



County Offices  
Newland  
Lincoln  
LN1 1YL

15 February 2022

**Adults and Community Wellbeing Scrutiny Committee**

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 23 February 2022 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), T A Carter, M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, Mrs M J Overton MBE, M A Whittington, R A Wright and T V Young



**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA  
WEDNESDAY, 23 FEBRUARY 2022**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
<b>1</b>	<b>Apologies for Absence/Replacement Members</b>	
<b>2</b>	<b>Declarations of Members' Interests</b>	
<b>3</b>	<b>Minutes of the meeting held on 12 January 2022</b>	5 - 16
<b>4</b>	<b>Announcements by the Chairman, Executive Councillor and Lead Officers</b>	
<b>5</b>	<b>Service Level Performance against the Corporate Performance Framework - Quarter 3</b> <i>(To receive a report by Caroline Jackson, Head of Corporate Performance, which summarises the Adult Care and Community Wellbeing Service Level Performance for Quarter 3)</i>	17 - 58
<b>6</b>	<b>Section 75 Agreement for Learning Disability Between Lincolnshire County Council and Lincolnshire Clinical Commissioning Group</b> <i>(To receive a report by Justin Hackney, Assistant Director, Specialist Services and Safeguarding, which invites the Committee to consider a report on the Section 75 Agreement for Learning Disability which is due to be considered by the Executive on 1 March 2022. The views of the Committee will be reported to the Executive as part of its consideration of this item)</i>	To Follow
<b>7</b>	<b>Carers Support Service Re-procurement</b> <i>(To receive a report by Carl Miller, Commercial &amp; Procurement Manager, which invites the Committee to consider a report on the Carers Support Service Re-procurement, which is due to be considered by the Executive Councillor for Adult Care and Public Health between 28 February and 4 March 2022. The views of the Committee will be reported to the Executive Councillor as part of their consideration of this item)</i>	59 - 96
<b>8</b>	<b>Residential Care and Residential with Nursing Care Usual Costs</b> <i>(To receive a report by Alina Hackney, Head of Procurement – People, which invites the Committee to consider a report on Residential Care and Residential with Nursing Care Usual Costs, which is due to be considered by the Executive on 1 March 2022. The views of the Committee will be reported to the Executive as part of its consideration of this item)</i>	To Follow

**9 Adults and Community Wellbeing Scrutiny Committee Work Programme**

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*(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme)*

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

- 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, 23rd February, 2022, 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  
12 JANUARY 2022**

**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, Mrs M J Overton MBE, M A Whittington and T V Young

Councillors: Mrs W Bowkett, C Matthews and Mrs S Woolley attended the meeting as observers via Microsoft Teams

Officers in attendance:

Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director – Adult Care and Community Wellbeing), Professor Derek Ward (Director of Public Health) and Emily Wilcox (Democratic Services Officer)

Officers in attendance via Microsoft Teams:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Roz Cordy (Interim Assistant Director of Safeguarding), Tracy Perrett (Head of Hospitals and Special Projects), Paul Bassett and Gareth Everton (Head of Integration and Transformation)

**48 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

There had been no apologies for absence received. However, it was noted that Councillor Mrs M J Overton OBE had advised that she would be arriving late to the meeting.

**49 DECLARATIONS OF MEMBERS' INTERESTS**

There were no declarations of interest at this point in the meeting. All declarations of interest will be recorded within their relevant items.

**50 MINUTES OF THE MEETING HELD ON 1 DECEMBER 2021**

RESOLVED:

That the minutes of the meeting held on 1 December 2021 be approved as a correct record and signed by the Chairman.

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

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
12 JANUARY 2022**

*During this item, Councillor K E Lee declared a personal and pecuniary interest as an employee of the National Health Service at Lincoln County Hospital and therefore did not take part in the discussion for this item.*

The Executive Director – Adult Care and Community Wellbeing advised the Committee that Christmas and New Year had been a challenging time for health and social care staff, with a number of incidents affecting Lincolnshire’s Hospitals. Covid-19 and winter-related pressures at Pilgrim Hospital, Boston including the level of staff absences, were showing the initial signs of easing. Lincoln County Hospital had also declared a major incident as a result of pressures face by Covid-19. It was also noted that there had been an incident with the loss of water supply at Grantham Hospital, but the situation was improving.

Despite pressures within the care sector, the service remained stable. Vaccination rates provided a level of protection and covid related absences were gradually improving.

The Committee supported the Executive Councillor for Adult Care and Public Health in thanking the Council’s homecare, occupational therapy and social care staff for their work over the Christmas period to keep services running.

Members were reminded that a briefing on the adult social care reform white paper - people at the heart of care, would take place following the meeting.

The Chairman also informed the Committee that the Free Sugars Working Group would be initiating discussions on the possibility of preparing a series of emotional material which would raise awareness on the sugar content in common foods, working alongside the Council’s Communications Team.

52      ADULT CARE AND COMMUNITY WELLBEING BUDGET PROPOSALS 2022/23

Consideration was given to a report by the Head of Finance – Adult Social Care and Wellbeing, which invited the Committee to consider a report on Adult Care and Community Wellbeing Budget Proposals 2022/23 which was due to be considered to the Executive on the 8 February 2022.

It was forecasted that the service would remain within the proposed budget for 2022-23, subject that the subject to the Council’s approval of the introduction of a deferred 3% adult social care applied to cover the cost pressures at any costs arising from the social care reforms in 2023 which were currently covered via a dedicated grant.

She outlined the proposal which detailed that the proposed budget would be sufficient for the Adult Care and Community Wellbeing Service,

The main increases in cost within the budget were:

- £6.262m in respect of the financial rate paid to providers. The largest cost pressure facing adult social care related to the rate paid for care across all services and service types, with a rise in the National Living Wage to £9.50 per hour
- £3.507m reflecting demand across adult social care, particularly in working age adults and mental health, with around a 4% increase in demand for services
- £2.273m new costs arising from the Market Sustainability and Fair Cost of Care Fund 2022 to 2023 published December 2021, in which the Council had received a grant to support the market and move towards paying the fair cost of care. There were conditions alongside the grant that would be predominantly to support the market to move towards paying the fair cost of care as per the social care reforms in the 'Build Back Better'

The Committee was advised of the key improvements within the service which were underway or due to commence in 2022/23, which included:

- Continued investments in front line services including housing, reablement, digital technology and community-based services
- Financial Assessment Improvement Programme which aimed to make the process easier to navigate for the individual and provide clarity on the charges through its charging policy
- Continuing to utilise the Better Care Fund (BCF)/Improved Better Care Fund (iBCF) as the vehicle which brought NHS and local government together and delivered the core conditions of the grant

The Council were yet to receive the national guidance which would provide further details of what would be included within the Better Care Fund. However, confirmation had been received that the iBCF would include an inflationary uplift paid directly to the Council of just over £1m.

Members were referred to the table at paragraph 5.1 of the report, which summarised the social care reform announcements to date, highlighting Lincolnshire County Council financial allocation, where it was known. Of the £5.3bn that had been included within the Building Back Better fund within the Autumn statement, £3.6m had been allocated for the fair cost of care in the capital thresholds, and £1.7m had been allocated to support the Council's wider social care system.

In order for the Council to ensure that they were eligible to continue to receive the grant funding for the next two years, local authorities would need to submit a cost of care exercise and a provisional market sustainability plan setting out a local strategy for the next three years to the Department of Health and Social Care.

Work was ongoing to understand how systems and processes could be amended to introduce the care cap which would be introduced in October 2023.

Consideration was given to the report and during the discussion, the following points were noted:

- The Committee unanimously supported the budget proposals for Adult Care and Community Wellbeing. The Committee also supported the proposed increase of 3% in the social care precept for 2022-23
- The Government had announced the social care charging system with the intention to address what was commonly seen as an unfair and unequitable system for charging social care between those who paid privately and those who received public support. Officers were working to identify what the differential looked like for both the private and public sector within Lincolnshire. There would be a cost reduction for people paying privately for their care, once the changes were introduced in 2023. However, the cost reduction was not likely to be as great as anticipated as there would be a higher threshold before people received state subsidy, and also a cap on how much people paid. It was emphasised that changes only related to personal care costs and not 'hotel costs', which would still be borne by the individual.
- It was highlighted that the number of financial assessments that the Council would have to undertake would likely double from 10,000 to 20,000 a year, as there would be a need to assess privately funded residents and to address the long-standing differential between funded and private costs, which would be costly. Analysis had indicated that a large proportion of the extra money received by the government would largely subsidise people who were currently paying privately for care.
- The Committee recorded its appreciation to all the officers who had managed the cost pressures on the service over recent years.
- The Committee also acknowledged the future costs pressures on Adult Care and Community Wellbeing, as a result of the proposed reforms of adult social care, would be substantial, as well as cost pressures on other council services. The Committee noted that all these pressures would be reflected in the Council's medium term financial strategy.
- The Committee recognised the importance of innovation as one way of addressing the budget pressures, and suggested that items be included on future agendas which would look at ways to be more innovative in their approach and included the Improvement Programme for working practices, including initial contact, signposting, assessment and wellbeing services; reviewing the process for financial assessments, including the proposed cap on individual costs and changes to the assessment process; the use of digital technology; and the opportunities arising from the introduction of the integrated care system in Lincolnshire, including consolidating neighbourhood team working.
- The Committee welcomed the innovative approach that the Council had taken to address staffing issues within the care sector, in particular attracting young people to consider a career in care. It was noted that the Council had been successful in working with organisations within the hospitality industry to attract employees to work in the care sector during downturns in demand within the hospitality sector and upskilling care workers to allow them to take on more responsibility or to train to become nursing staff.



- The Committee raised concerns that social care reforms would lead to an increase in demand for residential care and a significant impact on the Council's budget for adult care.
- The changes around government policy on integrated care systems had been deferred to July 2022.
- The Better Care Fund remained a significant element in the Council's ability to manage budgets in future years.
- The Committee highlighted the importance of ensuring that adult care staff had sufficient training and development opportunities and that the Council were stimulating the labour market financially.
- The Committee recognised the cost pressures that were faced within the adult care and community wellbeing directorate and emphasised the importance of innovation within the sector.
- It was vital that the processes for assessing and signposting people to financial assessments for care were efficient.
- The Committee were encouraged by the expansion of digitalisation and using technology as a way of communicating within communities.

RESOLVED:

1. That the recommendations to the Executive be supported;
2. That a summary of the comments made be passed on to the Executive as part of their consideration of this item.

53 PUBLIC HEALTH ARRANGEMENTS FOR GREATER LINCOLNSHIRE

Consideration was given to a report by the Executive Director – Adult Care and Community Wellbeing and The Director for Public Health, which invited the Committee to consider a report on Public Health Arrangements for Greater Lincolnshire, which was due to be presented to the Executive on the 8 February 2022.

The report sought the Executive's approval for a pilot scheme of Public Health arrangements across Greater Lincolnshire which would see the Lincolnshire County Council (LCC) Director for Public Health to be formally seconded on a fixed term basis to both North Lincolnshire and North East Lincolnshire Councils as the Director for Public Health for each authority. A management structure would be put in place to ensure all other staff were in a position to be effectively managed. The Director for Public Health would undertake the statutory duties for each authority and put in place a governance structure to ensure political scrutiny and engagement in decision making.

The main aim of the pilot was to improve the offer to and health and wellbeing of the people of Greater Lincolnshire.

There were advantages and benefits of bringing the public health delivery mechanism together, including creating efficiencies and effectiveness in terms in having one approach to certain areas, such as substance abuse.

The Committee were referred to the proposed management structure and governance structure, as set out in Appendix A to the Executive report. It was proposed that a governance structure be established in which a single governance board comprising Executive Councillors and a senior lead officer from each authority to agree priorities and share decision making, with the Director for Public Health being made accountable to the governance board operationally and tactically. The DPH would be statutorily accountable to the three Leaders and Chief Executives of each Council for the discharge of all core public health functions and for the Public Health Grant allocation. It was noted that the Lead Consultants for Public Health at each authority would provide day to day management and contact within each local authority area.

It was proposed that the changes would provide a single management structure for Public Health within Greater Lincolnshire so expertise, knowledge, skills and efficiencies could be shared across the three authorities. The Director for Public Health for Greater Lincolnshire would be supported by a Lead Consultant in each of the upper tier areas, and the Lead Consultants would be the operational and tactical leads for each of the three authorities.

Each local authority would retain responsibility for the ring-fenced grant funding allocated to it by the Department of Health. However, where it makes sense to do so, grant funding would be used collectively to achieve greater efficiency or if mutually beneficial.

Consideration was given to the report and during the discussion the following points were noted:

- The Committee welcomed the proposal as a pilot scheme. It was recognised that it was a good initiative with the potential for collaboration and innovation between three local authorities.
- It was suggested that a set of criteria be developed to include a comparison between the current discharge of public health functions in the three local authorities and the discharge of these functions as a result of the pilot, highlighting the benefits to the service. The Committee also suggested that a further criterion be added, which would evaluate whether the pilot had supported opportunities to develop public health's links with the NHS and adult social care.
- It was requested that the Committee receive reports on the evaluation against the criteria as well as the criteria for progress reports during the eighteen-month pilot period.
- Members recognised the challenges facing public health and indicated that some additional resources would be required to support the Director of Public Health to deliver the pilot scheme.
- The pilot scheme provided further opportunities for the public health service in each of the three local authorities to learn and share good practice with each other.

- The outcome of the evaluation of the pilot, which would report no earlier than twelve months into the pilot, could lead to one of three actions:
  - (i) making the arrangement permanent;
  - (ii) extending the pilot for a longer period; or
  - (iii) discontinuing the pilot.
- The proposed management arrangement would include a lead consultant in each local authority, who would report to the Director of Public Health.
- The Director of Public Health would be available to provide briefings to the executive councillors in each local authority.
- The governance arrangements would be confirmed as the pilot progressed, including the development of the priorities for the Director of Public Health and the senior management.

RESOLVED:

1. That the recommendations to the Executive be approved as a pilot scheme  
That a summary of the comments made be reported to the Executive for their consideration of this item.

54      DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Consideration was given to a report by the Director for Public Health, which introduced the Director of Public Health Annual Report for 2021, as set out at Appendix A. The report being a joint report between the Director for Public Health and the Executive Director – Children’s service, with the focus being the health of children and young people in Lincolnshire, and the impact of Covid-19 on this population.

The Director for Public Health emphasised the importance of delivering services designed for children and young people as well as a need to focus on improving education around physical activity, diet, nutrition and emotional and mental wellbeing, which were the three core elements that help to create a healthy child and a healthy adult..

The report referred to Child Health within Lincolnshire, in particular the burden of disease, morbidity, mortality and the health and healthcare available to young people in Lincolnshire. It was important to address the fact that the number of years lived with disability reflected the impact an illness had on the quality of a person’s life before it was resolved or led to death and to address these individual issues and the effects that they had on children.

The Committee was informed that children in deprived areas were more likely to live in an area without water fluoridation, which risk factors contributed to poorer dental health for children living in more deprived areas.

One of the most significant impact on Children and Young People which had arisen from Covid-19 was the indirect impact of the school closures and the impact on social isolation and the impact this had had on their level of education and their mental health and

wellbeing, which had led to an increase in referrals for behavioural problems, sleep difficulties, complex health issues and additional needs and speech and language.

Overall, children had faced significant challenge in terms of disruptions to learning and development as a result of the pandemic; there had been an increase in child obesity as a result of mental ill health and isolation.

The Director for Public Health emphasised the importance of ensuring that the services available for children and young people were designed specifically for them and not adopted versions of adult services, with a particular focus on physical activity, diet, nutrition, emotional and mental well being and the prioritisation of education opportunities in order to address health inequalities.

Consideration was given to the report and during the discussion the following points were noted:

- It was suggested that it would be beneficial to promote nutrition, education and health opportunities within the national curriculum so that children were educated from a young age.
- A concern was raised that children in more deprived communities with no access to fluoridated water had higher levels of dental health and it was suggested that this topic be explored further, particularly with the lack of NHS dental provision in Lincolnshire which was an ongoing concern.
- As a result of the challenges faced by the pandemic, progress on the recommendations from previous years had been slower than was hoped.
- A number of projects were in progress which sought to improve the health and fitness of people within Lincolnshire.
- The Committee agreed that diet was an important factor in the health of children and young people. However, it was acknowledged that not all families had the financial resources, education or opportunities to provide a healthy diet.
- The work of the Future 4 Me service was commended, and it was hoped that funding would continue to be provided to the service.
- The Committee praised the Children's Services team for their hard work during the pandemic.
- The Committee recognised the importance of maintaining the elevated status that the public health agenda had gained as a result of Covid-19.
- The Director of Public Health recorded his thanks to Mike Saunders, Public Health Registrar, and Andy Fox, Lead Consultant for Children's Services along with other Children's services colleagues for their work in producing the annual report.
- There has not been a large response to the consultation from the general public, however a number of comments had been received made through discussions and other mechanisms.

RESOLVED:

That the report be considered and its content be noted.

55      OVERVIEW OF ADULT FRAILTY AND LONG TERM CONDITIONS

*During this item Councillor K E Lee declared a personal and non-pecuniary interest and left the meeting for the remainder of the item.*

Consideration was given to a report by the Interim Assistant Director – Adult Frailty and Long Term Conditions, which introduced a presentation which provided an overview of the Adult Frailty and Long Term Conditions service area.

The Committee was informed that the service area supported all adults over the age of 65 or any adults with a disability. The service had 370 staff and a budget area of £120 million. The service worked closely with the Council's commercial team, domiciliary care providers, residential care homes and health systems, in particular acute hospitals and community health services.

The Head of Adult Frailty and Long Term conditions provided a general overview of the service, which included the following:

- The structure of the 15 adult care teams from across the county, which were divided into 3 areas West, South and East
- There were approximately 9,715 cases open to the teams in 2020/21, in which there were over 20,000 requests made to the teams and 4674 assessments completed.
- The highest age profile for the service was increasing, with the highest age profile for those between the ages of 80-99, which was increasing.
- A new concept of initial conversations based on in depth strength based conversations were introduced in 2020-21, of which only 42% of went into a full assessment.
- Of the 4,674 assessments completed, 75.13% had been completed within 28 days.
- Of the 4066 reviews that had been undertaken, 93% of all eligible customers were reviewed.

The Head of Integration and Transformation then provided an overview of the Occupational Therapy Service, which included the following:

- There were 70 whole time equivalents working across the service, which was a mix of occupational therapist and community care officers
- A skill mix had been undertaken to ensure coterminous, geographical boundaries with the districts
- The service received around 6,500 referrals within 2020-21
- Around 56% of first contacts were resolved within the first 28 days. 90% were completed within 100 days. Service pressures had meant that not all referrals could be completed within the 100 days. However, work was ongoing as an integrated pathway with NHS colleagues to better understand community provision and to increase provision and increase capacity for other things such as hospital discharge

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- The also supervised extra care housing projects, the NHS Continuing Healthcare interface and was the Better Care Fund Lead

The Head of Service - Hospital and Special Projects outlined her role and provided an overview of the Hospital and Special Projects service area, which included the:

- Details of the Hospital and Special Projects team structure
- There had been 11,000 and 77 discharges from acute hospital sites in 2021, of which 22% of the discharges went on to have an assessment or review from hospital services
- Since April 2021, 4,446 patients had been discharged, with 20% of them require an assessment or review
- Staff worked seven days a week and were based at three hospitals in Lincolnshire and the neighbouring hospitals
- There were currently significant pressures for the service, particularly relating to hospital discharge
- There were six community based hospitals in Lincolnshire. The transfer of care team supported discharges from the 34 health funded transitional care beds in the County
- Further information on the Discharge to Assess model was provided

The Interim Assistant Director – Adult Frailty and Long Term Conditions outlined the key priorities for the Adult Frailty and Long Term Conditions team, which included: working with the occupational therapy to develop integrated working; developing further capacity for extra care housing; building on strength based practice within area teams and focus on the development of the physical ability team and to develop an integrated pathway within the hospital team.

The Committee considered the report and during the discussion the following points were noted:

- The Committee expressed a view that they would like to see a more streamlined process for the assessment of adult care needs
- The Committee reiterated the need for innovation within the recruitment of adult care staff.
- There were a number of community care assistants who now worked as occupational therapy assistances to the occupational therapy team. Members welcomed the progress made on the recruitment of occupational therapists within Lincolnshire. It was noted that University Lincolnshire Hospital Trust had reorganised their occupational therapy service to concentrate almost exclusively on discharge. Officers were working to bridge any gaps within the occupational therapy service.
- The Integrated Discharge Hub involved a multidisciplinary team working together in the same room to assign individuals to a pathway for discharge and assess the level of therapy they needed. The team met in person on a daily basis.
- As it was one of the busiest areas, people on the East Coast did not need to travel for care assessments and would be met by a worker where possible.

- There were a high number of initial assessments that did not lead to a full assessment where the individual could be supported by the voluntary sector or other things within the community.
- There were seven teams with 70 members of staff within the occupational therapy service, with some members of staff covering more than one area.
- Members were reassured that plans were progressing to meet the high demand for adult care services in Mablethorpe.
- The extra care housing programme included a number of schemes that were in progress to increase the number of extra care schemes across the county. The schemes sought to develop a housing programme for older people and working age adults. There were a number of other schemes proposed across the County which would provide alternative accommodation for people who do not want to move into residential care.
- At the beginning of the pandemic, the majority of assessments within the adult frailty and long term conditions service were made by telephone, however it was now expected that most assessments for the most complex cases would be carried out face to face. Most initial assessments were carried out by telephone which was highly successful. It was agreed that a percentage breakdown of the means of assessment be provided to the Committee.
- As part of the adult care improvement programme, changes had been introduced, such as initial conversations, to ensure that there was a more proportionate response when assessing peoples needs in future.
- Officers acknowledged that there was a large drop from 20,000 contacts received to 4,764 assessments carried it. Members were reassured that many of the contacts recorded were duplication or not relevant. Information would be reviewed in future reports to ensure it is as clear as possible. The vast majority of the recorded contact would not be from individuals, but external partners that were recording information or from calls to customer service agents who were often able to signpost to further information.
- Assurance was provided that the discharge to assess model was based on acquiring the information needed to ensure that it was relevant and appropriate to enable a person to be discharged safely. This involved communicating with the people that had been involved in the individuals care and hospitals to formulate a care plan which would enable a person to be discharged safely. Each person would be contacted 24 hours after discharge to assess their arrangements and arrangements were made to complete a full assessment in the individuals own home at their convenience.
- Apprenticeships within the service had been highly successful in supporting and retaining staff within the service. All staff which had undertaken the social work degree had continued to work within the Council. The retention of people who had been trained within the Council had been excellent.
- There were currently 10 social workers undertaking a social work degree on the apprenticeship programme who would qualify in 2023; three apprentices due to graduate in 2024 and three people on an occupational therapy apprenticeship due to

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graduate later in 2022; two people on an occupational therapy apprenticeship due to graduate later in 2025 and two Learning Disability nurses in training.

- Work was ongoing to look at innovating ways for recruitment within the sector. A report would be brought to the committee in the coming months.
- The Executive Councillor for Adult Care and Public Health advised the Committee that there a winter summit had taken place in which the Council worked with Council ran homecare providers, which had made available initiatives which would ensure employees felt valued for their hard work. The initiatives had included participation in pension schemes; flexible working arrangements; an increase in the hourly rate and developing training opportunities.
- The Care Awards were due to take place in March 2022 which would highlight the good work that was done by carers.

**RESOLVED:**

That the report be received and the comments made be noted.

**56 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, as set out on pages 86-87 of the agenda pack.

The Committee noted the addition of further items on the Improvement Programme and Financial Assessments which would be added to the Work Programme accordingly.

**RESOLVED:**

That the work programme be noted.

The meeting closed at 12.59 pm





**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>23 February 2022</b>
Subject:	<b>Service Level Performance against the Corporate Performance Framework – Quarter 3</b>

**Summary:**

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

**Actions Required:**

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

## 1. Background

This report summarises the performance of the Tier 2 Service Level Performance measures for Adult Care and Community Wellbeing. There are 18 measures in Tier 2 that should be reported in Quarter 3. In Quarter 3:

- 6 measures exceeded their target
- 6 measures achieved their targets and
- 6 measures did not achieve their target

**Exceeded in Quarter 3:**

**Permanent admissions to residential and nursing care homes aged 65+ (PI60)**

Actual: 593

Target: 713

The strategic vision of adult social care and the wider health and social care system is to support people to live at home under the strategy “care closer to home”. The target is exceeded as the number of people going into residential homes on a permanent basis is lower than estimated.

**Adults who receive a direct payment (PI63)**

Numerator:	2087	Denominator:	5011
Actual:	41.6%	Target:	36%

There is a steady increase in people taking their Personal Budget as a Direct Payment in full or part particularly for young people in transition from Children’s to Adult Services.

**Requests for support for new clients, where the outcome was no support or support of a lower level (PI122)**

Numerator:	15582	Denominator:	16326
Actual:	95.4%	Target:	93%

Contacts leading to no support/low level support has exceeded target this quarter, in part this is due to the continued good work from the teams to find a non-service solution to contacts. However, the high level will be partially due to some contacts that lead to an assessment still being on-going and on-going financial assessments. The change in how referrals are made into adult social care means that re-referrals occur until the service has capacity to take.

**Percentage of people aged 40 to 74 offered and received an NHS health check (PI33)**

Numerator:	73273	Denominator:	121000
Actual:	60.6%	Target:	55%

In Lincolnshire during the period Quarter 1 2017/18 - Quarter 2 2021/22, the overall percentage of people taking up an NHS Health Check invite was 61.0% (compared to 45% in England). Due to the measure being over a five year period, the impact of Covid-19 on the NHS Health Check programme has yet to be seen in this performance indicator. Whilst NHS Health Checks were paused during the Covid pandemic, just over half of general practices are now delivering some NHS Health Checks to their patients. In Lincolnshire in Quarter 2, 5,521 people were invited for an NHS Health Check and 2,954 Health Checks were completed.

From October 2021, the payment to general practices changed back to actual NHS Health Check activity rather than historic pre-Covid activity. The new provider of the NHS Health Check Support Service (TCR Nottingham Ltd), which provides software and related technical support to Lincolnshire general practices, is working well. The NHS Health Check programme will be impacted by the acceleration of the Covid vaccination booster programme as a result of general practices being informed in December by NHS England that they should pause some services to support the programme.

**People supported to maintain their accommodation via Housing Related Support Service (HRSS) (PI112)**

Numerator: 174	Denominator: 175
Actual: 99%	Target: 90%

A framework with subcontractors continues to provide excellent results, offering support for service users with complex needs to achieve their outcomes related to maintaining accommodation. During this quarter from 175 service users, 174 achieved the outcome on maintaining accommodation, this is across the whole service which includes accommodation and floating support.

**Emergency and urgent deliveries and collections completed on time (PI113)**

Numerator: 8128	Denominator: 8076
Actual: 99%	Target: 98%

The last quarter saw a significant increase in demand in line with winter pressures and Covid-19. The service has witnessed a sustained increase in use of urgent service levels to manage hospital discharges and prevent hospital admissions. NRS Healthcare (supplier of equipment) are maintaining their high level of success and have adapted their operations to manage increase in demand as part of winter pressures.

**Not Achieved in Quarter 3:**

**People in receipt of long term support who have been reviewed (PI65)**

Actual: 61.8	Target: 67.5
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Adult Frailty and Longer-Term conditions area teams who undertake reviews have been under significant pressure due to a number of factors particularly capacity which has been impacted by Covid-19. This has resulted in the need to prioritise the focus of work being undertaken. Reviews are still a key priority but the focus has been on unplanned reviews and reviews of new packages of care rather than reviewing stable packages of care.

For Learning Disability Teams Quarter 3 review recording shows below trajectory which is not unusual due to the time of year as reviews undertaken in December may not be recorded on the electronic system until January. This year has been particularly challenging due to the increase in Covid-19 infections during Quarter 3 leading to postponement of reviews. Past performance has clearly demonstrated that the reviews will be completed within the financial year and the year-end target met. It is expected that the teams will once again achieve this in 2021/22.

**Carers supported in the last 12 months (PI59)**

Numerator:	11718	Denominator:	7.6
Actual:	1542	Target:	1730

9641 Adult Carers and 2077 Young Carers were supported during 2021 (the 12 months leading up to the end of Quarter 3). This is an increase of 306 (2.6%) compared to the Quarter 2 outcome. The target of 1730 carers supported per 100,000 population has not been met this quarter, though we do see an upward trend.

**Carers who have received a review of their needs (PI121)**

Numerator:	770	Denominator:	924
Actual:	77.9%	Target:	85%

Of the 924 Carers provided with a Direct Payment, 720 (77.9%) received a review of their needs. 667 (92.6%) of these reviews were undertaken by the Carers Service with the remaining 53 (7.4%) coming through Adult Care Area Teams. Changes to the informal care section of the Adult Care Review forms have been requested which will improve this outcome, though we may not see the effect of these changes until 2021-22 Quarter 1.

**Adult Safeguarding concerns that lead to a Safeguarding enquiry (PI130)**

Numerator:	813	Denominator:	3362
Actual:	24.2	Target:	48.25

The target has not been achieved. Recent audits have confirmed that decision-making in respect of whether to progress to an enquiry is sound and work continues with partners through the Lincolnshire Safeguarding Adults Board to improve understanding of safeguarding and alternative referral pathways.

**Percentage of alcohol users that left specialist treatment successfully (PI31)**

Numerator:	276	Denominator:	856
Actual:	32.2%	Target:	35%

During this report period We Are With You have continued to adhere to national guidance by moving the service into recovery, this included all resource sites being fully open and an increase in face-to-face appointments although some clients are still being treated remotely where appropriate. Covid-19 precautions are in place at every resource site and regular risk assessments are completed by the provider.

The trend in more complex alcohol presentations continues. These clients are more likely to have multiple issues and drop out or require more intense residential services than generic clients. This impacts on discharge rates as treatment takes longer and is less likely to be successful straight away.

That said, there has been an 10% increase in successful discharges this reporting year, but this has been offset by a 34% increase in new alcohol clients during the same period. The increased number of clients means that the overall discharge rate is 32.2% which is below target by 2.8%.

**People supported to successfully quit smoking (PI111)**

Actual: 1119                      Target:                      1600

'One You Lincolnshire' (OYL) continues to deliver a smoking cessation service that is effective and efficient. Although their quarterly target was not achieved, OYL continue to adapt and look at new ways to grow their range of subcontractors, specifically looking to develop better relationships with occupational health teams, work-based health services and social prescribers.

During Quarter 2 there were no general practitioner subcontractors delivering smoking cessation and only very few pharmacies, who between them achieved a total of 103 set quits (target 375) and 38 four week quits, a quit rate of 37%. It is important to note that the original offer from OYL was that subcontractors would deliver 50% of the target and currently this only equates to 10%.

This underperformance by subcontractors has required OYL to make up any shortfall and they have tried to do this, with an increase of 63 four week quits during the first two quarters when compared with the same time period last year. Their quit rate has risen to 56%, which is above average and demonstrates that quality has not be compromised over the desire to achieve numbers. Covid-19 continues to impact on service provision, but we can be reassured that OYL whilst impacted by the pandemic will continue to do their best.

**2. Conclusion**

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

**3. Appendices**

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

**4. Background Papers**

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

This report was written by Caroline Jackson, who can be contacted on 07920 214017 or [Caroline.Jackson@lincolnshire.gov.uk](mailto:Caroline.Jackson@lincolnshire.gov.uk)

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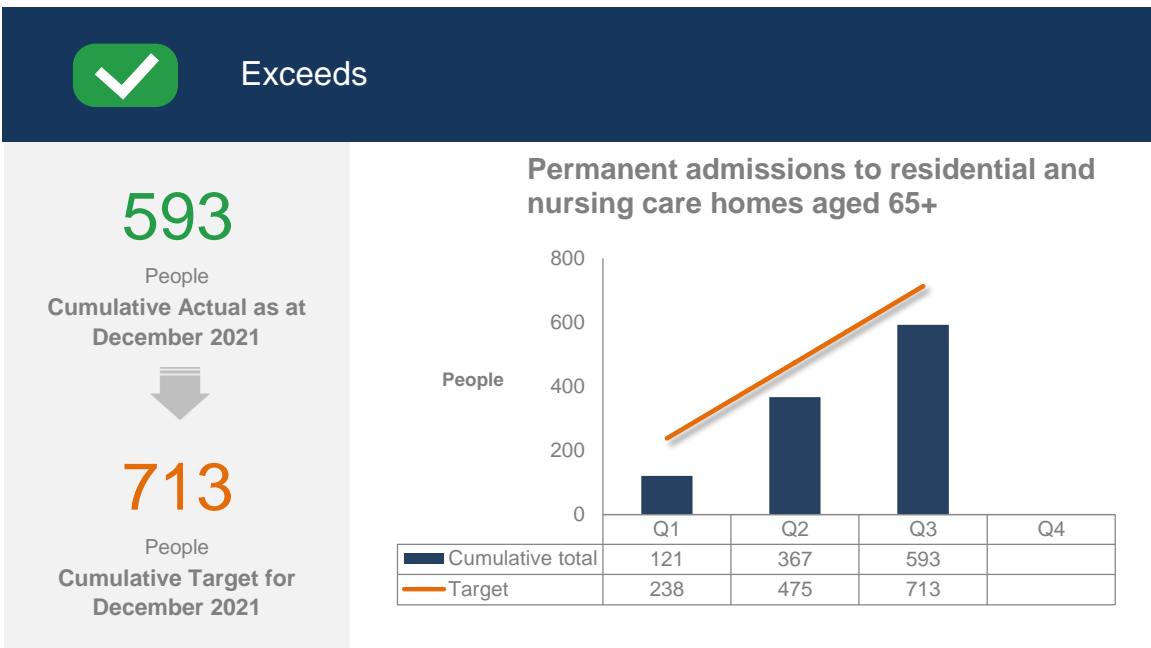
## Permanent admissions to residential and nursing care homes aged 65+

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

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

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

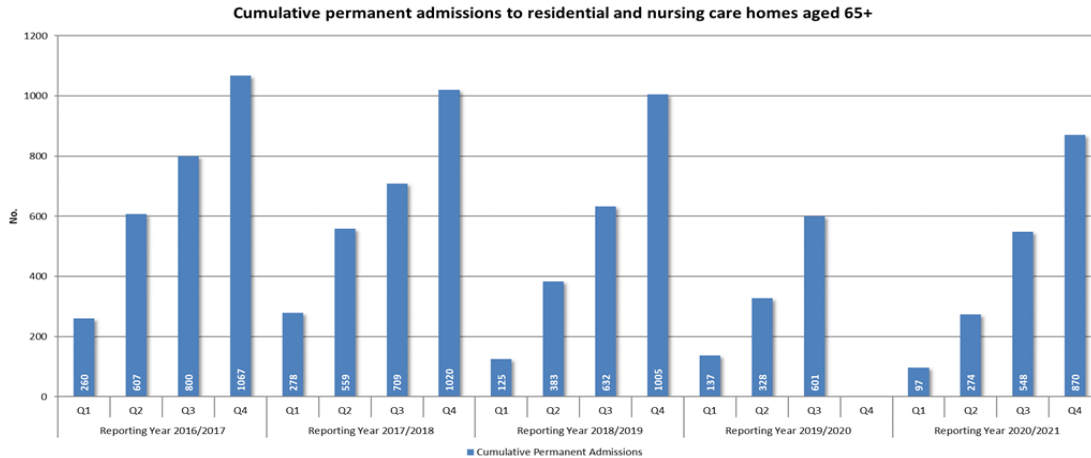
This measure is particularly sensitive to time lags in data recording on the system because of the complex care home placement process. As such the reported figures are as recorded at the time of the data extract.



### About the latest performance

The strategic vision of adult social care and the wider health and social care system is to support people to live at home under the strategy "care closer to home". The target was exceeded as the number of people going into residential homes on a permanent basis is lower than estimated.

## Further details



## About the target

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

## About the target range

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

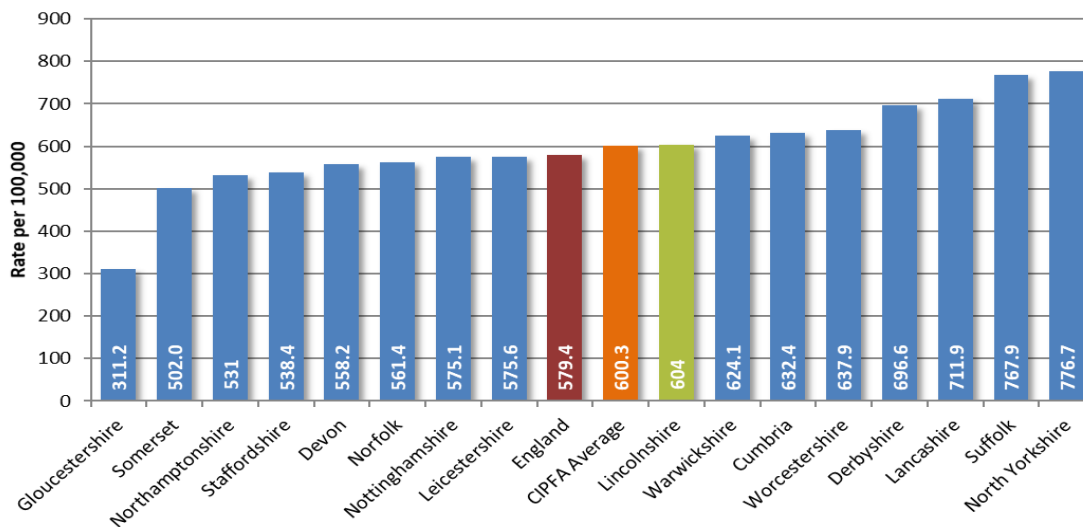
## About benchmarking

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

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

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

Source: ASCOF - CIPFA Benchmarking 2018/2019





## Adults who receive a direct payment

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

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

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

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

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

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



Exceeds

41.6

%

Quarter 3 December 2021

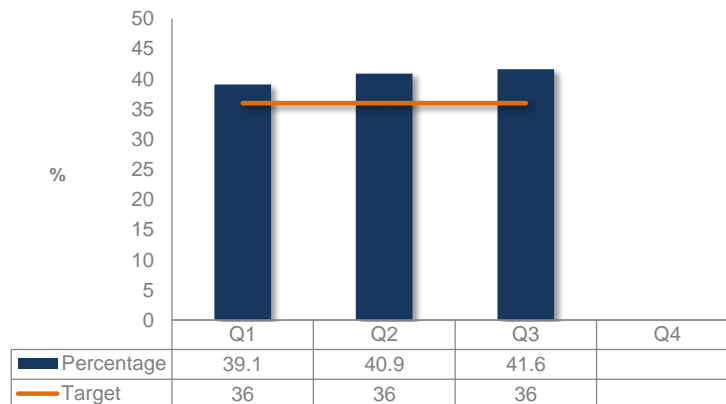


36.0

%

Target for December 2021

Adults who receive a direct payment



### About the latest performance

There is a steady increase in people taking their Personal Budget as a Direct payment in full or part particularly for young people in transition from children to adult services.

### About the target

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

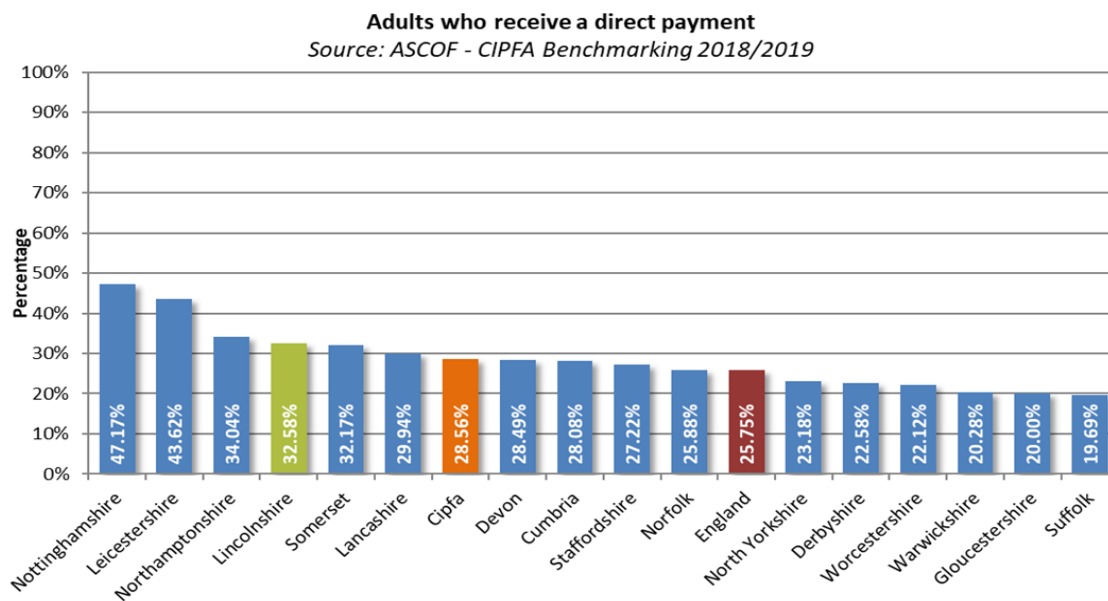
### About the target range

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

### About benchmarking

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

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



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

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

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

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

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



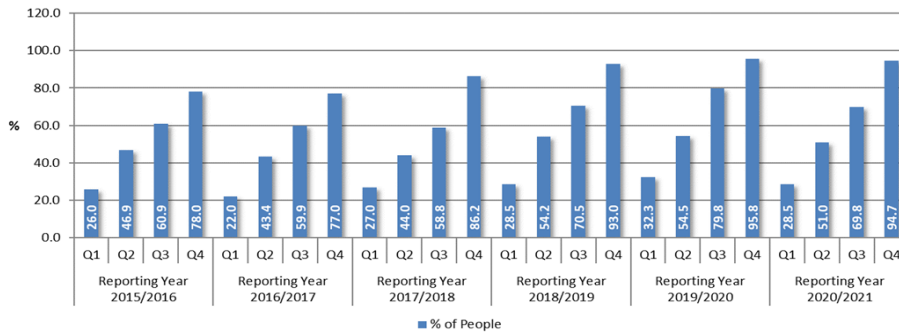
### About the latest performance

AFLTC Comments - The area teams who undertake review have been under significant pressure due to a number of factors particularly capacity and impacted by covid . This has resulted in the need to prioritise the focus of work being undertaken. Reviews are still a key priority but the focus has been on unplanned reviews and reviews of new packages of care rather than reviewing stable packages of care.

LD Comments - Q3 review recording shows below trajectory which is not unusual due to the time of year as reviews undertaken in December may not be recorded on the electronic system until January. This year has been particularly challenging due to the increase in Covid infections during Q3 leading to postponement of reviews. Past performance has clearly demonstrated that the reviews will be completed within the financial year and the year end target met. It is expected that the teams will once again achieve this in 2021/22.

Further details

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



About the target

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

About the target range

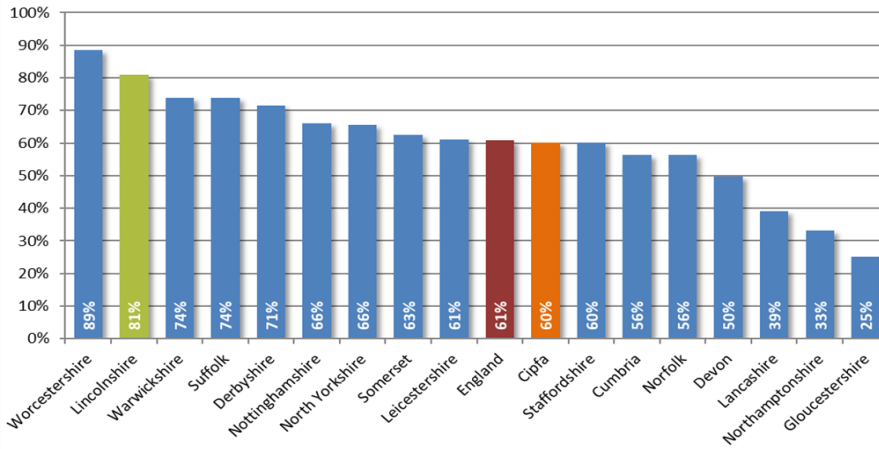
This measure has a target range of +/- 5 percentage points based on tolerances used by Department of Health

About benchmarking

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

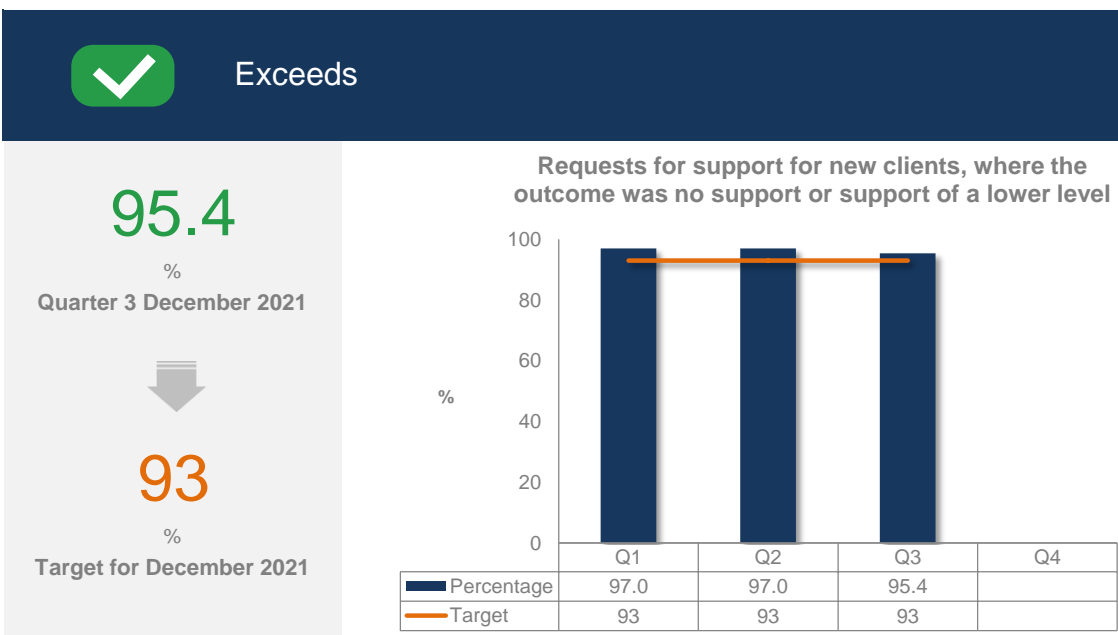
People in receipt of long term support who have been reviewed

Source: SALT Data file 2018/2019



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

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

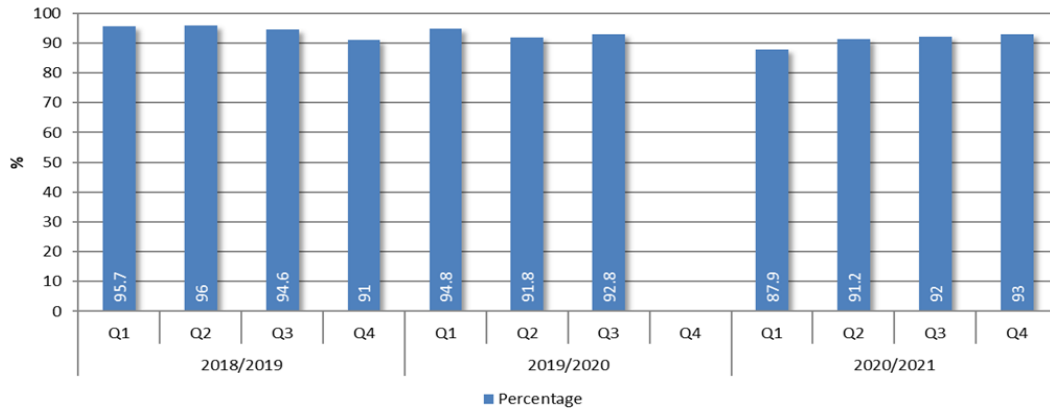


### About the latest performance

Contacts leading to no support/low level support has exceeded target this quarter, in part this is due to the continue good work from the teams to find a non-service solution to contacts. However the high level will be partially due to some contacts that lead to an assessment still being on-going and also on-going financial assessments. The change in how referrals are made in to adult social care means that re-referrals occur until the service has capacity to take.

Further details

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



About the target

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

About the target range

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

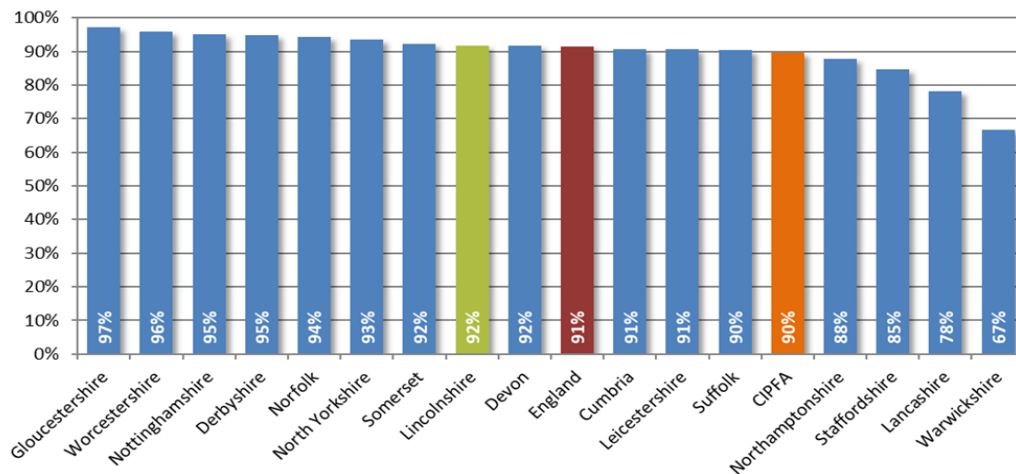
About benchmarking

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

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

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

Source: SALT Data file 2018/2019

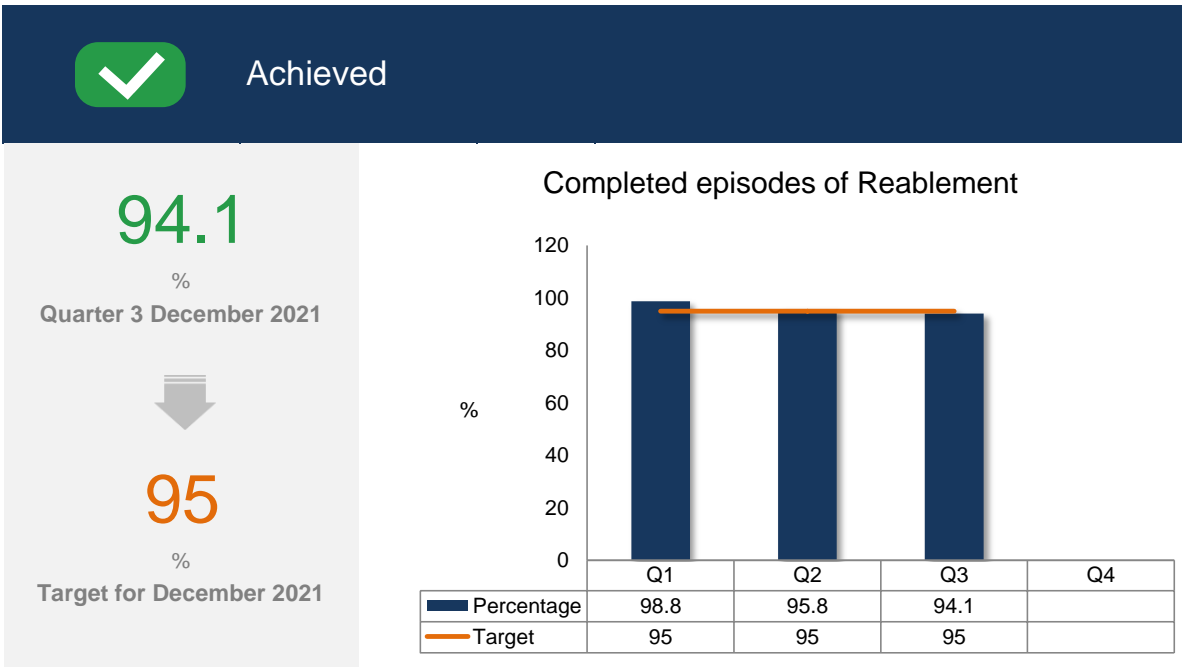


## Completed episodes of Reablement

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

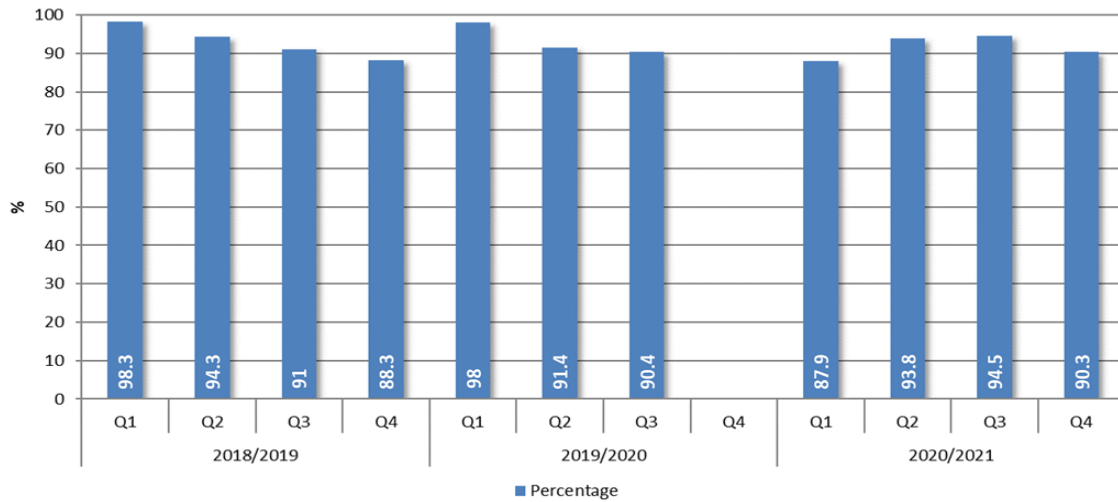
Numerator: Of the episodes in the denominator, the number where the outcome to Reablement was: "Ongoing Low Level Support" or "Short Term Support (Other)" or "No Services Provided - Universal Services/Signposted to Other Services" or "No Services Provided - No identified needs".

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



Further details

### Completed Episodes of Reablement



About the target

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

About the target range

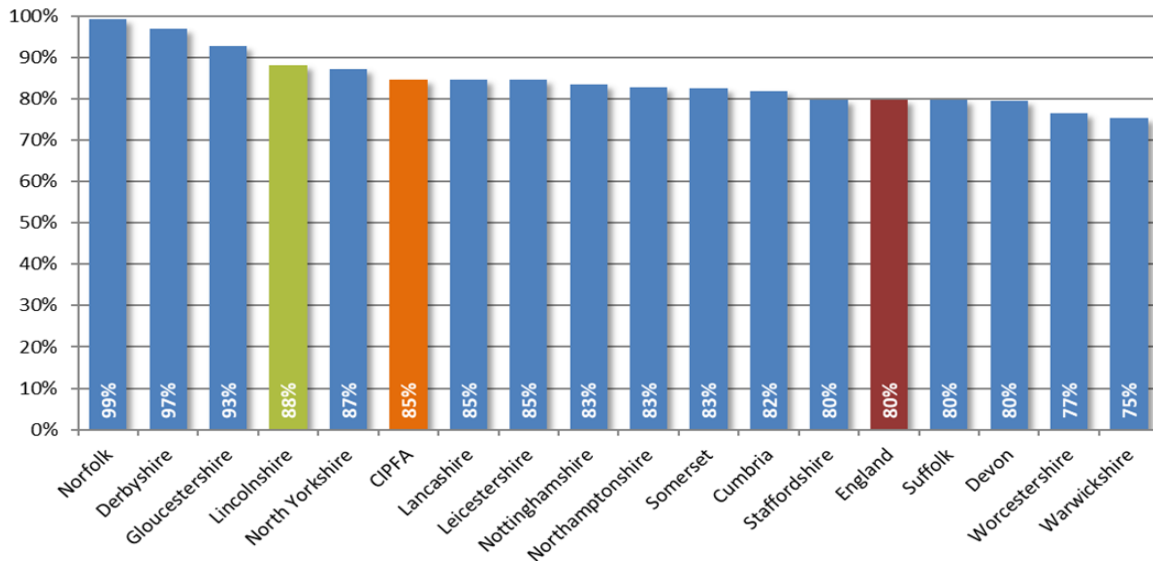
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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

### Completed episodes of reablement

Source: ASCOF - CIPFA Benchmarking 2018/2019





## Carers supported in the last 12 months

This measure reflects the number of carers including young carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population. A higher rate of carers supported indicates a better performance.

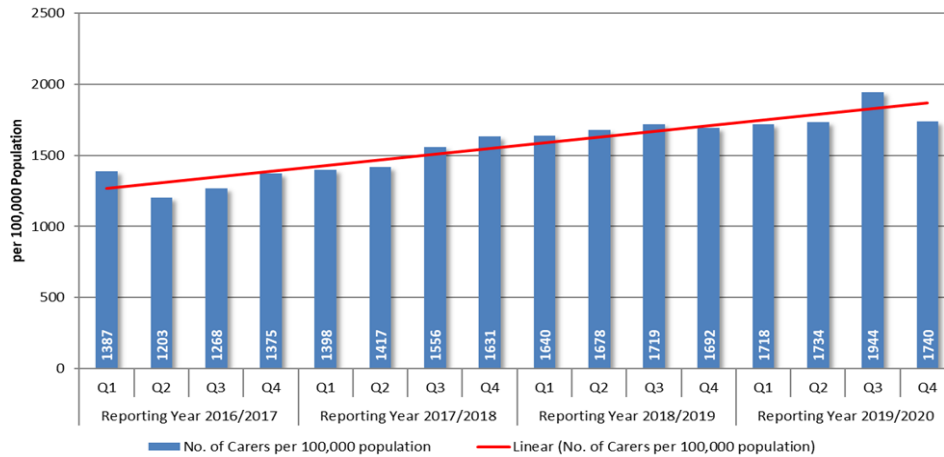


### About the latest performance

9641 Adult Carers and 2077 Young Carers were supported during 2021 (the 12 months leading up to the end of Quarter 3). This is an increase of 306 (2.6%) compared to the Quarter 2 outcome. The target of 1730 carers supported per 100,000 population has not been met this quarter, though we do see an upward trend.

Further details

**Carers supported in the last 12 months**



About the target

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

About the target range

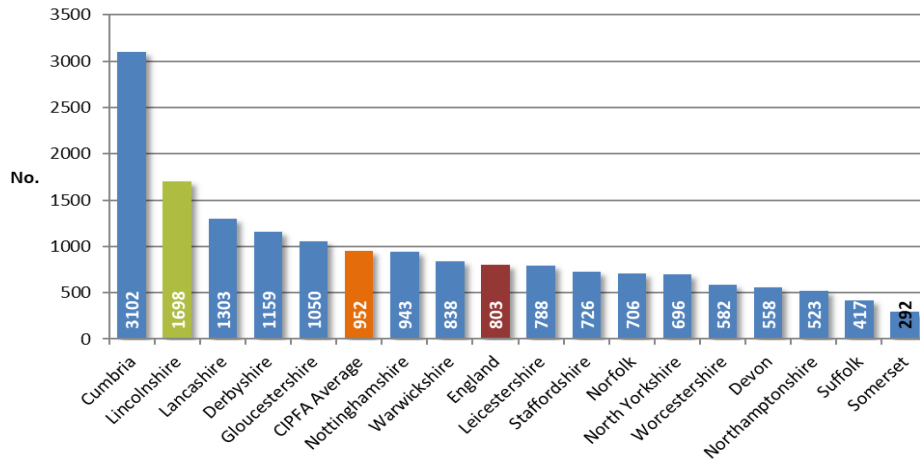
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

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

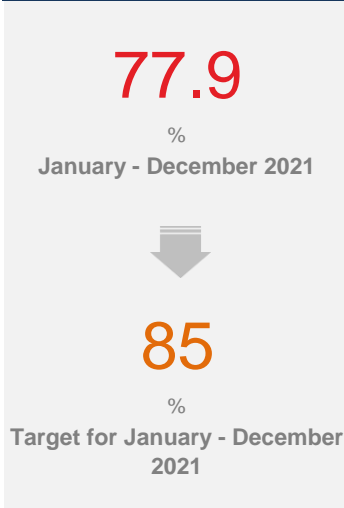
**Carers supported per 100,000 population (2018/2019)**



## Carers who have received a review of their needs

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

 Not achieved

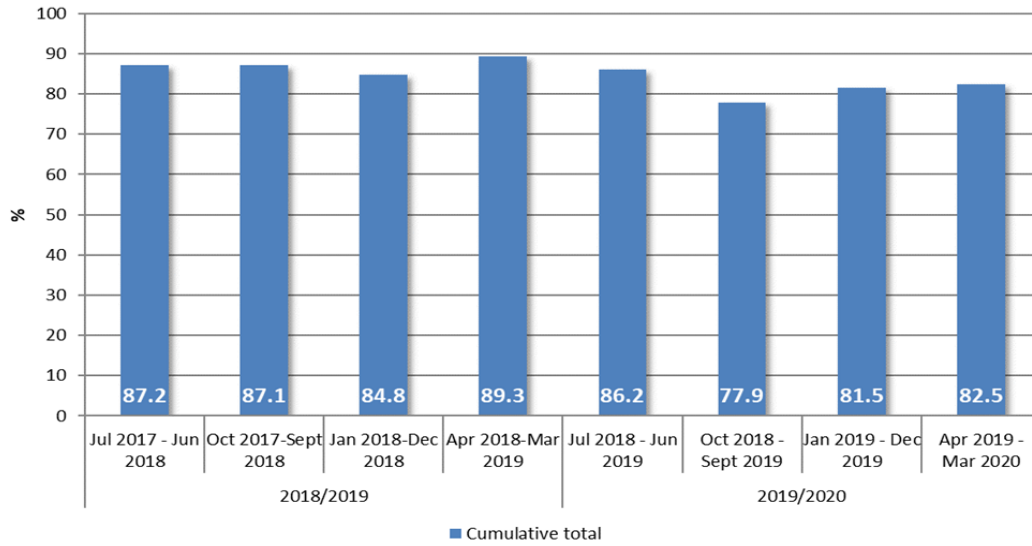


### About the latest performance

Of the 924 Carers provided with a direct payment, 720 (77.9%) received a review of their needs. 667 (92.6%) of these reviews were undertaken by the Carers Service with the remaining 53 (7.4%) coming through Adult Care Area Teams. Changes to the informal care section of the Adult Care Review forms have been requested which will improve this outcome, though we may not see the effect of these changes until 2021-22 Q1.

Further details

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



About the target

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

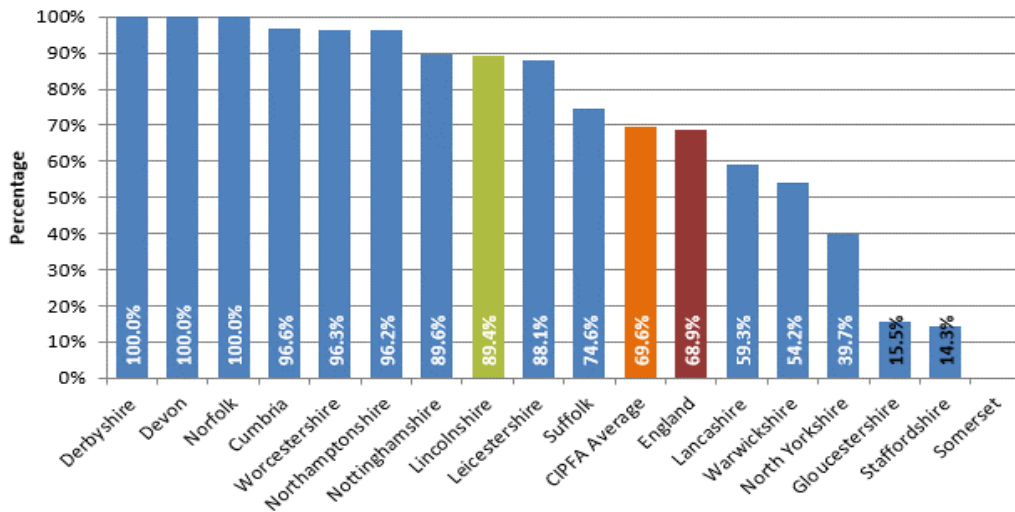
About the target range

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

About benchmarking

Benchmarking is available for this measure from the SALT return on an annual basis. Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

**Carer Reviews and Assessments (2018/2019)**



No data for Somerset reviews

## Safeguarding cases supported by an advocate

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

An advocate can include:-

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

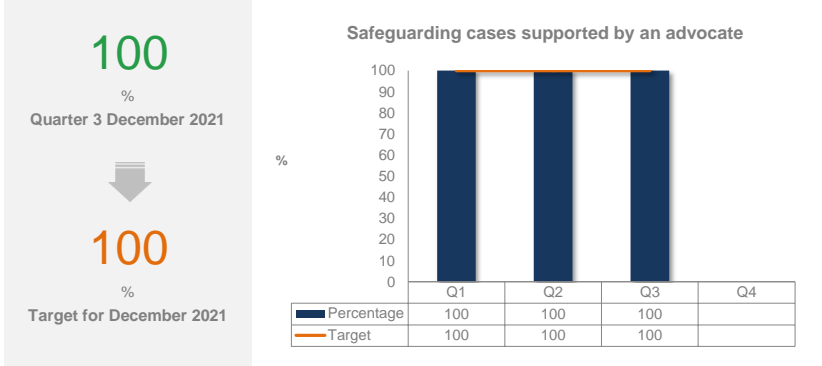
Numerator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend

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

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

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

Achieved

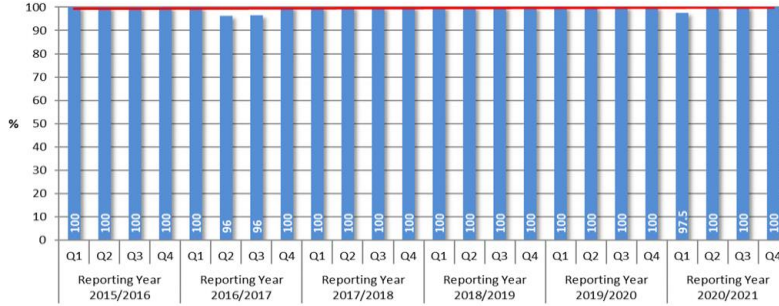


### About the latest performance

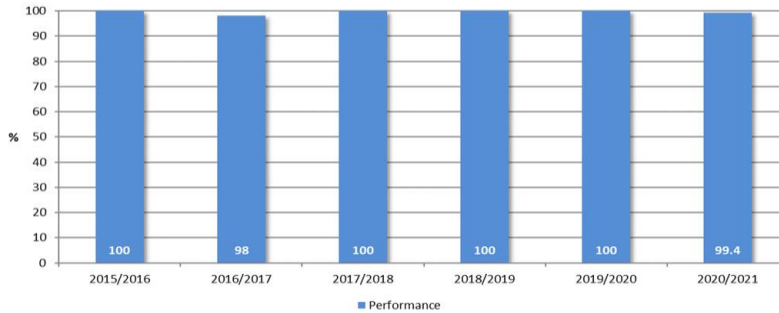
Performance against this measure is consistently strong and provides assurance that adults are receiving appropriate support to express their wishes and feelings and that statutory duties are met in accordance with the principles of making safeguarding personal.

Further details

Percentage of Safeguarding Cases Supported by an Advocate



Annual Percentage of Safeguarding Cases Supported by an Advocate



About the target

Targets are based on trends and CIPFA group averages.

About the target range

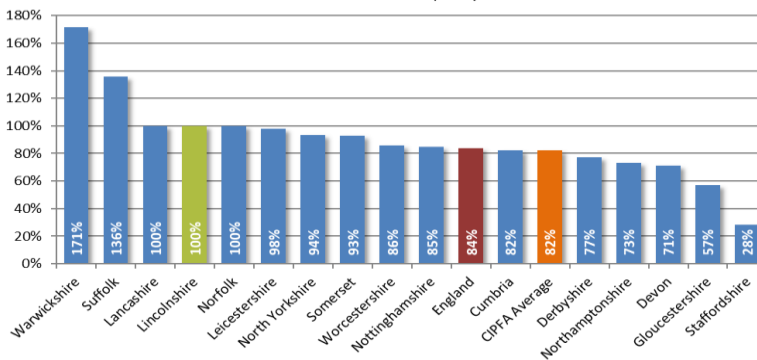
This measure has a target range of +/-5 percentage points based on tolerances used by Department of Health.

About benchmarking

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

Safeguarding cases supported by an advocate

Source: SAC SG3a: Mental Capacity 2018-2019



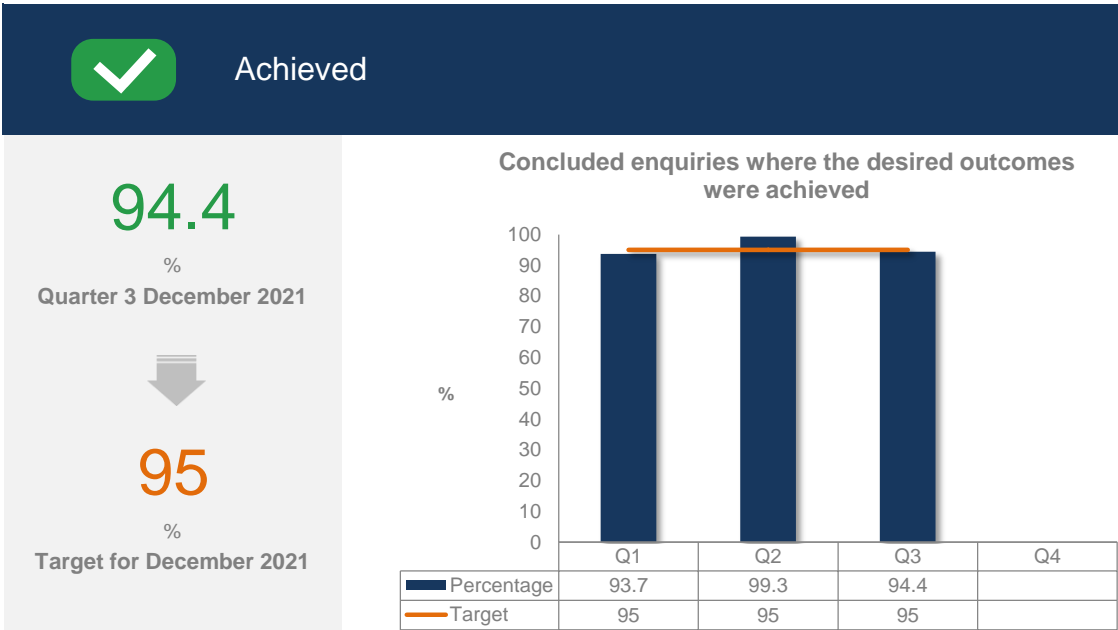
## Concluded safeguarding enquiries where the desired outcomes were achieved

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

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

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

A higher percentage indicates a better performance.

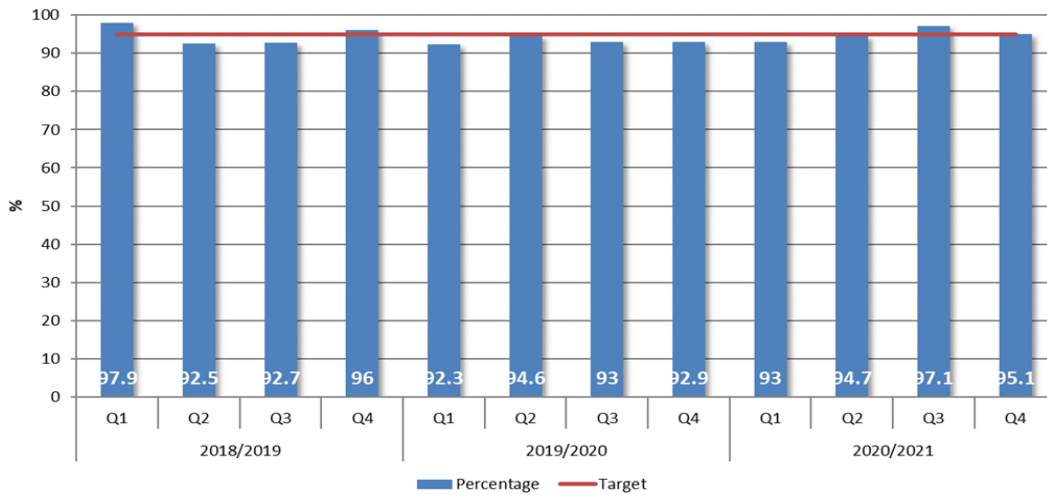


### About the latest performance

This target has been achieved. The percentage achieved is slightly below that of Q2 but overall remains strong and continues to be closely monitored. Work with partners ensures that the person's desired outcomes are central to every stage of the safeguarding process.

Further details

**Concluded Enquiries Where Desired Outcomes Were Achieved**



About the target

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

About the target range

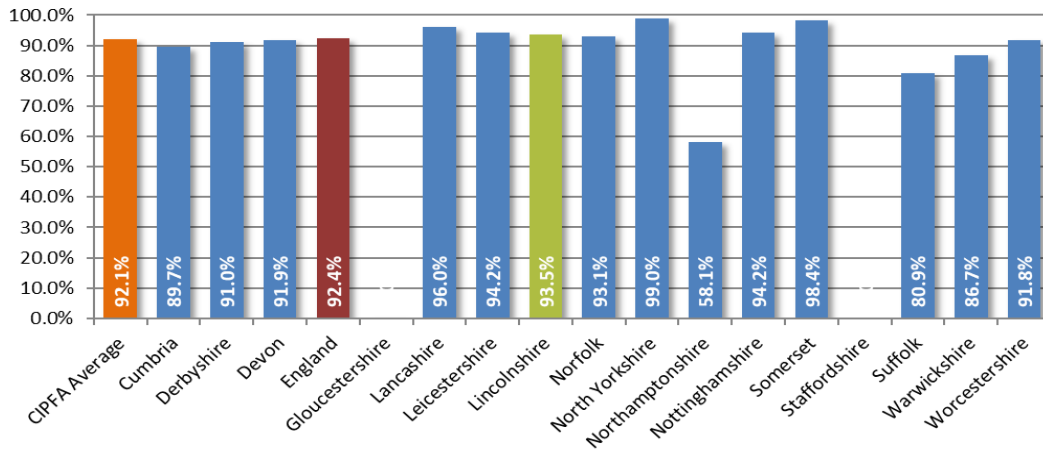
This measure has a target range of +/-5 percentage points.

About benchmarking

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

**Safeguarding enquiries where the desired outcomes were achieved**

Source: SAC SG4a: Making Safeguarding Personal 2018-2019

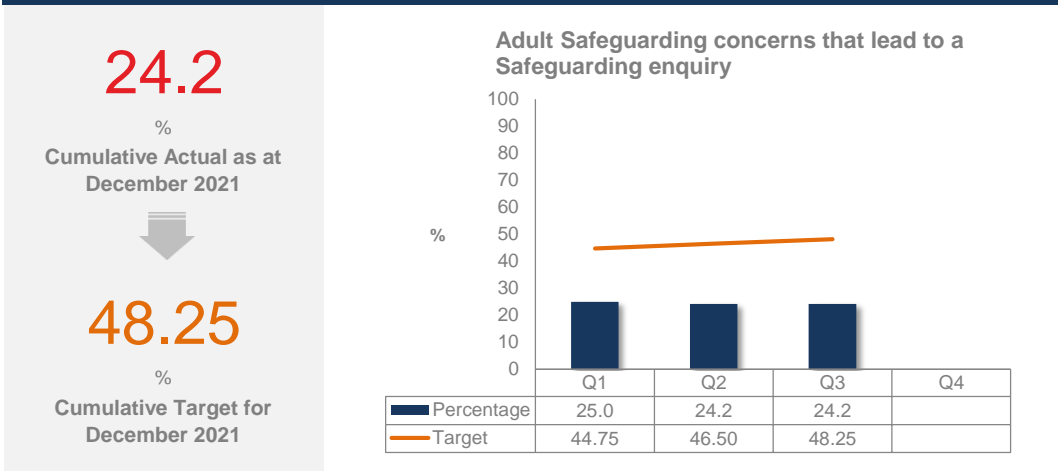




## Adult Safeguarding concerns that lead to a Safeguarding enquiry

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

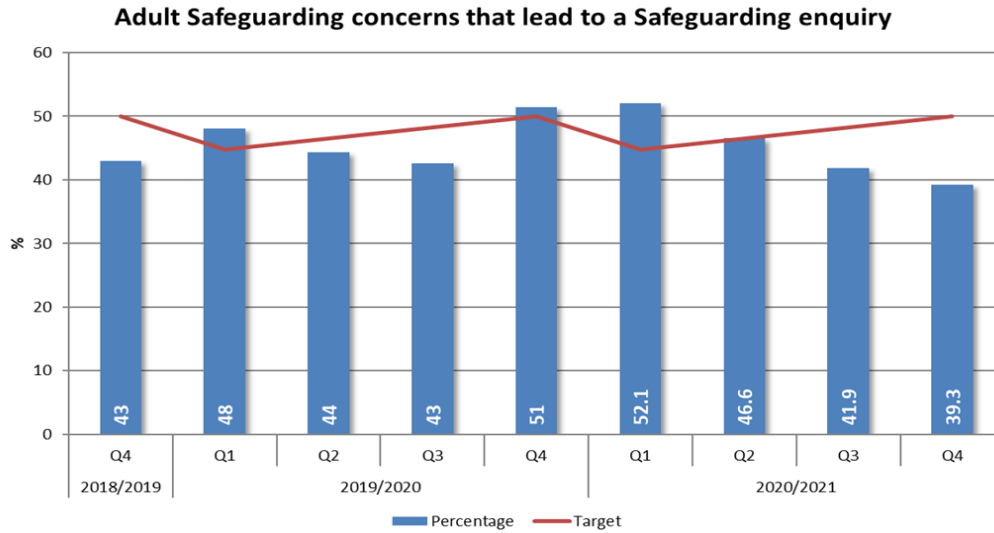
 Not achieved



### About the latest performance

The target has not been achieved. Recent audits have confirmed that decision-making in respect of whether to progress to an enquiry is sound and work continues with partners through the LSAB to improve understanding of safeguarding and alternative referral pathways.

Further details



About the target

The target is based on Lincolnshire trend data only, specifically 2018/19 performance year to date. The target is profiled to monitor an increase to 50% by the end of 2019/20, which means an increment of 1.75 percentage points is applied quarterly. An increment of 5 percentage points for each subsequent year has been proposed, however this may need to be reviewed after a period of monitoring to determine whether this is realistic.

About the target range

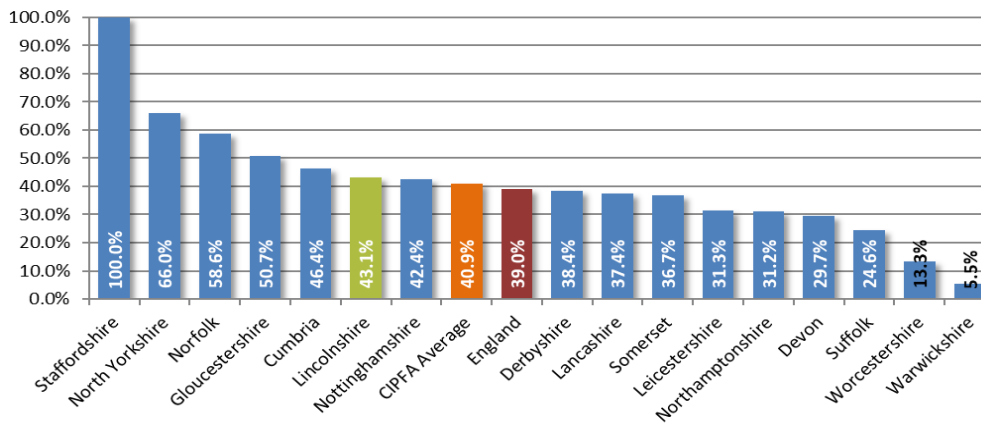
This measure has a target range of +/-5 percentage points.

About benchmarking

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

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

*Source: SAC SG2b: Safeguarding Enquiries 2018-2019*



## Adults aged 18-64 living independently

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



### Achieved

76

%

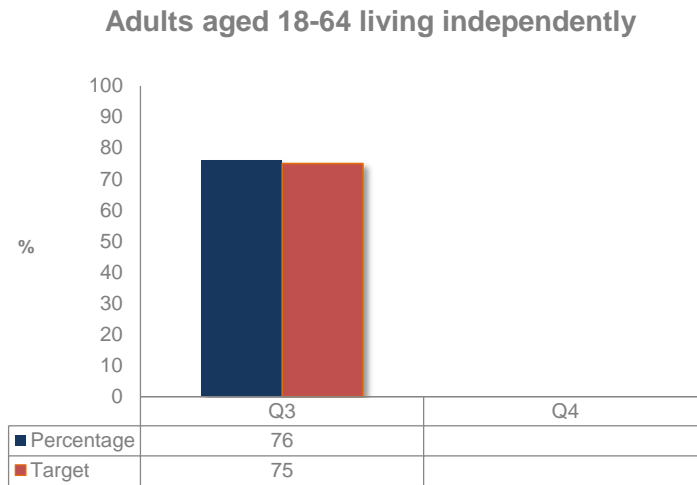
Quarter 3 December 2021



75

%

Target for December 2021

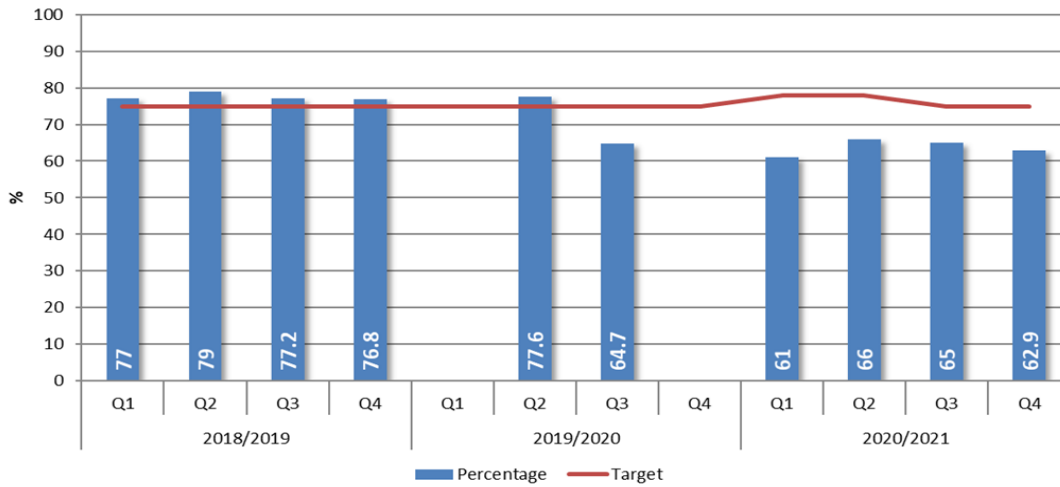


### About the latest performance

Q3 Mental Health reviews are on target for LPFT with the continued aim of achieving 100% by year end. LPFT spend time at the start of the year projecting review achievement trajectories which are shared out monthly with the teams. The Business Intelligence Team within LPFT also send out a weekly dashboard to team managers, which acts as a reminder to assist with allocation and reviewing completion, ensuring timely monitoring of the review process .

Further details

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



About the target

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

About the target range

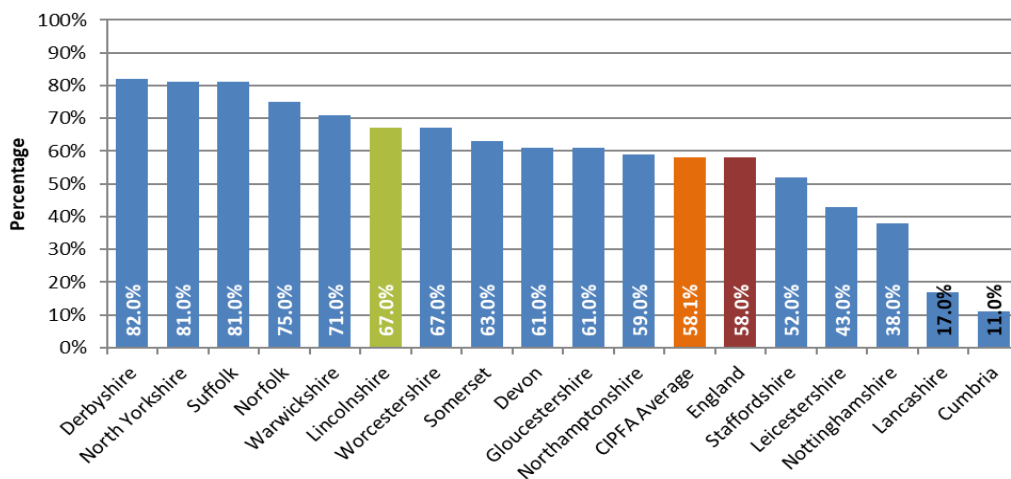
The target range for this measure is set at +/- 5 percentage points.

About benchmarking

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

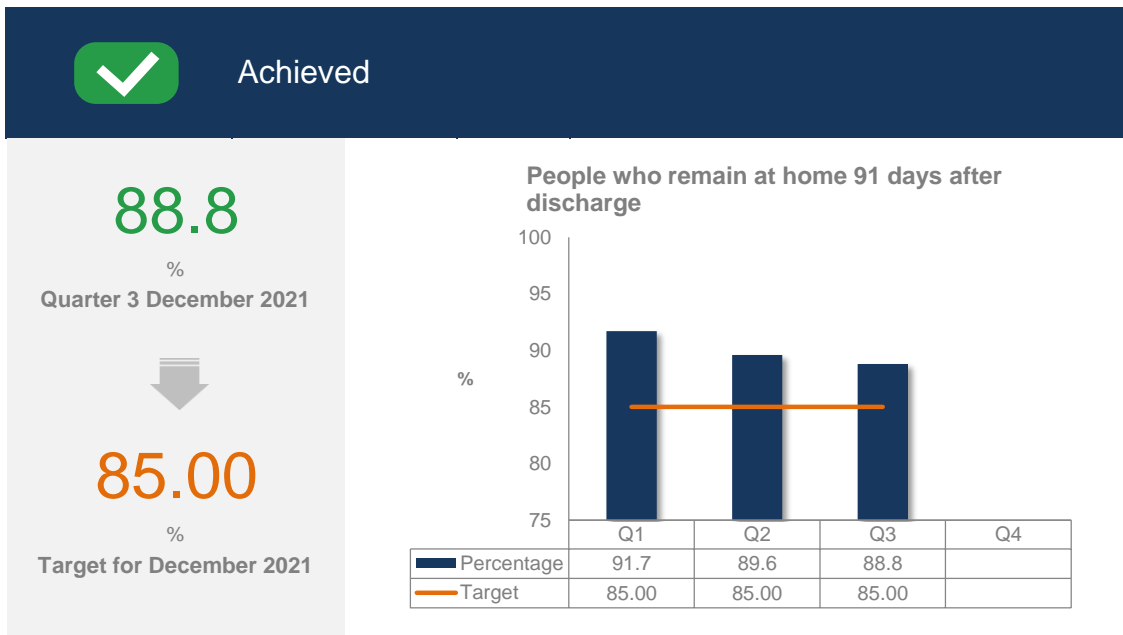
Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2018-19 year-end figures.

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

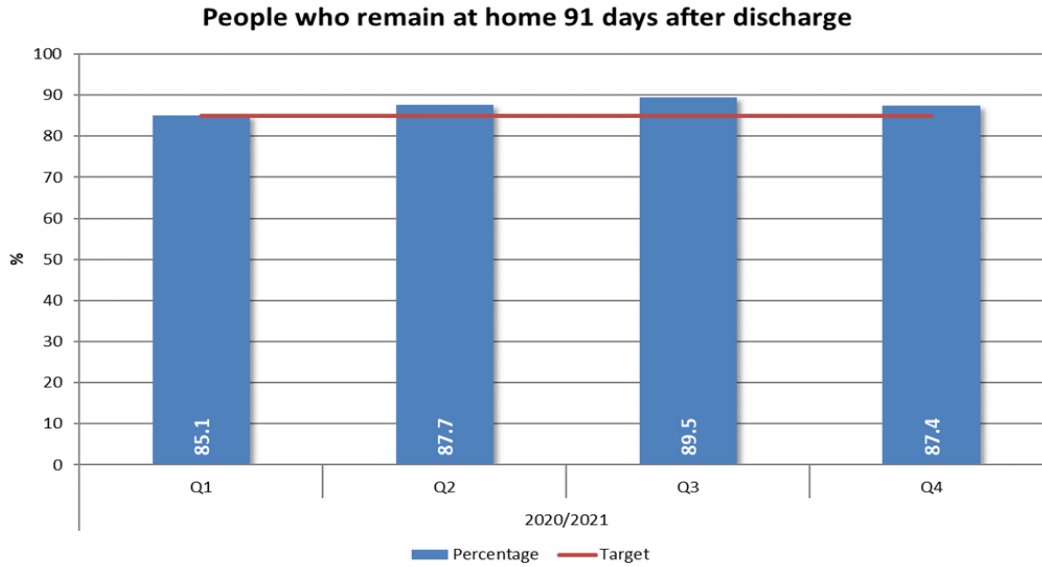


## People who remain at home 91 days after discharge

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



## Further details



### About the target

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

### About the target range

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

### About benchmarking

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

## Percentage of alcohol users that left specialist treatment successfully

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

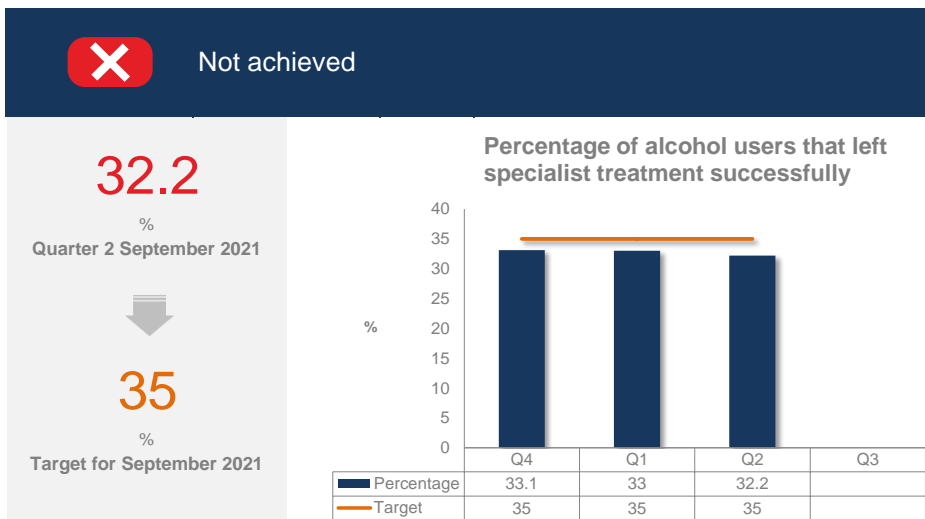
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider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

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

Numerator: Number of successful completions (NDTMS)

Denominator: Number of completions (NDTMS)

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



### About the latest performance

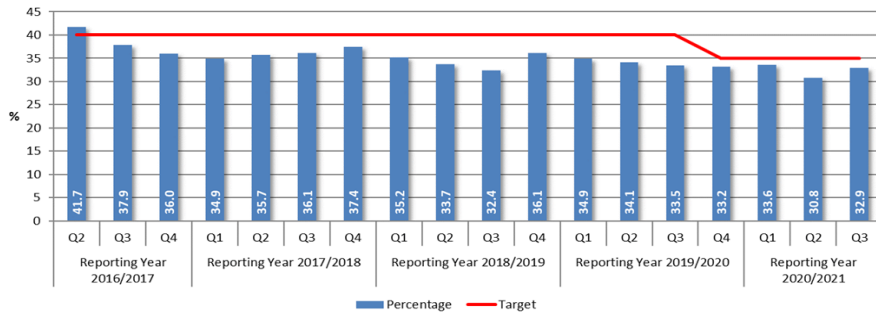
During this report period We Are With You have continued to adhere to national guidance by moving the service in to recovery, this included all resource sites being fully open and an increase in face to face appointments although some clients are still being treated remotely where appropriate. Covid 19 precautions are in place at every resource site and regular risk assessments are completed by the provider.

The trend in more complex alcohol presentations continues. These clients are more likely to have multiple issues and drop out or require more intense residential services than generic clients. This impacts on discharge rates as treatment takes longer and is less likely to be successful straight away.

That said, there has been an 10% increase in successful discharges this reporting year, but this has been offset by a 34% increase in new alcohol clients during the same period. The increased number of clients means that the overall discharge rate is 32.2% which is below target by 2.8%

Further details

Percentage of alcohol users that left specialist treatment successfully



About the target

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

About the target range

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

About benchmarking

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



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

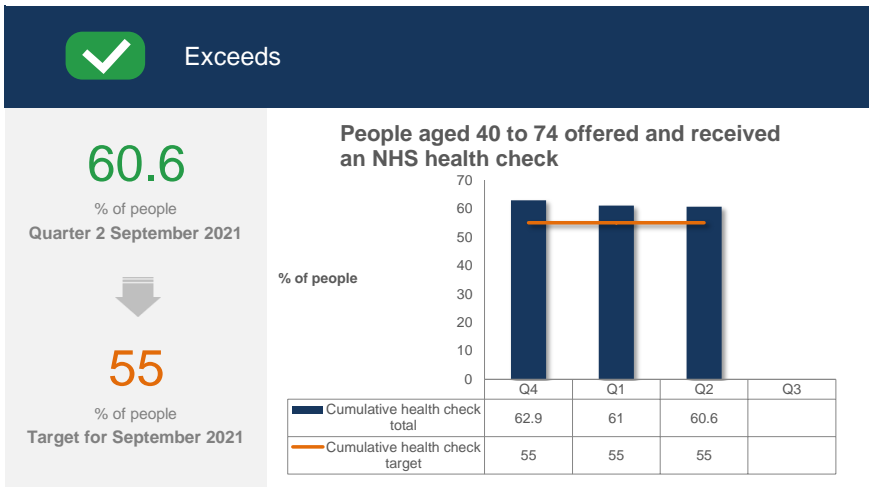
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease,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

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

Numerator: Number of people aged 40-74 eligible for an NHS Health Check who received an NHS health check in the financial year (Integrated Performance Measures Monitoring Return (IPMR\_1), NHS England)

Denominator: Number of people aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check in the financial year (IPMR\_1, NHS England)

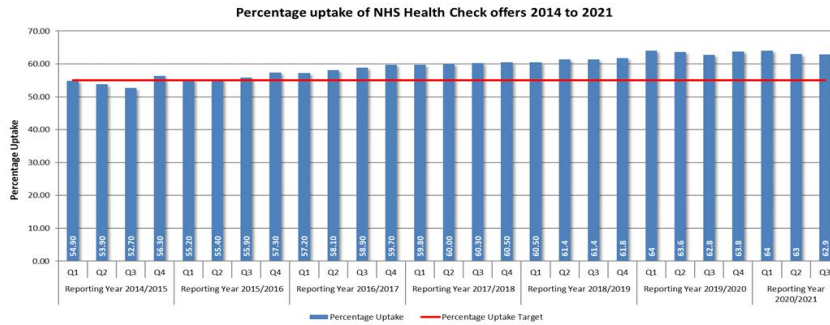
A higher percentage of people who were offered and received an NHS health check indicates a better performance.



### About the latest performance

In Lincolnshire during the period Quarter 1 2017/18 - Quarter 2 2021/22, the overall percentage of people taking up an NHS Health Check invite was 61.0% (compared to 45% in England). Due to the measure being over a 5-year period, the impact of Covid-19 on the NHS Health Check programme has yet to be seen in this performance indicator. Whilst NHS Health Checks were paused during the covid pandemic, just over half of general practices are now delivering some NHS Health Checks to their patients. In Lincolnshire in quarter 2, 5,521 people were invited for an NHS Health Check and 2,954 Health Checks were completed. From October 2021, the payment to general practices changed back to actual NHS Health Check activity rather than historic pre-Covid activity. The new provider of the NHS Health Check Support Service (TCR Nottingham Ltd), which provides software and related technical support to Lincolnshire General Practices, is working well. The NHS Health Check Programme will be impacted by the acceleration of the COVID booster programme as a result of general practices being informed in December by NHSE that they should pause some services to support the programme.

Further details



About the target

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

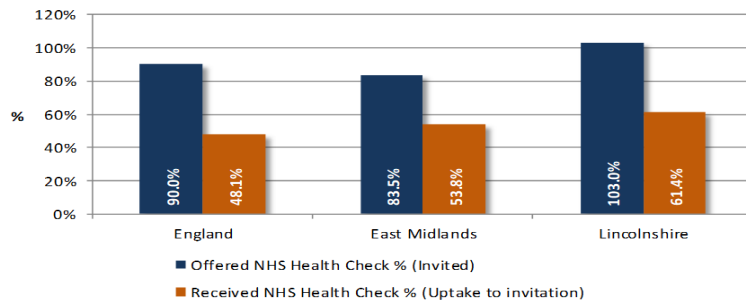
About the target range

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

About benchmarking

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

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



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

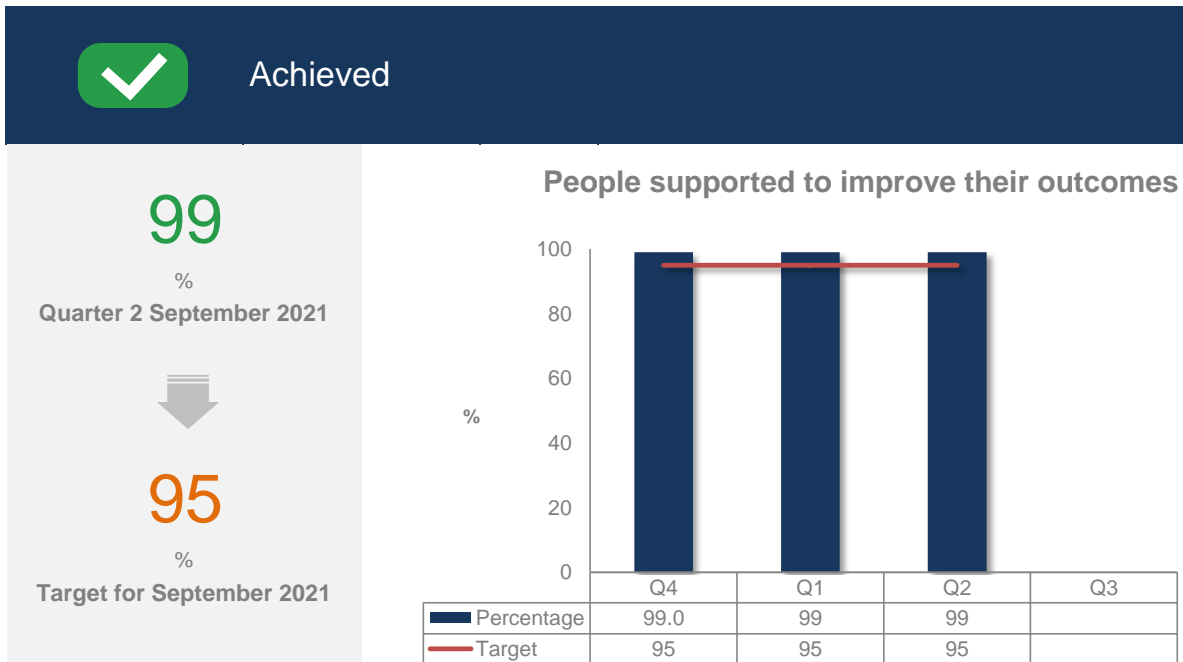
## Percentage of people supported to improve their outcomes following Wellbeing intervention

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

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

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

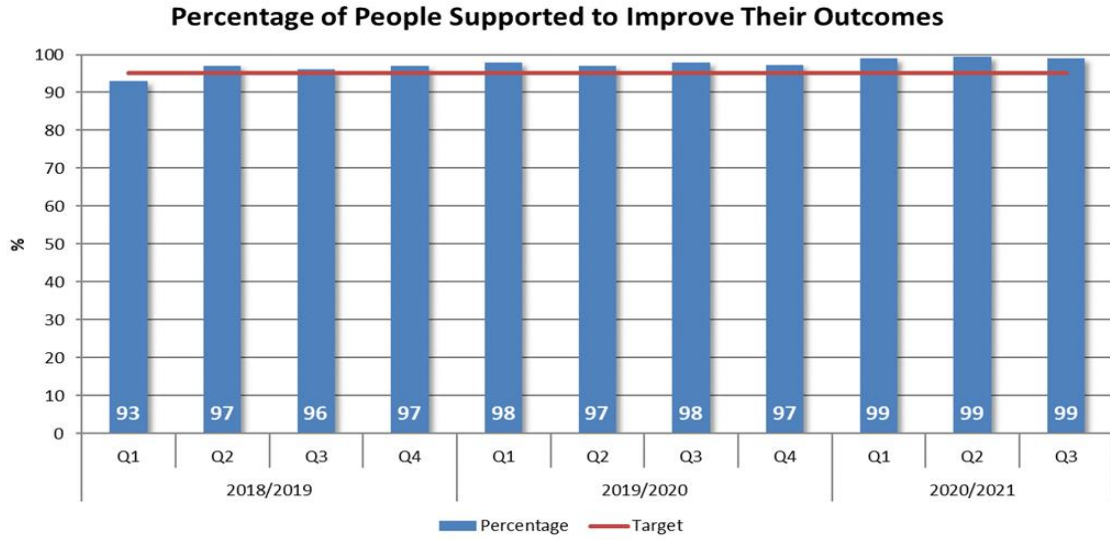
A higher percentage of people supported to improve their outcomes indicates a better performance.



### About the latest performance

During this quarter of 2021-22 the Wellbeing Service continued to provide services through a mixture of remote and increasing in person visits. Referral volumes for the period have continued to increase from self-referral and key partners. The service has maintained its high performance in the self-determined outcome measure indicating 99% of individuals made improvements in their self-determined outcomes. This is achieved through a mix of direct support for up to 12 weeks and connection to local resources to improve individuals' wellbeing and resilience.

Further details



About the target

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

About the target range

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

About benchmarking

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

## People supported to successfully quit smoking

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



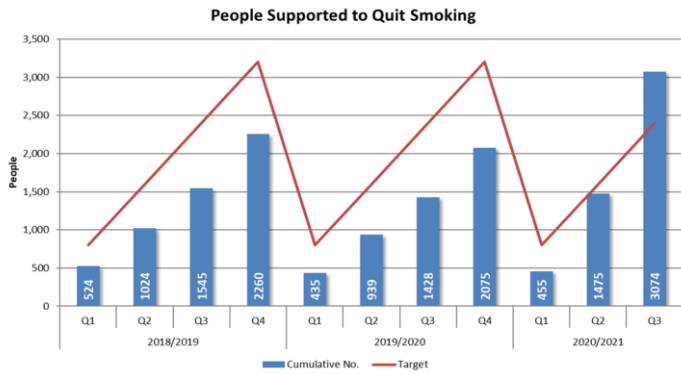
### About the latest performance

'One You Lincolnshire' continues to deliver a smoking cessation service that is effective and efficient. Although their quarterly target was not achieved, OYL continue to adapt and look at new ways to grow their range of subcontractors. Specifically looking to develop better relationships with occupational health teams, work-based health services and social prescribers.

During Quarter 2 there were no General Practitioner subcontractor's delivering smoking cessation and only very few Pharmacies, who between them achieved a total of 103 set quits (target 375) and 38 four week quits, a quit rate of 37%. It is important to note that the original offer from OYL was that subcontractors would deliver 50% of the target and currently this only equates to 10%.

This underperformance by subcontractors has required OYL to make up any shortfall and they have tried to do this, with an increase of 63 four week quits during the first two quarters when compared with the same time period last year. Their quit rate has risen to 56%, which is above average which demonstrates that quality has not be compromised over the desire to achieve numbers. Covid continues to impact on service provision, but we can be reassured that OYL whilst impacted by the pandemic will continue to do their best.

Further details



About the target

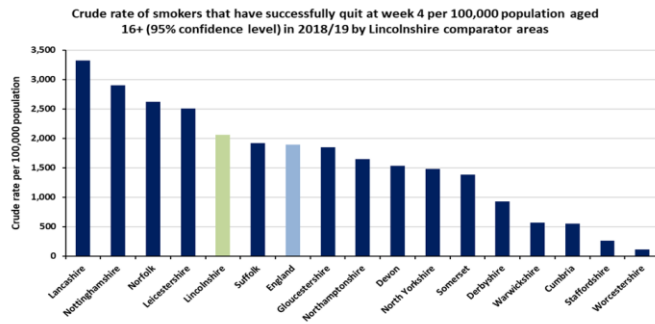
Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF)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

About the target range

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

About benchmarking

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



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

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

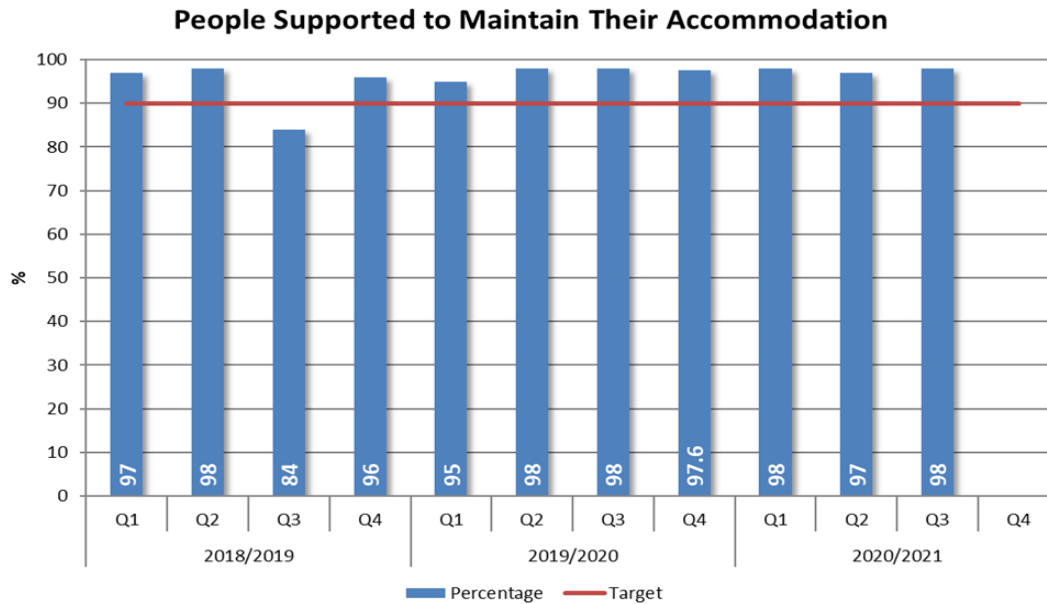
Percentage of service users supported to achieve an overall improvement across their outcomes following a period of three months of housing related support which is the expected average length of support someone will receive.



### About the latest performance

Framework with subcontractors continue to provide excellent results, offering support to their complex needs service users to achieve their outcomes related to maintaining accommodation. During this quarter from 175 service users, 174 achieved the outcome on maintaining accommodation, this across the whole service which includes accommodation and floating support.

## Further details



### About the target

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

### About the target range

This measure allows for no fluctuation against the target.

### About benchmarking

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



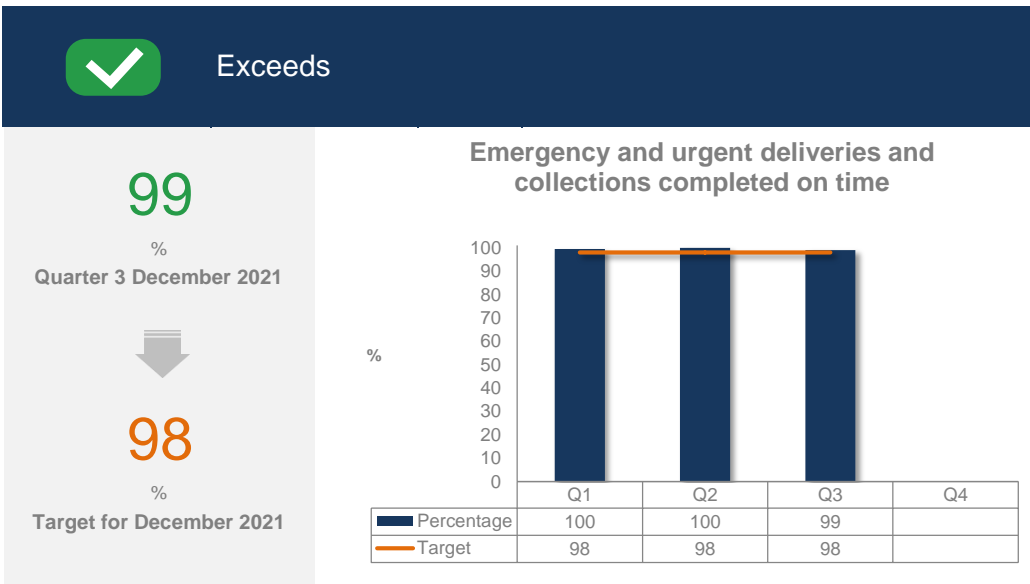
## Emergency and urgent deliveries and collections completed on time

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

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

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

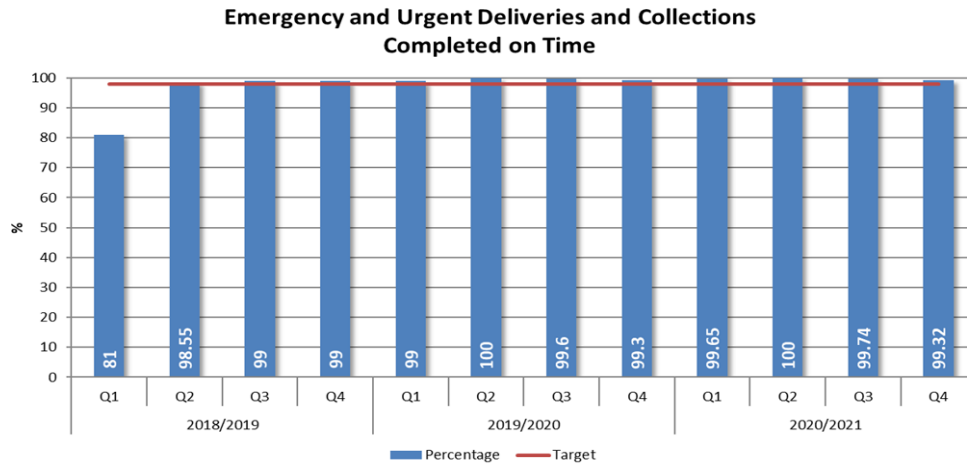
A higher percentage indicates a better performance.



### About the latest performance

The last quarter saw a significant increase in demand in line with winter pressures and the Covid-19. The service has witnessed a sustained increase in use of urgent service levels to manage hospital discharges and preventing hospital admissions. NRS are maintaining their high level of success and have adapted their operations to manage increase in demand as part of winter pressures.

Further details



About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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



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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>23 February 2022</b>
Subject:	<b>Carers Support Service Re-procurement</b>

**Summary:**

This item invites the Adult Care and Community Wellbeing Scrutiny Committee to consider a report on the commissioning and procurement of the Carers Support Service, which is due to be considered by the Executive Councillor for Adult Care and Public Health between 28 February and 4 March 2022. The views of the Scrutiny Committee will be reported to the Executive Councillor, as part of her consideration of this item.

**Actions Required:**

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

**1. Background**

The Executive Councillor is due to consider a report entitled Carers Support Service Procurement between the 28 February and 4 March 2022. The full report to the Executive Councillor is attached at Appendix 1 to this report.

**2. Conclusion**

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

### 3. Consultation

#### a) Risks and Impact Analysis

A copy of the Equality Impact Assessment is attached at Appendix A to the report to the Executive Councillor.

### 4. Appendices

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

### 5. Background Papers

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

This report was written by Carl Miller, who can be contacted on 07879 412886 or [carl.miller@lincolnshire.gov.uk](mailto:carl.miller@lincolnshire.gov.uk).

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

Report to:	<b>Executive Councillor, Adult Care and Public Health</b>
Date:	<b>28 February - 4 March 2022</b>
Subject:	<b>Carers Support Service Re-Procurement</b>
Decision Reference:	<b>I022920</b>
Key decision?	<b>Yes</b>

**Summary:**

The Carers Support Service is designed to support adult carers over the age of 18, young carers transitioning from early help arrangements, parent carers, former carers, and families of substance misusers. It provides the universal (available to all) prevention offer to carers, including information and advice, benefits advice and support, peer support, carer learning and access to a wide range of preventative, community-based support. It provides the face-to-face statutory carer assessment, support planning and review function. It provides a broad range of personalised tailored support, relieving carer burden, and enabling carer breaks, funded as required via a carer personal budget. And under a strategic engagement and influencing function, provides pro-active hospital in-reach, employment support, and proactively engages and influences to help identify and support carers early in their caring journey.

Following a procurement process in 2016, a contract for a countywide Carers Support Service was awarded to Carers First, commencing in June 2016 for a maximum duration of five years. The contract has been further extended for a period of 16 months as a consequence of the impact of the Covid-19 pandemic, to ensure continuity for this vital service. The current contract expires on 30 September 2022, and it is therefore necessary to make decisions about the future scope and procurement of the service.

This report seeks approval from the Executive Councillor for Adult Care and Public Health to procure a new contract for Carers Support Services.

**Recommendation(s):**

That the Executive Councillor:

- (1) Approves a procurement be undertaken to deliver a contract to be awarded to a single provider of a county-wide Carers Support service for a period of three years with the possibility of a further two-year extension.
- (2) Delegates to the Executive Director of Adult Care & Community Wellbeing, in consultation the Executive Councillor for Adult Care and Public Health, the authority to determine the final form of the contract and to approve the award of the contract and the entering into of the contract and other legal documentation necessary to give effect to the above decision.

**Alternatives Considered:**

1. Negotiate a revised contract with the current provider

Continuing with the current provider is not viable as there is no legal basis on which to extend the contract.

2. To do nothing

The service is a critical mechanism in maximising and maintaining the independence of Lincolnshire's residents. Without this service the impact on Lincolnshire's carers, the people they care for, and the wider health and care system would be far reaching and highly disruptive. It would also not address the statutory requirements of Lincolnshire County Council relating to promotion of the wellbeing of carers, and to prevent, reduce and delay the onset of need under the Care Act 2014.

3. Deliver the service in-house

A review of alternative delivery channels considered the potential to in-source service delivery at the conclusion of the current contract. This aspect of the review concluded that there would be significant additional cost and complexity associated with in-house delivery and as a result, this option should not be pursued.

**Reasons for Recommendation:**

1. The Carers Support Service offers a critical support function which is at the forefront of maintaining the independence of Lincolnshire's residents. Without this service the impact on Lincolnshire's carers, the people they care for, and the wider health and care system would be far reaching and disruptive. Not

only is an effective Carers Support service beneficial for health and wellbeing of Lincolnshire's unpaid carers, it also reduces reliance on other commissioned health and care services by the people they care for, and therefore delivers savings by preventing, reducing and delaying the presentation of eligible needs to the Council.

2. The alternatives considered have been deemed unacceptable in delivering the required outcomes of the service.
3. The service addresses and supports the statutory requirements in relation to preventing, reducing, or delaying needs under the Care Act 2014.

## **1. Background**

- 3.1 The Carers' Support Service is a key component of the County Council's response to its duties under the Care Act (2014). The Care Act and the Children and Families Act (2014) give carers full legal recognition, placing their needs and rights on an equal footing with those for whom they care. The Acts place a general duty on councils to promote the wellbeing of carers, and to prevent, reduce and delay the onset of need. Statutory guidance for both Acts emphasises the need to take a 'whole family' approach to meeting need.
- 3.2 The Council has used its powers under the Care Act (2014) to commission services in support of its functions of carer assessment, eligibility determination, support planning, authorisation of carer personal budget and review from its commissioned service providers, Carers FIRST and Serco as part of the arrangements described below at 1.3 to 1.5.
- 3.3 The Carers' Support Service supports adult carers over the age of 18, young carers transitioning from early help arrangements, parent carers, former carers, and families of substance misusers. It provides:
  - Information and advice
  - Access to a wide range of preventative, community-based support
  - Face to face statutory carer assessment, support planning and review
  - Emotional and practical support, informal advocacy
  - A very broad range of personalised tailored support, relieving carer burden, enabling carer breaks, funded as required via a carer personal budget
  - Peer support, carer learning, and a wide range of wellbeing activities
  - Access to carer breaks
  - Benefits support, pro-active hospital in-reach, employment support
  - Strategic partnership: engagement, planning and influencing
  - Added value with various carer projects (e.g. September) successfully funded externally

3.4 Serco was commissioned separately and corporately to provide the Customer Service Centre (CSC). Within their Care and Wellbeing Hub is the Carers Team which also provides support to carers. The telephone-based service includes:

- A promoted 'front door' phone number for the Lincolnshire Carers' Service
- Administration of new contacts
- Brief interventions including:
- Information and advice
- Access to community-based preventative support
- Triage and pathway to full range of Carers FIRST service provision
- Statutory carers' assessments, support planning and review
- Personalised, tailored support funded by carer personal budget as required
- Access to carers breaks
- Carers Emergency Response Service – individual plans and crisis response
- Out of hours crisis response (Emergency Duty Team)
- Administration of direct payments for carers

3.5 Together, the services commissioned from Serco CSC Carers Team and Carers FIRST make up the Lincolnshire Carers' Service.

#### **4. Current Service Summary**

4.1 Carers FIRST was appointed to provide the Carers' Support Service in 2016. The original five-year contract ends on 30 September 2022, following extension by an additional 16 months due to the pandemic.

4.2 The Serco contract comes to an end on 31 March 2024.

4.3 The current model of delegated statutory support to carers is performing well, benefiting from the expertise of Carers First, a national provider of services dedicated to carers' support. Along with the implementation of the Care Act (2014) and Children and Families Act (2014), and introduction of strengths-based approaches to the service, support for carers in Lincolnshire has been significantly consolidated and strengthened in recent years.

4.4 In addition to the core commissioned services making up the Lincolnshire Carers Service, initiatives funded by the Better Care Fund (BCF) have enabled an extended reach. These are summarised as follows:

- Offering pro-active early help to carers in health settings, including Lincolnshire's main hospitals, working with Healthy Living Pharmacies, personal budget authorisation and increased benefit support capacity - delivered through a variation to the Carers First Carers Support Service Contract.
- Supporting carers in employment and promoting the 'Employers for Carers' initiative - delivered through a stand-alone contract with Carers First, ending 30 September 2022.



- The Carers Quality Award (CQA), a quality framework for services and organisations to deliver in practice the principles set out in the Lincolnshire Carers Charter. Delivered by the charity EveryOne to the health, business and employment sectors concluding 30<sup>th</sup> September 2022.

4.5 The diagram below gives a visual representation of the current arrangements:



4.7 The Carers' Service has continually sought to develop its practice and offer. It has benefited from consistent, long-term support from the Customer Service Centre, Principal Practitioner, Commercial Services, Quality Assurance, Performance and Children's Service colleagues.

4.8 The Carers Support Service contract, Employment for Carers Contract and CQA Grant all expire on 30 September 2022, and it is therefore necessary to make decisions about the future scope and procurement of the service.

## 5. Service Review

5.1 Over the past 18 months, with a hiatus due to the pandemic, commissioners have taken a thorough approach to reviewing service performance, impact, benchmarking, literature, and engaged with carers and other stakeholders, including the provider market, to inform the design of the new Carers Service. The review has highlighted strong service performance, and no concerns with the quality and impact of the provider's service delivery. It also highlighted the need to resolve the presentation of the perceived two provider model, with a strong, single, unified service identity moving forward. There is much consensus across the findings from

the various review strands, confirming the strengths of the current approach and lending weight to the need for improvements to the existing model.

## **6. Proposed Changes to Current Arrangements**

6.1 The review concluded that the existing contract model works well, and it is proposed to re-commission the service in largely the same format. The intention is that the service will continue to assist the Council in meeting its legal duties to carers, providing services for face-to-face carer assessment, eligibility determination, the planning and provision of support, authorisation of personal budgets and review. The core contract will incorporate the successful elements of the currently BCF funded initiatives, and build several changes and improvements summarised in points a. and b. below.

### **a. Improvements and refinements**

Service development opportunities will be addressed in the new specification and associated operational processes, intended to support improved service awareness and access, improve partnership working, support the management of service demand, and improve focus on the setting and monitoring of outcomes for carers. These are summarised as follows:

- A single service identity not tied to either provider organisation
- A clearer, simpler carer pathway that reinforces the Serco CSC Carers Team Centre as the 'front door' and single point of contact for enquiries to the service (as illustrated at 4.2 below).
- Serco CSC Carers Team will undertake all Triage/Carer initial conversation activities and the new support provider will undertake all full carer assessment and review activities.
- A central point of information
- A focus on identifying carers early requiring the provider to plan and have a strong offer of service promotion and carer awareness to all stakeholders
- Improved digital access and with an offer of inclusion
- A strengthened offer of carer involvement in the service, such as co-production of service improvements and volunteering opportunities
- Integrated CCG and Health provider approach to carer support including embedding a whole family approach where there is an increase in combined assessments and reviews
- Mosaic workflow will be redesigned and the whole service will use it for case management. The redesign will enable outcome focussed reporting for stakeholder accountability and commissioning intelligence
- The Carers Emergency Response Scheme (CERS) will build in self-help, advance planning, and prompts to update plans
- Strengthened leadership and support for joined up statutory professional practice across Adult Care, Children's Services, LPFT and the Carers' Service provider through a Lincolnshire County Council Carers Practice lead.

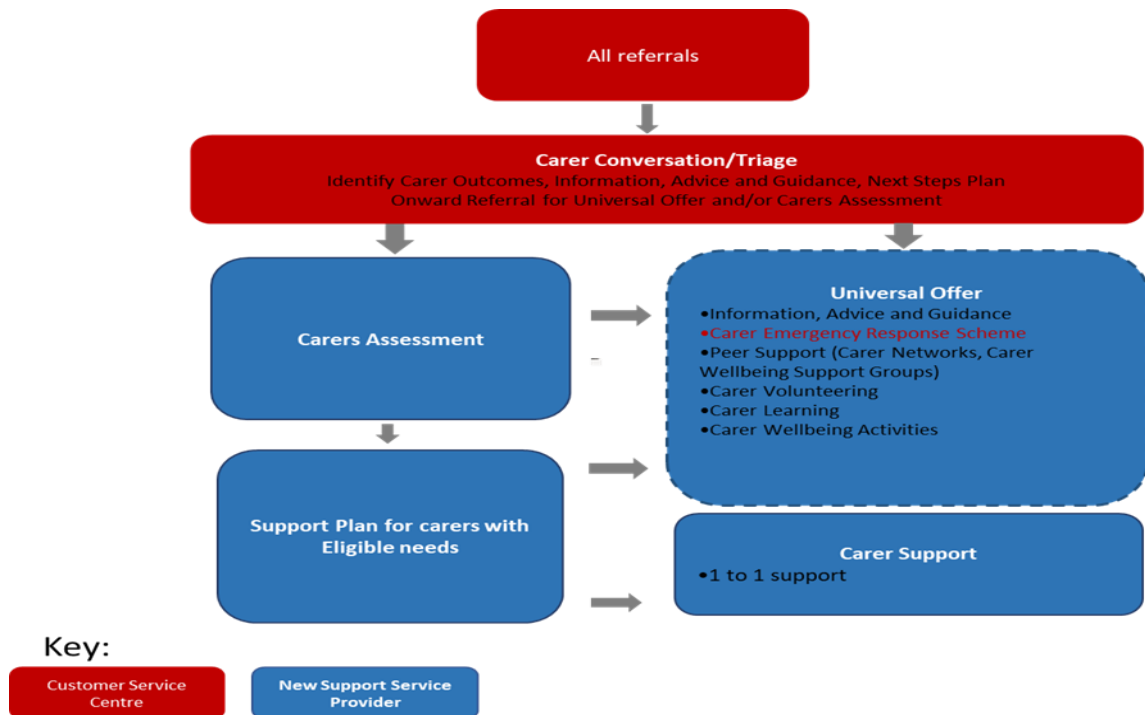
It should be noted that several of the improvements proposed, such as better joint working and performance reporting across both elements of the Lincolnshire Carers Service through a redesign of the Mosaic carer workflow, and strengthened leadership for quality professional carers' practice, need to be Lincolnshire County Council rather than provider led improvements, and as such are noted as key dependencies in this report.

**b. Separate Substance Misuse Family Support and Young Carer Engagement**

It is proposed to remove two elements of the existing service from the scope of the new service.

- i. Support for families affected by substance misuse as part of the current Carers Support Service has proved problematic due to the nature of the needs of the group. Families of substance misusers do not typically see themselves as 'carers', and this has proved to be a barrier to engagement. The review shows that most local authorities commission a separate specialist service or include provision within substance misuse treatment and recovery services, and that this works well for them. It is therefore proposed to commission a Substance Misuse Family Support service alongside the County Council's substance misuse treatment and recovery services when the current contracts conclude at the end of September 2023, and in the intervening twelve month period, delivery of this element will be incorporated into the existing Substance Misuse Recovery contract, with which there is good alignment, in order to benefit from established staffing and infrastructure during this interim period.
- ii. Young carer engagement is aligned to Young Carer service provision and the related offer to children and young people, delivered in house by Children's Services. This builds on Children's Services existing relationships with schools and other relevant partners and so it makes sense for this to be led by Children's Services in future. However, support for the transition of young carers who are likely to need support into adulthood will remain in scope of the new Carers Support Service. The service provider will be expected to collaborate closely with Children's Services to maintain engagement with this cohort.

6.2 The main changes proposed and described above in 4.1 are illustrated by the new service flow diagram below.



## 7. Demand and Financial Modelling

7.1 Projections from the 2011 census estimate there to be 88,000 unpaid family carers in Lincolnshire. The service data for the Lincolnshire Carers Service (both providers) shows us that over the last 3 years (2018-2021) the service has supported an average of 9990 carers. This is an average of 11.8% of Lincolnshire's caring population

7.2 Service data also shows us that the incumbent Carer Support Service provider has supported an average of 6152 carers over the last three years. The effect of the pandemic on service provision, coupled with other factors linked to the way in which data is currently collected, has meant that the usual method of using trends to project future demand would not be reliable at this current point in recovery, therefore, to forecast future demand for the new contract the average carers supported figure has been used as a baseline and incremental growth applied to the penetration rate, increasing from 11.8% to 14%. On that basis the new provider would be asked to directly support between 5,883 and 7,121 carers. The first two rows of table 1 below illustrate this.

7.3 To understand if the budget for the new contract can fulfil the requirements of the specification a unit cost has been calculated using the existing budget and the number of carers supported by the incumbent provider. This provides a unit cost of £237.26. Applying this to expected demand for the next 5 years informs us that a total budget of £7,746,875 is required if the provider is to support an average of 6530 carers a year (row 3 of table 1 below).

*Table 1: Demand and Financial Modelling Projections*

<b>Penetration Rate (Growth)</b>	<b>2022 (11.8%)</b>	<b>2023 (12.5%)</b>	<b>2024 (13%)</b>	<b>2025 (13.5%)</b>	<b>2026 (14%)</b>	<b>Total</b>	<b>Yearly Average</b>
Carers Supported	5,883	6,264	6,548	6,834	7,121	3,2651	6,530
Budget Required (£237.26 Unit Cost)	£1,395,798	£1,486,293	£1,553,693	£1,621,480	£1,689,610	£7,746,875	£1,549,375
New Budget	£1,708,868	£1,708,868	£1,708,868	£1,708,868	£1,708,868	£8,544,340	£1,708,868
Difference to New	£313,070	£222,575	£155,175	£87,388	£19,258	£797,465	£159,493

7.4 The difference between the ‘required’ and ‘new’ budget lines is important to the viability and success of the new model, because this will allow for the management and delivery of the agreed service improvements as well as providing a contingency for unexpected demand above that projected and support the impact of inflation. The identified service improvements are outlined in section 4 above.

7.5 Benchmarking with other local authorities confirms that the unit cost of £237.26 for Lincolnshire is broadly equivalent to other outsourced carers services.

7.6 It is also important to note that the carers service is preventative in nature as not only does it support carers to sustain their caring role and promote carer quality of life it also reduces and delays the number of people accessing formal long-term care. Carers UK Facts and Figures 2019 report that carers save the economy £132 billion a year which is an average of £19,336 per carer. If this figure is applied to the average 6530 carers to be annually supported by the new contract, the investment made in them would be £1,549,375 while the savings they make to the local economy are estimated to be £126,264,080. So, for every £237 invested in a carer the return is £19,336. Consequently, there is a strong economic case for supporting carers.

## **8. Budget and Cost Implications**

8.1 The working assumption is that the new service will be commissioned within the current available budget. A pooled budget with multiple income sources of £1,708,868 is potentially available from existing Public Health budgets to fund the new service.

8.2 Demand and financial modelling work indicates the full budget allocated to the Carers Support Service is adequate to meet expected demand, including reasonable growth, and make identified improvements to the service provision in order to take a proactive and preventative approach to identifying and supporting carers, whilst also contributing to the development of carer friendly communities and businesses. The ‘in-principle’ sufficiency of the proposed budget has also been explored and validated as part of the market engagement process.

8.3 The tender process will test the deliverability of service expectations within the constraints of the available budget, and competitive tension will ensure value for money is maximised.

## **9. Risks and Dependencies**

- 9.1 The proposed budget needs to support service improvements and account for demographic trends indicating a growth in carer numbers and increasing complexity of need. Demand and financial modelling work suggest this is achievable, but growth in demand in excess of projected levels and rising inflation could still place pressure on the budget during the term of the new contract. The increased focus on early help, prevention and digital delivery in the updated model should help to manage demand and costs, and discussions are ongoing with Lincolnshire Clinical Commissioning Group regarding its budgetary contribution to the service with a view to securing an enhanced contribution in future years.
- 9.2 Redesign of the Mosaic workflow is necessary to support and embed the proposed service improvements and enable whole service reporting to meet management information needs, comprising, service performance, commissioning intelligence, stakeholder accountability and Information Governance. Work on this is underway and represents a key dependency in the future success of the service.
- 9.3 Serco Customer Service Centre Carers Team - This provides the Lincolnshire Carers Service 'front door' and statutory support to carers by telephone, as well as running the Carers Emergency Response Scheme (CERS). Several of the proposed service improvements, in particular those linked to service awareness and access, the re-alignment of roles for referral management, triage and statutory carer assessments, and partnership working, rely on the engagement, buy-in and support of Serco, which has been good to date.
- 9.4 Adult Care and Children's Services professional practice developments - Of prime importance to the success of supporting carers effectively, is the need for professional practice leadership to promote and sustain high quality joined up, Care Act compliant practice, across the Council and the commissioned service from whom it receives services.

## **10. Commercial Model**

- 10.1 Taking account of the findings from the review work undertaken, including the market engagement feedback, demand and financial modelling, and required service improvements, it is proposed the commercial model for the new service will be structured as summarised below.
- 10.2 Delivery will be by a single provider of a countywide service, working in partnership with the Serco CSC Carers Team. This is consistent with the current model for delivery, and its viability is supported by the market engagement exercise. The competition phase will not preclude bids from consortia and sub-contracting models, which should help to maximise the level of competition.

## **11. Payment and Performance**

- 11.1 Payment will be by way of a fixed sum (block payment) for the delivery of the Services. Unit prices will also be generated within the financial submission which can be used as the basis for an additional payment should the volumes of service exceed those projected, subject to approval by the Council, within the available budget.
- 11.2 Utilising the Service Provider's financial submission at tender stage, the contract will include an Open Book Accounting approach as a basis for assessing whether the Service Provider is generating any excess profit. As part of the open book approach to understand the Service Provider's actual costs of service delivery, where the actual costs of service delivery are below the tendered service delivery cost, a mechanism will be included to enable the Council to share in that efficiency saving by way of a gain share mechanism.
- 11.3 Performance management will continue to be embedded into the contract. This will be linked to manageable, measurable and achievable targets aligned to the agreed key performance indicators, and a formalised system of managing and monitoring performance against the contract. A review of contract KPI measures is being undertaken prior to commencement of the procurement process to help to ensure that the required service levels are optimised. KPI measures will focus on the achievement of outcomes for carers and the wider service, and if delivery falls below the agreed Service Levels it will be possible to make proportionate deductions to the contract Fee through the application of Service Credits to relevant Key Performance indicators.

## **12. Contract Commencement and Duration**

- 12.1 The existing Carers Support Service contract concludes on 30 September 2022, with the new contract needing to commence on 1 October 2022.
- 12.2 The proposed duration of this contract will be for an initial period of three years with an extension period of two years. The attractiveness of this approach was tested as a part of the market engagement process, and the views of the market provided validation that the proposal is a realistic, reasonable and attractive term for the contract.

## **13. Procurement Implications**

- 13.1 The Procurement is being undertaken in accordance with regulations 74 to 76 of the Public Contract Regulations 2015 under "Light Touch Regime" utilising an Open Procedure method. An OJEU Notice will be published in December 2021 and a Contract Award Notice will be issued on any award to a successful bidder.
- 13.2 In undertaking the procurement the Council will ensure the process utilised complies fully with the EU treaty principles of openness, fairness, transparency and non-discrimination.

- 13.3 The procurement process shall conform with all information as published and set out in the OJEU Notice.
- 13.4 All time limits imposed on bidders in the process for responding to the OJEU Notice and Invitation to Tender will be reasonable and proportionate.
- 13.5 Subject to the maximum available budget and a commitment to deliver the service volume expectations, which have been profiled as described at section 5, the final cost of the service will be determined via competition.
- 13.6 Invitation To Tender evaluation will focus on a combination of service cost and quality, and the capability of the single provider and any organisations they may wish to form sub contracting arrangements with, to deliver the required volume of service and quality outcomes across the county.

#### **14. Public Services Social Value Act**

- 14.1 In January 2013 the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.
- 14.2 A stronger and well-resourced carers' support service will have the potential to deliver increased social and economic benefits to the area by;
- 14.3 Helping people to live at home for longer; helping relieve pressure on acute hospitals, care homes, community care and the wider health system by assisting, supporting and sustaining informal care arrangements and preventing avoidable admissions to hospital.
- 14.4 Ways will be explored of securing social value through the way the procurement is structured. The operation of sub-contracting and consortium arrangements will be explored as a means of ensuring a role for local small to medium-sized enterprises (SMEs) in the delivery of the services. Evaluation methodologies will incentivise the delivery of a skilled and trained workforce.



14.5 Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value which it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This and the market consultation carried out is considered to be sufficient to inform the procurement. It is unlikely that any wider consultation would be proportionate to the scope of the procurement.

### **13. Legal Issues:**

#### Equality Act 2010

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

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

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

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

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

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

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

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

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

13.1 The key purpose of the service is to support carers' wellbeing and those for whom they care many of which will have a protected characteristic, helping them to achieve a balanced quality of life and giving carers' the ability to have some choice and control in their caring role. In that sense the delivery of the service helps to advance equality of opportunity. The providers' ability to provide services which advance equality of opportunity will be considered in the procurement and providers will be obliged to comply with the Equality Act.

13.2 An Equality Impact Assessment (EIA) has been undertaken and is available at Appendix A. This is not the final version as the EIA is a live document that is updated throughout the re-commissioning process. The EIA identifies that the new service model inclusive of the proposed changes does not have any perceived adverse impacts on people with protected characteristics.

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

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

13.3 Carers are one of the seven priorities of the Joint Health and Wellbeing Strategy. Re-commissioning the Carers' Service builds on achievements across Health and Care for carers to date, and helps support the integrated delivery plan to:

- increase the early identification of adult and young carers in Primary Care
- support young carers in schools
- support carers to plan for the future, including employment and emergencies
- influence and shape preventative measures and support for carers

13.4 In addition, the service provider will be part of the system wide support to improve the identification and support of carers as set out in a Memorandum of Understanding, approved by the Health and Wellbeing Board. This is monitored on an annual basis through a report to the Board.

## Crime and Disorder

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

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

### **14. Conclusion**

14.1 Re-procuring the service supports the Council in fulfilling its statutory duties related to support for carers under the Care Act 2014.

14.2 From a social care perspective, there is a high probability that Carers Support Services are cost effective in preventing, reducing or delaying the need to higher cost care and support service, by helping to sustain informal care arrangements for longer.

14.3 It is expected that the proposed improvements to the carers support service, through the specification and to associated processes, will enable the Council to maximise the service impact and benefit to end users, as well as improving the ability to evidence value for money.

14.4 Future alignment of support for families of substance misusers to the substance misuse treatment and recovery provision should benefit both carer and substance misuse provisions; it will provide a smooth pathway, the specialist knowledge required, and best value, and should increase the number of people in treatment and recovery.

14.5 Revised Key Performance Indicator (KPI) measures will also help to ensure that the required service levels, outcomes, and impact are optimised.

### **15 Legal Comments:**

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

The proposal is compliant with the Council's procurement law obligations.

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

**16. Resource Comments:**

The budget available for the carers contract is set based upon its historic level. For reasons highlighted throughout the report there is no service need to increase the budget.

**17. Consultation**

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

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

**c) Scrutiny Comments**

The decision will be considered by the Adults and Community Wellbeing Scrutiny Committee on 23 February 2022. The comments of the Committee will be reported to the Executive Councillor.

**d) Risks and Impact Analysis**

See body of report and Appendix A, the Equality Impact Assessment.

**18. Appendices** – These are listed below and attached to the report.

Appendix A	Equality Impact Assessment - Re-commissioning of Lincolnshire's Carers Support Service
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**19. 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 Carl Miller, who can be contacted on 07879 412886 or [carl.miller@lincolnshire.gov.uk](mailto:carl.miller@lincolnshire.gov.uk).

## Equality Impact Analysis to enable informed decisions

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

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

### Using this form

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

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

### Equality Act 2010

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

### Protected characteristics

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

### Section 149 of the Equality Act 2010

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

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

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

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

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

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

## **Conducting an Impact Analysis**

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

### **The Lead Officer responsibility**

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

### **Summary of findings**

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

## Impact – definition

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

### How much detail to include?

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

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

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

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

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

## Background Information

<b>Title of the policy / project / service being considered</b>	Re-commissioning of Lincolnshire's Carers Support Service	<b>Person / people completing analysis</b>	Simon Gladwin, Nicola Williamson, Sandra Kelley, Sarah Moody
<b>Service Area</b>	Carers Public Health, Adult Care and Community Wellbeing/ Children's Services	<b>Lead Officer</b>	Emma Krasinska
<b>Who is the decision maker?</b>	Councillor Bowkett	<b>How was the Equality Impact Analysis undertaken?</b>	Desktop <ul style="list-style-type: none"> <li>• Commenced December 2019</li> <li>• Service user, provider and professional stakeholder feedback,</li> <li>• Desktop exercise</li> <li>• On-going</li> </ul>
<b>Date of meeting when decision will be made</b>	06/12/2021	<b>Version control</b>	v0.10
<b>Is this proposed change to an existing policy/service/project or is it new?</b>	Existing policy/service/project	<b>LCC directly delivered, commissioned, re-commissioned or de-commissioned?</b>	Re-commissioned



**Describe the proposed change**

Lincolnshire County Council is seeking to re-commission a countywide statutory carers support service. The service supports carers' wellbeing, achieving a balanced quality of life and ability to have some choice and control in their caring role. The service is preventative. It aims to promote early identification of carers, support their health and wellbeing and reduce or delay a deterioration of need and subsequent escalation to statutory support services.

The Carers Support Service is a key component of LCC's Care Act 2014 requirements. The Care Act (2014) and the Children and Families Act (2014) give carers full legal recognition, by placing their needs and rights on an equal footing to those for whom they care.

Councils have a general duty to promote the wellbeing of carers, and to prevent, reduce and delay the onset of need. Councils are also expected to take a whole family approach when assessing or supporting an adult or child in need. The Local Authority has a legal responsibility to prevent a young carer providing inappropriate or excessive levels of care to an adult or child.

The current service is delivered jointly by Lincolnshire County Council, Carers First and Serco. Service provision is split into the following areas with differing contractual end dates:

- 'Young Carers Service' – delivered within Lincolnshire County Council Early Help and TAC Team
- 'Adult and Young Adult Carers' – commissioned by Lincolnshire County Council Public Health and delivered by Carers First, a registered national charity
- 'Parent Carers' – an element of which is included in the Carers First contract, but is additionally commissioned by Lincolnshire County Council SEND and delivered by LPCF
- 'The Customer Service Centre' - which offers a comprehensive telephone-based support service. Elements of the current service will continue after re-commissioning in line with Lincolnshire County Council's contracts with Serco.

The current model is widely seen as effective however the re-commissioning offers an opportunity to apply learning from the previous six years of experience in implementing the Care Act.

Service review, benchmarking, lessons learnt sessions, service user/provider engagement and surveys will be undertaken to find out what is valued about the current service and to investigate alternative models.

The current contract ends in June 2022.

**Proposed Change**

The proposal is to re-commission a service based on the current model but with identified shortfalls addressed. Proposed changes therefore include strengthening of statutory practice and carer co-production, address gaps in current offer, build whole family approaches and improve joined up multi-agency support. There will be a tiered offer of support; universal, targeted and complex. The statutory element must be consistent with the Care Act (2014) and other service areas need to consider what support is required by carers and how this may be delivered with the allocated budget. Areas currently funded by the BCF can be

included as core business if the element is required. This proposal will also see support to substance misuse carers commissioned separately to a specialist substance misuse support service provider. Young carer engagement is an element that will also be removed from the re-commissioned service.

### **Funding**

The final budget is confirmed and there will be a slight uplift in funding. Financial modelling has confirmed that the budget identified is adequate to meet future demand, consolidate BCF elements and address identified improvements.

### **Service model**

The service model has been developed using the following methods:

- **Literature Review** – Completed November 2019
- **Benchmarking** – Completed January 2020, this indicates the current model is fit for purpose, but some areas may benefit from a different delivery model or revised monitoring processes
- **Lessons Learned study** – Completed January 2020, this indicates some areas that needs to work better such as service identity, single point of access or the monitoring system
- **Service evaluation** – Completed July 2020 after a coronavirus delay
- **Stakeholder and service user engagement** – Completed June 2020 and key findings are that carers need a comprehensive range of preventative support to meet their needs and support needs to be personalised and flexed according to the level of carer need. As carers reach out to a range of services and organisations for support, partnership arrangements are key to identifying and supporting carers. There needs to be a single service identity and point of contact to make it easier for carers to access support. Although the current model is fit for purpose there is room for improvement.

### **Governance**

There is a project group which meets monthly, and a governance board chaired by the elected portfolio holder. Decisions will be made at that forum prior to seeking commissioning board and executive approval. Decisions will be made to meet the timeline of the new service. The current service has been extended to June 2022 due to coronavirus delays and the resource impact that has had.

## **Evidencing the impacts**

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

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

### **Data to support impacts of proposed changes**

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

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

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

#### Workforce profiles

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

**Positive impacts**

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

<b>Age</b>	<p>The re-commissioned service will be open to all adult carers from the age of 16 (as appropriate) with an appearance of need. However, the council will place a requirement in the service specification to offer an equal and accessible service when it is re-procured, which will be monitored through contract management. Therefore, individuals with this protected characteristic will not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p> <p>Older carers will see a positive impact as according to 2016/17 data from Adult Care's 2018 performance report, over 85's account for around 8% of adult carers in Lincolnshire, while almost half are aged 18-64. The Social Care Institute for Excellence (SCIE) also claims older carers (85+) are a growing group of carers. They are usually providing care to a spouse or partner and are less likely to identify themselves as carers.</p> <p>Working age carers will see a positive impact from a supportive service as figures from Employer for Carers released in October 2019 show that in England alone 2.6 million carers had to leave work and a further 2 million had to reduce their working hours to accommodate their informal caring responsibilities.</p> <p>Sandwich carers have caring responsibilities for an older parent while also bringing up their own young family for example. They are most commonly (35%) aged 35 - 44 and those aged 55-64 provide the longest hours; 29% of them provide over 20 hours of caring a week so are likely to see a great impact from a support service.</p> <p>Young carers are out of the scope of this service, but young adults will be eligible if they have an assessed need.</p> <p>Following a decision made by Children's Executive DLT young carers will not be in scope of the new service but there is joint work with Children's Services to ensure the services take a whole family approach and complement one another.</p>
<b>Disability</b>	<p>The re-commissioned service will take a blended approach and is open to all carers with an appearance of need and therefore will have a positive impact. This protected characteristic will not face barriers in accessing the service should they need it, and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p> <p>The use of IT will make it easier for some to access support as it limits the needs to travel for example.</p>

	<p>Carers support family and friends with a range of conditions and disabilities. Directly supporting carers to sustain the caring role also prevents, delays and reduces the needs of those they care for. Consequently people with care needs will also indirectly benefit from the service.</p> <p>According to Gov.uk, there are over 11 million people with a limiting long term illness, impairment or disability. The prevalence of disability rises with age. Around 6% of children are disabled, compared to 16% of working age adults and 45% of adults over State Pension age. The 2019 GP Patient Survey also found that carers are more likely to report having a long term condition, disability or illness than non-carers – 63% of carers compared to 51% of non-carers. According to the NHS Information Centre Survey of Carers in Households, 27% of carers were in receipt of Disability Living Allowance as a result of their own disability or ill health. In Lincolnshire, data shows that the reasons people provide unpaid care is predominantly physical (71% of those not receiving adult care services), while 15% of this group have learning disabilities and 5% have a mental health issue</p>
<b>Gender reassignment</b>	<p>No perceived positive impact. This protected characteristic group should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. Evidence is limited and figures for transsexuals are included in broader LGBTQ+ data</p>
<b>Marriage and civil partnership</b>	<p>This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. As many carers care for a spouse or partner there could be a positive impact for this protected characteristic.</p> <p>According to the latest census, over half the population of each district in Lincolnshire is married: Almost 57% in North Kesteven and 49% in Boston. Figures for civil partnerships was much lower with a mean of only 0.17% across all districts in a civil partnership, however this figure is likely to be higher now.</p>
<b>Pregnancy and maternity</b>	<p>No perceived positive impact. This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. If technology is used to meet or support carers who are pregnant or have young children, it will offer greater flexibility to many in this cohort as it reduces the needs to travel and exposure to risk (eg related to coronavirus).</p>
<b>Race</b>	<p>No perceived positive impact. This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p>

<b>Religion or belief</b>	No perceived positive impact. This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.
<b>Sex</b>	<p>This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic. There will be a greater positive impact on women because they are more likely to be carers.</p> <p>The 2011 Census showed that women are more likely to be carers than men (58%:42%). The percentage of carers who are female rises to 60% for those who are caring for 50 hours or more a week. Women make up 72% of the people receiving Carer's Allowance for caring 35 hours or more a week so services will likely benefit marginally more women than men. Carers UK has calculated that the economic value of the unpaid care provided by women in the UK is estimated to be a massive £77 bn per year. Caring falls particularly on women in their 40s, 50s and 60s. 1 in 4 women aged 50-64 has caring responsibilities for older or disabled loved ones. Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old. The imbalance reduces amongst older carers; the gender split is 50:50 of carers aged between 75 and 84. Carers over 85 are more likely to be male (59%) than female (41%) 22 – many caring for their partners.</p>
<b>Sexual orientation</b>	<p>No perceived positive impact. This protected characteristic should not face barriers in accessing the service should they need it and stand to benefit from it in the same way as other eligible people without a protected characteristic.</p> <p>According to the SCIE, knowledge about some groups of carers often referred to as “hidden” or “hard to reach” carers are relatively invisible within research. This is particularly the case for carers from BME and LGBT+ communities. Stonewall estimates that 5-7% of the population is gay, lesbian, bisexual and transsexual. Based on the estimates from Stonewall that 3.7 million people in the UK are LGBT, Carers UK estimates there are 390,000 LGBT carers in Britain, although this is higher than the official figures it is presumed that continuing taboos and fear of discrimination around sexual orientation are the reason for the difference in figures.</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.**

The Care Act (2014) and the Children and Families Act (2014) give carers full legal recognition, by placing their needs and rights on an equal footing to those for whom they care. The mitigation is proactive identification services, and health partners playing their role to proactively identify carers.

Councils have a general duty to promote the wellbeing of carers, and to prevent, reduce and delay the onset of need. Councils are also expected to take a whole family approach when assessing or supporting an adult or child in need. The local authority has a legal responsibility to prevent a young adult carer providing inappropriate or excessive levels of care to an adult or child.

Councils have a duty to offer a carer an assessment, if they have the appearance of need. All carers, including parent carers, young adult carers and young carers, have the right to have an assessment of their needs, either upon request, or if they appear to have needs. This is regardless of for whom they care, what type of care they provide or how often they provide it. (Source: ADASS (2015) The Care Act and Whole Family Approaches).

The health of carers is known to decline as the number of hours care they provide increases. The JSNA highlights census data showing that around four fifths of those providing up to 19 hours care say they are in good health while less than 5% say they are in poor health. When the number of hours of care increases to 50+, those reporting good health drops to half and those in poor health rises to approximately 15%. Services which seek to improve this picture can only be positive.

#### Working carers

This group is often hidden and don't identify themselves to their employer or manager as a carer. According to Employer for Carers, 67% of working carers struggle to balance their work and carer responsibilities. WeMa Carer's research uncovered that 49% of informal carers in full-time work have lied about needing a sick day in order to fulfil care commitments, and the same number have already reduced or changed their working hours in order to care for a loved one. A comprehensive service that meets need could help this group to maintain all of their responsibilities, but it is essential that employers are helped to be positive about those in caring roles and being flexible enough to accommodate their needs.

#### Digital

Coronavirus has meant a huge shift for many services to be provided online from GP appointments to quizzes. Young people in particular are now easier to reach in many ways as the use of technology has improved and meetings, events and discussions can take place virtually. This should be reflected in the specification as a way of encouraging the use of online tools for those with limited time to travel to assessments or events for example.

#### Substance Misuse

Feedback from carers who have accessed the service, and the provider themselves, suggests that the existing service is not meeting need. There has been limited success in reaching those who care for family members with addiction (in part perhaps due to the individuals not seeing themselves as a carer). The needs of this group are very specific and it requires specialist knowledge of substance use and its impacts, therefore if it is proposed to commission this element separately a better quality of service, in touch with the right people, could be provided to better meet their needs.

### **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 perceived adverse impact. Engagement has shown that carers would like service delivery to take a blended approach which is a mixture of face to face and virtual. Carers aged over 85 do not want to access the service through social media, apps, video calls or groups and carers aged 25 and under do not want to use telephone. Providing the new service offers choice there should not be any adverse impact in relation to age.
<b>Disability</b>	No perceived adverse impact. Engagement has shown that carers would like service delivery to take a blended approach which is a mixture of face to face and virtual. Providing the new service offers a range of options for engagement there should not be any adverse impact in relation to disability.
<b>Gender reassignment</b>	No perceived adverse impact. No mitigating action identified
<b>Marriage and civil partnership</b>	No perceived adverse impact. No mitigating action identified



<b>Pregnancy and maternity</b>	No perceived adverse impact. No mitigating action identified
<b>Race</b>	No perceived adverse impact. No mitigating action identified
<b>Religion or belief</b>	No perceived adverse impact. No mitigating action identified
<b>Sex</b>	No perceived adverse impact. No mitigating action identified
<b>Sexual orientation</b>	No perceived adverse impact. No mitigating action identified

**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.**

Carers who are not online, for example those in very rural areas, older carers or those in poverty and without access to broadband or a device could potentially be excluded from support if it is primarily available online. Services will continue to offer an alternative, such as written correspondence, telephone interview or face to face meetings to ensure they are not further excluded. The service will also have a focus on digital inclusion to ensure, where possible, barriers to accessing online support are addressed. There have been stark warnings about this, particularly in the spring of 2020 when the coronavirus pandemic has forced many services to use virtual gatherings, from Government, advisors and engagement specialists, such as the Consultation Institute.

## Stakeholders

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

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

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

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

The EIA aims and objectives for engagement were:

### Objective

- To develop a specification that meets carer and stakeholder need as well as meeting statutory requirements of the Care Act 2014 and budgetary provision

### Aims

- To determine what services will best meet carer need
- To determine stakeholders needs and aspirations
- To test a service model against need and aspirations

To achieve the objectives of the engagement the service model was developed using the following methods:

- **Literature Review** – Completed November 2019
- **Benchmarking** – Completed January 2020, this indicates the current model is fit for purpose, but some areas may benefit from a different delivery model or revised monitoring processes

- **Lessons Learned study** – Completed January 2020, this indicates some areas that needs to work better such as service identity, single point of access, combined whole family approaches in complex cases or the recording and reporting system. This study involved internal and external stakeholders over a number of group and one to one discussions
- **Service evaluation** – Completed July 2020 after a coronavirus delay
- **Stakeholder and service user engagement** – Completed June 2020 and key findings are that carers need a comprehensive range of preventative support to meet their needs and support needs to be personalised and flexed according to the level of carer need. As carers reach out to a range of services and organisations for support, partnership arrangements are key to identifying and supporting carers. There needs to be a single service identity and point of contact to make it easier for carers to access support. Although the current model is fit for purpose there is room for improvement.

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

<b>Age</b>	The community engagement team has provided information to populate this EIA, including evidence from organisations such as CarersUK and Age UK. On-going work including Lessons Learned, benchmarking, service user engagement, stakeholder engagement are now complete. Evidence from young people via Children's Services has also been included from version 0.7
<b>Disability</b>	The engagement report demonstrates the levels of representative involvement among this group. Carers identified having their own health issues and those being cared for often also fall within this category. Representative organisations were particularly targeted as well as carers themselves
<b>Gender reassignment</b>	
<b>Marriage and civil partnership</b>	
<b>Pregnancy and maternity</b>	
<b>Race</b>	
<b>Religion or belief</b>	

Sex	
Sexual orientation	
<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</p> <p>Engagement re-commenced in March 2021 following a coronavirus delay and was completed in June 2021. We are confident that we have included all groups with the relevant characteristics. The engagement was available in a variety of formats. We are confident that we have received and considered responses from all the groups. The engagement included an opportunity for people to raise concerns about any impacts of a revised service model on protected characteristics (of the person providing care and the person being cared for). There are a couple of examples of how this worked in action above.</p>
<p><b>Once the changes have been implemented how will you undertake evaluation of the benefits and how effective the actions to reduce adverse impacts have been?</b></p>	<p>The Equality Impact Analysis will be a live document, regularly reviewed.</p> <p>There will be regular implementation meetings with the successful providers as part of awarding the contracts. These meetings will review whether there are any impacts against individual service users, particularly those who are protected under the Equality Act 2010. A review of any adverse impacts will be carried out six months after the new service has been implemented.</p> <p>Following implementation there will be quarterly contract management meetings, again these will review the service delivery and will identify any protected groups or individuals who may be impacted either in a positive or negative way.</p>

## Further Details

<b>Are you handling personal data?</b>	<p>No</p> <p>If yes, please give details.</p> <p>Personal details are held as part of Mosaic however all data used within the re-commissioning is anonymous, so no personal data leaves Mosaic to contribute to this exercise</p>
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Actions required	Action	Lead officer	Timescale
Include any actions identified in this analysis for on-going monitoring of impacts.	Engagement with carers, potential carers and people who are cared for to ensure the service is/will meet the additional needs they might have as a result of one of the nine protected characteristics	Amy Smithson	Completed

Version	Description	Created/amended by	Date created/amended	Approved by	Date approved
V0.1	Original desktop version prior to service modelling	Simon Gladwin	04/12/19		
V0.2					
V0.3	Includes scope and benchmarking/lessons learned	Simon Gladwin	31/01/20		
V0.4	Engagement team comments and evidence inclusion	Sarah Moody	05/02/20		
V0.5	Further update with additional evidence for	Sandra Kelley	26/02/20		
V0.6	presentation to meeting	Sarah Moody			

V0.7	Coronavirus impact update following project meeting with errors corrected in response to feedback from EK 16/7	Sarah Moody	08/07/20		
V0.8	V0.7 updates incorporated	Sandra Kelley	13/08/20		
V0.9	V0.8 updates incorporated	Sandra Kelley	15/07/21		
V0.10	Updated to include legal remarks in advance of committee	Nicola Williamson and Sarah Moody	15/11/21		

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

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**Open Report on behalf of Andrew Crookham,  
Executive Director – Resources**

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>23 February 2022</b>
Subject:	<b>Adults and Community Wellbeing Scrutiny Committee - Work Programme</b>

**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 relevant extracts from latest version of the forward plan of key decisions due to be taken from 1 March 2022. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

Following its consideration on 12 January 2022 of the report on the proposed pilot for the Public Health Arrangements in Greater Lincolnshire, the Committee is requested to note the decision of the Executive on 8 February 2022 to approve the arrangement. The comments made by this Committee on 12 January 2022 had been included in the report to the Executive.

**Actions Requested:**

- (1) To review the Committee's forward work programme, as set out in the report.
- (2) To note that that following consideration by this Committee on 12 January 2022, a decision was made by the Executive on 8 February 2022 to approve recommendations in the report on the Public Health Arrangements for Greater Lincolnshire.

## 1. Current Items

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

<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>	Section 75 Agreement for Learning Disability Between Lincolnshire County Council and Lincolnshire Clinical Commissioning Group	Justin Hackney, Assistant Director, Specialist Services and Safeguarding	To consider a proposed decision by the Executive on 1 March 2022.
<b>3</b>	The Re-commissioning of the Carers Support Service	Carl Miller, Commercial & Procurement Manager, Commercial Team - People Services	To consider a proposed decision by the Executive Councillor for Adult Care and Public Health between 28 February and 4 March 2022.
<b>4</b>	Residential Care and Residential with Nursing Care Usual Costs	Alina Hackney, Head of Procurement - People	To consider a proposed decision by the Executive on 1 March 2022.

## 2. Planned Items

Set out below are the items planned for future meetings of the Committee.

<b>6 April 2022 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	The Recommissioning of the Lincolnshire Community Equipment Service	Commercial & Procurement Manager, Commercial Team - People Services	This is due for decision by the Executive on 4 May 2022.

<b>6 April 2022 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>2</b>	Improvement Programme for Adult Care	Lead Professional / Principal Social Worker Adult Care and Community Wellbeing	This item will explain improvements in the process, including initial contact, signposting, assessment and wellbeing services.
<b>3</b>	Social Connection Strategy	Semantha Neal, Assistant Director Prevention and Early Intervention  Sean Johnson, Public Health Programme Manager	To consider the development of the Council's social connection strategy.
<b>4</b>	Care Attraction Campaign – Social Change	Alina Hackney, Head of Procurement - People	To consider a presentation on the Care Attraction Campaign
Following the formal meeting, the Committee is due to receive a briefing session on the Community Strategy and Voluntary Sector Support.			

<b>25 May 2022 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Review of Financial Assessments	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This item will begin to consider the impact of the <i>People at the Heart of Care – Adult Social Care Reform White Paper</i> on financial assessments

<b>29 June 2022 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Lincolnshire Safeguarding Adults Board – Update	Justin Hackney, Assistant Director, Specialist Services and Safeguarding	This is the six-monthly update.

<b>29 June 2022 – 10.00 am</b>			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
<b>2</b>	Performance Against Corporate Performance Framework – 2021-22 Quarter 4	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
<b>3</b>	Adult Care and Community Wellbeing Budget Outturn 2021-22	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is the standard report, following the end of each financial year.

<b>7 September 2022 – 10.00 am</b>			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>	Performance Against Corporate Performance Framework – 2022-23 Quarter 1	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
<b>2</b>	Lincolnshire Integrated Care System	Glen Garrod, Executive Director of Adult	This item will advise the Committee on the impacts of the Lincolnshire Integrated Care System, which is due for implementation from 1 July 2022.

<b>19 October 2022 – 10.00 am</b>			
<i>Item</i>		<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>	Adult Care and Community Wellbeing Budget Monitoring 2022-23	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is the standard report, enabling the Committee to monitor the in-year budget.

<b>30 November 2022 – 10.00 am</b>		
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>
<b>1</b>	Performance Against Corporate Performance Framework – 2022-23 Quarter 2	Caroline Jackson, Head of Corporate Performance  This is the quarterly performance report.
<b>2</b>	De Wint Court, Lincoln, Extra Care Accommodation	Emma Rowitt, Senior Project Manager – Corporate Property  To consider an update report on the extra care accommodation at De Wint Court, Lincoln, which is due to open during 2022.

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

### **3. Executive Decision on Public Health Arrangements for Greater Lincolnshire**

On 8 February 2022, the Executive approved the proposals for the Public Health Arrangements in Greater Lincolnshire Housing, which had been considered by this Committee on 20 October 2021. The report to the Executive include the comments from the Committee and minute 44 from the last meeting sets out in full the Committee’s consideration of this item.

### **4. Conclusion**

The Committee is invited to consider its work programme and to note the decision of the Executive on 8 February 2022 on the Public Health Arrangements for Greater Lincolnshire.

### **5. Appendices**

These are listed below 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 February 2022
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### **6. 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 March 2022**

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	DIVISIONS AFFECTED
Recommissioning of the Carers Support Service	28 Feb - 4 Mar 2022	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
Residential and Nursing Framework Usual Costs	1 Mar 2022	Executive	Survey and analysis of the local provider market for residential and nursing care. Adults and Community Wellbeing Scrutiny Committee	Commercial and Procurement Manager Email: <a href="mailto:Alexander.Craig@lincolnshire.gov.uk">Alexander.Craig@lincolnshire.gov.uk</a>	All
Section 75 Agreement Between Lincolnshire County Council and Lincolnshire Clinical Commissioning Group for Learning Disability Services	1 Mar 2022	Executive	Learning Disability Partnership Board Adults and Community Wellbeing Scrutiny Committee	Assistant Director – Specialist Adult Services and Safeguarding Email: <a href="mailto:Justin.Hackney@lincolnshire.gov.uk">Justin.Hackney@lincolnshire.gov.uk</a>	All
The Recommissioning of the Lincolnshire Community Equipment Service	4 May 2022	Executive	The Leader of the Council, Adult Care and Community Wellbeing Executive DLT, LCES Programme Board	Senior Commercial and Procurement Officer E-mail: <a href="mailto:marie.kaempferice@lincolnshire.gov.uk">marie.kaempferice@lincolnshire.gov.uk</a>	All