant but short-term funds to support rough sleepers.
- Lincolnshire County Council colleagues with other partners have developed a Hoarding Protocol which sits within the Lincolnshire Safeguarding Adults Board policies and procedures.

The national and local context for the Homes for Independence agenda continues to change:

- The outcome of the Local Government Funding Review is confirmed for one year with a further review expected.
- Integrated Care Systems (ICS) are developing, seeking to align and integrate health and care services.
- Personalisation continues to be a priority.
- New technologies are emerging to support independent living for people with a wide range of needs.
- Further funding has been announced for housing related support and other remedies to end rough sleeping.
- Upper tier authorities will shortly receive new statutory duties to provide suitable domestic refuge accommodation and services.
- Issues to be tackled that have been highlighted by the Coronavirus pandemic.

2. Legal Issues:

Equality Act 2010

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

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

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

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

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

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

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

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

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

No Equality Impact Analysis has been carried out.

However, the Lincolnshire Homes for Independence blueprint considers cohorts of people requiring homes with care and support attached (e.g. older people and people with disabilities). It is, therefore, anticipated that collaborative actions on the Delivery Objectives throughout the blueprint will have a positive impact on people with some of the protected characteristics. Consideration will also be given to ensure there are no unintended consequences for people with all protected characteristics – although none can be envisaged at this stage of adopting the blueprint.

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

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

The Lincolnshire Health and Wellbeing Board created the Housing Health and Care Delivery Group (HHCDG) and adopted Housing as one of seven priorities in the Joint Health and Wellbeing Strategy (JHWS) for Lincolnshire, underpinned by two Joint Strategic Needs Assessment (JSNA) topics on housing. The HHCDG members have adopted a Memorandum of Understanding (MOU), agreeing to work together across the housing, health and care sectors to support residents. Lincolnshire Homes for Independence builds on the MOU and underpins the HHCDG Delivery Plan.

Delivery Objectives in the blueprint have been derived, in part, from the JSNA topics on 'Housing Standards' and 'Insecure Homes and Homelessness'. The blueprint itself does not provide the numbers of homes needed but the Delivery Objective on maintaining accurate data and intelligence will strengthen the JSNA evidence base.

Crime and Disorder

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

There will be opportunities to reduce the risk of people being the victims of crime in their homes when developing joint actions to meet the Delivery Objectives in the blueprint. The Police and Crime Commissioner expressed his desire for Lincolnshire Police to be an active partner in delivering the Housing Health and Care Delivery Group Delivery Plan at the Lincolnshire Health and Wellbeing Board meeting on 1 December 2020.

3. Conclusion

- 3.1 The Lincolnshire Homes for Independence blueprint will be owned and implementation of the Delivery Plan will be overseen by the HHCDG, reporting annually on progress to the HWB. HHCDG membership is listed in Appendix B for the Executive Councillor to see the breadth and scale of the group and those organisations being asked to sign up to the blueprint.
- 3.2 Lincolnshire is now the rural strategic partner for the Centre for Ageing Better (AB). Their housing lead now attends HHCDG meetings and this alliance will ensure the County Council, local partners and AB (plus other wider national partners such as Care and Repair England) offer mutual support with opportunities to influence national and local policies and to increase local housing choices for people preparing for later life. For example, the AB housing lead has contributed to HHCDG responses to Government consultations on reform of the planning system and accessibility standards for new homes as well as developing a work programme around redesign of aids, adaptations and improvements to existing homes.
- 3.3 Lincolnshire County Council's Corporate Plan objective to enable everyone to enjoy life to the full means that we will promote safe and secure homes and lead the way with others to create accommodation options for greater independence and wellbeing; resulting in more people being able to live independently and positively contribute to their local community. Wider multi-agency action is needed to achieve this and the Homes for Independence blueprint and Delivery Plan will help ensure there is a shared commitment and responsibility across different organisations.
- 3.4 The draft HHCDG Delivery Plan (Appendix C) details a number of collaborative actions which if progressed by multiple organisations, including Lincolnshire County Council, would tackle the objectives outlined in the blueprint. It is, considered appropriate that the Executive Councillor is aware of the Delivery Plan which supports the Council's Corporate Plan objective(s).

4. Legal Comments:

The Council has the power to adopt the blueprint as a sign of its commitment to the vision set out in the document.

Further actions in pursuit of the blueprint or its objectives will be subject to future formal decision-making where necessary.

The decision to adopt the blueprint is consistent with the Lincolnshire County Council Policy Framework and within the remit of the Executive Councillor.

5. Resource Comments:

There are no direct financial implications arising from this report or the Lincolnshire Homes for Independence blueprint. Staff time to support the Council's input is within existing resources. It may become necessary to realign budgets (e.g. between aids, equipment (LCES) and DFG) or pool budgets as a result of changes following implementation of HHCDG Delivery Plan actions and subsequent agreement by Lincolnshire County Council and district councils.

Frontline County Council staff, such as Occupational Therapists, could ultimately need to adapt to new working practices/ processes/ procedures as a result of decisions arising from implementing the Delivery Plan actions; but there is no immediate impact as a result of the County Council adopting the blueprint.

6. Consultation

a) Has Local Member Been Consulted? - n/a

b) Has Executive Councillor Been Consulted? - Yes

c) Scrutiny Comments

The blueprint is being presented to Adults and Community Wellbeing Scrutiny Committee on 24 February 2021 for pre-decision scrutiny. The comments of the Committee will be reported to the Executive Councillor.

d) Housing Health and Care Delivery Group

There have been a number of opportunities for the Housing Health and Care Delivery Group to consider the blueprint, through meetings and direct correspondence with members of the group (both elected district councillors and senior officers).

e) Lincolnshire Health and Wellbeing Board

The Board considered and 'signed off' the blueprint at its meeting on 1 December 2020, recommending that it be passed to partner organisations for "formal adoption".

f) Risks and Impact Analysis

No Risk and Impact Analysis has been carried out.

The Lincolnshire Homes for Independence blueprint is a partnership document and not a Lincolnshire County Council strategy. The reputational and financial risks of endorsing the blueprint are, therefore, considered to be low. However, collaborative action is required to help meet Corporate Plan objectives around homes for independence and so not demonstrating a commitment to the blueprint could pose a risk to the County Council from a lack of partnership working.

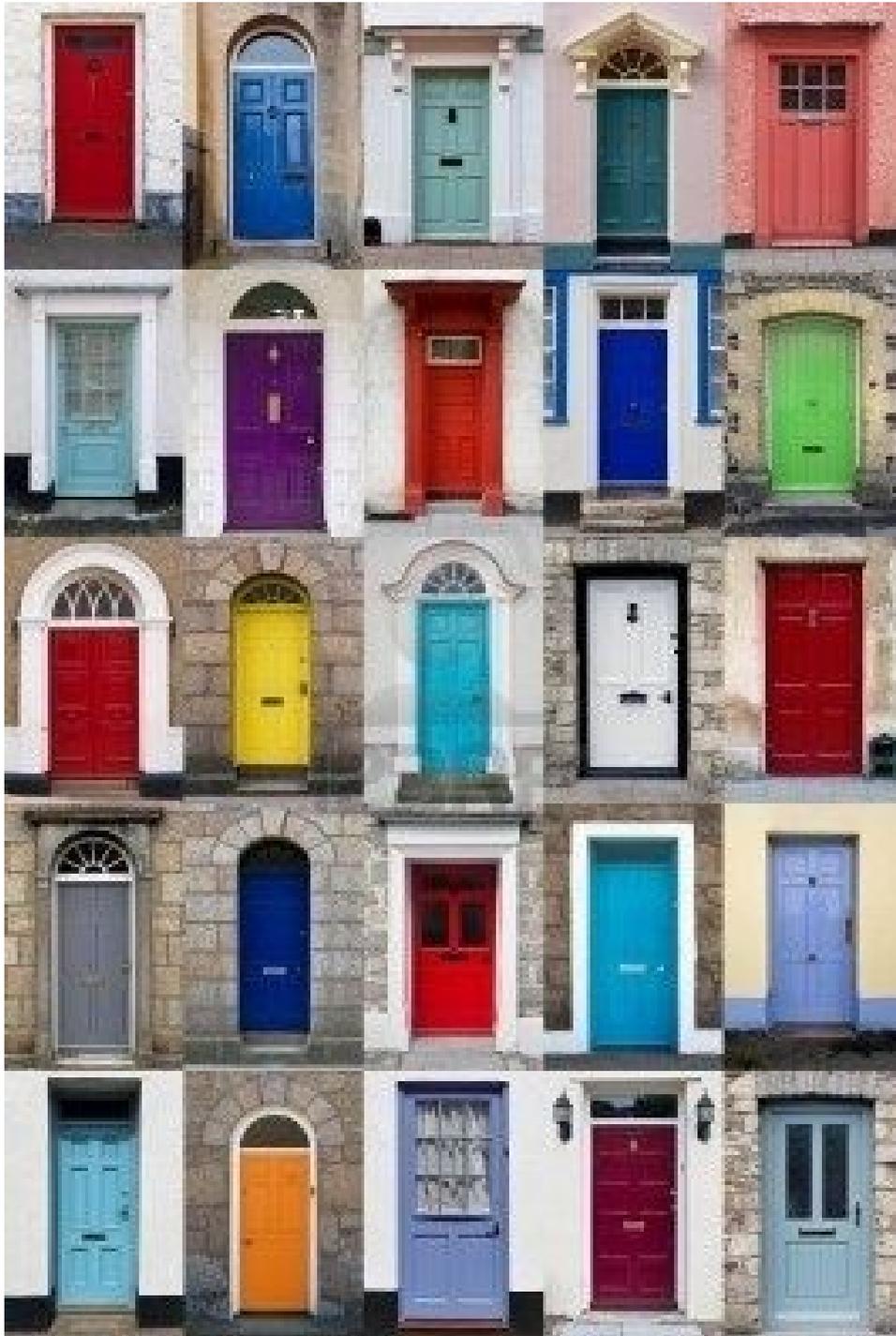
7. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire Homes for Independence Blueprint
Appendix B	Housing Health and Care Delivery Group Membership
Appendix C	Housing, Health and Care Delivery Group - Delivery Plan for 2020-22

8. Background Papers

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

This report was written by Sean Johnson, who can be contacted on 07917707186 or sean.johnson@lincolnshire.gov.uk.



Lincolnshire Homes for Independence

Blueprint for the Housing Health and Care Delivery Group

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Foreword

People of whatever age and from whatever background deserve to live in a safe, warm home with as much independence as they can achieve, with appropriate and timely support.

Those of us that have come together to create this blueprint for Lincolnshire Homes for Independence recognise the multiple benefits to residents and our organisations of having the right homes, of good design, in the places where people choose to live their lives.

It is more than having a roof over our heads. Having somewhere that we call 'home' is a fundamental requirement for us to maintain good physical and mental health. That is why, working in collaboration through our countywide partnerships, we will do more to address the shortcomings of current housing and ensure that new homes provide the quality of life that people desire.

We look forward to working together to deliver more, high quality, flexible, contemporary housing and support for Lincolnshire's residents.



Cllr Wendy Bowkett
Chairman
Housing Health and Care Delivery Group



Cllr Sue Woolley
Chairman
Health and Wellbeing Board



John Turner
Chief Executive
NHS Lincolnshire Clinical Commissioning Group

1. Housing, health and care – an introduction

"A job, a safe and warm home and someone to care for and about are the foundation of what works for improving health"

Duncan Selbie, Former Chief Executive, Public Health England

Introduction

Evidence shows that living in familiar, safe, accessible, warm accommodation that we call 'home' is more likely to promote mental and physical wellbeing, and to reduce hospital admissions, social isolation and loneliness.

Our vision is for people to live independently, stay connected and have greater choice in where and how they live.

People need reliable information to make informed choices, and a choice of quality housing that is affordable, which meets their needs. Right-sized, contemporary, well designed and equipped homes allow people to live and age well in their current home and/or move to a home better suited to their needs. Where people need support, better integrated housing, health and care services can help them live safely and independently in their chosen home.

Lincolnshire Homes for Independence blueprint does not address all aspects of housing but does identify those who may need extra help to maintain their wellbeing and independence e.g. those with health needs, those moving from a hospital in-patient facility and care leavers amongst others. It considers the need to build different types of homes, to use new technologies, and to develop new working practices. It is a **call to action** for all agencies, including businesses and housing developers, to work together to secure the best possible homes and services for Lincolnshire's residents, now and in the future.

Lincolnshire's Health and Wellbeing Board (HWB) prioritised housing in its Joint Health and Wellbeing Strategy (JHWS) recognising its importance to achieving improvement in health and wellbeing outcomes. The Housing, Health and Care Delivery Group (HHCDG) set up by the Board includes the County Council, the seven District Councils, Registered Providers (Housing Associations), local National Health Service (NHS) bodies and the Department of Work and Pensions (DWP).

Through this countywide forum we are committed to working together as it is clear that housing conditions influence our physical and mental health and wellbeing at all stages of our lives. Poor housing is associated with increased levels of stress, anxiety and depression. Living in a warm and dry home can improve general health outcomes specifically reduce respiratory conditions. The partnership is, therefore, committed to improving health and wellbeing through the home.

This blueprint responds directly to the need for a safe and warm home. The objectives set within the document and the associated Delivery Plan determine how collectively and through the wider support services, independent living and contribution to jobs and social contact can be achieved. In doing so it addresses health inequalities which exist, making it more difficult for some people to maintain a home than others. The Coronavirus pandemic

lockdown in early 2020 highlighted these issues where people were asked to remain in unsuitable homes for many weeks, with a noticeable decline in their personal wellbeing.

The blueprint is a high level statement and call to action to partners to identify and strive to meet the housing and related support needs of those in Lincolnshire who need something other than mainstream market housing. Organisations are buying in to a journey and committed to shared ownership of the HHCDG Delivery Plan actions. The HHCDG Delivery Plan sets out the detailed actions to achieve the blueprint's objectives. Outcomes from these actions might require partners to take things through individual decision-making processes.

The audience for the blueprint in the partner organisations is senior managers and board members who are less familiar with the housing and health agenda than those working in the field – but who will nevertheless be making commissioning and funding decisions. Those working in the field can use it for their project planning and as justification in their decision-making processes. It aims to focus the efforts of the HHCDG members on actions to secure greater provision of a wider range of housing choices, and to further integrate services designed to support independent living and housing for life.

2. Understanding needs and opportunities

Lincolnshire's Joint Strategic Needs Assessment

Joint Strategic Needs Assessment (JSNA) topics provide a robust evidence base of housing issues and need. These are updated regularly,

<p style="text-align: center;">Housing Standards and Unsuitable Homes</p>	<p style="text-align: center;">Insecure Homes and Homelessness</p>
	<p>This considers people who do not have the security of a decent home</p> <ul style="list-style-type: none"> • Factors leading to people losing their homes • Homelessness or the risk of becoming homeless • Rough sleeping
<p>This looks at the following and the effect on health and care:</p> <ul style="list-style-type: none"> • Poor condition existing homes • Cold homes and fuel poverty • Unsuitable homes (e.g. overcrowded or needing adaptations) • Design standards for new homes • Demand for supported housing 	

Lincolnshire's population is diverse and geographically dispersed, requiring a range of housing and care provision to meet local needs. There is a shared understanding of the importance of suitable housing to a sense of wellbeing and good health, as noted in the [Care Act \(2014\)](#) statutory guidance:

"Housing is a crucial health-related service which is to be integrated with care and support and health services to promote the wellbeing of adults and carers and improve the quality of services offered."

Housing Supply

Greater Lincolnshire¹ local authorities are committed to building more homes to meet the demand arising from population growth. Up to 100,000 new homes are estimated to be needed by 2031. The Housing Infrastructure Group (HIG), reporting to Lincolnshire's Chief Executives, has developed Lincolnshire's **Growth Strategy**, incorporating the **2050 Vision**, ensuring appropriate infrastructure to facilitate housing development.

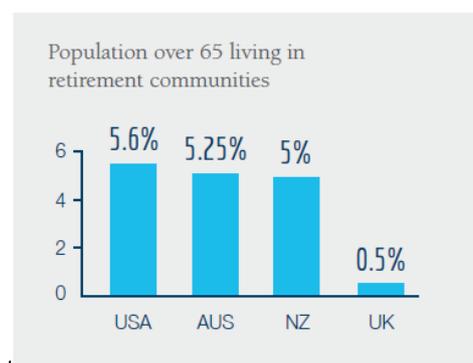
This blueprint complements the **Local Industrial Strategy** and Growth Plan developed by Greater Lincolnshire Local Economic Partnership (GLLEP). A thriving economy needs housing for its workforce; housing, health and care agencies need a skilled workforce; being employed helps people have greater housing option choices in the short and long term.

More homes of all types are needed. For example, currently, some people with mental health issues or learning difficulties are placed in homes out of the county. However, this blueprint emphasises the importance of quality, good design and integration with the surroundings to create resilient communities.

Houses need designing to reduce the need for people to move home or for costly adaptations to their homes as their needs change over time. Some thoughtful design such as considering the location of sockets and the width of doorframes does not have to significantly increase build costs but will extend choice and promote independence for more people. Building Regulations set a minimum specification covering accessibility for visitors with disabilities. Local Plan policies can set space and design standards and higher standards for accessibility, including for full wheelchair use and additional design standards can be set in supplementary planning documents. Some people will wish to move a smaller home when families disperse or they become less able to maintain it. For people who need to move to meet a specific complex need, particular design requirements may be negotiable, especially with Registered Providers (Housing Associations) but also with private developers.

Where people of any age feel vulnerable due to their circumstances (e.g. being at risk becoming homeless or having a disability) or their mental or physical health declines or they live alone or need additional care and support; a wider range of accommodation is needed as a realistic alternative to remaining in unsuitable accommodation or moving to residential care, which are currently the only options for many. This accommodation should offer a range of tenures with options to purchase (outright or shared ownership) or rent (social and private) depending upon people's preference and circumstances.

In the UK, there is an under-provision of retirement accommodation compared to other countries. Where the private market does not provide it the state may need to intervene to deliver or provide financial support to the private sector. Councils and Registered Providers may build and manage such accommodation. In certain cases public money (Government and/or local authority funds) could be



¹ Greater Lincolnshire refers to the local authorities making up the county of Lincolnshire, North Lincolnshire and North East Lincolnshire

offered to private developers to help meet specific needs.

Source: Associated Retirement Community Operators, 2019

In the UK, there are around 60,000 units for people over 65 with the proportion of the population predicted to need this rising to 2.5% by 2030 requiring an additional 250,000 new or adapted units.

We will maintain details of and map the location of extra care housing and units of accommodation for younger people with health needs in Lincolnshire and make this information available.

Greater Lincolnshire's Housing Authorities commissioned research in 2018 to identify housing needs of older people. As at September 2019, the net additional demand in Lincolnshire is for 2,040 units of housing with care, including extra care housing ([Housing LIN report, 2018](#)). The outcomes highlighted the need for other affordable options including shared ownership.

Housing LIN Research in Lincolnshire in 2018

- A shortage of units of housing for older people, and a significant shortage of units for sale / shared ownership compared to those for rent
- A shortage of housing with care, both for rent and for sale in most Districts, including extra care / 'assisted living' schemes with 24/7 care available on-site and housing schemes that offer bespoke care services, even if these are not full on-site 24/7 care, both for rent and for sale
- A significant number of residential care beds and nursing care beds with evidence of over-provision in some areas.

National Evidence

A national discussion paper² determined that 9,400 housing support units are required for working age adults (WAA) with Physical Disability (PD) in England in 2020, rising to 9,600 by 2030 (based on ONS projections of population increase during that time period).

Local Intelligence

As part of modelling work around need and demand for ECH in Lincolnshire, the Public Health Intelligence Team (PHIT) reviewed national evidence to determine a provisional estimated number of supported housing units required in the county for different cohorts. Lincolnshire's population represents 1.2 per cent of the population of England; 116 units (for 2020) is the 1.2 per cent of the total units estimated for the country. These demand estimates need to be reviewed in relation to Learning Disabilities and mental health and will be used to inform the emerging Specialist Adult Services Accommodation Strategy.

PANSI data projects a 1.33 per cent reduction in the number of 18 to 64 year olds with a serious disability in Lincolnshire between 2020 and 2030.

² Projected Demand for Supported Housing in Great Britain 2015 to 2030, PSSRU Discussion Paper DP2931, LSE, March 2017, Raphael Wittenberg and Bo Hu

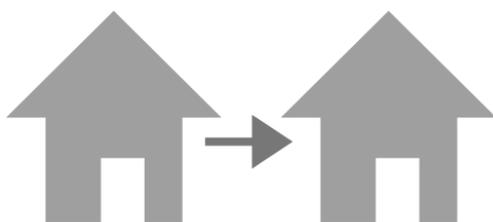
Based on these projections it appears there will be little increase in demand for supported accommodation for Working Age Adults, but a significant increased demand for people with Learning Disabilities. The focus is on current supply and utilisation to help assess whether current supply is sufficient to meet current demand.

Table 1 Provisional estimated units of supported housing using national ratios Lincolnshire³	2020	2030	2018-30%
Older people population (65+)	182,482	221,067	21.1%
Est. units of supported housing older people (65+)	7,431	8,963	20.6%
Working age adults population (18-64)	431,183	427,428	-0.9%
Learning disability	497	737	48.2%
Mental health problems	381	384	0.9%
Physical disability or sensory impairment	116	118	1.8%
Single homeless people	387	384	-0.8%
Other working age clients	665	661	-0.5%
Est. units of supported housing adults (18-64)	2,046	2,285	11.7%
Sum Total units of supported housing	9,477	11,248	18.7%

Source: Public Health Intelligence Team, 2019

The same authorities commissioned further research in 2019 ([Housing LIN report, 2019](#)) which identified that many older people are keen to move, and many of those who are undecided will consider other available options. Supporting people to move is likely to release 3 and 4 bedroom homes into the general housing stock, relieving some of the overall pressure on demand for housing.

Focus group key message



53% are considering a move at some point in the future

The main reasons for people moving were:

- **Live in a smaller home (46%)**
- **Live in a more accessible home (37%)**
- **Change of personal circumstances (35%)**
- **Closer to family / friends 27%**



Source: Housing Learning and Improvement Network, August 2019

Housing Quality and Environment:

There are opportunities to improve the quality of homes and the environment around them in both new build developments and regeneration areas. Planning and infrastructure matters in relation to the growth agenda and bringing forward housing delivery are

³ Rates derived from: Projected Demand for Supported Housing in Great Britain 2015 to 2030, PSSRU Discussion Paper DP2931, LSE, March 2017, Raphael Wittenberg and Bo Hu Population projection 2016 based (ONS)

overseen by the Housing Infrastructure Group (HIG) and so the Housing and Health and Care Delivery Group (HHCDG) will work closely with HIG to achieve common objectives.

Proposals to reform the national Planning system emphasise design guides. These are particularly important where conversion of redundant commercial units into housing may be permitted development rights rather than requiring planning permission and the requirements that this might bring.

There are a number of things to take into account:

- Location - connected to community, work and services.
- Visual impact, layout and landscaping.
- Open space.
- Routes and movement.
- Size and layout of the home and accessibility within the home – able to provide for all the household's requirements.
- Noise, light, services and adaptability.
- Accessibility within the home.
- Sustainability - the design should include standards on insulation, glazing, fuel efficiency to reduce fuel poverty, support climate change and our aspirations around decarbonisation and the move to net zero carbon emissions.
- External environment.

Housing design needs to take account of how people want to use their home and its surroundings. The home needs to remain affordable to the resident and provide a stable and secure base, but the layout of streets, the level of footfall, type of lighting, access to green space, etc. all matter and may differ in urban and rural locations. Smart homes which use new technologies in their build and a support how people live are also important particularly for those in caring roles and for those living with disabilities and long term conditions. Building to higher standards may have some impact on build costs and so it will be ensured that development viability and deliverability is not compromised. Mechanisms for ensuring housing is built to this standard will need to be embedded in to development management processes at district council level.

There are a number of existing best practice guides around developments and integrating with existing settlements that can influence the development of a Lincolnshire Design Guide for health and wellbeing:

1. **Building for a Healthy Life** (formerly Building for Life 12)
2. **Putting Health into Place** – the guidance resulting from the **NHS Healthy New Towns Programme**.

Local design codes will need to avoid simply repeating the commitments in guides such as these and instead should offer practical standards to drive improvements in development quality across the county.

There is a strong emphasis on the need for Green and Blue Infrastructure with the benefits of:

- Improving people's mental and physical health
- Encouraging physical activity
- Reducing air pollution, if carefully designed

- Protecting against climate change; for instance, by helping to reduce flood risk, cooling urban areas during heat waves, storing carbon, or preventing soil erosion
- Increasing biodiversity
- Growing food locally
- Attracting investment
- Improving the soundscape

There are changes to national policies under way maintaining a theme on quality, environmental housing standards (Future Homes Standard) and improving accessibility (disability) standards within the home. The outcome of these emerging policies and regulations will be reflected in the Lincolnshire Design Guide.

Housing Standards: Safe and Warm Housing

Whilst new homes and specialist accommodation is needed to house working age adults with a serious disability and a growing and ageing population, most people live in and will continue to live in existing housing. A significant amount of existing private sector housing is in poor condition (e.g. hazards, cold homes), overcrowded or under-occupied which impacts on the physical and mental wellbeing of its occupants.

The Health Foundation produced a report entitled [How Does Housing Influence Our Health?](#) in 2017 which states that:

“....., [1 in 5 dwellings in England do not meet the Decent Homes standard](#), and a third of these are in the private rental sector, the fastest growing segment of the UK housing market. There is also unequal distribution of good quality housing. Those who are elderly or young, isolated, or without a support network, and adults with disabilities are more likely to be affected. It’s not surprising that young people are concerned about this when they [spend nearly a quarter of their income on housing](#) – a theme that they are exploring in their [Young people’s future health inquiry](#).

Social housing is in general much better but there are particular issues in the private rented sector. However, greater numbers of people are living in owner occupied homes, including many homes which contain serious hazards. Older people in particular can have a significant amount of equity in their home but be 'cash poor' and less able to afford appropriate levels of heating, repairs and maintenance as their income is more limited. Where people live in private rented accommodation, landlords may only maintain properties to the minimum standard required in law. Cold homes and those which are excessively hot pose risks to health for individuals resulting in unplanned hospital admissions and other service pressures.

Housing tenures in Lincolnshire			
(Source: BRE Housing Stock Modelling report, 2017)			
Number of Dwellings			
Private Sector Stock		Social	TOTAL
Owner Occupied	Private Rented		
220,233	71,952	45,985	338,170
Age profile of private sector housing stock in Lincolnshire			
(Source: CPC Housing Condition Survey report, 2009)			

Pre 1919	1919-44	1945-64	1965-80	1981-90	Post 1990
55,081	19,360	40,356	62,171	34,903	80,314

The majority of households in Lincolnshire are owner occupiers but in recent years the proportion of private rented sector homes has grown to exceed those in the social housing sector. The private rented accommodation in areas of deprivation tends to the poorer end of the market but still has challenges around maintenance and adaptation.

Private sector housing conditions in Lincolnshire
 (Source: **BRE Housing Stock Modelling report, 2017**)

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Serious hazards</td> <td style="text-align: right; padding: 5px;">18%</td> </tr> <tr> <td style="padding: 5px;"> <ul style="list-style-type: none"> • Owner occupied • Private rented </td> <td style="text-align: right; padding: 5px;"> <ul style="list-style-type: none"> 17% 19% </td> </tr> <tr> <td style="padding: 5px;">Falls hazards</td> <td style="text-align: right; padding: 5px;">9%</td> </tr> <tr> <td style="padding: 5px;">Dwellings in disrepair (Decent Homes Standard)</td> <td style="text-align: right; padding: 5px;">4%</td> </tr> </table>	Serious hazards	18%	<ul style="list-style-type: none"> • Owner occupied • Private rented 	<ul style="list-style-type: none"> 17% 19% 	Falls hazards	9%	Dwellings in disrepair (Decent Homes Standard)	4%	
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Excess Cold	9%								
Fuel Poverty	10%								
<ul style="list-style-type: none"> • Owner occupied • Private rented 	<ul style="list-style-type: none"> 8% 15% 								
Low-income households	17%								

13% of owner occupiers in the county are estimated to be living on a low income and could need financial help with repairs and improvements or relocating (Source: BRE Housing Stock Modelling report, 2017).

Cost effectiveness

In addition to ensuring that we meet locally emerging need successfully, there are additional benefits from developing and linking housing and health together that relate to value for money at local and national level.

There is growing interest in how investment in housing can lead to benefits in health and potentially lead to cost savings in other service areas. Where appropriately designed housing, both in general and for specific needs, helps meet health and care needs there is a business case to be made. A number of reviews have gathered and assessed the evidence of the cost effectiveness of housing interventions to improve health.

Some examples of where savings can be achieved are:

1. Having to place people with mental health needs out of the county in inpatient beds is a huge cost (around £1,000 per day). Even bringing people back in to the county on to an acute mental health ward or a residential placement costs in excess of £300 per day. Whilst a patient is taking up a bed when ready for discharge the Clinical Commissioning Group (CCG) may have to commission out of area for someone else, so supported housing accommodation versus an inpatient bed is important.
2. The financial benefits of Extra Care Housing (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 ranged from £502 to £553 per week in 2019/20, with the average annual residential care cost estimated to be a little over £27,500 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%; which reduces to £9,118 (33%) 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.
3. Health impact assessments quantifying the health-cost benefits of improvements to existing poor condition housing improvements can provide local authorities with the information they need to drive up public health standards and reduce health costs. They identify the most beneficial and cost effective improvements to housing. Research on quantifying the health-cost benefits of improving homes has provided a very strong case for this approach. For example, a BRE Trust report on the cost of poor housing highlights potential savings to the NHS in England of more than £1.4 billion a year from dealing with the most pressing housing problems. Meanwhile the cost of poor housing to the wider society has been estimated at £18.6 billion a year (from this BRE report).

We will continue to build up the case for investment in housing to reduce future costs elsewhere. This may require partners to think differently about how they use funds available to them and potentially lead to pooling of some budgets across organisations or transfer of budgets from one organisation to another.

Understanding needs and opportunities - delivery objectives

2.1 We will review the evidence base and develop analysis to maintain an up to date picture of demand for homes with care and support and preferred locations and clarify the priorities for future investment

2.2 We will make a strong case for investment in housing to reduce health and care costs

2.2 We will facilitate or influence appropriate design of new build housing to take account of how people want to live while maintaining viability

2.3 We will improve our understanding of housing conditions in Lincolnshire, the impact on physical and mental health, and the potential cost of poor housing to health, care and society

2.4 We will maximise the financial resources available to tackle poor housing standards and ensure they are effectively targeted

2.5 We will support good landlords to increase the supply of quality, housing that is affordable made available to people with health and care needs.

2.6 We will make best use of enforcement powers available across different organisations to target criminal landlords

3. Housing for people with care and support needs



Increasing choice of housing that is affordable and accessible supports people's physical, mental and financial wellbeing, and avoids upheaval. It reduces costs to the public purse arising from avoidable hospital admissions, delayed hospital discharge, and avoidable and permanent admission to care homes. People may need support to find to the right housing choice for their specific circumstances.

Children and Young People

The County Council and its partners have a statutory duty under The Children and Family Act 2017 to support Care Leavers to access safe and suitable accommodation up to the age of 21 and now through to 25, which requires the help of all partners to achieve this. District Councils share corporate parenting responsibilities, in supporting care leavers which can include certain exemptions in housing benefit, relative priority on housing waiting lists and council tax provisions under local flexibilities.

Most children and young people live within their family network. Where they experience difficulties, they are supported through early help to stay with or return to live with their family. The 'Future 4 Me' service works with those who are at greater risk and vulnerability

to help provide stability for the longer term. Where a child or young person needs to make a planned move into independent accommodation, or support to find and sustain independent living arrangements, the County Council commissions Housing Related Support Services with 72 units of accommodation re-commissioned in 2020. Working closely with District Councils, it ensures that where they cannot be connected back to their home, they are housed appropriately by local housing authorities and supported by other relevant agencies.

More children are growing up and going into adulthood with complex health conditions, and they and their families need more flexible, bespoke housing solutions. Equipment, home adaptations and potentially alternative housing may be needed to provide greater independence, whilst enabling on-going family support.

Working Age Adults

A **Specialist Adult Services Accommodation Strategy** (for adults with learning disability, autism and/ or mental health needs) is under development to support the Lincolnshire 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 working age adults with complex needs.

Four levels of independence are considered as follows:

- Level One: Secure Accommodation and Mental Health Inpatient Care;
- Level Two: High Complexity Residential and Community Supported Living;
- Level Three: Residential Care and 24 Hour Community Supported Living;
- Level Four: Independent Living - Including shared lives placements, own home ownership, rented accommodation or living with family and friends.

We want to achieve a proportional move towards Level Four through a maximising independence approach. The lead commissioner for Specialist Adult Services will work closely with the Housing, Health and Care Delivery Group (HHCDG) in relation to access to the wider housing market for related service users. In particular Level Four is the key area to develop adequate housing options.

The **National Autism Self-Assessment Framework 2018** identified the importance of local housing strategies recognising the needs of people with autism. It also recommends the provision of autism awareness training for those who work in the housing sectors.

The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. The programme has three key aims:

- To improve quality of care for people with a learning disability and/or autism
- To improve quality of life for people with a learning disability and/or autism
- To enhance community capacity, thereby reducing inappropriate hospital admissions and length of stay.

It makes specific reference to the need to find appropriate accommodation for people with these needs. This is something that needs to be improved in Lincolnshire to avoid the need for out of county placements as hospital in-patients, which cost more for our services but more importantly disconnect people from their families, friends and community networks.

Older Adults

People are living longer but often in poorer health in older age. Many people want to live in their existing home, staying close to family, friends, social networks and familiar amenities. New technologies are developing to support people with increasing levels of need and there is a growing role for occupational therapy in conjunction with technology to support people to stay in their own homes as an alternative to long term care provision.

Homeless People

There was a general increase in the number of homeless applications received by district councils in the ten years up to 2017/18. Homelessness and rough sleeping have risen sharply nationally and locally in recent years and data has been gathered and collated differently since 2018/19. **Lincolnshire's Homelessness and Rough Sleeping Strategy** identifies levels of need, statutory duties and opportunities for multi-agency working to prevent and relieve homelessness.

Homelessness assessments (2019-20)	
Source: Ministry of Housing, Communities and Local Government (MHCLG)	
Number of initial assessments	3,972
Total owed a prevention of relief duty	3,868
Threatened with homelessness within 56 days (prevention duty owed)	2,002
Homeless relief duty owed	1,866

The Government's 'Everyone In' campaign to house all rough sleepers during the Coronavirus pandemic lockdown in 2020 was hugely successful. However, as the emergency funding has ceased and there is a probable rise in unemployment arising from the economic impact of the Coronavirus pandemic, there is the potential for family breakdowns, evictions from rented accommodation and repossessions where people fall behind with mortgage repayments - leading to people becoming at risk of being homeless, homeless or sleeping rough. Numbers of homeless applications and the situation leading to these is closely monitored. The pandemic demonstrated what can be achieved when agencies work together to address homelessness as a public health issue.

We also need to reflect the needs of young homeless people, those who are chaotic, and those who misuse substances combined with mental health issues. Often viewed as underserving and unpopular, this cohort needs intensive support and access to accommodation.

People Who Hoard

People who hoard have a recognised disorder that puts themselves, their families and neighbours at increased risks. Hoarders often have additional health and wellbeing needs and even face eviction from their home or formal action being taken against them. In Lincolnshire we have produced a multi-agency **Hoarding Protocol** to assist agencies to identify, advise and support those who need help with Lincolnshire Fire and Rescue hosting a Hoarding Advocate. Much has been achieved to help people in this situation declutter and get their homes back to a manageable state; however, more needs to be done to address their underlying issues and treat hoarding as a mental health issue.

Domestic Abuse Victims



Victims of domestic abuse can be men and women, older and young people, with adverse impacts on children. Safe homes and appropriate support are vital to support people to retain or regain their independence. Domestic Abuse Refuges are provided in Lincolnshire as a commissioned service and through the local voluntary sector to support some of those affected to secure safe accommodation and support near to home. Some people will go outside Lincolnshire to be safer at a distance from the

perpetrator and others will take up places in refuges in Lincolnshire to get away from the area they are from.

Different housing options must be available to victims of domestic abuse. Location and affordability are likely to be the deciding factors for general needs housing rather than its nature. Ensuring appropriate supply is, therefore, difficult but the **Domestic Abuse Bill** will when enacted require the County Council to form a partnership board and complete a needs assessment.

4,805 adults and children have been kept safe and supported through domestic abuse, thanks to organisations in Lincolnshire working together over the ten years up to 2018. District Councils can advise about housing, including offering emergency or temporary accommodation if people are made homeless and are vulnerable and in priority need as a result of domestic abuse or other reason.

Carers

Unpaid carers are crucial to enable people with care needs to maintain independent living and are recognised as a priority in their own right in the Lincolnshire Health and Wellbeing Strategy alongside Housing. At the 2011 Census just short of 80,000 people said they were providing unpaid care to someone. In 2018/19, 10,325 people caring for adults received support from the County Council.



Housing services and housing related support need to recognise the specific needs of carers as well as those they care for and make appropriate provisions. This includes making best use of digital technology to reduce the burden of caring and enable working age carers to remain in employment.

Armed Forces Personnel and Veterans

The Armed Forces has long-standing links with Lincolnshire, through an extensive network of Air Force bases and a significant number of service personnel and veterans. The **Lincolnshire Armed Forces Covenant** commits agencies to working together to recognise and support them. District Councils can use local flexibilities to support serving personnel and veterans recognising that their role involves frequent moves which may make it harder to secure settled accommodation. Partners include the Royal British Legion and SSAFA: the Armed Forces Charity.

Housing for people with care and support needs - delivery objectives

3.1 We will facilitate quality, choice and diversity of housing for people with care and support needs

3.2 We will achieve a proportional move towards maximising independence for working-age adults and older people needing care

3.3 We will improve services to extend people's housing choices in preparation for later life

3.4 We will address the underlying causes leading to homelessness whilst still providing appropriate support and housing for those who need it

3.5 We will increase units of single person accommodation to house those who would otherwise be sleeping rough

3.6 We will strengthen healthcare inclusion services for homeless people across the county

4. Helping people remain in their current home

Given the choice, many people prefer to stay in their own homes as their needs change. Memories and personal attachment, familiarity with neighbours and local surroundings are hugely significant to people. Staying at home and remaining connected can be an option with the help of equipment, digital technologies, home adaptations and personal support.

Adult Care Services in the County Council are under increasing pressure but continue to deliver quality and essential services, including home care that enables people who are eligible to remain living independently for as long as possible. This provides in the region of 62,000 visits each week to support people at home. In order to signpost people to wider services and tackle issues such as loneliness and social isolation, the County Council and the NHS has commissioned **Connect 2 Support Lincolnshire** as a library of information on support services that are available from both statutory organisations and the community and voluntary sector.

Occupational Therapy Services are provided by the County Council and the NHS to work with people to identify barriers to independence in their homes, making recommendations to remove these and increase independence.

County Council Occupational Therapists (OTs) work to enable children and adults with disabilities (mental and physical) and debilitating conditions such as Cerebral Palsy and Parkinson's Disease to carry out essential activities, with the aim of maintaining or improving a persons' independence at home. Occupation means any way in which people spend their time from personal care (washing, dressing, toileting) to productivity (paid or unpaid work, housework and education); to leisure (games, sports, hobbies and social activities).

NHS Occupational Therapists based in Lincolnshire's hospitals and community health providers work within a similar ethos to community-based Occupational Therapists. They are building up their knowledge of housing and wider determinants of health through engagement with integrated neighbourhood working; however, the role is more focused on recovery and rehabilitation than longer term needs.

Lincolnshire Fire and Rescue Service's 'Safe and Well checks' create clear referral pathways to identify, report, support and stabilise people's wellbeing, enabling them to 'stay put' or 'move on' as appropriate. These build on the long-standing success of the Home Safety Checks (HSC) that helped to protect thousands of people throughout the county from the risk of fire in their homes. Safe and Well Checks will still incorporate fire safety but also include advice to help an individual improve their health and wellbeing, with the ultimate goal to help people to stay safe in their own homes. Home visits include vital checks on smoke alarms, but also a frailty assessment and, given the significant number of cooking related incidents, fire fighters offer specific advice on cooking safely.



A new initiative to highlight people most at risk from fires in their homes and to support them to get help has been launched by Lincolnshire Fire and Rescue. SHERMAN highlights 7 key factors that may make people at greater risk of having or being less likely to react to a fire. These are:

- **Smoking**
- **Hoarding**
- **Elderly people or those who live alone**
- **Reduced mobility, hearing or visual impairments**
- **Mental health issues**
- **Alcohol misuse, drugs/medication dependence**
- **Needing care or support**
- It aims to increase both the public and professionals' awareness of the risk factors and encourage them to get in contact with the service through a Safe and Well check.

The **Wellbeing Service** Wellbeing Lincs is commissioned by the County Council and delivered by the District Councils working in collaboration to support access to equipment, and minor adaptations on a fee-paying basis, alongside support to improve financial and social wellbeing.

Wellbeing Lincs	
Number of referrals to the County Council Wellbeing Service in 2019/20	7,700
People helped to access small aids (e.g. grab rails) in 2019/20	790
Wellbeing Lincs case studies	
<p>N has mental health issues and alcohol addiction and has been diagnosed with Schizophrenia. N needs prompting to manage his personal care and doesn't wash regularly. His home environment is not pleasant as N cannot manage to clean either himself or his home. Wellbeing Lincs provided a list of gardening services and cleaners, made a referral to the Carers team for N's mother and chased the District Council for fitting of rails.</p> <p>D had started to feel very isolated and need support to go out. D wanted to set up a funeral plan and was also having problems with her fuel supplier. Wellbeing Lincs completed an online form for a Blue Badge, registered D with Call Connect with a home pick up, contacted ASC to find out how much direct payment D has been given for how many hours a week social inclusion, phoned and liaised with a local funeral director then set up a home meeting for D and changed the tariff that D was on with her fuel provider. D is now more independent and socially active, has a funeral plan and the difference in the fuel tariff is helping with bills.</p>	

In an emergency response to the Coronavirus pandemic in 2020 the District councils worked quickly and effectively with the County Council and the Lincolnshire Resilience Forum to reorganise the Wellbeing Service, supporting large numbers of people at

greatest risk from Covid-19. Elements of these adaptations have been retained and built in to the service as business as usual.

The Wellbeing Service includes a hospital in-reach element which now sits alongside two permanently funded Hospital Housing Link Workers. This helps ensure that housing issues are picked up early in discharge planning and can be addressed to help people get homes as soon as possible and avoid them staying in hospital longer than is necessary.

The **Lincolnshire Community Equipment Service** combines County Council and NHS resources to provide simple, often low cost equipment to allow people to remain independent at home. Low cost interventions such as additional hand/grab rails, improved lighting, etc., help prevent falls and support people to remain independent.

Lincolnshire Community Equipment Service		
	2018/19	2019/20
Number of clients supported	55,359	56,916
Number of items delivered	103,426	104,681
Number of items collected	61,348	66,051
Total cost	£6,426,471	£ 5,922,987

Telehealth provides opportunities for remote monitoring of health outcomes, reducing the need for travel to medical centres, providing greater peace of mind for individuals and carers and reducing the risk of unplanned emergency hospital admissions.

Telecare and new forms of **Assistive Technology** support individuals to live independently at home and complement traditional care more cost effectively, offering better outcomes and increased satisfaction for people with long-term care needs. There are around 4,500 people with Telecare in their homes costing £500,000. Devices such as 'Alexa' offer opportunities which need to be explored fully.



85% place importance on provision of alarm system in designated housing for older people

Source: Housing Learning and Improvement Network, August 2019

Disabled Facilities Grants (DFGs) are provided by District Councils. Mandatory DFGs fund essential home adaptations, giving disabled people better freedom of movement into and around their homes (e.g. stair lifts, ramped access) and providing access to essential facilities within the home (e.g. level access showers). Other support, including repairs, may be provided through discretionary housing assistance. Most District Councils have discretionary policies and a countywide Housing Assistance Policy is under development.

Disabled Facilities Grants		
	2018/19	2019/20
Number of grants completed	644	632
Total DFG spend	£4,325,644	£4,336,385
Number of grants approved	160	269
Value of DFGs approved	£1,232,405	£1,327,356

These services are all valuable but all operate independently, making it harder for individuals and those who support them to navigate the support available. A key objective of the programme of work to embed DFGs as part of a system-wide approach to keeping people independent in a home of their own is to integrate these to create a seamless, customer-friendly, efficient and cost effective service with the person at its centre. This is being taken forward with the seven district councils working collaboratively and with the County Council and partners through a Moving Forward with DFGs group.

Lincs 4 Warmer Homes

In order to address the issues of excess cold homes and fuel poverty the councils across Greater Lincolnshire have formed a partnership to connect residents with installers and funding to complete heating and insulation improvements in private sector homes. This is predominantly to support owner occupiers living on a low income and in a high energy cost home or who have a condition that makes them more susceptible to the cold.

Overseen by the Greater Lincolnshire Energy Efficiency Network (GLEEN), **Lincs 4 Warmer Homes** (L4WH) has created a framework of installers to refer residents to access funding from the energy suppliers' Energy Company Obligation (ECO) scheme. Following a successful bid, Warm Homes Fund money is also available for first-time central heating installations for a limited time. Government has also introduced Green Homes Grants to help people with more costly improvements such as solid wall insulation and renewable heating systems. This is in part in response to the Coronavirus pandemic to re-stimulate the market and to prepare people for possible future lockdown(s) when they could be told to stay in a cold home.

The partnership has the potential to do more and to implement the recommendations made to Health and Wellbeing Boards in National Institute for Clinical Health and Care Excellence (NICE) guidance NG6: **Excess winter deaths and illness and the health risks associated with cold homes.**

Housing Related Support

Where people are unable to secure or maintain accommodation, often due to a combination of poor mental health, substance or alcohol misuse, family breakdown, loss of income and debt, they may need additional support. District Councils have statutory duties to prevent and relieve homelessness, but those people with more complex needs need effective multi-agency approaches that combine suitable accommodation and support to enable them to achieve independence.

Since being commissioned in 2015, housing related support services have supported over 8,000 people to improve their health and wellbeing, and regain their independence by either sustaining or finding suitable accommodation. Housing Related Support Services (HRS) for young people and for adults, and Domestic Abuse Refuges, have been re-commissioned by the County Council to start in October 2020 with a budget of £2 million; with the HRS service estimated to help an estimated 1,167 adults per annum.

Helping people remain in their current home - delivery objectives

4.1 We will ensure services to support people to remain living in their current home complement each other as a system-wide approach

4.2 We will develop a seamless, customer-friendly 'one-stop shop' to deliver cost effective services with the person at the centre

4.3 We will make best use of new digital technologies to enable homes for life

5. Helping people find and move to a suitable home

Lincolnshire Homes for Independence is a **call to action** providing a narrative and a description of how increasing the amount of good quality housing that is affordable and accessible for residents that wish to move can reduce the need for the services referenced in the previous section. More specialist homes with care and support need to be available for where the general housing market does not meet peoples' needs. Older people in particular are clear about what they wish to achieve:

Focus group key message



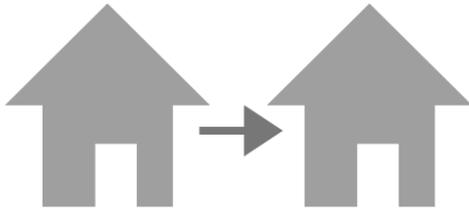
69% of people would like to move to a smaller house

When considering a move the most popular location is town/city outskirts (53%)



10% of people would move from a rural village

Focus group key message



60% would consider or are undecided about moving to designated housing for older people



84% would consider or are undecided about paying a service charge, in addition to rent for housing services

The most essential things the property would need to have were:

- **Own front door (93%)**
- **Able to take own furniture (83%)**
- **Parking (78%)**
- **Accessible location near amenities (77%)**
- **Own garden (70%)**



Source: Housing Learning and Improvement Network, August 2019

To enable people to plan ahead with greater choice and insight at the right time for them, it is essential that there is a range of homes across different tenures available in the right locations to meet needs. Those who are currently owner occupiers might wish to remain in owner occupation or free up some capital through shared ownership; others might want to rent in the private or social housing sectors.

Different levels of housing with care are needed. Evidence to support the need for accessible homes will be strengthened as a basis for requiring developers to build greater proportions of new build housing to the higher levels of accessibility in the building regulations and for us to encourage, support and fund both Registered Providers and private developers to go further. There is also scope to work with developers on bespoke schemes for people with complex needs where existing homes cannot be easily adapted.

More emphasis will be placed on providing people with housing options information so they can decide to either remain living where they are now or move. Relocating can be more appropriate than expensive adaptations to current homes, especially where other factors make the home unsuitable (e.g. under-occupation, poor location (isolated), unmanageable).

Where people do come to require a higher level of care and support, every effort will be taken to avoid this coming in the form of residential or nursing care homes.



Finding a new home in later life is seen as a progression, a road map with the aim of accessing residential and nursing care only as a last resort (not losing sight of the fact that sufficient provision of this must be available).

But needing a home with some care and support provided is not all about later life. Care and Extra Care can be required by people of all ages who could be living independently. Multi-generational developments where young and old can live alongside each other, receiving the support and care they need whilst being of mutual support and company to each other should be considered. We particularly want to secure the provision of homes that encourage and facilitate people being treated as individuals and care being personalised to their particular requirements and wishes. Where possible, we want to see housing with support designed to be adaptable to change and allowed to evolve as

opposed to being categorised. It should be both reactive and responsive to the assessed needs and demands of those who live there with the support of the local community.

One standard used by LACE Housing, a Registered Provider that specialises in housing for older people, has four levels of supported housing that provides a supported environment for those wishing to retain / regain independence within a community / environment in which they are familiar:

- Level 4 – Extra Care Housing
- Level 3 – Extra Care Lite
- Level 2 – Specialist older peoples' housing
- Level 1 – Retirement plus older peoples' housing

Extra Care Housing

There is some excellent housing for people with a range of needs but not enough for everyone to have a full range of choice that is affordable to them. The County Council's Extra Care programme, working with District Councils, Registered Providers, developers and communities, seeks to address the shortage of provision where demand is high, where the market is less active and where there is scope to meet the needs of adult care service users more effectively. Mainly supporting older people, this will also support working age adults, creating mixed, inclusive communities wherever possible. The programme aims to increase capacity in the areas of highest need in the county and encourage further development.



In a large rural county, with dispersed populations, mixed accommodation which builds around and enhances natural communities is the preferred model.

We believe that all such new accommodation should be:

- Built well and maintained to high quality standards
- Affordable and economical throughout its lifetime
- Designed for all age living, flexible and able to adapt to meet future needs
- Designed to promote social connectedness, wellbeing and community activity
- Close to or will incorporate open space
- In easy reach of amenities without the need for extensive travel

- Sensitive to the scale and diversity of Lincolnshire's communities
- Marketed locally
- Co-produced from design through to day-to-day management wherever possible with the people who will be living there.

Helping people move to a suitable home - delivery objectives

5.1 We will influence delivery of new-build housing to provide greater choice of homes with care and support across all tenures

5.2 We will support people with care and support needs to access social and private rented homes

5.3 We will provide more extra care housing of different levels to meet demand

6. What's next working together on the vision?

The County Council has a legal duty to provide children's and adult social care services. The seven district councils are the local housing and planning authorities responsible for developing and implementing Local Plans and securing new housing. Others including developers, Register Providers (Housing Associations), public bodies (e.g. NHS (linking in to the Transforming Care programme and reducing mental health patients using out of county in-patient facilities), DWP) and charities have a key role to play in delivering more Homes for Independence and integrating support services to promote and sustain independence.

The Housing, Health and Care Delivery Group (HHCDG) adopted a memorandum of understanding (MOU) to support joint action in Lincolnshire on improving health and wellbeing through the home. Mirroring the national MOU, this underpins joint working to deliver better housing outcomes, including achieving greater choice and independence, for Lincolnshire's residents. The Lincolnshire Homes for Independence is the blueprint for HHCDG partners which builds on the commitment in the MOU to develop collaborative actions and achieve the objectives set out in it.

By understanding each other's responsibilities and working better together, we will provide greater choice and help people to be better prepared, make better informed, longer term plans to meet housing and support needs. We have mapped the Housing and Planning Groups (multi-agency partnerships) that have a role to play in an organogram to support better integrated working across the county and maximise the efforts of all partners to deliver homes for independence.

Programmes of work that contribute to the homes for independence agenda are delivered through a Delivery Plan supporting the HHCDG to oversee the Housing priority in the Lincolnshire Joint Health and Wellbeing Strategy. The plan sets out the direct actions the HHCDG will take to achieve outcomes under each of the objectives outlined throughout this document. It also identifies complementary activity which is managed elsewhere but indirectly supports the delivery of homes for independence. The plan will be reviewed and updated annually.

Meeting the housing needs for the whole community is complex as it involves multiple organisations. But, by working better together under the direction of the Health and Wellbeing Board (HWB) on a range of programmes and activities around this the agenda, we can make a difference.

The HHCDG will provide an annual progress report to the HWB. Previous reports can be found here:

[Housing Priority Report to the Housing Health & Care Delivery Group September 2019](#)

Much has been achieved already by organisations in Lincolnshire working more closely together to meet the wider needs of the whole community, but also through people's passion to develop healthy communities and their willingness to be innovative, embracing new technologies. Decent, housing that is affordable has reduced overcrowding, accidents and disease, improved people's mental and physical health, and enabled the development of welcoming and safe communities.

There is more to do. We are equally ambitious, passionate and innovative as we work together to achieve our vision **for people to live independently, stay connected and have greater choice in where and how they live.**

Glossary

Bibliography

Housing, Health and Care Delivery Group Membership

Chair and Member of the HWB	Councillor Wendy Bowkett
Lincolnshire County Council	Glen Garrod (Executive Director – Adult Care and Community Wellbeing) Gareth Everton (Adult Care) Semantha Neal (Public Health) Lisa Loy (Public Health) Sean Johnson (Public Health) Roz Cordy (Children's Services) Andy Morris (Children's Services) Karen Gardner (Lincolnshire Fire and Rescue)
District Councils	Councillor M Griggs (Boston Borough) Councillor P Skinner (Boston Borough) Andy Fisher (Boston Borough) Councillor C Lawton (South Holland District) Jason King (South Holland District) Councillor B Dobson (South Kesteven District) Councillor R Reid (South Kesteven District) Councillor O Bierley (West Lindsey District) Diane Krochmal (West Lindsey District) Councillor D Nannestad (City of Lincoln) Yvonne Fox (City of Lincoln) Matthew Hillman (City of Lincoln) Andrew McNeil (City of Lincoln) Michelle Howard (East Lindsey District) Philip Roberts (North Kesteven District) Steve Priestley (North Kesteven District) Councillor L Cawrey (North Kesteven District) Councillor I Carrington (North Kesteven District) Alison Timmins (County Homelessness Partnerships Manager)
Lincolnshire Partnership NHS Foundation Trust (LPFT)	Claire Darbyshire
Department of Work and Pensions (DWP)	Graham Metcalfe
LACE Housing	Nick Chambers
United Lincolnshire NHS Hospitals Trust (ULHT)	Michelle Harris (Deputy Director of Operations, Urgent Care) Kathryn Sayles
Lincolnshire Community Health Services (LCHS)	Kim Barr (Neighbourhood Lead) Beckie McConville (Neighbourhood Lead – Lincoln North)
NHS Lincolnshire Clinical Commissioning Group	Jacqui Bunce Rachel Redgrave

(CCG)	
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Lincolnshire Homes for Independence Housing Health and Care Delivery Group - Delivery Plan for 2020-22

Our **vision** is for people to live independently, stay connected and have greater choice in where and how they live.

The right home environment is essential to health and wellbeing, throughout life. Timely and appropriate support services enable people to live at home safely and independently. We are committed to working together, across local government, housing, health, care, and voluntary and community sectors to understand and respond to current and future needs in Lincolnshire."

This Delivery Plan has a number of collaborative actions that are supported by each organisation aligned to the 'Lincolnshire Homes for Independence' blueprint delivery objectives. In order to avoid duplication of efforts and ensure a strategic systems approach this Delivery Plan captures tasks from a range of work streams, including that of the Centre for Ageing Better.

ID	Delivery objective	How will this be achieved?	Completion Date	Responsible Group and Lead	Update
Understanding needs and opportunities					
2.1	We will review the evidence base and develop analysis to maintain an up to date picture of demand for homes with care and support and preferred locations and clarify the priorities for future investment	Recruit Housing Analyst dedicated role to link data to housing issues, linked to or based alongside Public Health Intelligence Team, also to work across the CCG			
		JSNA - Re-schedule topic review/ update			
2.2	We will make a strong case for investment in housing to reduce health and care costs				

**Lincolnshire Homes for Independence
Housing Health and Care Delivery Group - Delivery Plan for 2020-22**

ID	Delivery objective	How will this be achieved?	Completion Date	Responsible Group and Lead	Update
2.3	We will facilitate or influence appropriate design of new build housing to take account of how people want to live while maintaining viability	Enabling relationships - Homes England - Housing Infrastructure Group (HIG) Link to Housing Infrastructure Group (HIG) Action Plan. HIG remit covers new builds & need a link between HIG and HHCDG.			
2.4	We will improve our understanding of housing conditions in Lincolnshire, the impact on physical and mental health, and the potential cost of poor housing to health, care and society				
2.5	We will maximise the financial resources available to tackle poor housing standards and ensure they are effectively targeted	Health issues caused by poor housing- SJ has met with Jacqui Bunce to talk about how to do this and to measure the impact (e.g. less medication, or GP visits)			
2.6	We will make best use of enforcement powers available across different organisations to target criminal landlords				

**Lincolnshire Homes for Independence
Housing Health and Care Delivery Group - Delivery Plan for 2020-22**

ID	Delivery objective	How will this be achieved?	Completion Date	Responsible Group and Lead	Update
Housing for people with care and support needs					
3.1	We will facilitate quality, choice and diversity of housing for people with care and support needs				
3.2	We will achieve a proportional move towards maximising independence for working-age adults and older people needing care				
3.3	We will improve services to extend people's housing choices in preparation for later life				
3.4	We will address the underlying causes leading to homelessness whilst still providing appropriate support and housing for those who need it	Rough Sleeping & Homelessness			
3.5	We will increase units of single person accommodation to house those who would otherwise be sleeping rough				

**Lincolnshire Homes for Independence
Housing Health and Care Delivery Group - Delivery Plan for 2020-22**

ID	Delivery objective	How will this be achieved?	Completion Date	Responsible Group and Lead	Update
3.6	We will strengthen healthcare inclusion services for homeless people across the county	<ul style="list-style-type: none"> • Support services for vulnerable people (early intervention, young people, homelessness, care leavers, drugs and alcohol) • Continue & embed integrated NHS & mental health support following Covid 			
Helping people remain in their current home					
4.1	We will ensure services to support people to remain living in their current home complement each other as a system-wide approach				
4.2	We will develop a seamless, customer-friendly 'one-stop shop' to deliver cost effective services with the person at the centre	<ul style="list-style-type: none"> • DFG post recruitment to start once recruitment restrictions are lifted. • DFG- DFG and equipment budgets- pooled budgets to work better together and look at use of digital technology • Centre for Ageing Better support to re-design & evaluate impacts of new integrated service 			
4.3	We will make best use of new digital technologies to enable homes for life	Ambulance Service pilot to pick up on housing conditions- possible pilot of hand held devices to record housing conditions. Could form part of the Housing MOT. A mechanism for self-reporting to be developed.			

**Lincolnshire Homes for Independence
Housing Health and Care Delivery Group - Delivery Plan for 2020-22**

ID	Delivery objective	How will this be achieved?	Completion Date	Responsible Group and Lead	Update
Helping people find and move to a new, suitable home					
5.1	We will influence delivery of new-build housing to provide greater choice of homes with care and support across all tenures	<ul style="list-style-type: none"> • Greater Homes England - use options from Covid recovery to develop social housing with care- through one public estate - land to build on – Homes England staff to research best practice – design and build proposal • Hospital discharge / avoidance • Improve housing/hospital interface- focused on hospital avoidance & discharge 			
5.2	We will support people with care and support needs to access social and private rented homes				
5.3	We will provide more extra care housing of different levels to meet demand				

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	24 February 2021
Subject:	Adults and Community Wellbeing Scrutiny Committee Work Programme

Summary:

The Committee is also requested to consider its work programme. The report also includes a schedule of previous activity by the Committee since June 2017.

The Committee is requested to note the decision made by 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*. The Executive approved the recommendations set out in the report. This item was considered by this Committee on 13 January 2021.

Actions Required:

- (1) To review the Committee's future work programme.
- (2) To note the following the decision made by 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*.

1. Current Items

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

24 February 2021 – 10.00am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
Adult Care and Community Wellbeing Market Position Statement 2020-2023	Gareth Maddison, Service Development Manager. Service Development Team Clair McNally, Project Manager, Service Development Team	To consider the draft market position statement for 2020-2023
Service Level Performance Against the Corporate Performance Framework – Quarter 3	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
Mental Wellbeing and Suicide Prevention Action Plan	Kakoli Choudhury, Consultant in Public Health	To consider an update on mental wellbeing and the suicide prevention plan.
One You Lincolnshire Update: Integrated Lifestyle Review	Semantha Neal, Assistant Director of Prevention and Early Intervention Philip Garner, Programme Manager – Health Improvement Representatives from Five Tribe	To receive an update on the One You Lincolnshire service.

24 February 2021 – 10.00am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
Homes for Independence Blueprint	Councillor Mrs Wendy Bowkett, Chair of the Housing, Health and Care Delivery Group Semantha Neal, Assistant Director of Prevention and Early Intervention Sean Johnson, Public Health Programme Manager	To consider a report on the Homes for Independence Strategy, on which a decision will be made by the Executive Councillor for Adult care, Health and Children's Services between 26 February and 5 March 2021.

2. Future Items

Set out below are the items for next meeting on 14 April 2021.

14 April 2021 – 10.00am		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
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
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.

3. Previous Items

All items previously considered by the Committee since June 2017 are listed in Appendix A. The Committee is requested to note that on 2 February 2021 the Executive approved the recommendations in the report on *Extra Care Housing Scheme and Community Supported Living Units for Working Aged Adults at The Hoplands Sleaford with North Kesteven District Council*

4. Conclusion

The Committee is invited to consider its 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
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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

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
ITEMS PREVIOUSLY CONSIDERED

	2017			2018					2019					2020					2021													
KEY	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr	22 May	3 July	4 Sept	9 Oct	27 Nov	15 Jan	26 Feb	1 July	1 Sept	21 Oct	25 Nov	13 Jan	24 Feb	14 Apr			
<i>Meeting Length - Minutes</i>	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	154					
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			✓																													
Winter Planning									✓						✓				✓													

	2017		2018					2019					2020					2021											
KEY	15 June	26 July	6 Sept	29 Nov	10 Jan	14 Feb	11 Apr	30 May	4 July	5 Sept	10 Oct	28 Nov	16 Jan	27 Feb	10 Apr	22 May	3 July	4 Sept	9 Oct	27 Nov	15 Jan	26 Feb	1 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	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																											✓		