



County Offices  
Newland  
Lincoln  
LN1 1YL

12 October 2021

**Adults and Community Wellbeing Scrutiny Committee**

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 20 October 2021 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached agenda.

Yours sincerely

A handwritten signature in cursive script that reads '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), A M Key (Vice-Chairman), B Adams, T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE, R A Wright and T V Young



**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA  
WEDNESDAY, 20 OCTOBER 2021**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
1	<b>Apologies for Absence/Replacement Members</b>	
2	<b>Declarations of Members' Interests</b>	
3	<b>Minutes of the meeting held on 8 September 2021</b>	5 - 16
4	<b>Announcements by the Chairman, Executive Councillor and Lead Officers</b>	
5	<b>Care Quality Commission - Adult Social Care Update</b> <i>(To receive a report from Cat Eglinton, Inspection Manager- Care Quality Commission (CQC), which provides the Committee with an overview of the role of the Care Quality Commission throughout the pandemic and the future direction of the CQC)</i>	17 - 22
6	<b>Overview of Specialist Adult and Safeguarding Services</b> <i>(To receive a report from Justin Hackney, Assistant Director - Adult Care and Community Wellbeing, which provides the Committee with an overview of Specialist Adult and Safeguarding Services)</i>	23 - 32
7	<b>Adult Care and Community Wellbeing Financial Position 2021-22</b> <i>(To receive a report from Pam Clipson, Head of Finance - Adult Care, which provides the Committee with an update on the financial position for Adult Care and Community Wellbeing for 2021-22)</i>	33 - 36
<b>CONSIDERATION OF EXEMPT INFORMATION</b>		
In accordance with Section 100 (A)(3) of the Local Government Act 1972, agenda item 8, appendix E and F has not been circulated to the press and public on the grounds that it is considered to contain exempt information as defined in paragraph 3 of Schedule 12A of the Local Government Act 1972, as amended. The press and public may be excluded from the meeting for the consideration of this item of business.		
8	<b>Extra Care Housing development at Prebend Lane Welton with LACE Housing Limited</b> <i>(To receive a report from Emma Rowitt, Senior Project Manager - Corporate Property, which invites the Committee to consider and comment on a report to commence development on the Prebend Lane Scheme in autumn 2022, which is the subject of a decision by the Executive on 2 November)</i>	37 - 120
9	<b>Adults and Community Wellbeing Scrutiny Committee Work Programme</b> <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider and comment on its work programme for the coming year)</i>	121 - 130

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

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

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Adults and Community Wellbeing Scrutiny Committee on Wednesday, 20th October, 2021, 10.00 am \(moderngov.co.uk\)](https://www.lincolnshire.gov.uk/council-business/search-committee-records)

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



**ADULTS AND COMMUNITY WELLBEING  
SCRUTINY COMMITTEE  
8 SEPTEMBER 2021**

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

Councillors A M Key (Vice-Chairman), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee and T V Young

Councillor C Matthews attended the meeting as an observer

Councillors E J Sneath and Mrs S Woolley also attended the meeting remotely via Microsoft Teams as observers

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Roz Cordy (Interim Assistant Director of Safeguarding), Alex Craig (Commercial and Procurement Manager), Simon Evans (Health Scrutiny Officer), Lucy Gavens (Consultant - Public Health) Professor Derek Ward (Director of Public Health) and Emily Wilcox (Democratic Services Officer)

The following officers attended remotely via Microsoft Teams:

Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Justin Hackney (Assistant Director, Specialist Adult Services) and Marie Kaempfe-Rice (Senior Commercial and Procurement Officer), Caroline Jackson (Head of Corporate Performance), Catherine Kinnaird (Senior Commercial and Procurement Officer) and David Postle (Service Manager – Wellbeing Lincs)

**17 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors B Adams, Councillor A Hagues, Councillor M J Overton MBE, R A Wright and W Bowkett (Executive Councillor for Adult Care and Public Health).

**18 DECLARATIONS OF MEMBERS' INTERESTS**

There were no declarations of interest.

**19 MINUTES OF THE MEETING HELD ON 14 JULY 2021**

In response to a question, the Head of Finance – Adult Social Care and Wellbeing confirmed the council was on target to distribute letters to all individuals who had been overcharged as a result of changes in the Adult Care Charging Policy by the end of 2021. 199 families had

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
8 SEPTEMBER 2021**

already responded and been issued with refunds, and the council was awaiting confirmation of the addresses of 407 families. It was clarified that the council owed £384,000 in overcharges, of which £67,000 had been distributed to date. It was agreed that The Head of Finance – Adult Social Care and Wellbeing would provide a breakdown of these figures to the committee.

RESOLVED:

That the minutes of the meeting on the 14 July 2021 be approved as a correct record and signed by the Chairman.

20 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Executive Director – Adult Care and Community Wellbeing referred to the comments made by the Prime Minister in relation to the Social Care Reform and would provide further details on the impact to Lincolnshire in due course.

The committee was pleased to see the issue was finally being considered and welcomed an update on the Social Care Reform that had recently been announced by the Prime Minister.

The Chairman welcomed Lucy Gavens, the newly appointed consultant to Public Health to the meeting.

21 OVERVIEW OF PREVENTION SERVICES

The committee received a presentation from the Director of Public Health, which provided an overview of prevention services for Lincolnshire, including:

- Population health management
- Signposting and advice
- NHS Health check programme
- One You Lincolnshire
- The Wellbeing Service
- Lincolnshire Community Equipment Service
- Remote monitoring
- Support to unpaid family carers
- Wider determinants of health
- Homes for Independence blueprint
- Centre for Ageing Better Rural Partnership

The committee welcomed the informative and interesting presentation and during the discussion the following points were noted:

- The committee thanked officers for their valuable work on prevention services.

- The committee were advised that Lucy Gavens, Consultant to Public Health, had recently been appointed as the lead officer for mental health for Lincolnshire and would work alongside the Lincolnshire Partnership NHS Foundation Trust on preventing mental ill health.
- The population health management programme would connect data to better understand the experience of health and social care provided. A pilot programme of work would commence in October 2021 with a hope to have secured some early outcomes by December 2021. Findings of the pilot would be reported to the committee in 2022.
- As the integrated care system developed in 2022/23, population health management would form a fundamental aspect of public health within Lincolnshire.
- The diagram on page 22 of the report, which set out prevention and public health activities, had been circulated to partners.
- Public Health were working with the council's communications team to further public engagement and provide a variety of useful health information. Officers were looking to use infographics and videos as well as using TikTok, YouTube and other social media platforms to increase engagement.
- The occupational therapy service operated by Wellbeing Lincs was heavily subsidised by the council and therefore operated at a charge of only £2.50 per week to the user, the cost of which would not increase throughout the duration of the contract. The service would work with customers in financial difficulty and would not take enforcement action to recover monies if it was clear that individuals were in severe financial difficulty. The main priority of the service was to ensure that the most vulnerable were receiving the care they required.
- The Service Manager – Wellbeing Lincs emphasised that the service worked to empower the customer to address their own needs.
- The Wellbeing Lincs service worked to a seven day turnaround. However, if a customer had more in depth needs and required further assessment, the service would work directly with the occupational therapy team to put in place a temporary solution.
- Waiting lists for the service had decreased significantly. There was no national benchmarking data available but officers understood that Lincolnshire was high performing in comparison.
- Officers were investigating ways to relieve the pressures caused by the national shortage of occupational therapists.
- A presentation on the Occupational Therapy service had been scheduled to be reported to the committee in December 2021.
- Over a twelve month period, the wellbeing service had reached around 7,000 people as well as providing covid-19 support to around 6,500 people.
- The committee highlighted the opportunity to collect abandoned health equipment for re-use, for both environmental and monetary value. It was suggested that household waste and recycling centres could be used as a collection point for equipment that was no longer used. Members were advised a number of solutions were being considered, with household waste and recycling centres being used as a short term solution. Officers emphasised the need for a long term solution which

would target equipment on a daily basis and work to bring unused equipment back for re-use, supporting the increase in demand through a better recycling rate. It was agreed that this issue could be explored as part of the item on community equipment services, which had been listed for the committee at its meeting in December 2021.

- The council had been in contact with neighbouring councils and councils with a similar demographic to discuss the Homes for Independence Blueprint.
- The Centre for Ageing Better Rural Partnership was funded by a lottery grant and Lincolnshire County Council.
- In Lincolnshire, around a quarter of reception children were classed as obese, which increased to around a third by year 6. Around 60% of adults were also classed as being obese. These figures were in line with national averages.

**RESOLVED:**

That the presentation and comments made be noted.

**22      ROLE OF DIRECTOR OF PUBLIC HEALTH AND SERVICE AREAS**

Consideration was given to a presentation by the Director of Public Health which outlined the role of the Director of Public Health and the service areas within, including the following:

- The role of the public health service, which was to provide health improvement, care and protection.
- The aims of the joint public health and wellbeing strategy
- An update on the health and social care white paper
- Transforming the Public Health System in England Policy Papers

It was noted that Lincolnshire's public health budget for 2020/21 was £44.79m, which included £33.9m Public Health Grant & £10.89m Lincolnshire County Council core funding, which was used for statutory functions and health improvements.

The Director of Public Health emphasised the importance of prevention within the health service, emphasising that investing in protection could protect individuals and their health as well as parts of the wider economy.

The committee welcomed the informative presentation and during the discussion the following points were noted:

- Members emphasised the strong need for preventative health services and a need for a 'prevention over cure' approach.
- The single biggest driver for illnesses within Lincolnshire was deprivation.
- Officer emphasised a need for the delivery of fundamentally different services as the NHS was already overwhelmed.

- In terms of alcohol abuse, the most at risk group was middle class, middle aged woman who did not recognise that they were drinking to excess but had not reached a point where they needed specialist care for alcoholism.
- The committee agreed that there was a strong need for education around health and nutrition to reduce obesity, particularly in relation to a high sugar intake. Many adults were unaware of the amount of sugar they were consuming which was contributing to a number of health issues. Members suggested the establishment of a working group to investigate the health risks associated with a high sugar intake. It was noted that the Executive Councillor: NHS Liaison, Community Engagement, Registration and Coroners was also working on this through the healthy weight partnership and as part of the Health and Wellbeing Board. It was suggested that the two could be aligned to avoid duplication.
- In relation to the Public Health Division Budget 2021/22 set out in appendix B to the report, the Director for Public Health explained that the 'Misc Public Health Services' was a heading created in line with reporting to central government. A breakdown of the £5.8m of expenses could be provided following the meeting.
- Dealing with substance misuse was a statutory responsibility of the council and services had to be provided to those in need, therefore there was little control over the level of spending. If funds were to be provided from central government for substance misuse, the council would look at more preventative work, ideally reducing the need for the services.

RESOLVED:

1. That the presentation and comments made be noted.
2. That consideration be given to establishing a working group, with Councillors R J Kendrick, A M Key and C E H Marfleet recording their interest in being members of the working group.

23 REPORT BY THE LOCAL GOVERNMENT AND SOCIAL CARE OMBUDSMAN

Consideration was given to a report by the Roz Cordy Assistant Director of Adult Care and Wellbeing and Pam Clipson, Head of Finance, Adult Care and Community Wellbeing which invited the committee to consider a report on the Local Government and Social Care Ombudsman which was due to be considered by the Executive on 5 October 2021.

Members were advised that the Ombudsman had issued a report, attached at Appendix A, following an allegation of maladministration by the Council in the exercise of its adult social care functions. The Ombudsman had concluded that the Council was guilty of maladministration and that this caused injustice and included recommendations that he considered would be necessary to remedy the injustice in this case.

The Ombudsman's recommendations to the Council could be found in the report attached at appendix B. It was also accepted that there was a requirement for the Council to act with all possible urgency to move from a net to a gross payment arrangement consistent with properly managing the risks of the change for the Council, providers and service users, and therefore the report recommended that the Executive approved the actions taken to implement change in systems to bring about the changes required to its payment mechanism.

Members supported the recommendations as set out in the Executive report and during the discussion the following points were noted:

- The committee was reassured that adequate testing carried out before the new payment system was officially launched in April 2020. Weekly testing was already taking place between the council's finance and IT departments and external service providers.
- The amount each individual paid towards their care was the assessed contribution financially. For instances where another party chose to top up their care, it was not necessarily paid by the service user.
- The council covered any core payments and any third party top ups were paid to the provider directly.
- Officers did not expect a large increase in care home beds so did not foresee there being an issue with dealing with capacity for processing the payments.
- Going forward, the council would be bringing in whole person reporting, meaning that service users would have one point of contact within the council, rather than being involved with a large number of departments. It was hoped that this would improve the service for individual service users and minimise errors leading to ombudsman complaints.
- The complexity of the system for assessing the financial eligibility of people for social care funded by the local authority was acknowledged.
- It was a benefit of the new arrangements that the pressures on care providers would be alleviated.
- There was a suggestion that training for all relevant staff should be reviewed. Practitioners, who were experts in the assessment of care needs, were not necessarily experts in finance. Members were reassured that dedicated phone lines and email accounts had been set up to assist service users, with support available from adult care and finance backgrounds to assist. It was wished to be noted for the record that two members of the committee raised a specific need for training for staff who provided advice on the service.
- It was confirmed that the local authority was always responsible for accrued arrears, even if the council had not been informed. However, providers could only claim for the arrears of those who were currently in care.
- There was a suggestion that where arrears in payments for 'top up' payments were accruing, support and advice could be provided to families at an earlier stage.

RESOLVED:

1. That the committee support the recommendations to the Executive, as set out in the report;
2. That a summary of the above comments be passed on to the Executive as part of their consideration of this item.

24 LINCOLNSHIRE SENSORY SERVICES RE-COMMISSIONING

Consideration was given to a report by the Commercial and Procurement Manager, which invited the committee to consider a report on the Lincolnshire Sensory Service Re-Commissioning, which was due to be considered by the Executive Councillor for Adult Care and Public Health between 13 and 17 September 2021.

The Lincolnshire Sensory Services (LSS) was a preventative and re-ablement service for both adults and children with a sensory impairment, both cognitive and acquired and their associated disabilities where applicable.

The current contract had been delivered by RNID since April 2016 but had exhausted all options for extension within the current contract, it was therefore proposed that the Executive approve that a procurement be undertaken to deliver a contract to be awarded to a single provider of county-wide sensory services for adults and children for a period of three years, with the possibility of a further two year extension on a one plus one basis.

Members supported the recommendations set out to the Executive and during the discussion the following points were noted:

- Any feedback provided by service users would be considered when procuring the new contract.
- It was noted that there was not a KPI to measure a decrease in activity in individuals, which could potentially highlight an area for concern. It was explained that some of this information was contained within other KPI's, but acknowledged that it may be useful to have an individual KPI to monitor this data. Areas such as increased opportunities for paid work; reduced isolation; and the number of volunteer hours were suggested as items where the procurement process might seek improved performance
- Members acknowledged the advantages of the service being provided by just one provider.
- Members welcomed the results of the survey in which 100% of service users were happy with the service provided.
- The committee emphasised the need for the alignment of services with the NHS, such as the low vision service and the eye care liaison officer. The council were working on the alignment of services to ensure that the service was as efficient as possible which involved joining up machinery and a referral pathway.
- It was suggested that the targets for the 'Individual Outcomes Increased Opportunities of Paid Work' were extremely low.

- Covid-19 had slightly impacted on the drop in volunteer hours, but there were also a range of other factors. In general, it was difficult to secure volunteers. A breakdown of the relationship between a joint group of providers had resulted in a direct impact on volunteers and it had not felt appropriate to penalise the provider for this.
- Volunteers were primarily those which were already registered to local charities and organisations. The council actively worked to meet targets but there were difficulties recruiting volunteers as a county.

## RESOLVED:

1. That the recommendations to the Executive Councillor, as set out in the report, be supported;
2. That a summary of the comments made, as above, be reported to the Executive Councillor as part of their consideration of this item.

12:15 Cllr T Young left the meeting and did not return.

25 STRATEGIC MARKET SUPPORT SERVICES RE-PROCUREMENT

Consideration was given to a report by the Commercial and Procurement Manager, which invited the committee to consider a report on the Strategic Market Support Services Re-Procurement which was due to be considered by the Executive Councillor for Adult Care and Public Health between the 13 – 17 September 2021.

The report set out the proposal to re-procure the Strategic Market Support services based on a new structure and an increased transparency of provider performance, with the successful provider to actively source external funding so that the contract became self-sustaining by the end of the next contractual term. It was proposed that the contract be split into two parts, one for the core market support and workforce development requirement (Parts A and C) and the other for the Care Home Trusted Assessor service (Part B).

Members supported the recommendations as set out in the report, and during discussion the following points were noted:

- Officers felt that a two contract was felt appropriate, particularly with the level of uncertainty that remained currently. It was considered important to be able to respond to change in uncertain times.
- The council would be working to make certain elements of the service more cost neutral which would be reflected in a target set for the new provider.
- The potential for self-funding of the service could be explored further.
- The procurement might seek to identify good practice by the new contractor, such as their emphasis on recruitment and retention policies, including low rates of staff turnover.
- The committee requested an update from the new provider in October 2022.

RESOLVED:

1. That the recommendations to the Executive Councillor, as set out in the report, be supported;
2. That a summary of the comments made, as listed above, be reported to the Executive Councillor as part of their consideration of this item.

26      SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE  
FRAMEWORK - QUARTER 1

Consideration was given to a report by the Head of Corporate Performance, which summarised the Adult Care and Community Wellbeing Service Level Performance for Quarter 1.

Members were advised that in Quarter 1, six measures had exceeded their target; seven measures achieved their targets; one measure was improving but did not achieve its target; 3 measures did not achieve their target and 1 measure is not reported due to definition change.

The Head of Corporate Performance provided further information on the were three measures which had not achieved their target:

- Carers supported in the last 12 months (PI 59)
- Carers who have received a review of their needs (PI 121)
- Adult Safeguarding concerns that lead to a Safeguarding enquiry (PI 130)

A summary of all target measures could be found in Appendix A to the report.

It was noted that Carers First had now informally contacted all of their carers to discuss their needs and provide reassurance.

Members considered the report and during the discussion the following points were noted:

- It was hoped that a review of the safeguarding referrals process would be concluded by the start of 2022.
- 'Carers First' commissioned a service which provided additional support to young carers. It was agreed that the committee receive a report providing further detail on the support provided to young carers at a subsequent meeting.
- Members raised concerns that only around 25% of safeguarding concerns raised had led to a safeguarding enquiry and requested further clarity on the reporting process and eligibility criteria for an enquiry. It was agreed further information on this be provided as part of the Lincolnshire Safeguarding Adults Board – Update Report to the meeting of the committee in December.
- The Assistant Director – Specialist Services emphasised that there was an ongoing audit of safeguarding referrals and it has been identified that a number of key partners were sending safeguarding information on the safeguarding concerns form. There was therefore a need to work with partners and separate out general information from legitimate safeguarding concerns. Operational meetings were being

progressed with partners including the Police, EMAS and the Care Sector in order to clarify the reporting process. Work was also being undertaken to review the Safeguarding Concern Form to make it easier for key stakeholders to use and to improve data quality.

- Care plans were reviewed annually for those receiving long term care, with further reviews provided if necessary.

RESOLVED:

That the report be noted.

27 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by the Health Scrutiny Officer, which invited the committee to consider its work programme.

Members were referred to the work programme which was set out at appendix A to the report.

Following the discussion around mental health earlier in the meeting, the Health Scrutiny Officer highlighted that the Chief Executive from the Mental Health Trust was due to attend the meeting scheduled for 1 December 2021. Members welcomed reporting on mental health and emphasised a need for a preventive approach to mental health which was being adopted by the council.

RESOLVED:

That the work programme be noted.

28 CONSIDERATION OF EXEMPT INFORMATION

RESOLVED:

That in accordance with Section 100 (A)(3) of the Local Government Act 1972, the press and public be excluded from the meeting for the consideration of the following item of business as it is considered to contain exempt information as defined in paragraph 3 of schedule 12A of the Local Government 1972, as amended.

29 PROVISION OF DAY SERVICE IN GRANTHAM

Consideration was given to an exempt report by the Assistant Director - Specialist Services which invited the committee to consider a report on the Provision of a Day Service in Grantham, which was due to be considered by Councillor for Resources Communications and Commissioning and the Executive Councillor for Adult Care and Public Health between 9 and 17 September 2021.

Members considered the report and supported the recommendations.

RESOLVED:

1. That the recommendations to the Executive Councillors, as set out in the exempt report, be supported;
2. That a summary of the comments made be reported to the Executive Councillors as part of their consideration of this item.

The meeting closed at 1.30 pm

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## Open Report on behalf of the Care Quality Commission

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>20 October 2021</b>
Subject:	<b>Care Quality Commission - Adult Social Care Update</b>

### Summary:

This is a short report to provide the Adults and Community Wellbeing Scrutiny Committee for Lincolnshire with an overview of the role of the Care Quality Commission's (CQC) throughout the pandemic and the future direction of the CQC.

When considering this report it is important for the Committee to bear in mind that the CQC is not subject to Local Authority Scrutiny, and the relationship is an informal one based on an understanding, trust and joint aspiration to improve services by sharing insight and complementing each other's roles. The Committee is asked to bear in mind that the CQC is neither a commissioner nor a provider of services. The role of the Care Quality Commission is to monitor, inspect and regulate all health and social care services in England to ensure that they meet fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008.

### Actions Required:

To note the content of the report.

### 1. The role of the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The purpose of the CQC is to ensure health and social care services provide people with safe, effective, compassionate, high-quality care.

The CQC registers care providers, monitors, inspects and rates services and takes action to protect people who use services. Once a service has registered with the CQC, their performance is monitored using various sources of intelligence to oversee how they are performing between inspections.

The CQC has a programme of regular inspections. There are five key questions that the CQC consider when inspecting, these are; Is the service safe; effective, caring, responsive and well led. Services are awarded a rating in each area and an overall rating. There are four ratings that the CQC give to health and social care services: outstanding, good, requires improvement and inadequate. The CQC has a range of civil, and criminal, enforcement powers that are used to ensure the safety of people using services and to hold providers to account.

The CQC regulates approximately 23,500 adult social care services across England.

## **2. The evolving role of the Care Quality Commission throughout the pandemic**

The Covid-19 pandemic presented a major health crisis that required all health and care bodies, including the CQC, to work in very different ways.

During the early stages of the pandemic, the CQC moved quickly to adapt how we regulate and work within the health and care system. We wanted to support providers to keep people safe, allow them to focus on responding to the emergency, avoid our inspectors spreading the virus inadvertently and reduce demand for scarce personal protective equipment (PPE), so we paused routine inspections.

While routine inspections were paused, we did not stop regulating. We continued to inspect in response to risk and concerns. We engaged with providers and enhanced our monitoring activity to support our ongoing assessment of quality and safety. During this period we developed the Emergency Support Framework (ESF) and the Transitional Regulatory Approach (TRA). These intelligence driven systems enabled CQC to conduct enhanced levels of monitoring without crossing the threshold of services. In addition, we worked collaboratively with system partners to support informed decision making and respond to emerging issues at local, regional and national levels.

In July 2020 CQC launched [Provider Collaboration Reviews \(PCR's\)](#). The speed and scale of the response required by the Covid-19 pandemic highlighted the impact of fragmentation in health and care systems significantly. The reviews included understanding the journey for people with and without Covid-19 across health and social care providers, including the independent sector, as well as council and NHS providers. PCR's focused on 5 key areas; Care for older people; Urgent and emergency care; Ensuring the provision of cancer services; Care for people with a learning disability living in the community during the pandemic and Services for people with a mental health condition.

Also in July 2020, CQC recommenced risk based inspections. In late 2020 CQC was tasked by the Department of Health and Social Care with inspecting all care homes that had a significant Covid-19 outbreak.

In July 2021, the CQC publicly released data regarding the number of Covid-19 related deaths in care homes and care homes with nursing.

### 3. The current position of the Care Quality Commission

Since March 2020, the CQC has been driven by a need to adapt to the pandemic, progress has been made in using data and insight to monitor services. CQC is now in a period of recovery, our current focus is on safety and leadership.

The CQC has continued to make progress in how services are monitored in three key areas:

- Developing the ability to better monitor risk to be more targeted in regulatory activity as we start to emerge from the pandemic;
- Bringing information together in one place for inspection teams, presented in a way that enables better decision making;
- Developing elements of how we want to work in the future, including how we give a more up-to-date view of risk to the public.

In July 2021 the CQC launched the [direct monitoring approach](#). This introduced a monthly review of intelligence on registered services. The approach helps CQC prioritise regulatory activity. There are three possible outcomes following this monthly review;

- For lower risk services, the CQC now publish a statement on their website. This lets providers and the public know that the current intelligence held by the CQC does not indicate any risk;
- For services where some risk is indicated we have structured conversations with providers, with a focus on safety and leadership;
- Where intelligence suggests there is a significant risk to people’s health and safety we conduct an inspection.

We are also currently preparing to regulate and enforce amendments to regulation 12 of the Health and Social Care Act (2008) which makes vaccination a mandatory condition of deployment in care homes. This comes into force on 11 November 2021. Work is underway with system partners to maximise vaccination uptake.

### 4. The local picture

There are currently 401 registered adult social care locations in Lincolnshire (several are dormant, and some are not yet rated). Ratings in Lincolnshire are broadly aligned with the national perspective, however there are slightly more outstanding and inadequate locations in Lincolnshire than the national average.

Org Region	# Orgs Rated at Overall Level				% Orgs Rated at Overall Level				Total	Total
	Outstanding	Good	Requires improvement	Inadequate	Outstanding	Good	Requires improvement	Inadequate		
ASC Central	24	273	59	9	6.6%	74.8%	16.2%	2.5%	365	100.0%
<b>Grand Total</b>	<b>24</b>	<b>273</b>	<b>59</b>	<b>9</b>	<b>6.6%</b>	<b>74.8%</b>	<b>16.2%</b>	<b>2.5%</b>	<b>365</b>	<b>100.0%</b>

34 locations are in breach of the legal requirements, 23 of these have been in breach for over a year. Of the 9 inadequate locations, 2 are domiciliary care agencies, the remainder are care homes.

Broken down by key question, local services perform best in effective, caring and well led. Whilst in safe and well led services perform less well. This is likely due to our focus on risk in these areas throughout the pandemic.

Rating	Safe	Effective	Caring	Responsive	Well-led	Overall
Outstanding	0.9%	0.6%	4.7%	5.3%	6.4%	5.3%
Good	76.0%	82.5%	85.9%	81.4%	66.2%	71.9%
Requires improvement	18.9%	15.8%	9.0%	11.9%	22.8%	18.7%
Inadequate	4.3%	1.1%	0.4%	1.3%	4.7%	4.0%

Ratings profile for Lincolnshire locations

Key themes from inspections and regulatory activity;

- Staffing is a key pressure point locally, regionally and nationally. Issues with recruitment, availability of staff, self-isolation and mandatory vaccination are the main factors. We have seen the quality and safety of some services deteriorate very quickly in some services where staffing levels have been compromised.
- Covid-19 outbreaks and numbers of deaths are not always indicative of service quality.
- The ratings profile of safe and well led domains has deteriorated over the pandemic. This is mainly due to failure to manage risk, poor infection control practices, safeguarding issues, including closed cultures and staffing issues. The pandemic has exacerbated the deficiencies in already poorly performing services.
- Having a consistent, effective registered manager in post is key to the quality and safety of services. There are 34 locations without a registered manager in Lincolnshire.

## 5. The future direction of the Care Quality Commission

In May 2021 the CQC launched a new strategy. This new strategy strengthens the CQC commitment to deliver our purpose: to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve. The strategy is ambitious and to implement it we will need to work closely with others to make it a reality. The CQC's purpose and role as a regulator won't change, but how we work will be different.

The strategy sets out the CQC's ambitions under four themes;

- People and communities: Regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services;

- Smarter regulation: Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with us and a more proportionate response;
- Safety through learning: Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives;
- Accelerating improvement: Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most.

Running through each theme are two core ambitions:

- Assessing local systems: Providing independent assurance to the public of the quality of care in their area;
- Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes from health and social care services.

The CQC will look at how the care provided in a local system is improving outcomes for people and reducing inequalities in their care. This means looking at how services are working together within an integrated system, as well as how systems are performing as a whole.

## **6. Consultation**

### **a) Risks and Impact Analysis**

N/A

## **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 Cat Eglinton, Inspection Manager (Adult Social Care), Lincolnshire, who can be contacted via [Catriona.eglington@cqc.org.uk](mailto:Catriona.eglington@cqc.org.uk) or 07903501686 / 03000 616161.

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>20 October 2021</b>
Subject:	<b>Overview of Specialist Adult and Safeguarding Services</b>

**Summary:**

The purpose of the report is to provide an introduction to the presentation that will be provided to the Adults and Community Wellbeing Scrutiny Committee in relation to an Overview of Specialist Adult and Safeguarding Services.

**Actions Required:**

To note the content of the report and the associated presentation.

## **1. Background**

A series of presentations have been agreed for the Adults and Community Wellbeing Scrutiny Committee to provide an overview of the responsibilities and activities of the Executive Director's Service Areas.

This report and the associated presentation provide an overview of Specialist Adult and Safeguarding Services.

The slides attached to this covering report will be presented by the relevant Assistant Director.

The presentation will also incorporate some examples of the work being progressed across Specialist Adult Services and Adult Safeguarding.

## **2. Conclusion**

The presentation provides an opportunity for the committee to understand more about Adult Care and Wellbeing as well as to ask questions relating to these service areas and related priorities for 2021-22.

### 3. Consultation

#### a) Risks and Impact Analysis

The County Council maintains a Corporate Risk Register that covers all service areas including Adult Care and Wellbeing. There are no specific risks that are highlighted to the committee as part of this presentation.

### 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Presentation Slides

### 5. Background Papers

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

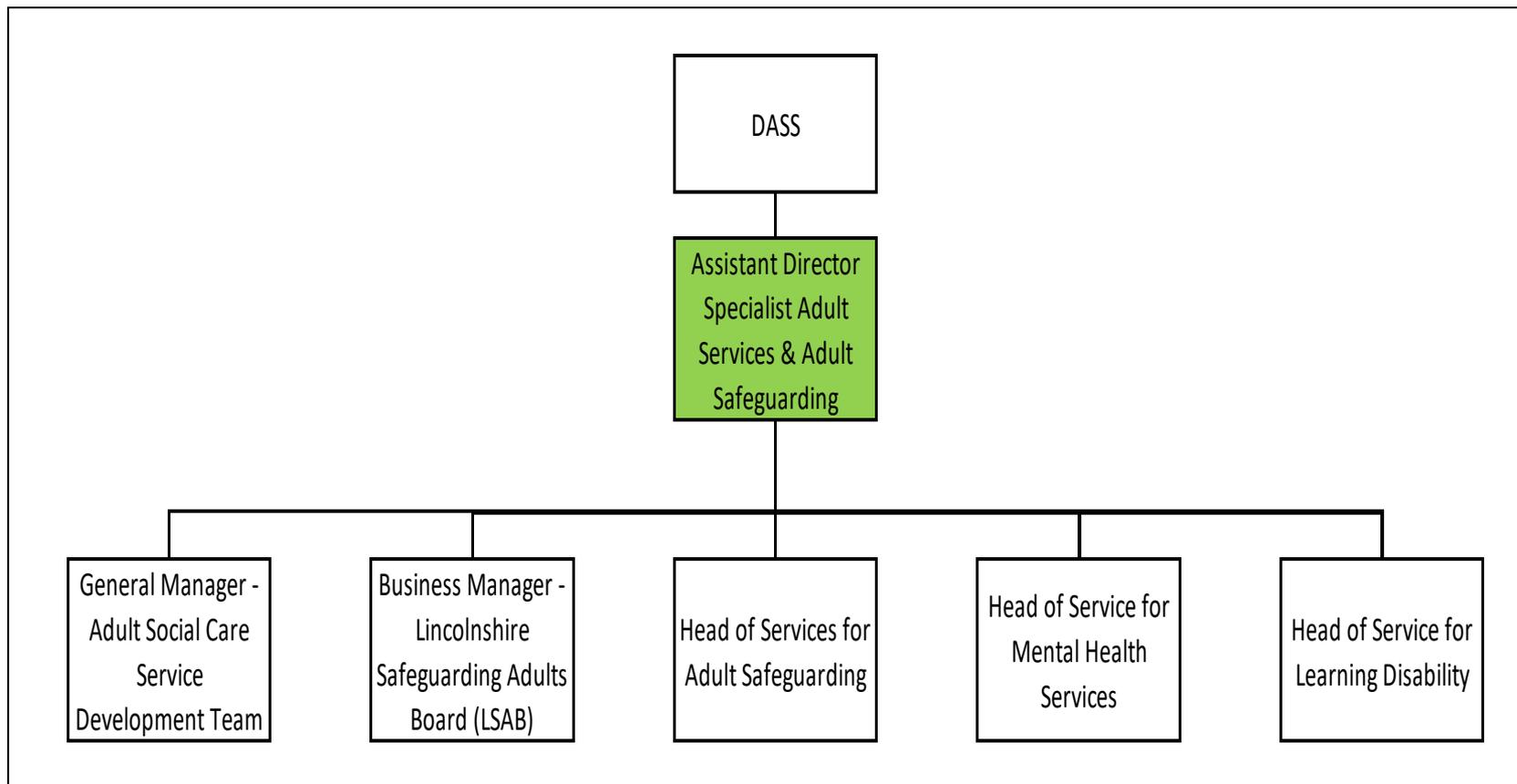
This report was written by Justin Hackney, Assistant Director - Adult Care and Community Wellbeing, who can be contacted on 07774661042 or [justin.hackney@lincolnshire.gov.uk](mailto:justin.hackney@lincolnshire.gov.uk).

# Specialist Adult Services and Adult Safeguarding

Justin Hackney  
Assistant Director



# Specialist Adult Services and Adult Safeguarding – Summary Organisational Structure



# Learning Disability Services

- Learning Disability Section 75 Agreement between LCC & Lincolnshire Clinical Commissioning Group (LCCG).
- Section 75 Agreement for adults eligible for Adult Social Care (ASC) and/or NHS Continuing Healthcare (CHC)
- LCC host for pooled budget and integrated assessment & care management team (social workers and learning disability nurses) - approximately 65 full time equivalents (FTEs).
- Pooled budget 2020-21 - gross spend £86.5m & income £23.9m.
- As at 31 March 2021 1,838 adults supported – approximately 550 people in residential or nursing care, remainder in supported living in the community, including with family and friends.
- Annual Review performance 98%.
- Assistant Director (AD) Deputy Senior Responsible Officer (SRO) for Lincolnshire's Transforming Care Partnership (TCP).
- TCP behind national target for in-patient discharges but excellent performance on Learning Disabilities Mortality Reviews (LeDeR) - 100% and Learning Disability Health Checks at 80%.

# In-House Day Opportunities

- 11 In-House Day Centre buildings but also with activities within local communities.
- In-House Day Services Action Plan endorsed by Adult Scrutiny in November 2020.
- Traditional customer base: people eligible for Adult Social Care (ASC) predominantly with a learning disability with pockets of provision for older people and acquired brain injury.
- Future operating model will have wider core offer to include prevention agenda, support to informal carers, dementia support offer, support to people with more complex needs, greater focus on strength-based practice, volunteering and employment opportunities
- Day Services employ 88 FTEs and pre-Covid supported 320 people.
- Implementation of the plan will commence in parallel to Day Services Recovery from Covid-19 with effect 1 April 2021.

# Mental Health Related Services

- Section 75 between LCC and Lincolnshire Partnership Foundation Trust (LPFT).
- Section 75 Agreement is for adults aged 18 to 64 who are eligible for ASC whose Primary Support Reason is mental illness.
- LCC hold the commissioning budget with LPFT delivering key functions on behalf of LCC including Assessment and Care Management, Care Co-ordination, Best Interest Assessments (BIA) to support Deprivation of Liberty Safeguards (DoLS) and currently day time Approved Mental Health Practitioners (AMHPs) and administration of the Managed Care Network.
- LPFT Section 75 core services gross spend 2020-21 £11.6m with income of £2m (**red risk budget** area with on-going growth in demand primarily driven by discharges from mental health inpatient care - NHS and private hospitals). 51 FTEs and review performance at 98%.
- AD and Head of Service (HoS) also work jointly with LCCG and LPFT on wider Mental Health Transformation Programme in Lincolnshire. LCCG majority commissioner and LPFT prime provider of NHS Secondary Mental Health Services.
- DoLS approvals led by LCC. Over 3,700 applications in 2020-21 compared to 2,800 in 2019-20. Lincolnshire has no backlog. LPFT are commissioned for BIA.

# Adult Safeguarding

- AD line manages Lincolnshire Safeguarding Adults Board (LSAB) Business Manager and is on LSAB Executive.
- HoS represents Adult Care on wider Partnership Board and chairs the LSAB Prevention sub-group.
- HoS leads and manages Adult Safeguarding Team responsible for responding to Adult Safeguarding Concerns - 4,173 in 2021-22, a rise from 3,751 in 2019-20. Approximately 50% of concerns do not progress to Section 42 Enquiry as do not meet thresholds.
- Team Around the Adult (TAA) initiative, led by LCC, commenced in 2020-21 and is central to LSAB Prevention Strategy. Initiative will be reviewed in 2021-22 to confirm next steps.
- Emergency Duty Team provides ASC response outside of normal working hours and importantly the AMHPs out of hours service.
- HoS has taken lead for AMHP Services in Lincolnshire.

# Key Priorities for 2021-22 – Specialist Adults

- Make further progress with Adult Care and Wellbeing's continuous improvement programme.
- Review and proposed new Section 75 Agreement for Learning Disability to be effective from 1 April 2022.
- Develop and propose a Section 75 Agreement for adults with complex needs with view to commence implementation in 2022-23.
- Work with key stakeholders to expand accommodation options for adults with learning disabilities, autism and/or mental illness.
- Work with Children's Services and LCCG to update Lincolnshire's All Age Autism Strategy following publication of the updated National Strategy.
- Implement Day Services Recovery.
- Commence implementation of In-House Day Services action plan.
- Secure agreement for new In-House Day Centre in Grantham.
- **(Share video compilation with Committee)**

# Key Priorities for 2021-22 (Safeguarding)

- Consult on and implement revised arrangements for Approved Mental Health Professionals (AMHPs).
- Preparation for Liberty Protection Safeguards (LPS).
- Separation of Safeguarding Concerns and Safeguarding Information at front door.
- Propose the expansion of LSAB Prevention Strategy to become a Lincolnshire Safeguarding Prevention Strategy.
- Review Team Around the Adult (TAA) pilot and make recommendations for next steps.
- <https://vimeo.com/597294124/714c16a4af>

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>20 October 2021</b>
Subject:	<b>Adult Care and Community Wellbeing Financial Position 2021-22</b>

**Summary:**

The Adult Care and Community Wellbeing (ACCW) budget for 2021-22 is £234.982m net. As at 31 August 2021 ACCW is forecasting a year end spend of £233.878m, a forecast under spend of £1.104m.

**Actions Required:**

The Adults and Community Wellbeing Scrutiny Committee is asked to note financial performance and the drivers.

## 1. Financial Position

ACCW has developed its Medium Term Financial Plan (MTFP) which underpins the wider Council's. It provides forecast usage of ACCW financial resources through to 31 March 2026. The MTFP brings together the forecast day to day running costs, income received, reserves held and the longer term capital investment plan. Through its MTFP, ACCW is able to prioritise its resources. The aim is to enable the teams to take action as early as possible to build upon financial opportunities and minimise the risk of financial overspend.

The table below highlights the forecast position for 2021-22 for each of the five areas within ACCW based on the financial performance through to 31 August 2021.

Delivery Strategy	Annual Budget (£m)	Projected Outturn (£m)	Over/(Under) Spend (£m)
Adult Frailty & Long Term Conditions	120.026	120.483	0.457
Specialist Adult Services & Safeguarding	86.335	86.057	(0.278)
Public Health & Community Wellbeing	28.621	27.338	(1.283)
<b>Sub Total</b>	<b>234.982</b>	<b>233.878</b>	<b>(1.104)</b>
Better Care Fund Grant	(52.233)	(52.233)	0.000
Public Health Grant	(33.546)	(33.546)	0.000
<b>Total</b>	<b>149.203</b>	<b>148.099</b>	<b>(1.104)</b>

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

Adult Frailty and Long Term Conditions delivers services to both older people and adults with physical disabilities as well as hosting the Directorate budgets for back office functions. The Division is facing two key financial challenges:

- Insufficient capacity to meet increasing demand for older peoples' home care services. This is resulting in the need for higher cost placements in interim beds. Based on spend to date, AF&LTC is forecasting a £1.625m cost increase in interim beds including the loss of service user contribution whilst in these beds. This increase in cost is supported by a £1.518m forecast underspend driven by vacancies and lower payments for homecare due to lack of capacity.
- A debt review programme commenced in 2020-21 which focusses on the age of debt held by ACCW. The programme has identified alternative ways of working which will deliver a more efficient debt recovery process as we move to a gross payment basis in 2022-23. The programme is on track to review the majority of debts greater than £25,000 by 31 March 2022.

### **1.2 Specialist Adult Services & Safeguarding**

Specialist Adult Services & Safeguarding budgets support delivery of services for adults with learning disabilities, autism and/or mental health needs. The team are facing significant financial challenges resulting from growing demand. Demand for mental health care in particular is highlighting a £1.620m potential pressure. 2020-21 saw the implementation of new monitoring processes and strengthened governance which brings partners together and provides visibility of each package of care as it is agreed. Non recurrent resources are allocated to support this growth in demand for 2021-22. To minimise future financial impact of demand growth and better share risk, the exploration of a pooled budget across organisations is a focus for the Joint Commissioning and Oversight Group.

### **1.3 Public Health & Community Wellbeing**

The financial allocation of this delivery strategy supports delivery of Adults Public Health services funded by the Public Health Grant and Adult Wellbeing Services. Wellbeing includes community equipment, the wellbeing service and housing related support. Children's public health expenditure is reported within the Children's Directorate.

Public Health and Wellbeing has prioritised its financial resources to meet the needs of the population across Lincolnshire as we recover from the pandemic. This includes the redeployment of workforce and commissioned services. Utilising grant funding to support this redeployment, coupled with activity-based services not yet fully returned to pre pandemic levels, is resulting in the forecast underspend position

## 1.4 Better Care Fund

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

The 2021-22 Better Care Fund Policy Framework was published in August 2021. The Policy Framework confirms the continuation of the four National Conditions;-

- i. NHS contribution to adult social care to be maintained in line with the uplift to CCG minimum contribution
- ii. Invest in NHS commissioned out-of-hospital services
- iii. Plan for improving outcomes for people being discharged from hospital
- iv. National Condition four: Managing transfers of care.

Based upon the headlines in the Policy Framework we are expecting a Better Care Fund value for Lincolnshire of approx. £267.4m for 2021-22. The fund value will be confirmed following the publication of the BCF Planning Requirements.

## 2. Covid-19

2.1 The Council continues to receive financial support from the government as a result of the Covid-19 pandemic. ACCW is forecasting full utilisation of the £29.100m Covid-19 grant funding which comprises of £10.550m carried forward from 2020-21 and a further £18.550m forecast for 2021-22.

2.2 The main areas of spend include

- £11.112m of Outbreak Management Funding to support test, track and trace and contain activity across the county. This includes costs incurred by District Councils as well. Where this grant is supporting other cohorts, e.g. targeted support for schools, these costs are recorded within the relevant Directorate.
- £9.839m received and passported through to adult social care providers to support them to reduce the rate of Covid-19 transmission within and between care settings through effective infection prevention and control practices and increase uptake of staff vaccination and to conduct additional rapid testing of staff and visitors in care homes, high-risk supported living and extra care settings, to enable close contact visiting where possible. This funding is expected to cease on 30 September 2021.
- At least £2.000m forecast costs in support the increased demand resulting from the National Discharge model.

- £1.400m forecast cost associated with delivering Lincolnshire's community testing infrastructure.

### **3. Capital**

Included within ACCW transformation programme is the extra care housing (ECH) agenda. ACCW are investing the majority of its £12.7m capital programme into extra care and maximising independence housing which includes specialist housing for working age adults.

ACCW has spent £1.4m on the start of the DeWint development and are forecast to pay a further £1.4m on completion on the development expected in the latter half of 2021-22. The February 2021 meeting of the Executive agreed to the Hoplands development, Sleaford which is due to commence in 2022-23 at a cost of £2.56m. This investment forms part of ACCW ambition to enable people to maximise their independence through offering appropriate housing choices to the traditional residential care.

### **4. Conclusion**

Adult Care and Community Wellbeing has delivered within the financial allocation for nine consecutive years. Introducing the MTFP in 2019-20 provided ACCW with the opportunity to introduce new and strengthen existing processes where needed. Actions are in place to deliver within financial resources for 2021-22.

The medium term financial plan indicates potential pressures greater than ACCW base budget for 2022-23 onwards. This is driven by growing demand in working age adult social care services and the need to reflect the market conditions within the rates paid to commissioned providers.

The MTFP will be refreshed towards the end of quarter 3 to incorporate:

- a view of the recovery from Covid-19 and potential financial impact from 2022 onwards;
- the potential financial impact of the recently announced reforms to adult social care with further detail expected to be published in the Autumn Statement due 27 October 2021.

### **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 Pam Clipson, Head of Finance - Adult Care, who can be contacted on 07775 003614 or [pam.clipson@lincolnshire.gov.uk](mailto:pam.clipson@lincolnshire.gov.uk).

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>20 October 2021</b>
Subject:	<b>Extra Care Housing development at Prebend Lane Welton with LACE Housing Limited</b>

The Report is open.

Appendices E and F of the report to the Executive, which is attached at Appendix 1, are exempt and not for publication by virtue of paragraph 3 of part 1 of Schedule 12A of the Local Government Act 1972 as they contain information relating to the business affairs of the Council and information from LACE Housing which has been provided to the Council on a confidential basis.

**Summary:**

The Executive report attached at Appendix 1 sets out the business case for the provision of Lincolnshire County Council (LCC) funding for an Extra Care Housing development at Prebend Lane, Welton.

The report recommends to the Executive that a further £1.6 million of the remaining £7.044 million designated capital programme budget is released to enable the Prebend Lane Scheme in Welton to commence development in autumn 2022. The Scheme is a proposed partnership between LCC and LACE Housing Limited to provide Extra Care Housing for the anticipated demand in the West Lindsey district.

LCC's contribution towards the Prebend Lane Scheme will provide LCC with nomination rights for a period of 30 years on 20 of the 62 units due to be developed, using a process of first refusal with no void risk. The Scheme will help provide alternative accommodation choice for older people and aim to maximise independence and improve wellbeing. LCC's contribution to the Prebend Lane Scheme is on the condition that LACE Housing Limited acquires relevant approvals, obtains planning permission, and secures the additional funding required.

Analysis suggests a £1.6 million investment, which allows LCC nomination rights on 20 extra care properties, thus supporting 20 individuals could generate an annual saving of £56,740 per annum based on 2021/22 prices. On this basis and assuming a rate of inflation totalling 2 per cent for the duration of the Scheme, it is estimated that the total savings will equal the total value invested (i.e., the breakeven point) after 23 years.

**Actions Required:**

The Committee is invited to:

- 1) Consider the attached Report and to determine whether it supports the recommendation(s) to the Executive; and
- 2) Agree any additional comments to be passed to the Executive in relation to this item.

**1. Background**

LCC has defined Extra Care Housing as accommodation which promotes wellbeing and independence. Responding to developing care needs of individuals as they age, Extra Care Housing provides an adaptable approach in the provision of care and support. It enables individuals to exercise further choice and control in key aspects of their life, such as where they live and the type of support package they receive. Furthermore, Extra Care Housing will help divert a number of older people from moving into residential care, allowing LCC to reinvest resources in preventative services. The development of Extra Care Housing presents an opportunity to generate a sustainable future for health and social care in Lincolnshire; thereby meeting a key ambition of the sustainable services review.

The proposed plans will contribute to reshaping Adult Social Care services and opportunities in line with both national best practice and local priorities. The long term effect of this capital strategy will be investment in an infrastructure which supports improvements in choice and diversity of provision, alongside increased independence for residents. The vision is to provide an acceleration in LCC's ability to shift resources away from high cost buildings based services into more appropriate integrated community options. This investment will further develop Extra Care Housing and support Adult Care's strategic intention to further diminish the number of long stay residential care placements, and provide more community based services.

In accordance with LCC's direction of travel and appetite for delivering Extra Care Housing, the best delivery method has been sought to ensure LCC are legally in a safe position, to provide best value for money across the county, and enrich the lives of as many residents as possible. Various delivery options were set out in the initial Extra Care Housing paper for the development of De Wint Court. As part of this approval, the Council decided to deliver Schemes via grant funding to District Councils and/or Housing Associations who have formed a robust business case. LCC's financial contribution provides LCC with the right to nominate into schemes without void liability underpinned by a Nominations and Funding Agreement. The De Wint Court paper can be obtained via Democratic Services.

For this model to function correctly the partners agree a Nominations Process and an Allocation Panel, a decision-making body comprising a representative from:

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

The capital contribution from LCC will not provide all the necessary funding for the construction and the remainder of funding will be provided by LACE Housing Limited, West Lindsey District Council, Homes England, and a long-term loan facility.

This Extra Care Scheme will provide Lincolnshire residents with high quality, flexible accommodation as people grow older. The Scheme will encourage independence and targeted well-being and care and this in turn reduces dependence on residential care and incidences of poor health and hospitalisation.

**2. Consultation**

The Welton Extra Care development business case is presented in the attached Executive Report which will be considered at the meeting of the Executive to be held on 2 November 2021 and the Adults and Community Wellbeing Scrutiny Committee is invited to provide feedback.

**a) Policy Proofing Actions Required**

n/a

**4. Appendices**

These are listed below and attached at the back of the report	
Appendix 1	Report to the Executive on 2 November 2021 on Extra Care Housing at Prebend Lane Welton with LACE Housing Limited

**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 Emma Rowitt, Senior Project Manager - Corporate Property, who can be contacted on 07423 492024 or [emma.rowitt@lincolnshire.gov.uk](mailto:emma.rowitt@lincolnshire.gov.uk)

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

The Report is open.

Appendices E and F are exempt and not for publication by virtue of paragraph 3 of part 1 of Schedule 12A of the Local Government Act 1972 as they contain information relating to the business affairs of the Council and information from LACE Housing which has been provided to the Council on a confidential basis.

Report to:	<b>Executive</b>
Date:	<b>2 November 2021</b>
Subject:	<b>Extra Care Housing at Prebend Lane Welton with LACE Housing Limited</b>
Decision Reference:	<b>I022785</b>
Key decision	<b>Yes</b>

**Summary:**

This report recommends that a further £1.6 million of the remaining £7.044 million designated capital programme budget is released to enable the Prebend Lane Scheme in Welton to commence development in autumn 2022. The Scheme is a proposed partnership between Lincolnshire County Council (LCC) and LACE Housing Limited to provide Extra Care Housing for the anticipated demand in the West Lindsey district.

LCC's contribution towards the Prebend Lane scheme will provide LCC with nomination rights for a period of 30 years on 20 of the 62 units due to be developed, using a process of first refusal with no void risk. The Scheme will help provide alternative accommodation choice for older people and aim to maximise independence and improve wellbeing. LCC's contribution to the Prebend Lane Scheme is on the condition that LACE Housing Limited acquires relevant approvals, obtains planning permission, and secures the additional funding required.

Analysis suggests a £1.6 million investment, which allows LCC nomination rights on 20 extra care properties, thus supporting 20 individuals could generate an annual saving of £56,740 per annum based on 2021/22 prices. On this basis and assuming a rate of inflation totalling 2 per cent for the duration of the Scheme, it is estimated that the total savings will equal the total value invested (i.e., the breakeven point) after 23 years.

**Recommendation(s):**

That the Executive:

1. Approves the payment of a sum of £1.6 million by way of grant from the Adult Care Capital Programme for Lincolnshire to LACE Housing Limited through a Funding Agreement, to support the development of the Prebend Lane Extra Care Housing Scheme, in return for nomination rights for LCC for a period of 30 years on 20 units, through a process of first refusal with no void risk; and
2. Delegates to the Executive Director for Adult Care and Community Wellbeing, in consultation with the Executive Councillor for Adult Care and Public Health, the authority to determine the final form and approve all legal documentation necessary to give effect to the above decisions.

**Alternatives Considered:**

1)

**Do Nothing:** This is not considered to be a reasonable option. The lack of affordable Extra Care Housing in Lincolnshire as a viable alternative to more costly residential services will continue to limit choice and increase revenue costs for LCC in the medium and long term.

**Reasons for Recommendation:**

- To enable LCC to develop an Extra Care Housing scheme in partnership with LACE Housing Limited, thereby utilising their existing housing development capacity, resources, and expertise to offset higher revenue costs of residential care and enable LCC to reinvest resources in preventative measures.
- To provide the means for LCC to use its existing and future best value care and support contracts to support the new development.
- The proposed contractual arrangement enables LCC to contribute compliantly with procurement and subsidy control obligations to the delivery of Extra Care Housing, at the least risk in relation to the operation of facilities, and in particular financial implications in respect of voids.

## 1. Background

### The Strategic Case

- 1.1 Lincolnshire County Council (LCC) has defined Extra Care Housing as accommodation which promotes wellbeing and independence. Responding to developing care needs of individuals as they age, Extra Care Housing provides an adaptable approach in the provision of care and support. It enables individuals to exercise further choice and control in key aspects of their life, such as where they live and the type of support package they receive. Additionally, Extra Care Housing promotes inclusivity within the local community, enabling people to access services closer to home. Residents within Extra Care Housing have opportunity to develop skills and knowledge and build their confidence, subsequently enhancing their quality of life.
- 1.2 In addition to improving the health and wellbeing of Lincolnshire residents, the Adult Care Capital Programme for Lincolnshire is intended to help divert a number of older people from moving into residential care and inpatient admissions, consequently enabling LCC to reinvest resources in preventative services. Furthermore, the development of Extra Care Housing presents an opportunity to generate a sustainable future for health and social care in Lincolnshire; thereby meeting a key ambition of the sustainable services review.
- 1.3 In the context of austerity for local authorities in England, social care services for adults are widely recognised as being under-resourced. Services are experiencing growing demand and increasingly complex care needs across all age ranges. This is coupled with rising National Health Service pressure and spiralling staff costs, as highlighted in research by the Association of Directors of Adult Social Services. The research shows councils require a sustainable long-term funding strategy to underpin social care. Lincolnshire is no exception to this national picture and, as such, alternative approaches need exploring to deliver the most cost-effective service. Housing is a key priority for Lincolnshire's Health and Wellbeing Board and this Scheme contributes to the impact on the following LCC Corporate Plan Strategies:
- Adult Frailty and Long-Term Conditions
  - Special Adult Services
  - Carers
  - Adult Safeguarding
  - Wellbeing.
- 1.4 LCC is contributing to the development of a 'Homes for Independence' Lincolnshire strategy, the delivery of which will be overseen by the Housing, Health and Care Delivery Group. The strategy will articulate the types of housing required to support those for whom LCC provides services, the scale of this need, and the geographic hotspots in the county. LCC will work in partnership with district councils and registered providers to deliver the requirements, rather than direct delivery. The strategy will be made publically available to enable the market to develop suitable delivery approaches.

1.5 The Council's Extra Care Needs Assessment undertaken in 2014, and updated in 2017, introduces LCC's vision for the provision of Extra Care Housing, both now, and in the future. This business case supports the following pivotal strategic objectives outlined in the Needs Assessment:

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

**Existing provision and estimated need of specialised housing for West Lindsey District Council – data from Housing Learning and Improvement Network. Report 2018**

1.6 The following table summarises the current profile of older people's housing in the West Lindsey district, in relation to the nomination rights on the proposed new Prebend Lane Scheme in Welton.

Housing for Older People	Current provision of housing for older people for <b>rent</b> is significantly above the Greater Lincolnshire and national average. Older people's housing for <b>sale</b> is below both the Greater Lincolnshire and national average.
Housing with care	No current provision of any housing with care.
Residential care	Current provision is slightly below Greater Lincolnshire average but above national average.
Nursing Care	Very high level of current provision; significantly above the national average. Ranked 8 out of 326 Authorities.

1.7 There is no single universally accepted method for projecting need for Extra Care Housing. The Housing Learning and Improvement Network. Analysis suggests a calculation of 25 units in 1,000 people aged over 75 in a population. There are also areas which use a proportion of care home admissions to project demand with a suggestion that a third of care home placements could be replaced with moves to Extra Care Housing, and a further third if the move had of been facilitated earlier. There needs to be a recognition that the challenges of rurality and dispersed population in Lincolnshire means there is not the same access to community services which more urban population centres benefit from. A blended approach between the demand measures is recommended. The demographic and care home usage data would suggest there is a current need for between 99-164 extra care units in West Lindsey. This is expected to increase 37% by 2030 and 80% by 2040.

## **2. The Business Case for Prebend Lane**

- 2.1 This business case equips LCC with the information required to make an informed decision on securing nomination rights, at a cost of £1.6 million from the Adult Care Capital Programme, for 20 of the 62 units due to be developed at the proposed new Prebend Lane Scheme in Welton.
- 2.2 The Scheme, in partnership with LACE Housing Limited, aims to reduce the long-term costs of care provision, as cost avoidance, and provide older people with alternative accommodation choice to traditional residential care. In addition, the Scheme will enable individuals to remain and access services within their local community, be supported by their social networks, and retain/regain independence. The provision is not aiming to generate profitable income but will, however, support LCC to reinvest resources into more preventative measures through the long-term cost reduction of care provision.
- 2.3 LCC will receive nomination rights to help meet the identified need within the West Lindsey district, for a period of 30 years, with first refusal and no void risk. LCC will enter into a Nominations Agreement and Funding Agreement to confirm the terms and conditions of the relationship with LACE Housing Limited prior to commencement of construction. A draft nominations process will be drawn up and joint workshops will develop the practical delivery of the Care and Wellbeing Vision for the Scheme, the allocations panel, and nominations process for this Scheme.
- 2.4 The Prebend Lane Scheme will play an important part in enhancing individual's independence and wellbeing, together with increasing longevity and quality of life. Individual tenancies will provide privacy, whilst communal spaces will provide an area to meet with others and engage in meaningful and purposeful activities if they choose to. The Scheme will utilise 24-hour care and support which LCC will commission. LCC residents will be able to access all other services, both via the Wellbeing service, as well as through a range of options by which LCC supports people including, but not exclusive to, block contracted homecare, self-funded home care, Direct Payments, Personal Health Budgets, and other options developed over time. This care and support will be there to meet identified needs within the joint Care and Wellbeing Vision.
- 2.5 LCC proposes to contribute £1.6 million to the Scheme, for which the funding model is set out later within this report. LCC, however, must comply with its obligations regarding subsidy control, which have replaced the State aid rules in the United Kingdom except in limited circumstances, which do not apply here. A failure to comply with the subsidy control rules can result in an order by the court to recover unlawful subsidy. As a result of the change in law, LCC can no longer rely on the Commission Decision (2012/21/EU), which treated Extra Care Housing as a Service of General Economic Interest that could be funded compliantly under the State aid rules. However, the subsidy control rules include similar provisions that allow funding to be

given compliantly for what are called Services of Public Economic Interest (**SPEI**).<sup>1</sup> The SPEI rules do not list the type of services that would be in scope. However, the government's recent consultation gave social housing as an SPEI example,<sup>2</sup> and the subsidy control bill published on 30 June 2021 gave social housing, long term care and the social inclusion of vulnerable groups as examples of SPEI. The explanatory notes related to the bill also give social housing as an example.<sup>3</sup> The Prebend Lane Scheme will deliver social housing and social services, which are within the scope of SPEI. LCC, therefore, intends to rely on the SPEI rules to provide grant funding to support the construction which will provide both affordable housing and social care to those who qualify, and are nominated by LCC. The Funding Agreement will be drafted to incorporate the requirements of the SPEI rules. In addition to including appropriate SPEI provisions in the Funding Agreement, to comply with the new subsidy control rules, LCC must assess whether the grant of £1.6million would be consistent with six key general subsidy provisions. An assessment has been completed and is appended to this report (see Appendix F), and in summary concludes that the grant would be consistent for the reasons set out there.

- 2.6 LACE Housing Limited is working with Lincoln University regarding decarbonisation associated to development, existing assets, and operation. The outcome will result in a refreshed Environmental Strategy enabling a more comprehensive response to the net carbon zero ambitions nationally. The intention, where possible, is to source local materials and labour resulting in an investment in the local economy and reducing carbon emissions. LACE Housing Limited is exploring an entirely electrical scheme powered by renewable energy. Heat sourced pumps and solar panels are being considered where there is an identified benefit to the environment and the residents. The benefits of a timber frame construction in comparison to traditional build are also being considered together with insulation to achieve an Energy Performance Certificate rating of C or above. This includes the effective insulation of pipework to maintain temperature of services. The use of LED lighting will be applied wherever possible reducing the use of electricity and emission of heat.
- 2.7 Construction is planned to commence in autumn 2022, for completion in autumn 2024. Please see Appendix A for proposed site drawings.

### 3 Benefits and Risks

- 3.1 LCC uses a continuum of 5 levels for risk appetite<sup>4</sup> and corporately takes a 'Creative and Aware' approach, which is summarised as being: *'creative and open to considering all potential delivery options, with well measured risk taking whilst being aware of the impact of its key decisions; a 'no surprises' risk culture.'* This is deemed a suitable risk appetite level for this Scheme. Below is a list of the identified key benefits and risks of this Scheme.

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<sup>1</sup> Part two, Title XI, Chapter 3, Article 365, UK-EU Trade and Cooperation Agreement.

<sup>2</sup> Paragraph 70 of Subsidy control - Designing a new approach for the UK, available [here](#).

<sup>3</sup> Section 41(1)(b) of the bill and paragraph 101 of the explanatory note (both available [here](#)).

<sup>4</sup> The 5 levels are: Averse, Cautious, Creative and Aware, Opportunist and Mature (Hungry).

Benefits	Risks
<ul style="list-style-type: none"> <li>• Additional Extra Care Housing contributing to the current and projected need and the local economy</li> <li>• Reduction/diversion in the long-term costs of care provision</li> <li>• Increasing the availability of suitable housing which is energy efficient and provides appropriate flexible care provision</li> <li>• Supporting residents within Lincolnshire to stay within their local communities as they grow older</li> <li>• Multiple care needs can be managed on one site by one provider</li> <li>• Promotes independence and enhances wellbeing for residents</li> <li>• Reduces/avoids admission to hospital, consequently expanding hospital bed capacity</li> <li>• Release of local housing for rent and sale to benefit families</li> <li>• Couples can avoid being separated as both individuals can be accommodated even if only one requires care.</li> <li>• Excellent day-to-day services ensuring that the quality of the scheme environment</li> <li>• A genuinely affordable proposition with a focus on great value for money.</li> <li>• Additional employment opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Creating too much accommodation capacity compared to demand</li> <li>• Not managing demand and nominations effectively</li> <li>• Service users do not want to move to the site</li> <li>• Older accommodation is no longer desirable following the development of a new scheme</li> <li>• Accommodation design is not flexible enough for multiple needs</li> <li>• LACE Housing Limited is unable to obtain their board approval</li> <li>• LACE Housing Limited is unable to secure planning permission</li> <li>• LACE Housing Limited is unable to obtain sufficient funding to ensure the schemes viability</li> </ul>

#### 4 Market Sufficiency and Competition

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

## 5 Delivery model

5.1 In accordance with LCC's direction of travel and appetite for delivering Extra Care Housing, with external legal support the best delivery method has been sought to ensure LCC is legally in a safe position, to provide best value for money and enrich the lives of as many people as possible. Various delivery options were set out in the initial Extra Care Housing paper for the development of De Wint Court. As part of this approval, the Council decided to deliver Schemes via grant funding to district councils and/or Housing Associations who have formed a robust business case. LCC's financial contribution provides LCC with the right to nominate into schemes without void liability underpinned by a Nominations and Funding Agreement. The De Wint Court paper can be obtained via Democratic Services.

## 6 Recommendations

6.1 It is recommended LCC progress with the partnership with LACE Housing Limited, whereby LCC contributes to the development of the Prebend Lane Scheme in Welton.

6.2 The inherent financial benefits for LCC are as follows:

- **No void costs:** In previous models of Extra Care Housing LCC has accepted some void risk which provided the housing provider with assurance that vacant properties would be filled within the specified period, with units able to remain vacant for a limited period before additional cost become due. With the current Funding Agreement model, the use of Capital Reserves as a financial contribution to any proposed schemes can be justified on the basis that the contribution allows LCC to place service users of their choosing within a pre-agreed proportion of units, over a pre-determined number of years without recourse to void costs; and
- **Diversions from Residential Placements:** The availability of additional Extra Care Housing units directly funded via Capital Reserves allows for an additional number of services users who would otherwise be placed in residential establishments to be supported within an Extra Care Housing environment.

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

## 7 The Financial Case

7.1 Funding for the Prebend Lane Scheme is sourced via Adult Care Capital Reserve which has been allowed to grow over time because of grant funding awarded to LCC. The grants are specifically earmarked for use against capital investment within Adult Care with the current value of unused capital reserves totalling £7.044 million (accounting for De Wint Court and Hoplands).

- 7.2 The financial feasibility of the Scheme (cost versus savings) is based on LCC's bespoke Financial Feasibility Model (Appendix B). This model has been used to develop the financial models for other LCC Extra Care Housing projects and considers several options, including number of tenants, cost of care and savings through diversion of care.
- 7.3 LCC's data as of 31 May 2021 shows that LCC is funding the care provision of 4,899 people aged 65 and over in either a residential and nursing placement or within a homecare setting (including existing Extra Care Housing). The total placed in nursing and residential care homes being 2,306 and 2,593 within a homecare setting. The gross annual cost to LCC for this care provision for these areas of service in 2020/21 was £98.632 million; with a net cost to LCC of £71.732 million, with an average number of service users of 5,973 based on 2019/20 and 2020/21.
- 7.4 The financial benefits of Extra Care Housing are predicated on the basis that the costs of providing care within such setting are materially lower than in traditional residential and nursing settings. The expected cost for older people currently ranges from £533 to £588 per week in 2021/22, with the average annual residential care cost estimate to be £27,716 per annum. Initial analysis suggests the gross cost of providing care within an Extra Care Housing setting at 20 hours per week would be £309 per week, with an annual cost of £16,111. This represents a gross saving of £11,605 per annum or 41.5 per cent which reduces to £9,118 (33 per cent) once the impact of income loss is taken into consideration as the average placement income within a residential setting is higher than service user contributions derived from an Extra Care Housing setting.
- 7.5 It is important to note the following:
- LCC would lose a portion of property related income, linked to service users' residential care whereby LCC receives income related to the user's house when it is sold (including interest on the amount owed).
  - It is very unlikely that all service users accessing residential care would be willing and able to move to Extra Care Housing.
  - The savings will be focused more on new service users rather than those residents already in residential care, though the possibility remains that some people in residential settings may prefer to consider Extra Care Housing.
  - Placements within an Extra Care Housing setting are predicated on 33 per cent being those diverted from a residential setting with the remainder placed via alternative community settings. This assumes that placements are split equally amongst those classified as Low, Medium, or High dependency and existing care arrangements continue to be provided via the prime-provider home care contracts (for those categorised as Low, Medium, and High). Much of the saving will be via diversions away from residential.
  - Initial findings suggest that a £1.6 million investment that allows LCC nomination rights on 20 properties supporting 20 individuals could generate an annual saving of £56,740 per annum based on 2021/22 prices.
  - On this basis and assuming a rate of inflation totalling 2 per cent for the duration of the Scheme, it is estimated that the total savings will equal the total value invested (i.e., the breakeven point) after 23 years. However, this does not consider the time value of the initial investment which will reduce over the same the period (i.e., the value of £1 in 2021/22 will be less in future years). An

analysis of future savings growth is also included within the financial feasibility model along with data from the Housing Learning and Improvement Network.

## **8 Legal Issues**

### **8.1 Care Act 2014**

LCC has a range of social care responsibilities. These obligations have largely been consolidated under the Care Act 2014. LCC is under a duty to assess the care needs and arrange care plans to meet the eligible care needs of those persons.

Section 8 of the Act provides flexibility in how to meet needs and includes:

*"8. (1) The following are examples of what may be provided to meet needs under sections 18 to 20—*

- (a) accommodation in a care home or in premises of some other type.*
- (b) care and support at home or in the community.*
- (c) counselling and other types of social work.*
- (d) goods and facilities.*
- (e) information, advice, and advocacy.*

*(2) The following are examples of the ways in which a local authority may meet needs under sections 18 to 20—*

- (a) by arranging for a person other than it to provide a service.*
- (b) by itself providing a service.*
- (c) by making direct payments."*

Local authorities also have market shaping and market making duties under the Act.

Section 5 of the Act sets out duties on local authorities to facilitate a diverse, sustainable high-quality market for their whole local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market.

Sections 48 to 56 of the Act ensure that no one goes without care if their provider's business fails and their services cease. It covers:

- CQC market oversight.
- Contingency planning by local authorities and duties to step in and ensure continuity of care in the event of provider failure and service cessation.

LCC is concerned about the sufficiency of provision in the county of Extra Care Housing and wishes to expand the availability of provision. The purpose of the grant is therefore to deliver increased availability of suitable provision that will assist in meeting the health and social care needs of its residents. On the basis that extra

capacity is made available then the grant would be within LCC's powers under the Care Act 2014, including various provisions mentioned above, and the grant would be calculated to facilitate or would be conducive or incidental to the discharge of functions under the Care Act pursuant to section 111 Local Government Act 1972.

## **8.2 Equality Act 2010**

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

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

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

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, for example, 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 to the need to tackle prejudice and promote understanding. Compliance with the duties in section 149 may involve treating some persons more favourably than others.

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

An initial Equality Impact Analysis is attached at Appendix D. This will be kept under review. LACE Housing Limited is itself subject to the Equality Act duty and LCC will use its influence to ensure equality issues are considered in relation to both the housing and care

elements of the Scheme as it progresses.

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

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

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

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

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

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

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

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

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

#### **8.4 Crime and Disorder**

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

In commissioning housing and care provision that is designed to provide a supportive and safe environment that enables potentially vulnerable customers to maintain their independence for longer, the provision of Extra Care Housing may be said to contribute indirectly to the achievement of obligations under section 17.

#### **9 Conclusion**

LCC and LACE Housing Limited's partnership will enable LCC to increase the provision of Extra Care Housing 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 Prebend Lane Scheme will deliver the initial need identified in the Housing Learning and Improvement Network. Report 2018.

#### **10 Legal Comments:**

LCC has the power to enter the arrangement proposed. The legal implications in relation to subsidy control are set out in the Report.

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

#### **11 Resource Comments:**

unding of £1.6 million for the development of the Prebend Lane Scheme exists in the form of previously received capital grants which form part of the Adult Care Capital Programme. LCC's contribution must fall within the processes for Capital expenditure.

#### **12 Consultation**

##### **a) Has Local Member Been Consulted?**

Yes

##### **b) Has Executive Councillor Been Consulted?**

Yes

### c) Scrutiny Comments

The decision will be considered by the Adults and Community Wellbeing Scrutiny Committee on 20 October 2021 and the comments of the Committee will be reported to the Executive.

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

An initial Equality Impact Assessment has been completed and there has been internal and external consultation. Internally, LCC staff have been sent a link to the survey and a report will be formed from the results of this survey. Externally, the People's Partnership has been consulted, and they will work with groups such as Age Concern and Just Lincolnshire. These sources of information will inform future versions of the EIA as the matter progresses.

### e) Risks and Impact Analysis

See the body of the Report

## 13 Appendices

These are listed below and attached at the back of the report	
Appendix A	Prebend Lane Welton Site Drawings
Appendix B	Housing with Care Feasibility Model – Project Name: West Lindsey District Council
Appendix C	The Health and social Care cost-Benefits of housing for Older People – A Note for Lincolnshire County Council ( <i>Housing Learning and Improvement Network – May 2019</i> )
Appendix D	Extra Care Housing Programme Equality Impact Assessment
Appendix E	Development Programme Phase 2, Scheme Viability Report: Prebend Lane, Welton. Report to a Special Meeting of the Board of Management of LACE Housing Ltd 5 October 2021 - <b>This appendix contains Exempt Information</b>
Appendix F	Subsidy control principles and evaluation - <b>This appendix contains Exempt Information</b>

## 14 Background Papers

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

Background Paper	Where it can be viewed
Report to Executive on 9 July 2019 in relation to De Wint Court project in partnership with City of Lincoln Council.	<a href="#">Agenda for Executive on Tuesday, 9th July, 2019, 10.30 am (moderngov.co.uk)</a>
Report to Executive on 2 February 2021 in relation to The Hoplands project in partnership with North Kesteven District Council.	<a href="#">Agenda for Executive on Tuesday, 2nd February, 2021, 10.30 am (moderngov.co.uk)</a>

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### Accommodation Schedule

Bungalows		
Floor	1 Bed	2 Bed
Ground	-	10
<b>Total</b>	-	<b>10</b>

Apartments - Level 2		
Floor	1 Bed (58.3m <sup>2</sup> )	1 Bed with Bay (63.5m <sup>2</sup> )
Ground	8	3
First	8	3
<b>Total</b>	<b>16</b>	<b>6</b>
		<b>22</b>

Apartments - Extra Care		
Floor	1 Bed (58.3m <sup>2</sup> )	1 Bed with Bay (63.5m <sup>2</sup> )
Ground	5	8
First	8	10
Second	9	-
<b>Total</b>	<b>22</b>	<b>18</b>
		<b>40</b>

Total Number of Units - 72

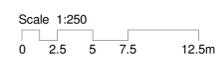
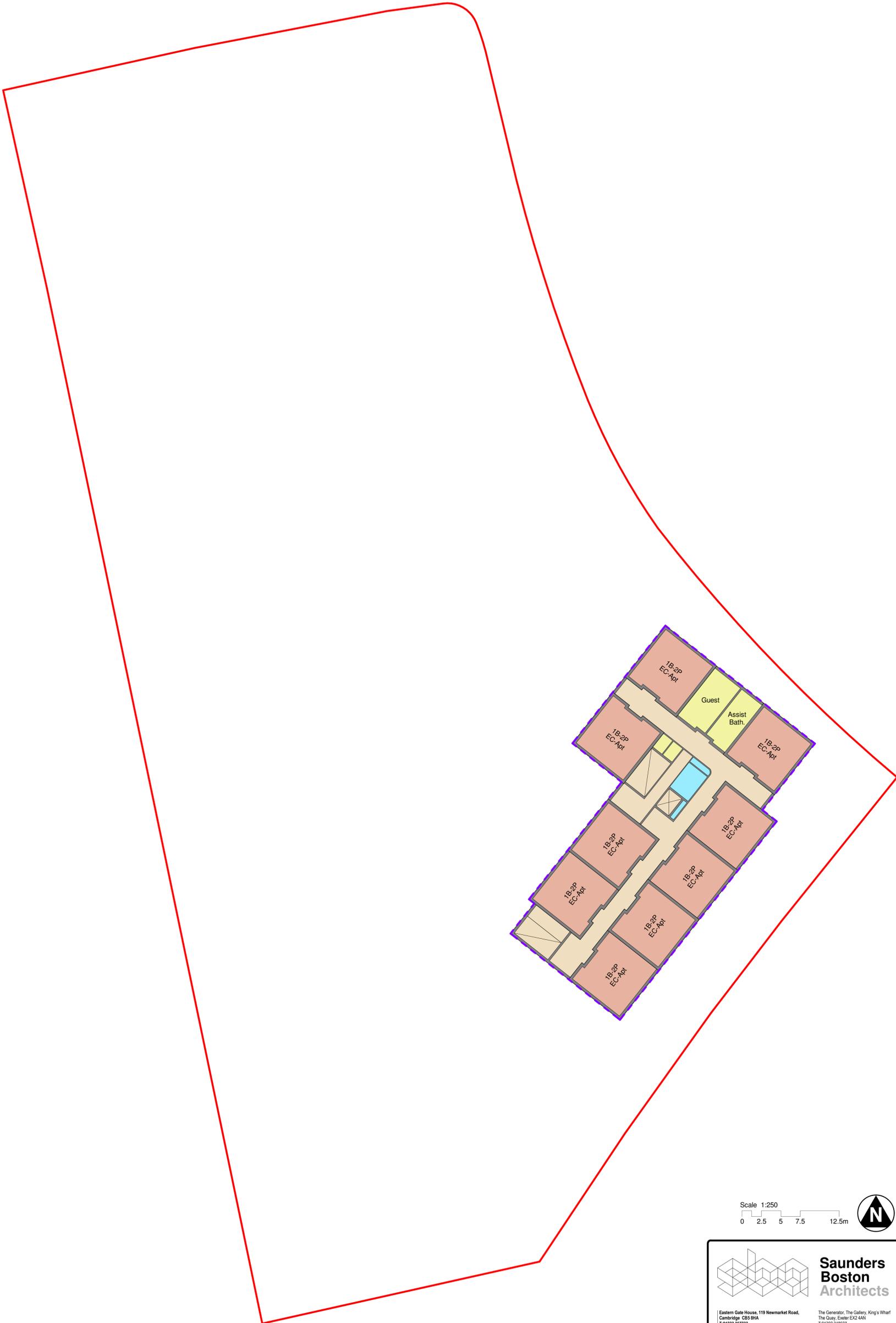
- Total Number of Parking Spaces - 52**
- 1 space per bungalow
  - 46 spaces serving the apartments

### Legend

-  Proposed Trees
-  Resident Communal Areas
-  Staff Areas
-  Circulation
-  2 Bed Bungalow
-  1 Bed Apartment
-  2 Storey - Level 2
-  2 Storey - Extra Care
-  3 Storey - Extra Care

Apartment Area Schedule (GIA)		
Level	Name	Area
00 Ground	Extra Care	1876 m <sup>2</sup>
01 First	Extra Care	1811 m <sup>2</sup>
02 Second	Extra Care	894 m <sup>2</sup>
		4581 m <sup>2</sup>
00 Ground	Level 2	971 m <sup>2</sup>
01 First	Level 2	971 m <sup>2</sup>
		1942 m <sup>2</sup>
		6523 m <sup>2</sup>

*The central foyer area and the area above this have been included within the GIA for the Extra Care.*



No.	Revision	Date	Chk.	SL
A	Drawings updated to suit Client comments.	24.08.21		SL



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Client: LACE Housing	
Job: Prebend Lane Welton	
Drawing: LACE Second Floor Plan	
Scale: As indicated @A1	Revision: <b>A</b>
SBA Project Code: <b>1519</b>	project originator zone level type role number: 1519 -SBA-XX-02 -DR-A-506

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**Accommodation Schedule**

Bungalows		
Floor	1 Bed	2 Bed
Ground	-	10
<b>Total</b>	-	<b>10</b>

Apartments - Level 2		
Floor	1 Bed (58.3m <sup>2</sup> )	1 Bed with Bay (63.5m <sup>2</sup> )
Ground	8	3
First	8	3
<b>Total</b>	<b>16</b>	<b>6</b>

Apartments - Extra Care		
Floor	1 Bed (58.3m <sup>2</sup> )	1 Bed with Bay (63.5m <sup>2</sup> )
Ground	5	8
First	8	10
Second	9	-
<b>Total</b>	<b>22</b>	<b>18</b>

**Total Number of Units - 72**

- Total Number of Parking Spaces - 52**
- 1 space per bungalow
  - 46 spaces serving the apartments

**Legend**

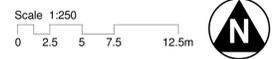
- Proposed Trees
- Resident Communal Areas
- Staff Areas
- Circulation
- 2 Bed Bungalow
- 1 Bed Apartment
- 2 Storey - Level 2
- 2 Storey - Extra Care
- 3 Storey - Extra Care

Apartment Area Schedule (GIA)		
Level	Name	Area
00 Ground	Extra Care	1876 m <sup>2</sup>
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01 First	Level 2	971 m <sup>2</sup>
		1942 m <sup>2</sup>
		6523 m <sup>2</sup>

The central foyer area and the area above this have been included within the GIA for the Extra Care.

**LACE Site & Ground Floor Plan**

1 : 250



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SBA Project Code	Drawn	SL	Date	19/07/21
<b>1519</b>	Checked	DH	Suitability Code	

Client	LACE Housing	Date	24.08.21	SL
Job	Prebend Lane Welton	Date	23.07.21	SL
Drawing	LACE Site & Ground Floor Plan	Revision		
Scale	As indicated @A1	Revision		<b>B</b>
project	1519	originator	-SBA-XX-00	level
		zone	-DR-A	type
		rate		number
				<b>504</b>

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## Housing with Care Feasibility Model

Project Name: West Lindsey District Council

Local Authority Partner: Lincolnshire County Council

	No of Units	SU Per Unit	Total Number of SU's
Number of OP Properties	20	1	20
LCC Inflation	2%		
Local Authority Contribution	£1,600,000.00		

Performance Indicators	Target	Actual
Lincolnshire County Council Payback Year		23

## Financial Summary

Financial Outputs dependent upon assumptions:	
Projected cost of extra care to LCC ASC	<b>£206,305</b>
Current cost of provision to be reprovided	<b>£270,541</b>
Projected Loss of income due to reprovion	<b>(£7,497)</b>

These figures together produce:

Net saving to LCC ASC	<b>£-56,740</b>	Negative figure is a saving
Saving per residential diversion	<b>£-2,837</b>	Negative figure is a saving

### Assumptions including Activity Outputs and finance outputs already summarised above

	Fixed	Variable per individual	Total all units
Hours per week as part of 24 hour cover	168		
Number of tenancy units	20		
Agreed Occupancy Support (Block)		0.5	10
Care planned share (Day Time)			158
Number of residents per property - tenants			20
Tenants - Number low care needs		33%	7
Tenants - Number medium care needs		33%	7
Tenants - Number high care needs		34%	7
Average hours low care needs		5.00	35
Average hours medium care needs		7.50	53
Average hours high care needs		20.00	140
Total care planned hours			228
Of which part of block			158
Hours bought in addition to block			70

#### Facility Care Service Unit Price

Assumed hourly rate - day block		£16.66
Assumed hourly rate day spot		£16.66

Cost to LCC ASC - Block		<b>£145,934</b>
Cost to LCC ASC - Spot		<b>£60,371</b>
<b>Projected Total Cost to LCC ASC</b>		<b>£206,305</b>

	Fixed	Variable per individual	Total all units
<b>Replacement of existing care provision</b>			
<u>Residents with low and medium care needs</u>			
Day hours for residents with low care needs		35	
Current cost per hour existing provision		£16.66	
			£30,403
Day hours for residents with medium care needs		53	
Current cost per hour existing provision		£16.66	
		45	£45,604

<u>Residents with high care needs</u>			
Number of residents with high care needs		7	
Calculated cost of residential place			£194,534
Average residential cost		£27,791	

<b>Current cost of provision to be reprovided</b>			<b>£270,541</b>
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#### Income change for residential diversions

Number of residents with high care needs		7	
Current expected residential income from assessed charges			-£24,544
Expected income from diversion to home support			-£17,047

*\*Assumes income change from low & medium will be cost neutral*

<b>Projected Loss of income</b>			<b>(£7,497)</b>
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<b>Net saving to LCC ASC</b>			<b>£56,740</b>
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<b>Saving per residential diversion</b>			<b>£-2,837</b>
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Residential Support Calculations	
Average Expected Cost	£533.00
Income %	30%
Gross Cost	£194,534
Income	£58,438
% Proportion of SU Paying Contribution	42%
Total Income	£-24,544

Homecare Support Calculations	
Hourly rate	£16.66
Number of hours	28
Annual cost	£24,322
Average income	24%
Total Income	£-5,798
% Proportion of SU Paying Contribution	42%

<b>LCC Initial Investment</b>
<i>£1,600,000.00</i>

Year	Revenue Savings	Cumulative Savings	Repayment Year
1	56,739.85	56,739.85	
2	57,874.65	114,614.50	
3	59,032.14	173,646.64	
4	60,212.78	233,859.42	
5	61,417.04	295,276.46	
6	62,645.38	357,921.84	
7	63,898.29	421,820.13	
8	65,176.25	486,996.39	
9	66,479.78	553,476.17	
10	67,809.37	621,285.54	
11	69,165.56	690,451.10	
12	70,548.87	760,999.98	
13	71,959.85	832,959.83	
14	73,399.05	906,358.87	
15	74,867.03	981,225.90	
16	76,364.37	1,057,590.27	
17	77,891.66	1,135,481.93	
18	79,449.49	1,214,931.42	
19	81,038.48	1,295,969.90	
20	82,659.25	1,378,629.15	
21	84,312.43	1,462,941.58	
22	85,998.68	1,548,940.26	
23	87,718.66	1,636,658.92	<b>23</b>
24	89,473.03	1,726,131.95	
25	91,262.49	1,817,394.44	
26	93,087.74	1,910,482.18	
27	94,949.49	2,005,431.67	
28	96,848.48	2,102,280.16	
29	98,785.45	2,201,065.61	
30	100,761.16	2,301,826.78	
31	102,776.39	2,404,603.16	
32	104,831.91	2,509,435.08	
33	106,928.55	2,616,363.63	
34	109,067.12	2,725,430.75	
35	111,248.47	2,836,679.22	
36	113,473.44	2,950,152.66	
37	115,742.90	3,065,895.56	
38	118,057.76	3,183,953.32	
39	120,418.92	3,304,372.24	
40	122,827.30	3,427,199.54	
			<b>23</b>



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

A note for Lincolnshire County Council

MAY 2019

Housing Learning and Improvement Network

## Introduction

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

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

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

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

### **NHS cost-benefits and savings:**

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

### **Savings compared to residential care:**

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

### **Reduced care needs/reduced growth in care needs:**

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

### **Improved outcomes for individuals:**

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

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

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

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

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

## Equality Impact Analysis to enable informed decisions

### The purpose of this document is to:-

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

### Using this form

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

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

### Equality Act 2010

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

### Protected characteristics

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

### Section 149 of the Equality Act 2010

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

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

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

### **Decision makers duty under the Act**

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

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

## **Conducting an Impact Analysis**

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

### **The Lead Officer responsibility**

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

### **Summary of findings**

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

## Impact – definition

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

### How much detail to include?

The Equality Impact Analysis should be proportionate to the impact of proposed change. In deciding this asking simple questions “Who might be affected by this decision?” “Which protected characteristics might be affected?” and “How might they be affected?” will help you consider the extent to which you already have evidence, information and data, and where there are gaps that you will need to explore. Ensure the source and date of any existing data is referenced.

You must consider both obvious and any less obvious impacts. Engaging with people with the protected characteristics will help you to identify less obvious impacts as these groups share their perspectives with you.

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

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

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

## Background Information

<b>Title of the policy / project / service being considered</b>	Adult Care Capital Programme – Extra Care Housing Programme	<b>Person / people completing analysis</b>	Gareth Everton, Emma Rowitt
<b>Service Area</b>	Adult Care and Community Wellbeing	<b>Lead Officer</b>	Gareth Everton
<b>Who is the decision maker?</b>	Glen Garrod	<b>How was the Equality Impact Analysis undertaken?</b>	Desktop exercise updated after engagement and consultation
<b>Date of meeting when decision will be made</b>	02/11/2021	<b>Version control</b>	1.0
<b>Is this proposed change to an existing policy/service/project or is it new?</b>	New	<b>LCC directly delivered, commissioned, re-commissioned or de-commissioned?</b>	Commissioned
<b>Describe the proposed change</b>	<p>Lincolnshire County Council's (LCC) Extra Care Housing (ECH) Capital Programme, working in partnership with District Councils and Housing Associations, is intended to help older people achieve greater independence and improve wellbeing, by offering additional housing and care options within local communities. ECH is flexibly designed to respond to developing care needs. Accommodation comes in many built forms with access to on-site care and support, and often includes a variety of communal facilities and activities.</p> <p>The ECH Programme objectives are:</p> <ul style="list-style-type: none"> <li>• Promote and enable independence;</li> <li>• Improve the well-being of older aged people within our community;</li> <li>• Enhance quality of life through enabling people to stay within their local community;</li> <li>• Enable Lincolnshire residents to access services closer to home and social circles.</li> <li>• Assist with meeting the need and demand for additional housing options;</li> <li>• Help to reduce pressures on funding attached to domiciliary and residential care;</li> <li>• Illustrate the scope of innovate partnership in developing and supporting ECH within the county;</li> </ul>		

- Ensure communication coverage is as much about people as process, identifying benefits through case studies; and
- Encourage people remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.

The development of ECH has been supported by the Council's Executive, Scrutiny and Portfolio Holders since 2014. Adult social care budgets are continuing to come under increased demand as a result of funding restrictions, the changing demographics of the county with an ageing population, increased requirement for adult care services, and in particular residential care. ECH has been shown nationally to be a cost effective way to help reduce demand for more expensive long term services.

The development of ECH presents an opportunity to generate a sustainable future for health and social care in Lincolnshire, meeting a key ambition of the sustainable services review. LCC is committed to supporting residents to stay independent within their own homes and, reduce (or limit) the use of long term residential services. The authority has signalled its intent to expand the range of community based services, in conjunction with reducing residential placements. By helping to divert older people from moving into residential settings, the ECH Programme will enable LCC to reinvest resources in preventative services.

The closure of the eight LCC owned and managed residential homes eight years ago emphasised the need for modernised services such as ECH, which are fit for purpose in the 21st century. The Programme will contribute to reshaping Adult Social Care services and opportunities in line with both national best practice and local priorities.

ECH has been shown nationally to be a cost effective way to reduce demand for more expensive long term services. The long term effect of this capital strategy will be investment in an infrastructure which supports improvements in choice and diversity of provision, alongside increased independence for residents. The vision is to provide an acceleration in LCC's ability to shift resources away from high cost buildings based services into more appropriate integrated community options

Furthermore, ECH I has a number of health and wellbeing benefits:

- Individual tenancies provide privacy whilst communal spaces provide an area to meet others and the opportunity to engage in group activities;
- 24 hour care and support which schemes can provide flexibility across a range of residents;
- Provide peace of mind, safety and security for vulnerable older people;
- Improved physical and mental health;
- Maintain and develop links with the community;
- Maximise incomes of older people (includes benefits income) and reduce fuel poverty;
- Environment is more likely to be free from hazards, safe from harm and promotes a sense of security, enabling movement around the home, including to visitors;
- Facilitates downsizing to more suitable housing, thus freeing up larger homes for the choice-based letting and/or sales markets;
- Delays and reduces the need for primary care and social care interventions including admission to long term care

settings and hospital admissions; Unplanned hospital admissions reduce from 8-14 days to 1-2 days. Over a 12 month period total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) reduce by 38% for extra care residents; and

- Routine GP appointments for extra care residents fell by 46% after a year; and
- Falls rates in ECH measured at 31% compared to 49% in general housing.

This Equality Impact Analysis addresses the equalities implications of the ECH Programme.

### Evidencing the impacts

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

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

### Data to support impacts of proposed changes

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

#### Population data and the Joint Strategic Needs Assessment

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

#### Workforce profiles

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

**Positive impacts**

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

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<b>Age</b>	<p>The demographic trends for Lincolnshire indicate that there will be greater need for supported accommodation as the demand for social care increases.</p> <p>Evidential research indicates that supported accommodation is a cost-effective way to deliver care in comparison to residential and domiciliary care and promotes increased wellbeing and independence. The positive impacts for this cohort are:</p> <ul style="list-style-type: none"><li>- The ability to stay within their local communities close to friends and family.</li><li>- The ability to remain independent through having their own property, with their own front door.</li><li>- Be supported in an environment where there is additional care and support should it be required and their needs develop and change, however, remain with their own home for as long as possible.</li><li>- Access services closer to their home and network</li><li>- The benefit of creating a social life and community, with social activities and events on offer, and the opportunity to make new friends.</li><li>- The flexibility to be able to request additional support and care Improve the choice of housing options available within the county.</li><li>- Multiple care needs can be managed on one site.</li><li>- Benefit from new energy efficient accommodation.</li><li>- The encouragement and opportunity for active lifestyles and social contact with other tenants.</li><li>- The offer of a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions.</li><li>- Couples can avoid being separated as they can live together in extra care accommodation even if only one needs care.</li></ul>
<b>Disability</b>	<p>ECH for older people as a model is available to people with a range of needs including those with both physical, learning disabilities, mental health, which means the positive impacts of supported accommodation are also available to people with a disability where the nature of the scheme allows.</p> <p>The positive impacts are outlined below.</p> <ul style="list-style-type: none"><li>- The ability to stay within their local communities close to friends and family.</li></ul>

	<ul style="list-style-type: none"> <li>- Remain independent through having their own property, with their own front door.</li> <li>- Be supported in an environment where there is additional care and support should it be required.</li> <li>- Access services closer to their home and network.</li> <li>- The benefit of creating a social life and community, with social activities and events on offer, and the opportunity to make new friends.</li> <li>- The flexibility to be able to request additional support and care should their needs develop and change and remain with their own home for as long as possible.</li> <li>- Improve the choice of housing options available within the county.</li> <li>- Multiple care needs can be managed on one site.</li> <li>- Benefit from new energy efficient accommodation.</li> <li>- The encouragement and opportunity for active lifestyles and social contact with other residents.</li> <li>- The offer of a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions.</li> <li>- Couples can avoid being separated as they can live together in extra care accommodation even if only one needs care.</li> </ul> <p>Funding and Nomination agreements for any project within the programme will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.</p>
<b>Gender reassignment</b>	<p>No positive impact</p> <p>All schemes will be available to potential residents regardless of this protected characteristic. ECH is inclusive and enables people of all protected characteristics to:</p> <ul style="list-style-type: none"> <li>• Remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.</li> <li>• Maintain and develop links with the community.</li> <li>• Increase their quality of life;</li> <li>• Access services within their local communities.</li> </ul> <p>The Funding and Nomination agreements which partners will enter into as part of any project into will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.</p>
<b>Marriage and civil partnership</b>	<p>No positive impact</p> <p>All schemes will be available to potential residents regardless of this protected characteristic. ECH is inclusive and enables people of all protected characteristics to:</p> <ul style="list-style-type: none"> <li>• Remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.</li> <li>• Maintain and develop links with the community.</li> <li>• Increase their quality of life;</li> <li>• Access services within their local communities.</li> </ul>

	<p>The Funding and Nomination agreements which partners will enter into as part of any project into will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.</p>
<b>Pregnancy and maternity</b>	<p>No positive impact</p> <p>All schemes will be available to potential residents regardless of this protected characteristic. ECH is inclusive and enables people of all protected characteristics to:</p> <ul style="list-style-type: none"> <li>• Remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.</li> <li>• Maintain and develop links with the community.</li> <li>• Increase their quality of life;</li> <li>• Access services within their local communities.</li> </ul> <p>The Funding and Nomination agreements which partners will enter into as part of any project into will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.</p>
<b>Race</b>	<p>No positive impact</p> <p>All schemes will be available to potential residents regardless of this protected characteristic. ECH is inclusive and enables people of all protected characteristics to:</p> <ul style="list-style-type: none"> <li>• Remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.</li> <li>• Maintain and develop links with the community.</li> <li>• Increase their quality of life;</li> <li>• Access services within their local communities.</li> </ul> <p>The Funding and Nomination agreements which partners will enter into as part of any project into will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.</p>
<b>Religion or belief</b>	<p>No positive impact</p> <p>All schemes will be available to potential residents regardless of this protected characteristic. ECH/MI is inclusive and enables people of all protected characteristics to:</p> <ul style="list-style-type: none"> <li>• Remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.</li> <li>• Maintain and develop links with the community.</li> <li>• Increase their quality of life;</li> <li>• Access services within their local communities.</li> </ul> <p>The Funding and Nomination agreements which partners will enter into as part of any project into will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.</p>

<p><b>Sex</b></p>	<p>No positive impact</p> <p>All schemes will be available to potential residents regardless of this protected characteristic. ECH is inclusive and enables people of all protected characteristics to:</p> <ul style="list-style-type: none"> <li>• Remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.</li> <li>• Maintain and develop links with the community.</li> <li>• Increase their quality of life;</li> <li>• Access services within their local communities.</li> </ul> <p>The Funding and Nomination agreements which partners will enter into as part of any project into will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.</p>
<p><b>Sexual orientation</b></p>	<p>No positive impact</p> <p>All schemes will be available to potential residents regardless of this protected characteristic. ECH is inclusive and enables people of all protected characteristics to:</p> <ul style="list-style-type: none"> <li>• Remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.</li> <li>• Maintain and develop links with the community.</li> <li>• Increase their quality of life;</li> <li>• Access services within their local communities.</li> </ul> <p>The Funding and Nomination agreements which partners will enter into as part of any project into will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.</p>

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

ECH and the development of any such scheme has a range of benefits:

- The development of additional housing contributing to the current and projected needs.
- Reduction in the long term costs of care provision.
- Strengthening the partnership with district councils and housing associations, as well as other One Public Estate (OPE) partners.
- Increasing the availability of suitable housing with the most appropriate care provision.
- The opportunity to develop more community based services.
- Supporting residents within Lincolnshire to stay within their local communities as they grow older.
- Multiple care needs can be managed on one site.
- Decreased risk of service users going 'missing' with ability to monitor location.
- Option available for one care provider managing the site care needs.
- New energy efficient accommodation.
- Opportunity for added social value through developing a workforce development plan.
- Bringing a vacant site back into use, enhancing the local community.
- Promote independence for residents and other service users.
- Encourage active lifestyles and social contact for residents and other service users.
- Offer a living and care environment which has a positive effect on people's health and well-being and prevents or reduces the need for health care interventions.
- Supports the Council's 'One Council' ethos.
- Supports the Council's Corporate Plan and its objectives and priorities.
- Supports the Council's Homes for Independence blueprint.
- ECH has been shown nationally to be a cost effective way to reduce demand for more expensive long term services.
- The evidence from the Housing LIN indicates there is not currently a balance of specialised housing choices available for the older population in Greater Lincolnshire – the ECH programme will help to alleviate this issue.
- Lincolnshire has a higher than average number of older people. 177k people aged 65+ lived in Lincolnshire as of the middle of 2018 which constitutes 25% of the population (18% nationally). These numbers are predicted to increase by 40% to 250k by 2040. The ECH/MI programme will help to support the aging population and provide services which are sustainable.
- Lincolnshire has the fourth highest national rate of admission to care within residents aged 65+, and current estimates indicate the admission rate is not decreasing. Lincolnshire also had the fourth highest number of permanent residents in care by population. The ECH/MI programme is one scheme of work which will help with the reduction of this categorization.
- ECH has been shown nationally to be a cost effective way to reduce demand for more expensive long term services.
- The weekly cost of standard residential care is in the region of £550 per week. The expected costs of providing high level support in extra care (20 hours) would be £310 per week.
- Additional use of, and income to, local businesses e.g. leisure centre, cafes, bus service.
- Additional employment opportunities e.g. on-site management/concierge provision, care provision, building construction, and site maintenance.
- Greater use of community facilities, thus supporting their longevity (e.g. GP surgeries).
- People in ECH can potentially use less care hours than if in the community, for example, if meals are provided by the scheme, less care hours may be required in preparing food etc.

- Accommodation is economic to heat and is of an appropriate and manageable size.
- Support and care services which can be targeted to those who need them and can flex with people's changing circumstances.
- Additional efficiencies can be gained by delivering care to a number of people on one site, reducing travel and mileage costs associated with domiciliary care in the community, and giving increased flexibility in the delivery of that care.
- Residents providing volunteering in the community, with time banks, fundraising and befriending.
- Our financial projections such a return on investment at year 15 of the 30 year terms of the nominations agreement.
- People remain in a home of their own, connected to their local community, where they can be supported by their social networks to live meaningful and independent lives.
- Individual tenancies provide privacy whilst communal spaces provide an area to meet others and the opportunity to engage in group activities.
- 24 hour care and support which schemes can provide flexibility across a range of residents.
- Provide peace of mind, safety and security for vulnerable older people.
- Improved physical and mental health.
- Maintain and develop links with the community.
- Maximise incomes of older people (includes benefits income) and reduce fuel poverty.
- Environment is more likely to be free from hazards, safe from harm and promotes a sense of security, enabling movement around the home, including to visitors.
- Facilitates downsizing to more suitable housing, thus freeing up larger homes for the choice-based letting and/or sales markets.
- Delays and reduces the need for primary care and social care interventions including admission to long term care settings and hospital admissions. Unplanned hospital admissions reduce from 8-14 days to 1-2 days. Over a 12 month period total NHS costs (including GP visits, practice and district nurse visits and hospital appointments and admissions) reduce by 38% for extra care residents.
- Routine GP appointments for extra care residents fell by 46% after a year.
- Falls rates in extra care housing measured at 31% compared to 49% in general housing.
- Offer choice and self-direction or co-production of services for residents.
- Be flexible in its style of service delivery so that services respond well to people's changing needs.
- Release of local housing for rent and sale to benefit families.
- Moderating the burden of family members caring at home.
- Evidence shows that living in familiar, safe, accessible, warm accommodation that we call 'home' is more likely to promote mental and physical wellbeing. Reduce hospital admissions, social isolation and loneliness.
- New facilities developed in the local area for wider community use.
- Couples can avoid being separated as they can live together in ECH accommodation, even if only one is in need of care.

**Adverse/negative impacts**

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

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

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

<b>Age</b>	No negative impact identified. No mitigating action required.
<b>Disability</b>	ECH must be designed suitability to meet needs of disabled people. The mitigation is that the design of scheme will be in line with the Equalities Act i.e. Disability Discrimination and in line with HAPPI guidelines.
<b>Gender reassignment</b>	No perceived adverse impact. All schemes will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which partners will enter into as part of any project will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.
<b>Marriage and civil partnership</b>	No perceived adverse impact All schemes will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which partners will enter into as part of any project will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.
<b>Pregnancy and maternity</b>	No perceived adverse impact All schemes will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which partners will enter into as part of any project will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.

<b>Race</b>	No perceived adverse impact All schemes will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which partners will enter into as part of any project will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.
<b>Religion or belief</b>	No perceived adverse impact All schemes will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which partners will enter into as part of any project will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.
<b>Sex</b>	No perceived adverse impact All schemes will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which partners will enter into as part of any project will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.
<b>Sexual orientation</b>	No perceived adverse impact All schemes will be available to potential residents regardless of this protected characteristic. The Funding and Nomination agreements which partners will enter into as part of any project will oblige all parties to comply with the Equality Act 2010 in the delivery of ECH.

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

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

## Stakeholders

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

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

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

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

As each project gets underway within the programme, engagement will be undertaken with various groups, such as the ones listed below about likely impacts to inform this Equality Impact Analysis as the programme progresses.

- LCC Corporate Diversity Steering Group;
- Peoples Partnership;
- Age UK;
- LCC Black and Ethnic Minority Staff Engagement Group;
- LCC LGBT staff Group; and
- LCC Disability staff engagement Group.

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

Age

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

Findings from engagement carried out to date are as follows:

- The more supported housing the better to ensure independence for all.
- Allocation based on needs as in ECH already in operation would also need to take account of community dynamics within the housing scheme in order to maintain a stable non-judgmental supportive environment for all residents.
- Some of the ECH has age limits set by LCC but not the housing association – this is actually based on Homes England funding allocated to the scheme and the funding restrictions.
- Not much support readily available to be able to assist this age group to live independently
- This project has the potential to help disabled people to overcome barriers they face through a current shortage of suitable housing and support. This should support disabled people to achieve independent living and have their full civil rights.
- My experience of extra care housing has meant younger people are able to live more independently, rather than having to be in a residential home, further to this, it has meant some married couples can be more safely support without one having to live in a residential home.

<p><b>Disability</b></p>	<ul style="list-style-type: none"> <li>• LCC staff Carers Network;</li> <li>• LCC Corporate Diversity Steering Group;</li> <li>• LCC Black and Ethnic Minority Staff Engagement Group;</li> <li>• LCC LGBT staff Group;</li> <li>• LCC Disability staff engagement Group;</li> <li>• Age UK;</li> <li>• University of the Third Age (U3A) network;</li> <li>• JUST Lincolnshire;</li> <li>• Lincolnshire Independent Living;</li> <li>• Pelican Trust (adult disability/learning difficulties);</li> <li>• Lincoln and Lindsey Blind Society;</li> <li>• Carers FIRST; and</li> <li>• People's Partnership.</li> </ul> <p>Findings from engagement carried out to date are as follows:</p> <ul style="list-style-type: none"> <li>• The opportunity for additional extra care accommodation in the community for people who may be frail or have some form of disability will be tremendously beneficial and enable people to continue to live in the community for longer and more inclusively rather than potentially having to go into care homes. The benefits of a monitoring mechanism is enormous for many, they may not need hands on care but support as and when or just in case or just to know support is available has a great effect upon others.</li> <li>• This type of accommodation where people with a disability can have their own home/ own front door with support available when required is invaluable in promoting independence.</li> <li>• The opportunity for additional extra care accommodation in the community for people who may be frail or have some form of disability will be tremendously beneficial and enable people to continue to live in the community for longer and more inclusively rather than potentially having to go into care homes. The benefits of a monitoring mechanism is enormous for many, they may not need hands on care but support as and when or just in case or just to know support is available has a great effect upon others.</li> </ul>
<p><b>Gender reassignment</b></p>	<ul style="list-style-type: none"> <li>• LCC staff Carers Network;</li> <li>• LCC Corporate Diversity Steering Group;</li> <li>• LCC Black and Ethnic Minority Staff Engagement Group;</li> <li>• LCC LGBT staff Group;</li> <li>• LCC Disability staff engagement Group;</li> <li>• Age UK;</li> <li>• University of the Third Age (U3A) network;</li> <li>• JUST Lincolnshire;</li> </ul>

	<ul style="list-style-type: none"> <li>• Lincolnshire Independent Living;</li> <li>• Pelican Trust (adult disability/learning difficulties);</li> <li>• Lincoln and Lindsey Blind Society;</li> <li>• Carers FIRST; and</li> <li>• People's Partnership.</li> </ul>
<b>Marriage and civil partnership</b>	<ul style="list-style-type: none"> <li>• LCC staff Carers Network;</li> <li>• LCC Corporate Diversity Steering Group;</li> <li>• LCC Black and Ethnic Minority Staff Engagement Group;</li> <li>• LCC LGBT staff Group;</li> <li>• LCC Disability staff engagement Group;</li> <li>• Age UK;</li> <li>• University of the Third Age (U3A) network;</li> <li>• JUST Lincolnshire;</li> <li>• Lincolnshire Independent Living;</li> <li>• Pelican Trust (adult disability/learning difficulties);</li> <li>• Lincoln and Lindsey Blind Society;</li> <li>• Carers FIRST; and</li> <li>• People's Partnership.</li> </ul>
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>• LCC staff Carers Network;</li> <li>• LCC Corporate Diversity Steering Group;</li> <li>• LCC Black and Ethnic Minority Staff Engagement Group;</li> <li>• LCC LGBT staff Group;</li> <li>• LCC Disability staff engagement Group;</li> <li>• Age UK;</li> <li>• University of the Third Age (U3A) network;</li> <li>• JUST Lincolnshire;</li> <li>• Lincolnshire Independent Living;</li> <li>• Pelican Trust (adult disability/learning difficulties);</li> <li>• Lincoln and Lindsey Blind Society;</li> <li>• Carers FIRST; and</li> <li>• People's Partnership.</li> </ul>

<p><b>Race</b></p>	<ul style="list-style-type: none"> <li>• LCC staff Carers Network;</li> <li>• LCC Corporate Diversity Steering Group;</li> <li>• LCC Black and Ethnic Minority Staff Engagement Group;</li> <li>• LCC LGBT staff Group;</li> <li>• LCC Disability staff engagement Group;</li> <li>• Age UK;</li> <li>• University of the Third Age (U3A) network;</li> <li>• JUST Lincolnshire;</li> <li>• Lincolnshire Independent Living;</li> <li>• Pelican Trust (adult disability/learning difficulties);</li> <li>• Lincoln and Lindsey Blind Society;</li> <li>• Carers FIRST; and</li> <li>• People's Partnership.</li> </ul>
<p><b>Religion or belief</b></p>	<ul style="list-style-type: none"> <li>• LCC staff Carers Network;</li> <li>• LCC Corporate Diversity Steering Group;</li> <li>• LCC Black and Ethnic Minority Staff Engagement Group;</li> <li>• LCC LGBT staff Group;</li> <li>• LCC Disability staff engagement Group;</li> <li>• Age UK;</li> <li>• University of the Third Age (U3A) network;</li> <li>• JUST Lincolnshire;</li> <li>• Lincolnshire Independent Living;</li> <li>• Pelican Trust (adult disability/learning difficulties);</li> <li>• Lincoln and Lindsey Blind Society;</li> <li>• Carers FIRST; and</li> <li>• People's Partnership.</li> </ul>
<p><b>Sex</b></p>	<ul style="list-style-type: none"> <li>• LCC staff Carers Network;</li> <li>• LCC Corporate Diversity Steering Group;</li> <li>• LCC Black and Ethnic Minority Staff Engagement Group;</li> <li>• LCC LGBT staff Group;</li> <li>• LCC Disability staff engagement Group;</li> <li>• Age UK;</li> <li>• University of the Third Age (U3A) network;</li> </ul>

	<ul style="list-style-type: none"> <li>• JUST Lincolnshire;</li> <li>• Lincolnshire Independent Living;</li> <li>• Pelican Trust (adult disability/learning difficulties);</li> <li>• Lincoln and Lindsey Blind Society;</li> <li>• Carers FIRST; and</li> <li>• People's Partnership.</li> </ul>
<p><b>Sexual orientation</b></p>	<ul style="list-style-type: none"> <li>• LCC staff Carers Network;</li> <li>• LCC Corporate Diversity Steering Group;</li> <li>• LCC Black and Ethnic Minority Staff Engagement Group;</li> <li>• LCC LGBT staff Group;</li> <li>• LCC Disability staff engagement Group;</li> <li>• Age UK;</li> <li>• University of the Third Age (U3A) network;</li> <li>• JUST Lincolnshire;</li> <li>• Lincolnshire Independent Living;</li> <li>• Pelican Trust (adult disability/learning difficulties);</li> <li>• Lincoln and Lindsey Blind Society;</li> <li>• Carers FIRST; and</li> <li>• People's Partnership.</li> </ul>
<p><b>Are you confident that everyone who should have been involved in producing this version of the Equality Impact Analysis has been involved in a meaningful way?</b></p> <p>The purpose is to make sure you have got the perspective of all the protected characteristics.</p>	<p>Yes. Below are some generic comments which have been received during recent engagement activities.</p> <ul style="list-style-type: none"> <li>• This could offer a lady on my case load the chance to return to living in the community but in a more supported environment, that could reduce the isolation she experienced in her last home which impacted her mental health. This lady lived in the community and had been able to develop a good lifestyle that suited her, however due to a move to a new neighbourhood she became more isolated and the impact this had on her mental health resulted in her living with family. Having people around she can chat and make friends with would enable this lady to return to the lifestyle she once had.</li> <li>• There is a desperate need for this type of accommodation in Lincolnshire as a whole. Any possibility of increasing the choices of where people can live and support that can be offered has to be a positive.</li> <li>• Extra care housing can only be a positive option as it gives people the personal freedom and independence while supporting with step up and step down care.</li> </ul>

**Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?**

There will be continued Council involvement in ECH development through the nominations process and the Council's presence on the Nominations Panel. Evaluation of benefits will be conducted through this process and on-going monitoring of the accommodation and through the ECH governance structures..

**Further Details**

**Are you handling personal data?**

No  
If yes, please give details.

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<b>Actions required</b>	<b>Action</b>	<b>Lead officer</b>	<b>Timescale</b>
Include any actions identified in this analysis for on-going monitoring of impacts.	Review EIA as each engagement process is undertaken and the programme develops.	Emma Rowitt	On-going
<b>Signed off by</b>	Emma Rowitt	<b>Date</b>	21/09/2021

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

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	20 October 2021
Subject:	Adults and Community Wellbeing Scrutiny Committee - Work Programme

## Summary:

It is standard practice at each meeting for the Committee to consider its forward work programme, which is set out in the report. The report also includes the latest version of the forward plan of key decisions due to be taken from 1 October 2021. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

Also included in the report is a summary of the Committee's activity to date. In this regard, this committee is invited to note the decisions made following the Committee's meeting on 8 September 2021.

## Actions Required:

- (1) To review the Committee's work programme for the remainder of 2021-22, as set out in the report.
- (2) To note that following consideration by this Committee on 8 September 2021, decisions have been made on the following items:
  - (a) Provision of Day Service in Grantham (Minute 29) – Decision by the Executive Councillor for Resources, Communications and Commissioning; and the Executive Councillor for Adult Care and Public Health on 13 September 2021;
  - (b) Lincolnshire Sensory Services Re-commissioning (Minute 24) – Decision by the Executive Councillor for Adult Care and Public Health on 13 September 2021;
  - (c) Strategic Market Support Re-Commissioning (Minute 25) - Decision by the Executive Councillor for Adult Care and Public Health on 14 September 2021; and
  - (d) Local Government and Social Care Ombudsman Report – Net and Gross Payments for Care (Minute 23) - Decision by the Executive on 5 October 2021.

## 1. Current Items

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

<b>20 October 2021 – 10.00 am</b>			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>	Care Quality Commission Update	Catriona Eglinton, Lincolnshire Inspection Manager, Care Quality Commission	This item enables the Committee to consider the approach of the Care Quality Commission in Lincolnshire.
<b>2</b>	Adult Care - Specialist Services	Justin Hackney, Assistant Director of Specialist Services	This item enables the Committee to take an overview of adult care specialist services.
<b>3</b>	Adult Care and Community Wellbeing Budget Monitoring 2021-22	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is a regular report to the Committee on the budget.
<b>4</b>	Welton Extra Care Housing Scheme Proposal	Emma Rowitt, Project Manager Corporate Property	To consider a proposal for an extra care housing scheme in Welton, which will be determined by the Executive on 2 November 2021.

## 2. Planned Items

Set out below are the items planned for future meetings of the Committee, up to April 2022.

<b>1 December 2021 – 10.00 am</b>			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>	Mental Health Services	Sarah Connery, Chief Executive, Lincolnshire Partnership NHS Foundation Trust Jane Marshall, Director of Planning, Strategy and Partnerships, Lincolnshire Partnership NHS Foundation Trust Justin Hackney, Assistant Director of Specialist Services	On 29 June, 2021, the Committee requested an item on mental health services, including the managed care network, which enables organisations and individuals, including volunteers, to support people's wellbeing.

<b>1 December 2021 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>2</b>	Occupational Therapy Service / Disabled Facilities Grants / Community Equipment Services	Roz Cordy, Interim Assistant Director Adult Frailty and Long Term Conditions Gareth Everton, Head of Integration and Transformation Prashant Agrawal, Partnership Manager, Community Equipment Services	On 29 June, 2021, the Committee requested an item on the occupational therapy service, disabled facilities grants and community equipment services.
<b>3</b>	Overview of Adult Frailty and Long Term Conditions	Roz Cordy, Interim Assistant Director Adult Frailty and Long Term Conditions	This item enables the Committee to take an overview of services in the area of adult frailty and long term conditions.
<b>4</b>	Lincolnshire Safeguarding Adults Board – Update Report	Heather Roach, Chair of Lincolnshire Safeguarding Adults Board David Culy, Lincolnshire Safeguarding Adults Board Business Manager	This is a regular update report from the Board.
<b>5</b>	The Re-commissioning of the Carers Support Service	Carl Miller, Commercial & Procurement Manager, Commercial Team - People Services	The Executive Councillor for Adult Care and Public Health is due to make a decision on the proposed re-commissioning of the carers support service.
<b>6</b>	Performance Against Corporate Performance Framework – 2021-22 Quarter 2	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.

<b>12 January 2022 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Adult Care and Community Wellbeing Budget Proposals for 2022-23	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	The views of the Committee will be sought on the budget proposals for Adult Care and Community Wellbeing
<b>2</b>	Annual Report of the Director of Public Health 2021	Derek Ward, Director of Public Health	This is a requirement each year for Directors of Public Health.
<b>3</b>	Procurement of Residential Care and Residential with Nursing Care	Alina Hackney, Head of Procurement - People Care	This item enables the Committee to consider a proposed decision by the Executive on 1 February 2022 on the procurement of residential care and residential with nursing care.

<b>23 February 2022 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Performance Against Corporate Performance Framework – 2021-22 Quarter 3	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
<b>2</b>	All Age Autism Strategy	To be confirmed.	The strategy is due to be approved by the Executive on 1 March 2022.

<b>6 April 2022 – 10.00 am</b>		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>		

## Other Potential Items

- Legislation and Government White Papers:
  - Liberty Protection Standards (Legislation to be fully implemented by April 2022)
  - Reforming Mental Health Act (published 13 January 2021, with consultation closed after fourteen weeks)
  - Health and Social Care (Integration and the Future Funding of Social Care)
  - Transforming Public Procurement (Green Paper consultation 15 December 2020 to 15 March 2021)
- Digital Roadmap Update
- Post Covid-19: Issues, Outcomes and Progression

The forward plan of planned key decisions on items within the remit of the Committee is attached as Appendix A.

### 3. Previous Committee Activity

A summary of the Committee's previous activity is set out in Appendix B.

### 4. Conclusion

The Committee is invited to consider its work programme.

### 5. Appendices

These are listed and attached at the end of the report.

Appendix A	Forward Plan of Key Decisions within the Remit of the Adults and Community Wellbeing Scrutiny Committee from 1 October 2021
Appendix B	Summary of Outcomes

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

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at [Simon.Evans@lincolnshire.gov.uk](mailto:Simon.Evans@lincolnshire.gov.uk)

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

**From 1 October 2021**

MATTER FOR DECISION	DATE OF DECISION	DECISION MAKER	PEOPLE/GROUPS CONSULTED PRIOR TO DECISION	OFFICERS FROM WHOM FURTHER INFORMATION CAN BE OBTAINED AND REPRESENTATIONS MADE (All officers are based at County Offices, Newland, Lincoln LN1 1YL unless otherwise stated)	DIVISIONS AFFECTED
Welton Extra Care Housing Scheme	2 Nov 2021	Executive	Adults and Community Wellbeing Scrutiny Committee	Senior Project Manager E-mail: <a href="mailto:Emma.Rowitt@lincolnshire.gov.uk">Emma.Rowitt@lincolnshire.gov.uk</a>	Welton Rural
Recommissioning of the Carers Support Service	Between 6 Dec and 15 Dec 2021	Executive Councillor: Adult Care and Public Health	Adults and Community Wellbeing Scrutiny Committee	Commercial and Procurement Manager Email: <a href="mailto:Carl.Miller@lincolnshire.gov.uk">Carl.Miller@lincolnshire.gov.uk</a>	All
Director of Public Health Annual Report	7 Dec 2021	Executive	n/a	Public Health Consultant E-mail: <a href="mailto:Andy.Fox@lincolnshire.gov.uk">Andy.Fox@lincolnshire.gov.uk</a>	All
Residential and Nursing Framework Usual Costs	1 Feb 2022	Executive	Survey and analysis of the local provider market for residential and nursing care.		All

## SUMMART OF OUTCOMES

Set out below is a summary of the outcomes from the Committee, since June 2021:

<b>29 June 2021</b>	
<i>Item</i>	<i>Summary of Outcomes</i>
<b>1</b>	<p>Introduction to Adult Care and Community Wellbeing</p> <p>Following an introductory presentation, several items were requested for inclusion in the work programme:</p> <ul style="list-style-type: none"> <li>• Mental Health Services</li> <li>• Access to Services</li> <li>• Occupational Therapy</li> <li>• Disabled Facilities Grants</li> <li>• Community Equipment Services</li> </ul>

<b>14 July 2021</b>	
<i>Item</i>	<i>Summary of Outcomes</i>
<b>1</b>	<p>Lincolnshire Safeguarding Adults Board</p> <p>Following this introductory item, during which issues such as the impact of Covid-19; benchmarking with other safeguarding adults boards; and the number of safeguarding concerns, were raised, it was agreed that updates from the Board would be received every six months.</p>
<b>2</b>	<p>Local Government and Social Care Ombudsman Report - Flat Rate Respite Care</p> <p>The Committee recorded its support for a proposed decision in response to an ombudsman report (reference 19 006 248). The decision, made by the Executive on 7 September 2021, was to accept the ombudsman's findings and recommendations; and to confirm the actions taken in response, including the reimbursement of those affected.</p>
<b>3</b>	<p>Performance Against Corporate Performance Framework – 2020-21 Quarter 4</p> <p>As part of its consideration, the Committee explored:</p> <ul style="list-style-type: none"> <li>• the number of safeguarding concerns;</li> <li>• alcohol treatment services and its outcomes;</li> <li>• assessments and reviews of assessments; and</li> <li>• support for carers, including reducing social isolation.</li> </ul>
<b>4</b>	<p>Adult Care and Community Wellbeing Budget Outturn 2020-21</p> <p>As part of its consideration of regular budget reports, the Committee noted the outturn, which had recorded an underspend of £8.9 million.</p>

**8 September 2021**

<i>Item</i>		<i>Summary of Outcomes</i>
<b>1</b>	Overview of Prevention Services	Following a detailed presentation and discussion on prevention services, a working group was established to consider the topic of preventing obesity in greater detail.
<b>2</b>	Role of Director of Public Health and Service Areas	This item, containing details of the statutory roles of the Director Public Health, was noted.
<b>3</b>	Local Government and Social Care Ombudsman Report – Net and Gross Payments for Care	<p>The Committee recorded its support for a proposed decision in response to an ombudsman report (reference 20 005 479). The proposal, due to be considered by the Executive on 5 October 2021, is to accept the Ombudsman's recommendations and to accept the required urgency for moving from a net to a gross payment arrangement.</p> <p>The Committee also recorded additional comments for the Executive.</p>
<b>4</b>	Lincolnshire Sensory Services Re-Commissioning	<p>The Committee recorded its support for a proposed decision on the recommissioning of sensory services. The proposal, approved by the Executive Councillor for Adult Care and Public on 13 September 2021, was the procurement arrangements for sensory services, based on a contract of three years (with possible extensions), from a single provider.</p> <p>The Committee also recorded additional comments for the Executive Councillor.</p>
<b>5</b>	Strategic Market Support Re Commissioning	<p>The Committee recorded its support for a proposed decision on the recommissioning of sensory services. The proposal, approved by the Executive Councillor for Adult Care and Public on 14 September 2021, was the procurement arrangements for a core strategic market support services and care trusted assessor service, based on a contract of three years (with possible extensions).</p> <p>The Committee also recorded additional comments for the Executive Councillor.</p>
<b>6</b>	Corporate Performance Framework – 2021-22 Quarter 1	The focus was on the number of safeguarding concerns received, which would be addressed in further quarterly reports and in particular the item from the Lincolnshire Safeguarding Adults Board on 1 December 2021.

**8 September 2021**

<b>8 September 2021</b>	
<i>Item</i>	<i>Summary of Outcomes</i>
<b>7</b> Provision of Day Service in Grantham <b>(Exempt Information)</b>	<p>The Committee recorded its support for a proposed decision (containing exempt information) by the Executive Councillor for Resources, Communications and Commissioning; and the Executive Councillor for Adult Care and Public Health. The decision was made on 13 September 2021.</p> <p>The Committee also recorded additional comments for the Executive Councillor.</p>

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