County Offices
Newland
Lincoln
LN1 1YL

17 May 2022

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 25 May 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

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, 25 MAY 2022

Democratic Services Officer Contact Details

Name: **Emily Wilcox**

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E Mail Address emily.wilcox@lincolnshire.gov.uk

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

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

Contact details set out above.

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, 25th May, 2022, 10.00 am (moderngov.co.uk)

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

ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
6 APRIL 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

Councillor Mrs W Bowkett (Executive Councillor – Adult Care and Public Health) attended the meeting as an observer via Microsoft Teams

Officers in attendance:-

Chris Erskine (Lead Professional / Principal Social Worker), Simon Evans (Health Scrutiny Officer), Justin Hackney (Assistant Director, Specialist Adult Services), Richard Proctor (Interim Chairman of the Lincolnshire Safeguarding Adults Board) and Emily Wilcox (Democratic Services Officer)

Officers in attendance via Microsoft Teams:-
Robin Bellamy (Wellbeing Commissioning Manager), Marie Kaempfe-Rice (Senior Commercial and Procurement Officer and Jo Osborne (Social Change UK)

66 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence had been received from Councillor E J Sneath (Executive Support Councillor – Adult Care and Public Health) and Councillor C Matthews (Executive Support Councillor – NHS Liaison, Community Engagement, Registration and Coroners) and the Executive Director – Adult Care and Community Wellbeing.

67 DECLARATIONS OF MEMBERS' INTERESTS

None were declared.

68 MINUTES OF THE MEETING HELD ON 23 FEBRUARY 2022

RESOLVED:

That the minutes of the meeting held on 23rd February 2022 be approved as a correct record and signed by the Chairman.

69 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman reminded the Committee that a briefing session on the Community Strategy and the Voluntary Sector would take place following the meeting.

The pilot scheme for the recycling of community and medical equipment had commenced in March and could continue for a trial period of ten weeks at Lincoln's recycling centre, with the potential to extend the scheme to all household waste recycling centres within the County.

The Executive Councillor for Adult Care and Public Health was pleased to report that the De Wint Court extra care housing had been shortlisting for the Local Government Chronicle award within the housing category.

The Chairman had attended the opening of the extra care facilities at De Wint Court and commended the facilities.

The Lincolnshire Care Awards had taken place on 24 March 2022, which celebrated the strength, pride and achievements of Lincolnshire's Carers. The Executive Councillor for Adult Care and Public Health thanked all those in attendance.

70 LINCOLNSHIRE COMMUNITY EQUIPMENT SERVICE RE-PROCUREMENT

Consideration was given to a report by the Head of Public Health and the Senior Commercial & Procurement Officer, which invited the Committee to consider an update on the Lincolnshire Community Equipment Service (LCES) Re-procurement, which was due to be considered by the Executive on 4 May 2022.

Following a comprehensive review of the LCES including telecare, several changes had been made to the arrangements proposed as part of the new service, which was due to commence on 1 April 2023. Approval from the Executive was sought to procure a new contract for LCES including wheelchair services.

The report set out the main objectives of the LCES contract; the challenges faced in recent years and the proposed changes to current arrangements, which included broadening the scope of the service, changes to the commercial model, the introduction of a true pooled budget, changes to the contract duration, specification improvements and the separate procurement of the telecare service. Further details were set out in Appendix 1 to the report.

The Committee supported the proposals to the Executive and during the discussion the following points were noted:

- The Committee welcomed the separation of the telecare element; the inclusion of the wheelchair service; the continuation of the single provider model; the inclusion of sub-contract models in the procurement arrangements to ensure specialist services are maintained as well; the proposed rebate model to improve the rates of recycling of the equipment by the provider, whereby the provider would retain a percentage of the value of recycled equipment and the contract duration of potentially ten years for the community equipment contract.
- The Committee was strongly supportive of all recycling arrangements, which currently included a scheme at the Council's household waste and recycling centres, where equipment could be deposited and passed to the provider.
- It was noted that seven-day working, introduced in response to the pandemic, was being monitored and could be explored as part of the new contract arrangement. Seven-day working would enhance service delivery and the speed of response to people's needs.
- The Committee highlighted the budget pressures, arising from demographic trends, as one of the risks. There was already a cost pressure of £1.1 million and if demand were to increase by 4% per annum, there would be increased pressure on the budget, although the proposed rebate model would mitigate some of these pressures.
- The Committee acknowledged that due to the forecasted growth of the service and the associated potential cost pressures, a sustainable long term funding strategy would need to be developed in partnership with the NHS. As part of the true pooled budget, equipment would no longer be attributed to either the NHS or the County Council and prescribed based on need. Thus, prescriber behaviour would therefore form a key element of the joint work.
- The catalogue of equipment was reviewed regularly to ensure the most cost effective and best range of equipment was made available.
- Assurance was provided that many commissioners were now using a rebate model.
- Several options for the timeliness of delivery were being explored and would be written into the specification of the contract. However, a need to have the ability to be flexible to people's needs and treating cases on an individual basis was also important.
- All pieces of equipment included a sticker with the contact details for their collection.
- A staged introduction of the contract would ensure that mobilisation of equipment was as smooth as possible.
- It was requested that a report on the digital strategy including the complexities of the telecare service be reported at a future meeting.
- It was hoped that the separation of the contract for the telecare service would provide the best value for money and help make the service more efficient.

RESOLVED:

1. That the recommendations to the Executive, as set out in the report, be supported;

2. That a summary of the comments made be passed on to the Executive as part of its consideration of this item.

71 ADULT CARE AND COMMUNITY WELLBEING IMPROVEMENT AND DEVELOPMENT PROGRAMME - OVERVIEW

The Committee received a presentation on the Adult Care and Community Wellbeing Improvement and Development Programme, which aimed to support people to stay as healthy, safe and independent and as possible at all stages of their lives.

The presentation introduced the programme, including the work carried out to date; the key objectives of the programme; the interventions implemented so far; the new vision and inclusive ambition for Adult Care and Community Wellbeing; the impacts made to date and a summary of the delivery of the project.

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

- The flexibility of the project was welcomed.
- It was highlighted how a flexible and creative approach to intervention allowed the right resources to be put in place for each individual.
- The commitment of the staff team supporting the project was commended.
- The importance of providing quality information and advice in order to provide support to individuals in a timely manner was emphasised. Officers were continuously engaging with the relevant colleagues across the Council to ensure they had adequate knowledge to support where necessary.
- The Committee were reminded that the Council had a successful wellbeing service that could be accessed by residents.
- The work carried out on the project to date was commended.
- The need to ensure that the Council's employees were recognised for their contribution and worked in a supportive environment and had access to training and a supportive environment was highlighted.
- It was noted that the team had been shortlisted for a Municipal Journal award for service innovation.
- It was requested that more detail on the services provided to residents in more rural parts of the County be included in future reports to the Committee.
- The role of early intervention was emphasised. The Committee was reassured that intensive work had been carried out which supported customer service representatives in developing their knowledge in adult care processes.
- The Committee were pleased that people were helped to be more independent and highlighted the value of signposting to those individuals.

- Assurance was provided that advice and support was provided to those that needed it regardless of their funding status.

RESOLVED:

That the report and presentation be noted.

72 INCREASING THE CAPACITY OF THE ADULT SOCIAL CARE SECTOR WORKFORCE IN LINCOLNSHIRE

Consideration was given to a presentation by the Assistant Director – Specialist Services, which outlined plans to increase the Capacity of the Adult Social Care Sector Workforce in Lincolnshire.

The presentation provided details on the plans in pace to increase the adult social care workforce in Lincolnshire, including workforce strategy 'bridging the gap', current vacancy and turnover rates and the challenges faced in the recruitment of staff to the social care sector. The presentation also provided detail of Lincolnshire's 'it's not a job' campaign, which was designed to attract interest and action, with a clear target audience and strong messaging.

The Senior Project Manager, Social Change UK, made reference to the 'it's not a job' campaign, which was targeting the student population, people studying for a career in social care and people who were unemployed in places with high care demand. The campaign sort to simplify the process when applying to work within the adult care centre and the need to be initiative and highlight the benefits of a career in care.

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

- It was acknowledged that levels of pay were a contributing factor in the difficulties in recruiting carers and that further funding was needed within Adult Social Care. Reassurance was provided that the Council were looking at ways in which they could support the workforce and add value to their role, which included including health and wellbeing offers and perks.
- The benefits of social work placements being extended to care settings was highlighted.
- The Council worked alongside the local work and skills strategy forum and the Lincolnshire Enterprise partnership to further their efforts in recruiting adult care staff.
- The importance of retaining staff was emphasised.
- Efforts were being made to support people to progress in residential care settings and improve the ability with integration with other roles in the NHS, including the upskilling of staff for more clinical tasks.
- The campaign would focus on the accounts of carers across the County.

- The Committee requested that updates be provided to Committee on a regular basis including an update on market support arrangements within Lincolnshire and the wider workforce strategy.

RESOLVED:

That the report and presentation be noted.

73 REVIEW OF PERFORMANCE MEASURE "PI130 ADULT SAFEGUARDING CONCERNS PROGRESSING TO ENQUIRY"

Consideration was given to a report by the Assistant Director – Specialist Services and the Interim Chairman – Lincolnshire Safeguarding Adults Board (LSAB), which provided the Committee with details of the review of performance measure PI130 - Adult Safeguarding concerns progressing to enquiry.

A review of a Performance Measure “PI130 Adult Safeguarding concerns that progress to enquiry” was requested by the Adults and Community Wellbeing Scrutiny Committee following consideration of the performance measure and associated narrative at the scrutiny meeting in February 2022.

The review had concluded that the current performance measure did not get to the heart of where further improvement was most needed. The current definition excluded significant amounts of adult safeguarding work and potentially penalised good practice in the way it evaluated performance. It was therefore proposed that the current performance measure be removed from key indicator performance with effect from the 1 April 2022 and an action line and timeline be put in place for improvements to be made, including the creation of an alternative performance indicator.

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

- The importance of ensuring all Council employees had awareness of safeguarding risk was emphasised. It was acknowledged that every employee had a role to identify and report concerns both in the workplace and within communities.
- It was important to ensure that the review with partners did not deter people from reporting possible safeguarding concerns. However, it was acknowledged that partner organisations had a statutory duty in the prevention of safeguarding and it was therefore necessary that they had a good understanding of what constituted a safeguarding concern.
- The review had highlighted the level of risk being passed onto local authorities. An accountability framework had been created within the LSAB to work through issues and achieve more accurate recording.
- The Committee were reassured that eth Council provided a high level of support to partner organisations in safeguarding.

- Managers monitored all safeguarding concerns raised including where they were in the process to ensure that progress was being made where possible and that safeguarding was personal and enquiries moved at a pace that was satisfactory to individuals.
- Assurance was provided that all concerns raised were taken with due regard and managed within the same process.
- An alternative Performance Measure for 2022- 23 was being developed that would consider whether partners were consistently demonstrating a making safeguarding personal approach prior to raising a safeguarding concern with the local authority.
- The Interim Chairman of the LSAB provided assurance that work had been carried out and highlighted the benefits of partnership working and embedding cultural change to ensure that safeguarding was seen as everybody's business which was fundamental to making a difference to keep all individuals safe.
- It was agreed that the Health Scrutiny Officer liaise with the Member Development Group to arrange a training session on safeguarding for all Councillors.

RESOLVED:

That in consultation with the Executive Councillor for Adult Care and Public Health, the following recommendations be approved:

- That the current performance measure PI130 be removed from the key indicator performance report with effect from 1 April 2022.
- That LSAB share with the Adults and Community Wellbeing Scrutiny Committee a copy of the Action Plan and timeline for improvements to be facilitated by the Task and Finish Group that has been established by the Deputy Chair of the LSAB.
- That Adult Care and Community Wellbeing, in partnership with the LSAB and the Corporate Performance Team develop an alternative Performance Measure in 2022-23 that considers whether partners are consistently demonstrating an MSP approach prior to raising a safeguarding concern with the local authority. This may be best linked to reporting from the new electronic referral system being developed.
- That the work in progress to develop a new electronic referral system for Adult Safeguarding Concerns is concluded in 2022-23 and that this should seek to filter general safeguarding information out from adult safeguarding concerns. And that a clear timeline for this initiative is confirmed with project leads.
- That LSAB policy and procedures are updated by 30 June 2022 to strengthen partner understanding of when an Adult Safeguarding Concern should be escalated to the local authority.
- That the LSAB should develop a Prevention Charter during 2022-23, that sets out clearly the prevention duties of all LSAB partners and re-confirms partners commitment to consistently practice an MSP approach and in particular, to speak to the Adult and establish what outcomes they want to achieve before formally raising an Adult Safeguarding Concern.

74 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 the Committee's future work programme, as set out on pages 108 – 109 of the agenda pack.

The Committee also welcomed the following additions to the work programme:

- An update to the digital strategy and telecare
- An update on the progress of the workforce strategy
- A possible update on social care reform

The meeting closed at 1.01 pm

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**25 May 2022**
Subject:	**Social Connections**

Summary:

At previous meetings, the Scrutiny Committee has sought information about actions taken to reduce loneliness and isolation. Officers have reviewed this area and it is noted that Lincolnshire County Council (LCC) and its partners deliver many services and activities, through a variety of strategies, that enable people to improve their social connections. The attached paper highlights some but by no means all of these.

It has been suggested that LCC might create a Social Isolation or Social Connections Strategy. Given the wide range of activity already in hand through LCC and others, this paper proposes that the creation of a strategy would add no material value nor should the issues be considered in isolation.

It is suggested that improving social connections should sit within the remit of the Health and Wellbeing Board (HWB), the developing Integrated Care Partnership (ICP) and is, to a great extent, already reflected within its seven priorities.

It is proposed that improved visibility of needs is developed through the Joint Strategic Needs Assessment (JSNA), and that this in turn is used to support commissioning decisions by the Board/Partnership and its constituent members.

Actions Required:

That the Scrutiny Committee:

1. Notes the attached paper which defines loneliness and isolation, identifies key risk groups and actions taken by Lincolnshire County Council and others in Lincolnshire.

2. Supports a system-wide approach through the review and development of the Joint Strategic Needs Assessment content to improve visibility of local needs, shaping all agencies approaches to reducing social isolation and loneliness.

1. Background

The Government's publication of A Connected Society: A Strategy for Tackling Loneliness in October 2018 outlined the impacts of social isolation and loneliness. More recently, the Covid-19 pandemic has rekindled interest in the issues as evidenced at this Scrutiny Committee's meeting in November 2021.

The attached discussion paper, developed following a literature review, defines social isolation and loneliness, considers the impacts on different cohorts of people, and lists some of the services currently provided by Lincolnshire County Council (LCC) and others which seek to create the conditions for social connection.

LCC's Corporate Plan states that "We will lead the way with others to promote the support offer to our communities to enable them to be self-sufficient and thriving." LCC's Community Strategy, developed during the Covid-19 pandemic, was influenced by the experience of social distancing, lockdowns, and greater reliance on voluntary sector support in local communities. This has refreshed and re-energised LCC's approach to engagement, co-production, community development and commissioning for stronger communities. The development of the Joint Strategic Asset Assessment (JSAA) for social assets (services, community, social, and support groups) and physical assets (buildings, venues) linked to Connect to Support Lincolnshire, provides a strong starting point for positive approaches and further growth of community-based solutions.

Much is being done already across the Council to improve social connections. In addition, Covid-19 funds have been applied to some services and activities to maximise opportunities for connection. Whilst most of these will be time-limited to respond to immediate needs, evaluation of their impacts may identify areas to be mainstreamed in the future.

In the Adult Care and Community Wellbeing Directorate, the roll out of Strengths Based Approaches training seeks to change practitioner conversations with service users. The Digital Road Map, and commissioned services such as Wellbeing and Carers Services all positively address the issue. All encourage the person to consider their wider needs and aspirations and case studies show that this is improving connections to family, friends, and communities, in person and through digital means.

Many other groups and organisations in the county are alert to these issues. The discussion paper identifies a wide range of services and activities which seek to create opportunities for social connection, recognising the benefits of this, and seeking to address some of the risks arising from loneliness and isolation. For example, the Lincolnshire Safeguarding Adults Board (LSAB) identifies loneliness and social isolation as pertinent issues in safeguarding prevention.

The wide range of existing activity suggests that there is not the need for a dedicated strategy, which would be likely to duplicate existing strategies and plans. However, the nature of social isolation and loneliness are such that they are likely to impact on particular cohorts of people, at particular times, and there is benefit to gaining a better understanding of needs through the JSNA, to inform service development and delivery, across the Lincolnshire health and care system.

The JSNA does not currently include a specific topic on social isolation and loneliness. It is proposed that the content of the JSNA is developed to better evidence needs and that this drives consideration of the need for further action through the Joint Health and Wellbeing Strategy priorities, for example, seeking to reduce loneliness as a means of preventing poor mental health outcomes.

2. Conclusion

It is proposed that the JSNA evidence base creates a framework for ongoing system-wide discussion through the Health and Wellbeing Board, and as we develop an Integrated Health and Care system, to determine the extent to which existing opportunities to strengthen social connections can be maximised, and to consider whether further initiatives are needed.

It is also proposed that agencies adopt a positive approach to developing social connections rather than a deficit model of "social isolation and loneliness" reflecting the strengths-based approaches taken with individuals.

3. Consultation

The discussion paper was considered at Adult Care and Community Wellbeing Directorate Leadership Team (DLT) on 24 January 2022, Executive DLT on 2 February 2022 and Corporate Leadership Team on 1 March 2022 and the views from each of these is reflected in this report.

3. Appendices – These are listed below and attached at the end of this report

Appendix A	Social Connection Discussion Paper: Understanding Social Isolation and Loneliness in Lincolnshire *[Adult Care and Community Wellbeing Directorate Leadership Team – 24 January 2022]*

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

APPENDIX A

Social Connection Discussion Paper
Understanding Social Isolation and Loneliness in Lincolnshire

Adult Care and Community Wellbeing Directorate Leadership Team – 24 January 2022

1. Introduction

This paper highlights the findings from a recent literature review on social isolation and loneliness, and aims to:

- define social isolation and loneliness, and the difference between these
- identify the causes and impacts generally and as they relate to Lincolnshire
- consider the positive and negative impacts of the covid pandemic
- understand the national strategy context
- identify what is currently done or provided locally to reduce isolation and loneliness
- consider potential further responses to social isolation and loneliness, including how to influence partners e.g., through the Integrated Care System (ICS) and promote joint action, potentially through developing a shared vision or strategy.

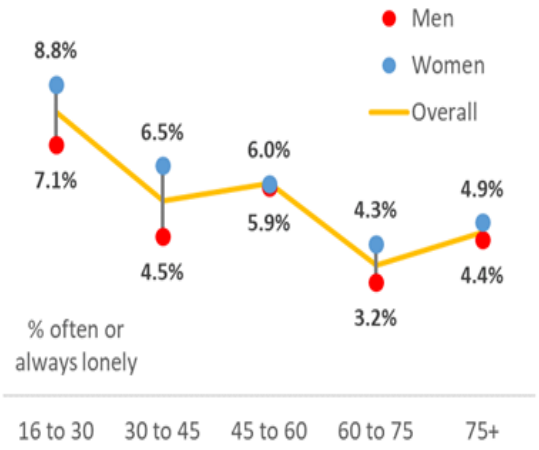
2. What do we mean by loneliness and social isolation?

Social isolation describes the absence of social contact and can lead to loneliness. It is a state of being cut off from normal social networks, which can be triggered by factors such as loss of mobility, unemployment, health issues or living in rural areas. Some people voluntarily choose to isolate themselves from others. However, in most cases, social isolation is involuntary. Social isolation can be caused by physical disabilities or illnesses, such as cancer. As the illness begins to take over more and more of a person's life, there may be a change in social relationships. Others might also avoid contact with these individuals, and this can cause social isolation. Isolation can also result from being emotionally removed from a community. The separation could be real or perceived. A socially isolated person may experience loneliness or low self-esteem. Over time, a person may develop social anxiety, depression, or other mental health concerns.

Social Isolation: Definition, Causes & Effects - Video & Lesson Transcript | Study.com

Loneliness can affect people of all ages and is more likely following major life events such as changing educational environments, leaving school, becoming a parent, ending a relationship, bereavement, ill health, children moving away from home, leaving a job or retiring. Children can be at particular risk if they are victims of abuse or neglect or are in care or care leavers. Loneliness is a response to people's perceptions and feelings about their social connections, and has been defined as "the subjective, unwelcome feeling of lack or loss of companionship". Loneliness is an emotion that may have evolved to ensure humans remain in close contact with each other.

Figure. 1. Reported loneliness over the life course for men and women



The proportion of individuals who report being 'often or always lonely' is highest among:

- People aged 30 or under,
- **Women**, across most age groups
- People living in **urban** areas,
- People who are **separated** from their husband, wife or civil partner,
- People with **poor health**, and **unemployed** people.

Reducing social isolation across the life-course, 2015

While there are clear links between social isolation and loneliness, the terms are often used interchangeably. It is important to make the distinction between the two. It is possible for people to be socially isolated but not lonely and vice-versa.

3. What are the causes and effects of social isolation and loneliness?

Social isolation and loneliness can be experienced by anyone, at any age, but evidence suggests that a wide range of factors, singly or in combination, will impact people's sense of social connectedness. The diagram below identifies societal, community and individual factors, and particular circumstances which may result in short or longer-term social isolation and feelings of loneliness.

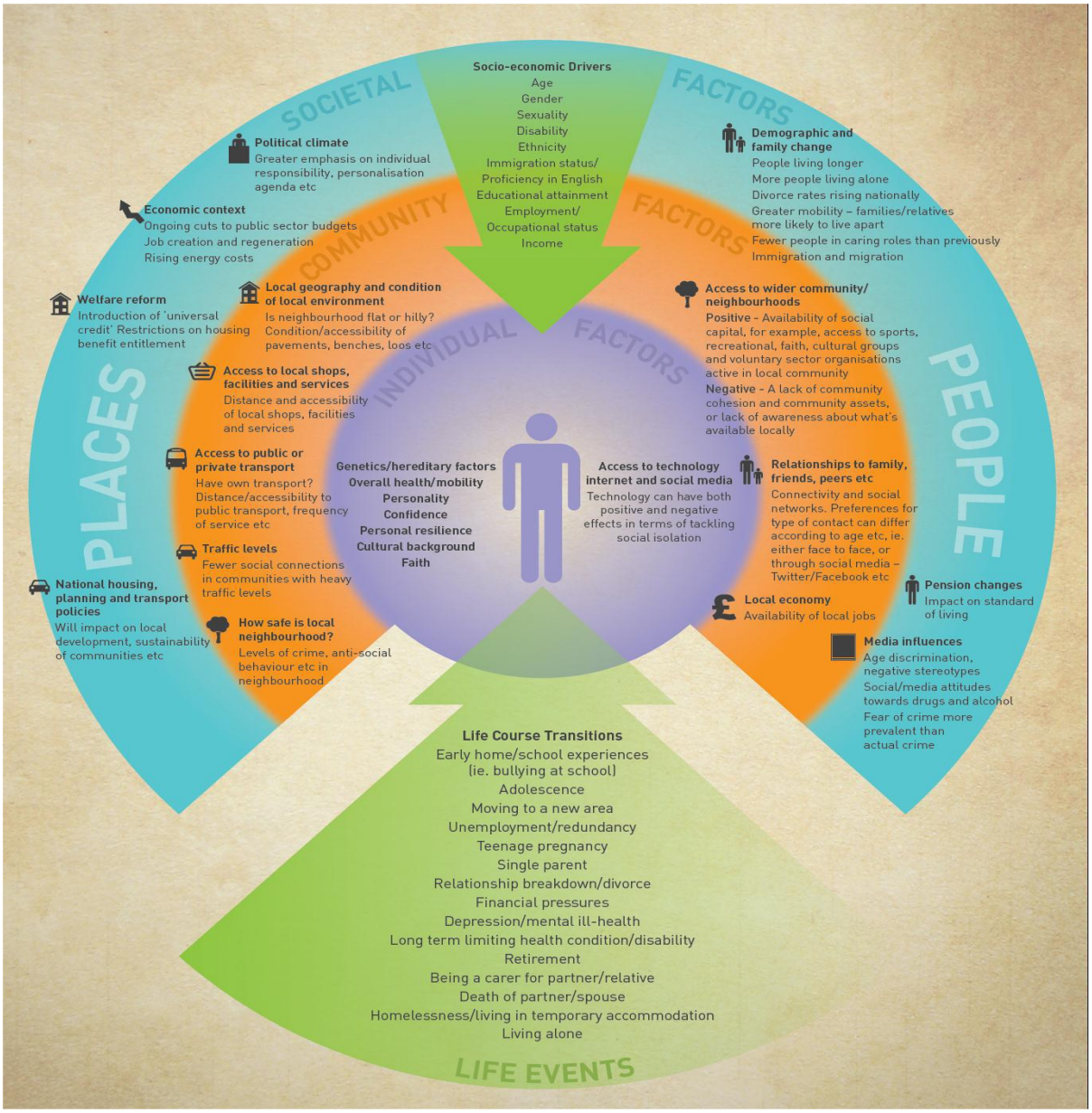
Location is a factor in the experience of loneliness. Evidence suggests that **social isolation is greater in rural areas**, but that **loneliness is more prevalent in urban areas**. Experian Mosaic data suggests that the loneliness is greater for all age groups in deprived urban areas rather than rural areas. YouGov research suggests that people in cities had a higher incidence of reporting feeling lonely than the UK overall (56% v. 44%).

The LGA (2017) identified factors which contribute to isolation and social exclusion in rural areas, including:

- Family dispersal
- Lack of affordable housing for young families
- Increased commuting leaving less free time for community involvement
- Increasing mental health problems
- Growth of single person households
- Disproportionate closure of local amenities

- Withdrawal of transport services
- Increased dependency on internet-based communication over face-to-face

Many places, particularly in rural and coastal areas, have lost pubs, community centres and neighbourhood shops: the places where people connect, make friends, build relationships, and cultivate a sense of neighbourliness. This is not limited to the poorest neighbourhoods, but the impact is often most obvious in communities that have also suffered economic decline. This may be exacerbated in a reduction of business and public sector service provision due to the covid pandemic.



Social isolation–a contextual overview Source: Dave Clarke and Liz McDougall, Bristol City Council

Individuals or groups may be more vulnerable than others depending on factors like physical and mental health, level of education, employment status, wealth, income, ethnicity, gender and age or life-stage (PHE, 2015 & Department for Health, Institute for Policy Research, 2017). The UK Government's Loneliness Strategy published in 2018 notes the

important role of “wider cultural attitudes”, stating that “there is some evidence that members of some marginalised groups are more likely to feel lonely.” This may include:

- **Unpaid family carers:** Factors contributing to carer isolation and loneliness include financial pressures, difficulties finding replacement care, social attitudes to caring and disabilities, changes in relationships between the carer and the person they care for and poor mental health due to the impact of caring (Carers UK, 2017). Research reveals that 80% of carers have felt lonely or isolated and 57% have lost touch with friends and family because of their caring role. Low resistance to stressors, lowering of the immune system, fatigue, anorexia, non-intentional weight loss and physical inactivity are frequently associated with caregiving; these in turn increase the risk of social isolation. Whilst there are notably more female unpaid carers, studies have found that male care-givers were four times more likely to experience social isolation than their female counterparts. Young carers are also particularly likely to be at risk of becoming isolated due to their caring roles.

- **Ageing without children (AWOC):** The National Care Forum is raising awareness of the growing number of people ageing without children. The number of people who have not become parents has risen from 9% of those born in the 1940s, to 20% of those born in the 1960s. This means there are already 1.2 million people in the UK over the age of 65 who have not become parents; by 2030 this is expected to double to over 2 million. There are also already 4 million people over the age of 50 who are not parents and research by the Office for National Statistics indicates that by 2045, there will be 3 times as many people over 80 without children. The implications are far-reaching. Currently, most of the support and care for older people is arranged and/or provided by family principally adult children. As more older people begin to need care and support without having adult children to help, formal care services in the statutory, private or voluntary sectors will need to understand more about the issues affecting people ageing without children, to design services to meet those needs, including access and communication systems that do not rely on family, and potentially to increase provision to meet increased demand.

- **Members of the Armed Forces community:** The Royal British Legion 2018 survey suggested that 25% of serving personnel, reservists, veterans and family members / dependents felt lonely or socially isolated “always” or “often”.

- **Sexual orientation**: The charity Stonewall has suggested that LGBT+ persons may be at increased risk of loneliness.

- **Rough sleeping and homeless people**: In addition to the loss of regular contacts and community, the charity Shelter has highlighted research showing that a leading driver of homelessness is relationship breakdown.

- **People with or at risk of Dementia:** Evidence indicates that 40% of global dementia cases could be attributable to 12 modifiable risk factors. These include less education, hearing loss, traumatic brain injury, hypertension, excessive alcohol consumption, obesity, smoking, depression, **social isolation**, physical inactivity, air

pollution and diabetes. Public health strategies should focus on optimising brain health throughout the life-course, by keeping the brain engaged and prolonging the years spent with good brain health. These can potentially prevent or delay the onset of dementia and other long-term conditions, as well as improve the management of their effects. Implementing and promoting good brain health can improve individuals' overall health, wellbeing, and ability to remain connected with others.

- **Ethnicity**: The Red Cross and Co-op Foundation have argued that "barriers to belonging", such as discrimination and difficulties accessing services, increase the risk of loneliness amongst black and ethnic minority older people.

- **Refugees and language**: The Forum, a charity for migrant and refugee community leaders, has highlighted loneliness amongst refugee groups. Refugee Action has argued that difficulties in accessing language classes are a major barrier to successful integration and tackling loneliness.

- **Those with learning disabilities, autism and physical disabilities**, many of which impact on the person's ability to form or maintain relationships but are also the subject of social stigma and sometimes ridicule. Others may be uncertain of how to connect to those with these conditions.

- **Not being part of a social organisation**: Volunteering, or being part of a community group, can reduce loneliness levels. Those not engaged in community activity are at risk of becoming lonely, as well as physically and mentally inactive, particularly after the end of formal work.

- **Friendship groups**: Generally, the greater number of friendships an individual has, the less likely they are to be lonely. However, frequency and quality of contact are also important.

- **People with Hoarding Disorder**: people who hoard often feel ashamed or embarrassed of their condition and its impact on their home. They are more likely to be depressed, overweight or to have chronic medical conditions. Hoarding disorder was defined as a distinct condition in 2013, when it was added to the Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5, American Psychiatric Association). ***A narrative synthesis of possible causes and risk factors of hoarding behaviours*** *Hombali, Aditi; Sagayadevan, Vathsala; Tan, Weng Mooi; Chong, Rebecca; Yip, Hon Weng; Asian Journal of Psychiatry; Apr 2019; vol. 42; p. 104-114*

Different patterns of loneliness are evident: for some it is a longstanding condition; for others it is more temporary or transient, linked to the impact of life events e.g., bereavement, relationship breakdown, dispersed families, changes in health status, becoming a new parent or loss of employment. Trends suggest that adults are most likely to feel lonely at weekends and evenings.

All of these factors will impact on different people to a different degree and for a different duration depending on their individual circumstances and personal resilience, their access to family and community networks, and the wider range of 'services' which create the conditions for people to be **socially connected**.

4. What are the resulting Health Impacts?

Social isolation is increasingly recognised as a health inequality issue as many of the associated risk factors are more prevalent among socially disadvantaged groups and linked to life experiences such as poor maternal health, teenage pregnancy, unemployment, and illness particularly in later life. In addition, more deprived places often lack provision of good quality green and public spaces, housing and other infrastructure, creating segregation and barriers to social engagement. Access to transport is also important in building and maintaining social connections.

There is a growing recognition that loneliness has far reaching implications for individuals but also for communities. Whilst in the past loneliness was sometimes viewed as a trivial or individual personal matter, it is now known to have a wide range of negative effects on both physical and mental health, including depression and suicide, cardiovascular disease and stroke and increased stress levels. Research suggests that those who are socially less well connected tend to neglect their health, not attending health screening and not completing courses of treatment:

"*Individuals with poor social connectedness appear to be at greater risk of not engaging in the full range of preventive services than individuals with good social connectedness. Improvement of access to social contacts and networks in older ages is already recommended for the maintenance of good mental health. This study suggests that social connectedness could also improve participation in a wide range of preventive health services, and hence could improve use of the health-care system and population health.*

There is strong evidence that loneliness increases pressure on a range of services, causing increased attendances at GP surgeries and referrals to adult social care. Preventing and reducing loneliness can defer the need for costly interventions and deliver better outcomes for individuals. A lack of social connectedness is a known risk factor for mortality, comparable in magnitude to other established risk factors including smoking and obesity.

(Holt-Lunstad, Smith and Layton, 2010; Holt-Lunstad et al., 2015).

Research shows that loneliness is associated with:

- greater inactivity, smoking and risk-taking behaviour.
- increased risk of coronary heart disease and stroke.
- increased risk of stress, depression, low self-esteem and sleep problems.
- cognitive decline and an increased risk of Alzheimer's.
- perceiving, expecting, and remembering others' behaviour as being unfriendly, increasing social anxiety and causing further withdrawal.
- greater likelihood of unplanned hospital admission, re-admission or a longer stay.

- Greater likelihood of more GP or A&E visits, and needing local authority funded residential care.

The health costs associated with severe loneliness come from two sources: those accrued through an increased use of medical resources (a cost to the NHS, local authorities, and relatives); and those accrued to employers through a higher number of working days lost.

The additional healthcare costs specifically attributable to severe loneliness come from various sources: GP visits, unplanned hospital admissions and re-admissions after discharge, emergency services call outs, and other types of outpatient care. It is suggested that those who are lonely most of the time require £6,000 in additional healthcare costs over 10 years (averaging £600 per year at 2015 prices, rising to £672 at 2019 prices).

At work, higher loneliness among employees is associated with poorer performance on tasks and in a team, while social interaction at work has been linked to increased productivity. It has been estimated that loneliness could be costing private sector employers up to £2.5 billion a year due to absence and productivity losses.

Research by OCSI (Oxford Consultants for Social Inclusion) suggests that a lack of places and spaces to meet in a neighbourhood, low levels of community activity and poor digital and transport connectivity contribute to worse socio-economic outcomes in the most deprived areas. People living in areas that are highly poor and lack social infrastructure have fewer employment opportunities, with lower household income and markedly worse health outcomes, while educational attainment is significantly lower across every age group

COVID-19

From early 2020, the Covid Pandemic lockdowns, social distancing requirements and restrictions on travel and social gatherings led some groups of people to report high rates of loneliness and poorer well-being. The ONS Opinions and Lifestyle Survey (OPN) reports increased levels of loneliness:

- From 3 April to 3 May 2020, 5.0% of people (about 2.6 million adults) said that they felt lonely “often” or “always”.
- From October 2020 to February 2021, results show that proportion increased to 7.2% of the adult population (about 3.7 million adults).

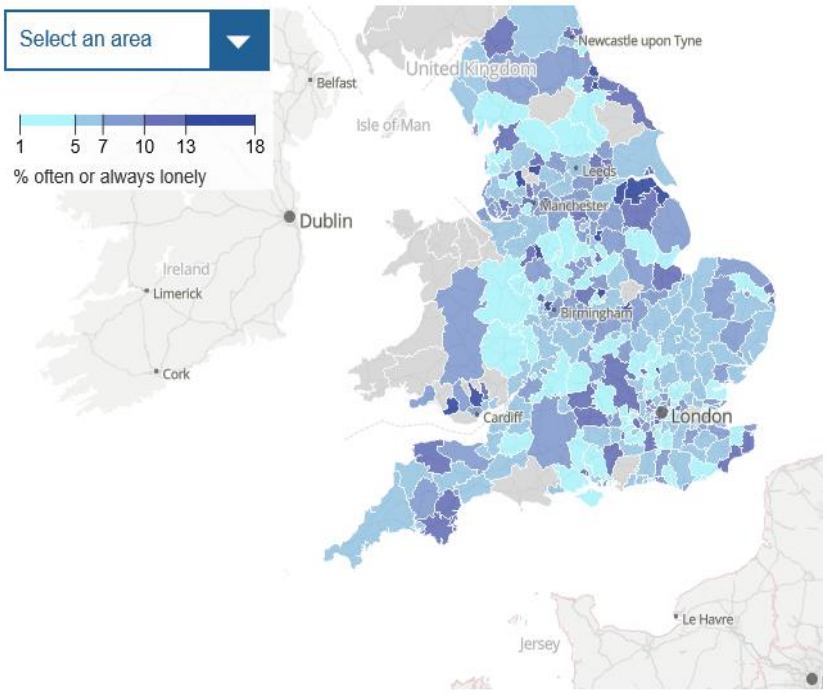
This was reported particularly amongst people who were living alone and those ‘shielding’.

Levels of anxiety during the pandemic were strongly associated with feelings of loneliness. People who reported always or often feeling lonely were likely to have higher levels of anxiety than those who never felt lonely - those who always or often felt lonely also reporting high anxiety was almost five times greater than for those who never felt lonely.

The resulting ONS report ‘Mapping loneliness during the coronavirus pandemic’ published in April 2021 tracks loneliness rates by local authority, finding that:

- Places with a higher concentration of younger people (16-24 years old) and areas with higher rates of unemployment tended to have higher rates of loneliness.
- Local authorities in countryside areas tended to have lower rates of loneliness compared with urban or industrial areas.
- Areas with “strong local businesses and adult education tended to have lower levels of loneliness”, particularly in London.

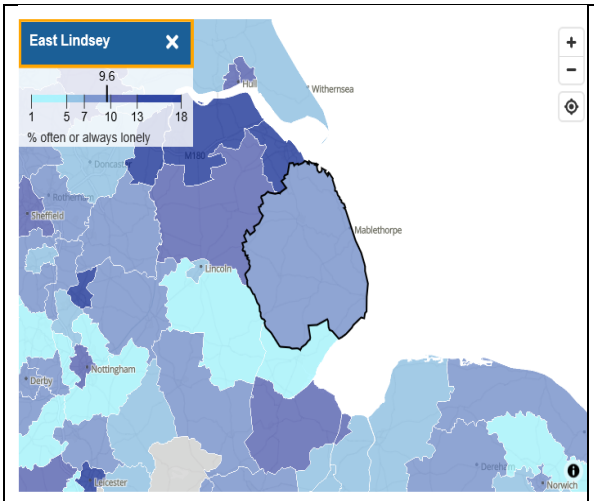
https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/coronavirusandloneliness



Source: Office for National Statistics - Opinions and Lifestyle Survey

The map represents the percentages of adults aged 16 years and over across Great Britain who were asked how often they felt lonely and responded with "often or always". Other response options included: "some of the time", "occasionally", "hardly ever" and "never".

Lincolnshire Districts



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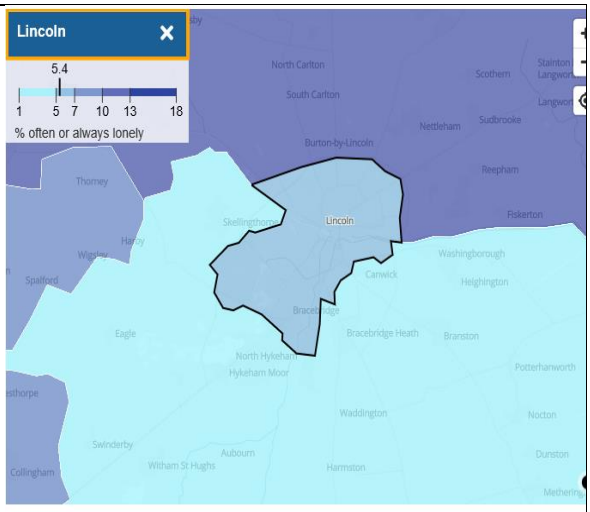

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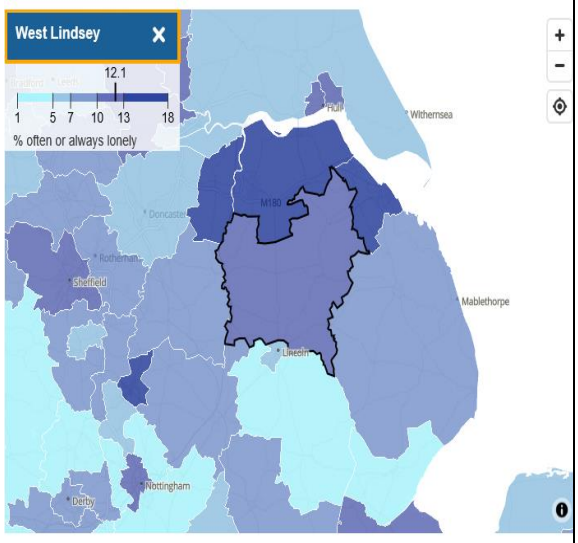
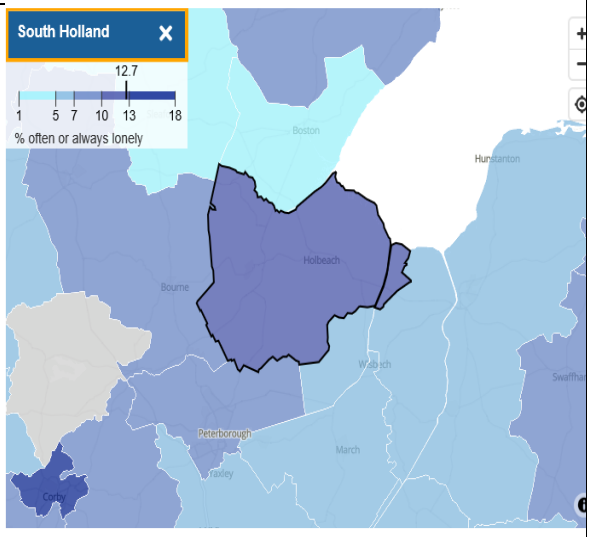
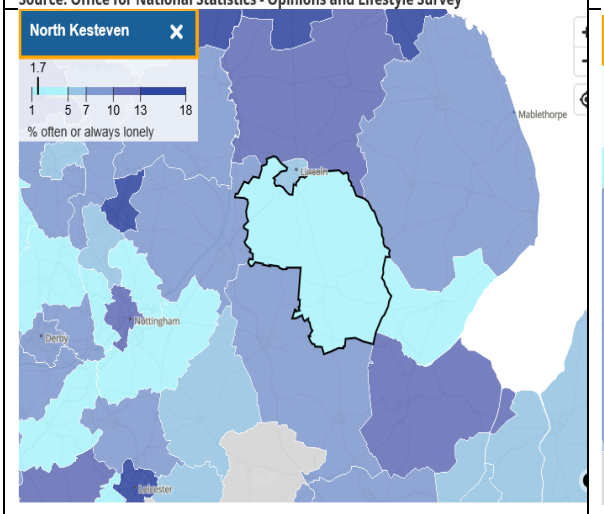


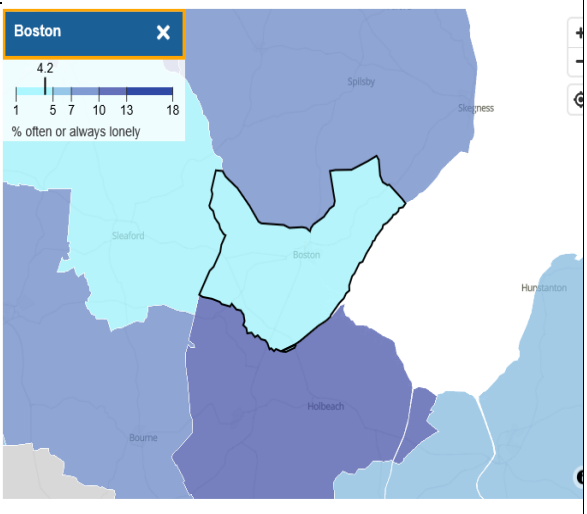
Source: Office for National Statistics - Opinions and Lifestyle Survey



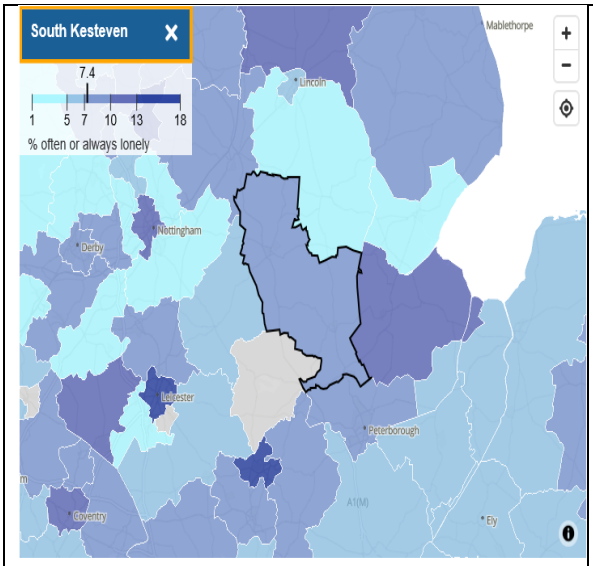
Source: Office for National Statistics - Opinions and Lifestyle Survey



Source: Office for National Statistics - Opinions and Lifestyle Survey



Source: Office for National Statistics - Opinions and Lifestyle Survey



Source: Office for National Statistics - Opinions and Lifestyle Survey

The ONS Options and Lifestyle survey October 2020 to February 2021 data highlights that in Lincolnshire, the highest percentages of adults aged 16 years and over who were asked how often they felt lonely and responded with "often or always" live in South Holland (12.7%) and West Lindsey (12.1%) respectively

5. National Strategy and Recommendations

The Government's **Connected Society: A Strategy for Tackling Loneliness published in 2018** is a call to support local and national initiatives which are consciously and determinedly bringing people back together even though this may have been made more difficult due to pandemic and the reluctance of some vulnerable, isolated people. The Strategy sets out the Government's long-term ambitions to work with others to build a more cohesive and connected society. It asked:

- **Local authorities** to consider how tackling loneliness can be embedded in their strategic planning and decision-making on the wellbeing of their communities, to create a cohesive and connected society.

- **Health and other public services** to recognise the importance of people's social wellbeing and explore how they can identify, refer and better support those at risk of feeling lonely often.

- **All employers, including businesses** to support their employees to look after their social wellbeing by helping them develop relationships within the workplace as well as outside.

- **The voluntary sector** to continue to play a vital role in tackling loneliness and bringing people together supporting the development of strong, integrated communities and challenge obstacles that isolate people or groups.

- **Families, friends, faith groups and communities** to include each other and to be open to new social connections. Individuals can get more involved with their community, for example by volunteering.

National strategy suggests that local infrastructure can support vibrant social networks. Good transport links, community facilities and design that considers how people live and interact are all important to help people to access work, stay healthy and remain linked into their communities. Conversely, where these are lacking, they can become obstacles to making and maintaining connections. Technology has allowed us to work more flexibly, but it can also limit opportunities for interaction.[1]

Whilst we can't expect loneliness to simply disappear, organisations can support an increasing focus on loneliness, taking action to tackle it, and reflecting on what works best. This also recognises the role that community groups, faith groups, pubs, sports clubs, and others already play in creating stronger communities. This has been evident in the Covid pandemic and offers scope to build on achievements to secure these for the future. Supporting community organisations will also be key to meeting increased demand from social prescribing and other signposting or referrals.

The government's ambition is that over time, all public services and organisations will seize opportunities to promote social connections and connect those who are experiencing loneliness to the support or services they require.

More recently, in 2020, the All-Party Parliamentary Group (APPG) Loneliness Enquiry, published **'A Connected Recovery'** setting out the following findings:

- Loneliness is not new but is increasingly recognised as a public health issue.
- Severe loneliness has a major adverse effect on health, notably as a risk factor for depression, heart disease, stroke, and dementia, among other conditions.
- Loneliness is associated with increased mortality risk for both men and women.
- Lonely individuals are at higher risk of the onset of disability.
- Loneliness puts individuals at greater risk of cognitive decline; one study concluded that lonely people have a 64% increased chance of developing clinical dementia.
- People who are often lonely are more likely to attend A&E and primary care.
- A study commissioned by the UK Government concluded that a conservative estimate of the cost implications of severe loneliness was around £9,537 per person every year.

It noted that:

[1] A connected society A strategy for tackling loneliness – laying the foundations for change 2018

- There are too many barriers preventing people from connecting such as a lack of safe, welcoming and accessible green spaces, parks and gardens, public toilets, playing areas, local bus services, and ramps for people with disabilities.
- Too many people face barriers to digital connection due to lack of access to mobile technology and the internet, and a lack of digital skills and confidence.
- Poorly designed or unsuitable housing and neighbourhoods can make it hard for people to meet each other, maintain social connections and develop a sense of belonging.
- Some communities and groups were highlighted as facing particular disadvantage in relation to transport and mobility.

https://www.redcross.org.uk/about-us/what-we-do/action-on-loneliness/all-partyparliamentary- group-on-loneliness-inquiry/a-connected-recovery

Key recommendations

The Prime Minister should commit to a "Connected Recovery" from the COVID-19 pandemic, recognising the need for long-term work to rebuild social connections following periods of isolation and the importance of connection to resilience to future shocks. To achieve this, the APPG sets out a roadmap, calling on the government to adopt 15 recommendations, designed to:

- Tackle loneliness through national leadership, including re-establishing the cross-government approach to tackling loneliness, long-term funding and improving the evidence base.
- Translate national policy into local action, including incentivising local authorities and their partners to develop local action plans to tackle loneliness.
- Invest in the community and social infrastructure needed to connect, particularly in areas with higher levels of deprivation. This should include a long-term investment in the voluntary, community, faith and social enterprise sector to realise the full potential of social prescribing – a flagship of the Government's original loneliness strategy.
- Loneliness-proof all new transport and housing developments, and
- Close the digital divide by increasing digital skills and confidence.

Resourcing local authorities

Funding should be allocated to specific activity to address loneliness exacerbated by the COVID-19 pandemic, but also to support longer-term work across the priorities identified above. Respondents to the report identified an ongoing need for investment in several key areas:

- Support for the VCFSE sector to provide activity and support for people experiencing, or at risk of loneliness.
- Support for community facilities including libraries, leisure facilities and community centres where people can meet and connect.
- Support for improved transport, including for those who are not able to use public transport.
- Support for digital infrastructure, connectivity, and skills.

Stakeholders emphasised the need for additional resources to be channelled to local authorities so they can address loneliness through investment in critical areas including social care, community infrastructure, transport, housing and the local VCFSE sector response.

“Councils need sustainable long-term funding. Care and support can help to reduce loneliness by improving people’s quality of life, supporting independence and choice, but this is at risk from the scale of the budget pressures facing councils and the consequent reduction in services.”

"Preventing loneliness can defer the need for costly interventions and at the same time deliver better outcomes for individuals. There is therefore a strong case for considering loneliness as a key preventative measure in shifting from acute and long-term care to self-help and support in communities. The current social care and health system will buckle under the weight of demand unless we re-engineer our planning and service provision to promote preventative strategies.”

The Government has an important role to play in supporting local authorities’ efforts as this is a public health issue. First and foremost, the Government must provide adequate funding to local authorities so that they can fund and commission social care packages that include elements to tackle loneliness.”

6. What are we currently doing in Lincolnshire?

Lincolnshire does not have a Social Connection Strategy. That said, LCC and its partner agencies already recognise this in their strategic documents and provide significant services designed to create the conditions for social connection.

a) **Lincolnshire County Council’s (LCC)** **Corporate Plan** sets out ambitions for the county to promote thriving and self-sufficient communities.

- We will lead the way with others to promote the support offer to our communities to enable them to be self-sufficient and thriving.
- We will work with businesses and local government partners to ensure that new developments in the right locations provide high quality communities for the county's residents, offering appropriate infrastructure, leisure, and employment opportunities.
- We will support independence through working with our partners to provide a 'one stop shop' for equipment and adaptations in people's homes.
- We will transform how adults access health and care in the community through developing a model of neighbourhood working.
- We will develop Joint Commissioning arrangements with NHS partners that facilitate the Transformation of Community Mental Health Services for Adults in Lincolnshire.
- We will help to increase opportunities and people's awareness of how they can support themselves, and their community by encouraging volunteering.

- We will improve the digital connectivity across our rural county through continuing to work with, and influence, central government to generate the funding and flexibility to enable us to achieve gigabit capable digital communities and provide business growth opportunities. In addition, we will continue to stimulate private investment opportunities in full fibre infrastructure.
- We will continue to work with partners to enhance community safety. Over the next year we will focus on achieving this through reducing the impact of fraud, and through strengthening how we support those affected by domestic abuse or perpetrating abuse.
- We will support people to improve their home safety through delivering a comprehensive communication and engagement plan. In year one we will promote the SHERMAN initiative and implement the Hoarding Protocol.
- We will transform how we engage with communities, listening and acting on what they say and supporting them to be resilient and self-sufficient. This will be articulated through the refresh of our community strategy. In year one we will develop residents' panels and deliver a county-wide customer survey.
- We will place the individual, their family and friends at the heart of their care plan through introducing and implementing strength-based practice in Adult Care and Community Wellbeing.
- We will deliver an integrated care system in Lincolnshire, so our communities have improved access to health and care services.
- We will transform how we engage with communities, listening and acting on what they say and supporting them to be resilient and self-sufficient. This will be articulated through the refresh of our community strategy.
- We will protect and enhance our heritage assets and we will maximise the use of our sites for customers, through delivering proposals for the iconic investment in The Collection Museum and Gallery and other heritage sites.
- We will explore all opportunities to deliver the ambitions of One Public Estate.
- We will provide leadership to help communities to be more resilient and to be prepared for emergencies by working with our communities through the Lincolnshire Town and Parish Councils Associations.
- We will help to increase opportunities and people's awareness of how they can support themselves, and their community by encouraging volunteering.
- We will enable more people to be supported through technology.
- We will support people to make healthy choices across all aspects of their lives, through continuing to commission and deliver effective preventative services, which also provide quality information, so people are better informed.
- We will develop Joint Commissioning arrangements with NHS partners that facilitate the Transformation of Community Mental Health Services for Adults in Lincolnshire.
- We will work with the Lincolnshire Safeguarding Adults Board (LSAB) to develop a multi-agency Prevention strategy to protect people from harm and to promote community wellbeing. This will include the development and implementation of a 'team around the adult approach'" to help improve engagement with Adults with complex needs.

- We will work with businesses and local government partners to ensure that new developments in the right locations provide high quality communities for the county's residents, offering appropriate infrastructure, leisure, and employment opportunities.

b) **LCC Stronger Communities: Lincolnshire's Community Strategy** builds on previous work, placing a renewed focus on communities and how LCC can best work with them. The themes and objectives pull together and enhance the work going on in communities and explore opportunities to achieve even more. Developed during the pandemic, the Strategy drew on learning from the covid response, with input from a wide range of stakeholders. The Strategy has five complementary sections:

- Consultation, engagement, and collaboration
- Community networks
- Volunteering
- Funding for our communities
- Tools and data

c) **LCC Community Engagement Strategy**

Consultation & engagement – LCC's new web-based engagement platform Let's Talk Lincolnshire is a corporate resource designed to promote inclusive, productive and sustained dialogue through a suite of purpose-built engagement and communication tools. It centralises engagement, making it easy to capture, analyse, and report on. As well as surveys and polls, more interactive tools such as maps, personal stories and forums are available to improve two-way dialogue and deliver more meaningful results, providing opportunities for co-production.

d) **LCC Digital Strategy** (still in development and to be published) will seek to introduce more digital routes for access to council services. To inform the priority and order of projects, a mapping exercise has been carried out to identify opportunities that are likely to have the greatest impact.

e) **LCC Adult Care and Community Wellbeing Digital Roadmap** promotes use of digital solutions across adult social care focuses on technology to help people to live safe, healthy and independent lives. Current projects provide self-serve options for financial and social care assessments and remote monitoring of people's care needs and health in their own homes.

f) **LCC service delivery.** A wide range of LCC in-house and commissioned services directly or indirectly support people to maximise their social connection even though they may not specifically reference this as an intended outcome. The list below is not exhaustive; it does indicate significant existing investment across the county that may help address social isolation and loneliness.

Direct Impact	
Service	**Provider**
Connect To Support Lincolnshire	Lincs 2 Advice,

Direct Impact	
Service	**Provider**
Wellbeing Service	Wellbeing Lincs (East Lindsey District Council)
Carers Service	Carers First
Young Carers Service	
Early Help Services	
One You Lincolnshire (Integrated Lifestyle Service)	Thrive Tribe
Home Based Reablement Service	NHS Lincolnshire Partnership Foundation Trust
Dementia Family Support Service	NHS Lincolnshire Partnership Foundation Trust
Shared Lives	PSS (Person Shaped Support)
Library Services	Greenwich Leisure Ltd
Cultural Services	
Call Connect	Hunt's Coaches, PC Coaches, Transport Connect Ltd., TC Minicoaches, Stagecoach
Volunteering and Employment Opportunities for Younger Adults	Linkage
Day Centres	
Safeguarding Prevention	
Community and Voluntary Sector Development	LCVS / VCS
Information and Advice	Citizen's Advice
Direct payments & personal budgets	Adult Care

Indirect impact	
Service	**Provider**
Employers for Carers	Carers First
Carers Quality Award	
Crisis Housing	Richmond and Fellowship
Domestic Abuse Refuge – Lincoln	EDAN
Domestic Abuse Refuge - East Lindsey	NCHA
Housing Related Support (HRS)	Lead Provider -Framework
NHS Health Checks	GP practices
Health-watch	Health-watch
Sexual Health (Outreach)	Positive Health
Substance Misuse	Addaction
Telecare	NRS Healthcare
Lincolnshire Community Equipment Service (LCES)	NRS Healthcare
Short Breaks Service	Making Space
SHERMAN	Fire & Rescue

Safe and Well checks	Fire & Rescue
Occupational Therapy	

g) LCC enabling actions seek to increase opportunities for social connection.

- Joint Strategic Asset Assessment (JSAA). Understanding the 'assets' available in the county maximises the opportunity to address needs identified in the Joint Strategic Needs Assessment (JSNA) and to improve health and wellbeing outcomes at local level taking a strengths-based approach. This will also enable a better understanding of gaps in provision which coincide with areas of higher need. An example of this would be to identify free local walking trails / routes / public rights-of-ways / open spaces and promote these to the local communities to access free of charge, with information about transport routes and access, to reduce levels of inactivity and stimulate 'walk and talk' groups.

- Broadband. 94% of all premises (houses and businesses) can access Superfast Broadband (superfast being download speeds >30Mb/s). Around 14% of the county is covered by gigabit capable broadband but this mainly in the larger urban clusters. Gigabit capability should rise dramatically over the next two years because of large amounts of commercial investment. There is a project to increase superfast broadband coverage in rural areas of West and East Lindsey. Areas upgraded under this contract can expect to obtain speeds of up to 100Mb/s and this will push overall Superfast coverage to around 97%. Further upgrades to rural areas under the Government's Project Gigabit are not expected to start in Lincolnshire until late 2023 at the earliest, with deployment likely to end around late 2025 or early 2026 at best. LCC is looking at utilising the Government's Rural Gigabit Voucher Scheme to level up these rural areas.

- Corporate digital mapping programme. Work is in hand to understand whether it is possible to overlay different types of information to create a single, corporate information base. This has identified 4 initial datasets:
    - Areas with no broadband connectivity
    - Community venues e.g., village halls, pubs, etc
    - Covid 19 community action groups and the areas they cover
    - LCC list of community engagement groups.

- Commissioning for Social Value is increasingly driving out community benefits from large procurement activities, resulting in apprenticeship and employment opportunities for local residents, providing skills and equipment for community groups, helping to improve social connections and community creating resilience.

- One Public Estate (OPE) is an established national programme delivered in partnership by the Office of Government Property (OGP) within the Cabinet Office and the Local Government Association (LGA) to make best use of public sector assets. Ensuring public assets provide social gain to communities can have a massive impact on social isolation. In addition, there is scope for asset mapping workshops held through OPE to be linked to the JSAA and include community assets.

- A Review of Day LCC Centre Usage is in hand to understand how day centres could be better used, by whom and for what.

h) NHS activities. An Integrated Care System (ICS) is being established in Lincolnshire, with most of the care and support provided closer to home from community settings and within people's own homes rather than from acute services. This creates a focus on Primary Care Networks, at the centre of care closer to home and relies heavily on strong social connections within communities.

- **Social prescribing** enables people to make positive changes in their lives and within their communities by linking people to activities, voluntary and community groups and public services. Link workers offer one-to-one support and help people connect with what they're interested in, from arts / craft groups to physical activities such as gardening and dance clubs. It can also involve putting people in contact with services that can provide practical help and advice with issues such as debt, benefits and housing. Link workers also provide valuable information to local partners to support community groups to be accessible and sustainable and help people to start new groups in order that people feel more involved in their community, meet new people and make some positive changes to improve their overall health and wellbeing.

- **SHINE: Managed Care Network**. Shine Lincolnshire is a county wide charity part funded by LCC, that aims to support people with poor mental health to live well through accessing a range of support services, working with service users and carers and other agencies in Lincolnshire. Whilst the local activities funded through SHINE are to improve mental health, many also create social networks.

- **Patient Participation Groups** in local GP surgeries, support groups for people with specific conditions and fundraising for specific charities, all provide opportunities for connection.

i) Other Partner Activities. Across Lincolnshire many projects, services and initiatives support people who are lonely and socially isolated to become better connected. Many voluntary and community sector organisations offer facilities and services that contribute to creating strong social connections. Some of these may not see their remit as contributing to creating social connections and combatting loneliness and social isolation. A few of these groups and activities are identified below. Currently, these are being linked to Connect to Support and mapped onto the Joint Strategic Asset Assessment (JSAA) to understand provision and gaps across the county.

Local Voluntary Sector Infrastructure Support:

- **Voluntary Executive Team (VET).** Lincolnshire VET is a partnership of voluntary organisations and statutory stakeholders who have chosen to work together to capitalise on opportunities that will ultimately improve the health and wellbeing of our population, maximising and supporting the wealth of resource and experience in the community and voluntary sector .

- **Lincolnshire Council for Voluntary Services (LCVS) and Voluntary and Community Sector (VCS) Services** have a lead role in developing the voluntary and community sector, each covering a part of the county. The core role of CVS organisations is to support the development of new community groups, and to sustain existing groups, by providing advice on legal duties, employment law, business planning, fundraising, financial management, safe management of volunteers and facilities, and sharing information through networks of local community groups. More recently, these organisations have taken on greater roles in direct service delivery to support the health and wellbeing of communities and individuals e.g., employing social prescribers.

- **TED East Lindsey**
  Talk, Eat, Drink (TED) in East Lindsey is funded by the National Lottery Community Fund under its national Ageing Better programme. The TED Programme tries to identify the needs of those aged 50 and above, developing, delivering, and evaluating the impact of services to understand what works to increase social connection. Delivered through a range of delivery partners to reach a wider community who may not naturally engage in social, community and voluntary activity, projects include volunteering, befriending schemes, digital inclusion projects, age friendly business awards, specialist information and advice projects, support for carers, community health activity projects for men and activity promoting nutrition and physical activity.

  TED is in its seventh and final year, and has achieved many of its objectives, contributing to the wider national learning programme. All participants involved in the TED Programme are asked to complete a survey called the CMF (Common Measurement Framework) designed by Ecorys, at the start of their involvement with a project, after six months, at the end of the project and then a final time six months later. Key findings and full evaluation can be viewed at Appendix A. http://tedineastlindsey.co.uk/

- **Age Friendly East Lindsey**
  As part of its exit from TED, East Lindsey District Council (ELDC) in 2019 became the first District Council in the country to join the UK Network of Age-Friendly Communities. ELDC completed a baseline assessment against the eight domains and submitted its application to the World Health Organisation to become a member of the Global Network of Age-friendly Communities. The Age-friendly Communities Framework was developed by the World Health Organisation

(WHO) in consultation with older people. It is built on the evidence of what supports healthy and active ageing in a place. Established in 2010, the network seeks to connect cities, communities and organisations worldwide with the common vision of making their community a great place to grow old in. The eight interconnected domains are: Transport, Housing, Social Participation, Respect and Social Inclusion, Outdoor Space & Buildings, Community Support and Health Services, Communication and Information, and Civic Participation and Employment. ELDC is now developing an action plan to improve outcomes.

- **Age Friendly Lincolnshire**
  This is being delivered through Lincolnshire's Rural Strategic Partnership with the Centre for Ageing Better, informing wider activity against the four themes of that programme: Housing, Health, Fulfilling Work and Connected Communities. Building on ELDC's example, the Age Friendly Officer role employed by YMCA Lincolnshire has been extended using covid funds, to enable ELDC to develop its action plan, and to support the other 6 district councils to develop their own baseline assessments.

- **Men's Sheds**
  Men's Shed (or Sheds) provide space to pursue practical leisure interests, practice or gain skills and enjoy making and mending whilst mixing with others, building connections and friendships, as well as sharing skills and knowledge. The first Lincolnshire Men's Shed opened in Louth in 2015 with pump–prime funds from T.E.D. and LCC Public Health. There are now Sheds in Mablethorpe, Long Sutton, Spalding and Grantham with other areas interested in developing one. The national Men's Sheds Association is the support body for Men's Sheds across the UK.

- **Good Neighbour Schemes**
  Good Neighbour Schemes help to create an environment where people feel safe and secure because they have genuine connection with one another. YMCA (Community Lincs as was), has led on their development in Lincolnshire. There are currently around 49 live GNS's and a further 20 - 30 in development.

  Good Neighbour Schemes across Lincolnshire are run by local volunteers who provide day to day support for other residents who may need help, occasionally or regularly, with activities such as:
  - Befriending, home visits, companionship
  - Dog walking and caring for pets during holiday or illness
  - Errands and shopping
  - Filling in forms, writing letters, reading, help to use computers
  - Gardening
  - Giving lifts to a GP surgery, clinic, hospital, Day Centre, other appointments
  - Household tasks including tuning televisions, changing light bulbs and smoke alarms, moving furniture, taking down and hanging curtains, etc.

- **Digital Hubs**
  Originally set up in North Kesteven to support people to set up and manage online counts to access Universal Credit, these have developed across the District into peer-to-peer digital learning support. Held in local community venues, and run by volunteers, these are supporting anyone who needs to learn about using the internet and digital devices to do so. Those using the hubs report developing good connections with others and becoming better connected with family and friends through using digital solutions.

7. What should we be doing next?

The following need to be considered in determining future action:

- Social connection is a fundamental human need, but the extent and type of connection people seek is intensely personal to everyone. There is no 'one size fits all' answer.

- Creating the conditions for people to connect with others in ways that are appropriate for them involves listening, understanding barriers, and promoting opportunities. This needs to happen:
  - with individuals through personalised and strengths-based conversations. *LCC is making good progress with strengths-based conversations and the use of personal budgets to achieve better outcomes; and*
  - at service level through engaging with individuals and representative groups, to develop, review and improve service delivery. *LCC's Let's Talk Lincolnshire platform and numerous Service User Fora create opportunities for this.*
- Social connection requires time, self-confidence, financial resource, transport, and availability of opportunities. Many of those who are lonely or self-isolated have protected characteristics within the Public Sector Equality Duty and the Equality Act. Equality Impact Assessments are completed but should be reviewed and updated throughout the lifecycle of services and activities to ensure that people's needs continue to be considered. *This routinely happens as services are commissioned but may need to be revisited to ensure services remain accessible throughout their life cycle.*

- Partners across Lincolnshire's public sector (LCC, district councils and the NHS) and community and voluntary sector (e.g., Age UK, Lincs 2 Advice, Citizens Advice) increasingly work together to support the mental and physical health and wellbeing of individuals. *Articulating a shared vision and being mindful of ensuring services take a greater account of loneliness and social isolation could consolidate and extend existing good practice.*

- Improving social connection may be best supported through place-based working, potentially based on Primary Care Network (PCN) footprints. Some district councils have continued to have a health-based partnership in their areas. Working at locality level creates scope to focus on local needs, opportunities, and resources, using the JSNA and JSAA to best effect. Services commissioned at county level could also take

a greater locality focus. *Articulating needs at locality level, identifying opportunities, and defining outcomes would give a better understanding of what works.*

- Help to develop infrastructure in local areas can support vibrant social networks. Good transport links, community facilities and design that considers how people live and interact, all are important to help people to access work, stay healthy and remain linked into their communities. Place-based services e.g., development control teams in district councils, are fundamental in 'designing for' connection. *Tackling loneliness can be embedded in strategic planning and decision-making on the wellbeing of communities.*

- Our employees need social connection and to live in thriving communities. *Supporting employees to look after their social wellbeing, helping them develop relationships within the workplace as well as outside e.g., through a corporate volunteering scheme, could be considered.*

- Fundamental to social connection is a robust and vibrant community and voluntary sector, delivering a wide variety of activities, with well supported volunteers, and with the capacity and skills to effectively support community activity. The lead for this has traditionally sat with CVS-type infrastructure organisations. More recently, public sector organisations have reduced funding for this core activity, and infrastructure organisations have funded themselves by bidding to deliver services. This creates a risk that no one is actively supporting new and existing activity, ensuring that it is well managed and resourced. A system-wide focus on developing the community and voluntary sector is not currently evident. *LCC has begun to liaise with district councils and NHS bodies, to align aspirations and expectations, moving towards a shared vision and potentially pooled budgets to commission appropriate support. This may require additional funds to ensure that there is growth and development in local communities.*

Consolidating these elements would provide a stronger focus on strengthening social connection. Moving to a language of 'connection' supports the focus on strengths-based approaches which encourage people to build on the assets they, and their communities, already have or can develop further.

8. Further Information

T.E.D. – Talk, Eat and Drink, Ageing Better in East Lindsey (tedineastlindsey.co.uk)

Reaching Out | Local Government Association

9. References:

(1) A connected society A strategy for tackling loneliness – laying the foundations for change.

(2) Tackling loneliness and social isolation: the role of commissioners - SCIE Highlights No 3 Published: January 2018.

(3) Loneliness at local and neighbourhood level - Summary July 2015.

(4) Social connectedness and engagement in preventive health services: an analysis of data from a prospective cohort study – August 2018.

(5) Social connectedness in older people: who is responsible? – August 2018.

(6) A connected recovery: Findings on the APPG Loneliness Inquiry 2020.

(7) Supporting principal and local councils to tackle Loneliness 2019.

(8) The double dividend: *The social and economic benefits of community infrastructure and its potential to level up 'left behind' neighbourhoods A report to inform the Levelling Up White Paper July 2021*

(9) Reducing social isolation across the life-course practice resource: September 2015

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**25 May 2022**
Subject:	**Charging for Social Care**

Summary:

This item invites the Committee to consider a presentation, which is attached at Appendix A to this report, on *Charging for Social Care*.

Actions Required:

The Committee is asked to consider the presentation on *Charging for Social Care* and identify any further actions.

1. Background

The Committee is due to consider a presentation on *Charging for Social Care*.

2. Consultation

This is not a direct consultation item.

3. Appendices – These are listed below and attached to this report

Appendix A	Presentation – *Charging for Social Care*

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 Pam Clipson, who can be contacted on at Pam.Clipson@lincolnshire.gov.uk

Adults and Community Wellbeing Scrutiny Committee

Charging for Social Care

25 May 2022

Financial Assessment Performance

Financial Assessment Type	Annual Volume	Processed Without Delay	Processed with additional info in 28days	Processed with additional info 29days+
Non-Residential	5,800	4,930 (85%)	400 (7%)	470 (8%)
Residential	2,800	1,456 (52%)	820 (29%)	524 (19%)
Total	**8,600**	**6,386 (74%)**	**1,220 (14%)**	**994 (12%)**

Reasons for additional information ask

- Incomplete bank details
- Difficulties in accessing land / property valuations
- Incomplete information from self funders

What is Changing?

- From October 2023 all individuals in receipt of adult social care services regardless of age will be impacted
- More people will be eligible for state support. The Upper Capital Limit increases to £100,000 (from £23,250). The Lower Capital Limit increases to £20,000 (from £14,250)
- 50:50 Local Authority : Self funder market in Lincolnshire. approx 10,950 service users, potential to double the number of assessments. Non-residential to see the greater volume.
- Self-funders can ask the local authority to commission care at local authority fee levels, this will also be necessary to help calculate when the person reaches the 'care cap'
- Market Sustainability and Fair Cost of Care Fund - to prepare markets for reform, including self-funders able to access local authority fees and to support local authorities to move towards paying a fair cost of care.
- April 2022 saw social care allowances unfrozen in line with inflation, people will keep more of their income
- Introduction of a £86,000 care cap. Progress towards the cap will be recorded in a 'care account'

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Implementation of Care Accounts

- Everyone (approx. 20,000 people) needs a care account to track their progress towards the £86,000 cap
- Local authorities to maintain care accounts for all ordinarily resident with eligible needs for care & support
- Local authority to provide regular care account statements every 6mths, electronic by default
- 12mths prior to reaching cap, local authorities must alert and work with the individual for smooth transition
- Financial assessments determine the service user contribution towards the cap
- Not all costs count towards the cap eg financial contribution from the local authority, costs of meeting non-eligible needs, any top up payments the person or third party chooses to make

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Increased Demand for Assessments: both to determine needs and to create care accounts

- National assumptions for authorities with high % self funders (of which LCC is with approx. 50:50 ratio)
  - 85-105 social workers
  - 50-60 non-qualified social care staff
  - 13-15 financial assessment officers
  - Waiting lists could rise est. 20-25 weeks for needs assessments, 25-30 weeks for financial assessments
- LCC approach to potential increase in demand;
  - assuming 85% of self funders above upper capital limit, adopt light-touch financial assessment and a proportionate needs assessment for the 15%
  - 1,600 Full needs assessments
  - 1,600 Full financial assessments
  - 9,300 Proposed light touch assessment approach
- Review 10,950 currently in receipt of adult social care, risk based approach

Financial Assessment Capacity Expansion
- Streamline paper assessment
- Reduce evidence base in some areas
- Roll out at pace on-line financial assessment
- Introduce light touch assessments
- Further automation of financial assessment

Needs Assessment Capacity Expansion
- Supported self assessment
- Trusted assessment arrangements with other organisations
- Delegated role in the assessment process for partners in other organisations

Impact on Adult Social Care Market

- Providers will be impacted due to
  - upper capital threshold of £100,000 changes who is a self funder
  - self funders able to approach local authorities to access their rates
  - local authorities to pay/move towards paying a fair cost of care (FCC)
- Combined financial impact of the above will vary provider to provider

- Market assessment including indicative cost of care well underway in Lincolnshire
- Market Sustainability and Fair Cost of Care Grant to support local authorities to increase rate paid, £2.273m 2022-23, potential to increase 3x in 2023-24

Lincolnshire approach to Market Assessment including Fair Cost of Care;
- Sept21 Residential market
- Apr22 Homecare market
- May22 Community supported living market
- Aug22 Quantification of difference between LCC rates and the indicative cost of care including 3-year plan to deliver a Fair Cost of Care for Lincolnshire
- Sept22 market sustainability assessment including indicative cost of care

Finances

Building Back Better	Autumn Statement	Local Government Settlement / Social Care White Paper
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	£1.7bn years to improve wider social care system	- At least £300m, integrate housing - At least £150m, technology and digitisation - At least £500m, workforce training and qualifications - Up to £25m, support unpaid carers - £30m, innovation of support and care - At least £5m, help people understand services available - More than £70m, improve delivery of services

£2.273m for Lincolnshire in 2022-23

Strong Cross-Council Programme already underway

Governance Structure underpinning corporate reporting

AC&CW Directorate Leadership Team

Financial Assessment Improvement Programme

Adult Social Care Charging Group - all teams represented

Specific Project each with a Project Manager

Projects
- Debt Review Programme
- Residential Move to Gross
- Abacus Upgrade
- Mosaic Development
- On-line assessment Development
- New! Social Care reforms, Demand
- New! Social Care reforms, Fair cost of care
- New! Pathway Automation

Existing Priority Areas Delivering Improvement

- 31Mar22 Majority Financial Assessments within 28days *(Reduced from 5mths in 2018)*
- 31Mar22 Abacus Upgrade *(Abacus SDS decommissioned 2020)*
- 31Mar22 Residential rates model in place moving towards a fair cost of care informed by market assessment Sept21
- 31May22 Charging Policy challenges complete *(Flat Rate Nov21, Homecare 31Dec21, Non -residential MIG 31May22)*
- 30Jun22 Debt Review Programme, all debts reviewed *(Debts >£15,000 reviewed by 31Mar22)*
- 30Jun22 Online assessment tool for non-residential is being rolled out, residential design in progress *(Non-residential tool built and being rolled out already)*
- 31July22 Move to gross for residential payments *(Homecare and community supported living already paid gross)*
- 30Sept22 Automation of Deferred Payment Process

Additional Steps to Existing Programme

Key Risks

Risk	Risk Description	Mitigating Actions
Change	A significant amount of change for staff, service users and their families and providers. There is a risk of misunderstanding, confusion leading to complaints and delay.	• Clear governance structure in place • Communication programme roll out from May22 • Training programme roll out from Jun22
Capacity	Inability to recruit additional workforce to meet new demand	• Not solely reliant on recruiting a limited workforce, Improvement Programme underway • Rolling recruitment • Risk based approach to prioritise demand
Timescale	System development not completed in time. All local authorities approaching same providers	• Upgrade of existing systems in use complete • Minimum viable product approach nationally with a detailed technical specification that can be developed in existing case management systems
	Inability to contact all self funders	• Residential self funders will be picked up through existing residential move to gross mechanism • Non-residential to be confirmed by Sep22
Finances	National funding may not be sufficient to support financial impact	• Residential cost of care gap known • Non-residential cost of care gap identification by Jun22 • Threshold impact and demand increase by Sept22 • Significant risk
	Debt may increase with more people entering adult social care	• Debt Review Groups well established • Process changes to be embedded by Dec22

Adults and Community Wellbeing Scrutiny Committee

Charging for Social Care

25 May 2022

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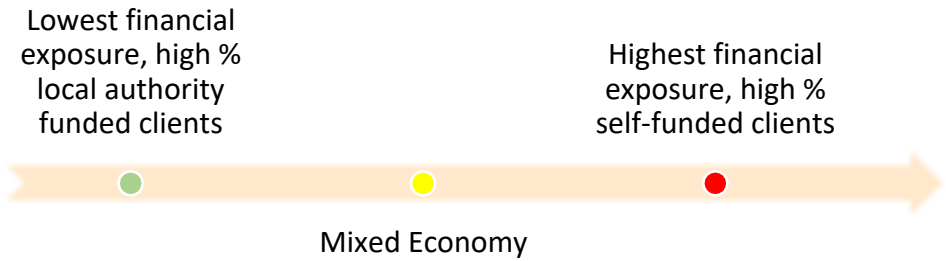

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Lincolnshire COUNTY COUNCIL Working for a better future

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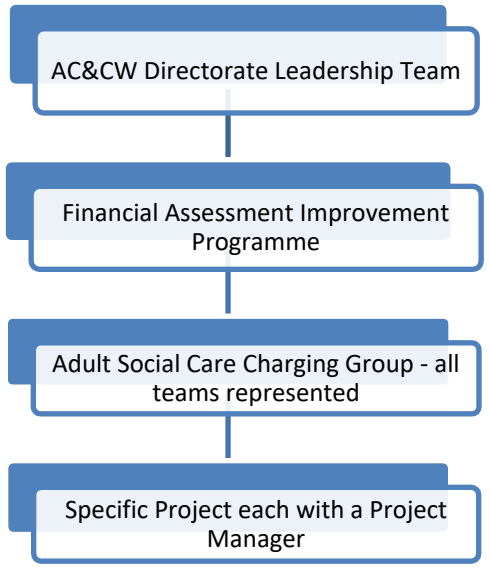

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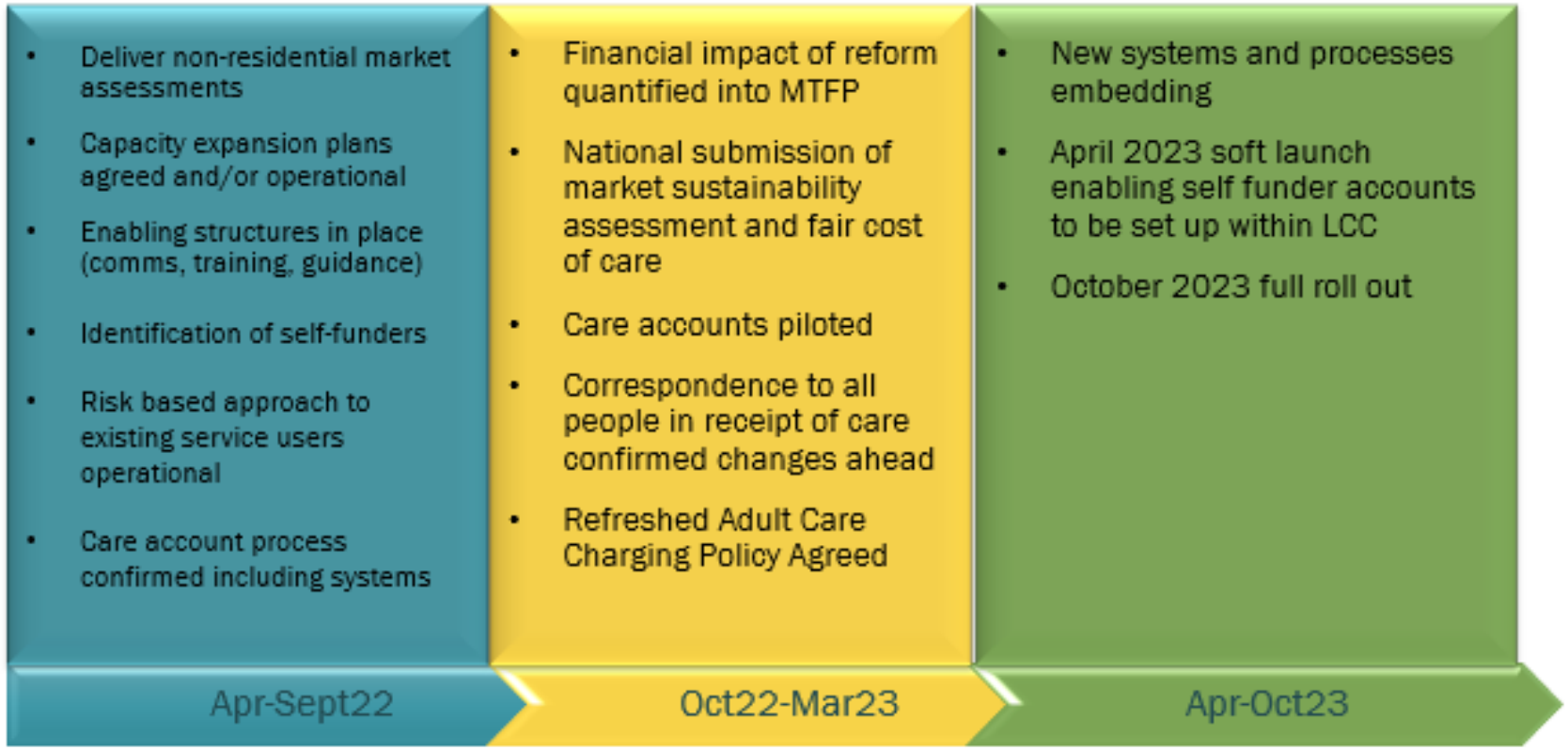
Additional Steps to Existing Programme



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Lincolnshire COUNTY COUNCIL
Working for a better future

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**25 May 2022**
Subject:	**The Government's Proposals for Health and Care Integration** ***(White Paper - Joining Up Care for People, Places and Populations)***

Summary:

In February 2022, the Government published *Joining Up Care for People, Places and Populations* – The Government's Proposals for Health and Care Integration (White Paper - February 2022).

The Committee is requested to consider a presentation by the Executive Director, Adult Care and Community Wellbeing on the content of the white paper. The presentation is attached at Appendix A to this report.

Actions Required:

The Committee is asked to consider the presentation summarising *Joining Up Care for People, Places and Populations* – The Government's Proposals for Health and Care Integration; and to identify whether any topics need to be reflected in the content of the Committee's future work programme.

1. Background

On 9 February 2022, the Government published a white paper entitled: *Joining Up Care for People, Places and Populations* – The Government's Proposals for Health and Care Integration.

The purpose of this item is to develop the Committee's knowledge of the content of the white paper, following a summary of its contents presented by the Executive Director, Adult Care and Community Wellbeing; and to consider whether any topics need to be reflected in the content of the Committee's future work programme.

The presentation summarising the content of the white paper is set out in Appendix A to this report.

The full white paper can be found at the following link:

Health and social care integration: joining up care for people, places and populations - GOV.UK (www.gov.uk)

2. Consultation

This is not a direct consultation item.

3. Appendices – These are listed below and attached to this report

Appendix A	Presentation - *Joining Up Care for People, Places and Populations*

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 Glen Garrod, who can be contacted on at Glen.Garrod@lincolnshire.gov.uk.

Joining Up Care for People, Places and Populations

Integration White Paper

Background and Context

- Is part of a whole picture incorporating the Health and Social Care Bill and Social Care Reform White Paper. These need to be seen as a package – "Mutually Reinforcing Reforms".
- Covid-19 highlighted the need for faster integration across health and social care.
- People have a range of needs which cannot be addressed by one organisation – need for holistic care that fits around people's needs.
- People often experience:
  - Lack of coordination between services
  - Organisations forced or incentivised to focus on a narrow set of organisational outcomes
  - Duplication of resources
  - Delays caused by competing budgets or care processes
  - Builds on the integration journey so far including Primary Care Networks (PCNs), the Better Care Fund (BCF) and Sustainability and Transformation Partnerships (STPs).
- Supports the Health and Care Bill – Integrated Care Systems will enable the health and care system to collaborate across boundaries, make joint decisions and tackle shared problems.

The Vision for Integrated Health and Care Services

Everyone should receive the right care, in the right place, at the right time - through the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole.

The White Paper…

- **Seeks to deliver** this vision by introducing shared outcomes for person centred reform, agreed by all local health and care organisations and by holding local leaders to account for delivery.

- **Is focused** at 'Place' level, where local government and NHS face common challenges requiring joint action. With a single "point of responsibility" accountable for shared outcomes and effective leadership.

- **Has ambition** for better integration across primary care, community health, adult social care, acute, mental health, public health and housing services.

- Children's social care is out of scope (though Nb. Transitions)

The plans support the development of a health and care system which:

- Is levelled up in terms of outcomes and reduced disparities.
- Ensures people have access to services which meet their needs.
- Transforms where care is delivered, according to people's preferences.
- Enables people to access personalised information to give them more control.
- Enables data and information sharing to support joined up decision making.
- Is delivered by a capable, confident, multidisciplinary workforce which wraps services around individuals.
- Allow innovation and digitisation to ensure we have the right tools to meet needs.
- Incentivises organisations to:
    - prioritise the same shared outcomes rather than a narrow focus on their own organisational targets;
    - collectively prioritise upstream interventions and allocate resources to improve population health and address disparities.
- Is driven by decisive leadership, who listen and understand the needs of their local people and have clear accountability for delivering outcomes.

Shared Outcomes

- Introduction of a new approach to shared outcomes focused on people and populations rather than systems and institutions.

- **A national set of priorities and a broader framework for local outcome prioritisation from April 2023.**

- Principles for a shared outcomes framework:
  - '**Places**' are best means to prioritise outcomes that matter most to local people. **ICSs** will provide support and challenge to assessment of needs and local outcome selection (Gov expect to see high levels of ambition)
  - **National bodies** with a regulatory or oversight role will consider the setting and delivery of outcomes.
  - Designed by **partners across the system** grounded in shared insight and understanding of the needs of the population;
  - Small number of national priorities will still remain but will need to work and sit coherently with local priorities;
  - Need to **focus on outcomes** rather than outputs – the end goal is better person centred health and care, improving population health and addressing disparities rather than the process of integration *per se*;
  - **Not** intended to add further reporting burdens.

Leadership

- Health and Social Care Leadership Review – to improve processes and strengthen leadership across health and social care – will report early 2022.

- Effective local leaders should:
  - Bring partners together around a common agenda with decisive action in the interest of local people, even when it runs counter to organisational interests
  - Be able to judge when it is right to remove or challenge organisational boundaries and when it's better to make connections between distinct organisations
  - Be responsible for delivering outcomes
  - Focus decisions on what happens at the point of care and on what is of most benefit from a population perspective
  - Listen to the views of local people when designing and improving services, and in defining which outcomes matter to individuals and populations.

- National Leadership Programme will be set up focused on developing the skills required to deliver effective system transformation and local partnerships

Accountability

- All places within an ICS to adopt a 'place based' governance or equivalent by Autumn 2022 which:
  - has a shared resource plan across the partner organisations for delivery of services with scope to deliver shared local outcomes;
  - over time, has a track record of delivery against the shared outcomes;
  - oversees a significant/growing proportion of health and care activity and spend;
  - provides clarity of decision making.
- These arrangements should use existing structures and processes where appropriate e.g. HWB and BCF.
- Places will be able to decide which model they adopt – an example of a Place Based Model is provided in the White Paper**.** ***But In areas where the LA and ICS are coterminous, the Government does not expect place based arrangements to be established in addition to the ICS – this would be 'bureaucratic and unhelpful***
- Places will be supported by their ICSs and by an NHS England/local government support offer. There are no national plans to change ICS boundaries.
- From **April 2023 arrangements for national and local shared outcomes go live** and from **2026 all local areas should work towards comprehensive inclusion of services and spend**
- Health and Care Bill places a new duty on the CQC to review the ICS as a whole – including considering how local outcomes are agreed and assessing how local authority delivers their adult social care duties.

Finance

- Existing arrangements to pool budgets are complex and limitations prevent the most ambitious models of integration.
- The legislation covering pooled budgets (Section 75a of the 2006 Act) will be reviewed and new guidance issued.
- The ambition is: Wherever possible, pooled or aligned budgets should be routine and grow to support more integrated models of service delivery, eventually covering most of the funding for health and social care services at a place level.
- As processes accelerate, consideration will also be given to the implications for existing pooling mechanisms e.g. Better Care Fund.
- Programme for personalised care, notably roll-out of Personal Health Budgets – circa 200,000 PHBs by 2023/24.

Digital and Data

- "An electronic, shared health and care record….. will become standard across the Country"
- Every health and care provider in the ICS must reach a minimum level of digital maturity by March 2025.
- The 'What Good Looks Like' Framework will be extended to cover nursing, community services and social care.
- Final version of the Data Strategy for Health and Social Care published early 2022 – sets out vision for data that moves seamlessly across health and care and has transparency at its core.
- Need to ensure shared care records cover 'cradle to grave'.
- Standards to be put in place:
  - standards roadmap underpinned by a new end-to-end process and governance model for standards development **by April 2022**
  - standards for social care, co-designed with sector **by Autumn 2023**
- Health and Care Bill introducing powers to:
  - mandate standards for how information is collected and stored, so information flows through the system in a useable way.
  - create a statutory duty for organisations within the health and care system to share anonymous data.

Digital Transformation

- 'ICS first' approach to support integration – encouraging organisations within an ICS to use the **same digital platforms**.
- Every ICS will need all constituent organisations to have a base level of digital capabilities and connected to a shared care record **by 2024** enabling full read and write access for the person, their carers and care team
- ICSs have been asked to identify priorities to support the delivery of out-of-hospital models of care by developing **system digital investment plans**, ensuring community health service providers are supported to develop robust digital strategies to improve care delivery – where appropriate digital investment should be purchased and deployed **at ICS level**
- 80% adoption of social care records among CQC registered social care providers **by March 2024**
- Need to build on experience of C-19 to accelerate adoption of digital interventions ensuring public and frontline staff are confident of the services being offered – to increase confidence:
  - The NHS App will offer a personalised experience for users and encourage them to engage in tailored preventative activity (screening, vaccinations, health check)
  - Develop new clinically led pathways for MSK, dermatology, ophthalmology and cardiovascular used by approx. 20m people
  - Support people, carers and families to understand what technologies are effective for helping maintain independence and quality of life – smart home technologies or sensor based tech
  - Clinical decision support tools with an electronic health record.

Health and Care Workforce

- Health and Care Bill creates a **legislative framework for partnership working** bringing together NHS, LA and social care closer together to ensure everyone receives outcome focused services – the workforce will be key.
- Tackling the barriers to workforce integration – at a national level – **removing barriers to collaborative planning / working** by reviewing regulatory and statutory requirements that can prevent flexible deployment of health and care staff across sectors.
- At Place level, work across the system with NHSE to identify opportunities to **strengthen guidance for ICBs and increase co-production** with social care stakeholders. Government will incorporate this into the guidance for ICPs, so the ICS is clear on its role in developing an integrated workforce plan – an ICSs 'people operating model' and 'one workforce' approach
- Training key in developing an integrated workforce. The government will:
  - Work with national and local partners to identify ways to improve initial training for staff in roles at the interface between health and social care;
  - Identify opportunities for joint continuous professional development across sectors;
  - Develop a collective approach to promoting careers in health and social care.
- In addition to the measures to improve career pathways in the Adult Social Care Reform White Paper:
  - develop and test joint roles in Health and Social Care;
  - introduction of an Integrated Skills Passport to enable staff to transfer skills and knowledge between NHS, Public Health and Social Care;
  - Increase the number of clinical practice placements in Social Care for relevant degree and apprentice routes.

Summary and Next Steps

- All places to adopt a model of accountability and provide clear responsibilities for decision making by **Autumn 2022**.
- Implement the shared outcomes from **April 2023**.
- Review, simplify and update Section 75 arrangements for pooled budgets.
- Develop guidance for LAs and NHS to support further and faster financial alignment and pooling.
- Publish guidance on the scope of pooled budgets **Spring 2023**.
- Work with CQC to produce an inspection and regulation regime which supports and promotes the new shared outcomes and accountability arrangements.
- Develop a national leadership programme to promote the skills needed to deliver system transformation and place based leadership.
- Publish the final version of the Data Strategy for Health and Care.
- Ensure all health and care providers within an ICS reaches a minimum level of digital maturity by March 2025.

Summary and Next Steps

- Strengthen the role of workforce planning at ICS and place levels.
- Review barriers to flexible movement and deployment of health and social care staff at place level.
- Develop a national delegation framework of nursing interventions to be used in care settings.
- Increase the number of clinical practice placements in social care and improve opportunities for cross sector training, and joint roles for ASC and NHS staff in regulated and unregulated roles.
- Ensure 1 million people supported by digitally enabled care at home **by 2022**.
- Appoint a set of front runner areas **in Spring 2023**.
- Develop a standards roadmap (2022) and co-designed suite of standards for social care **by Autumn 2023**.
- All professionals will have access to a single health and care record for each citizen **by 2024**.
- Each ICS to have a population health platform/care coordination centre to support the joining up of data for planning, proactive population health management and precision public health **by 2025**.

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Joining Up Care for People, Places and Populations (working title)

Integration White Paper

Lincolnshire COUNTY COUNCIL
Working for a better future

Background and Context

- Is part of a whole picture incorporating the Health and Social Care Bill and Social Care Reform White Paper. These need to be seen as a package – "Mutually Reinforcing Reforms".

- Covid-19 highlighted the need for faster integration across health and social care.

- People have a range of needs which cannot be addressed by one organisation – need for holistic care that fits around people's needs.

  People often experience:
  - Lack of coordination between services
  - Organisations forced or incentivised to focus on a narrow set of organisational outcomes
  - Duplication of resources
  - Delays caused by competing budgets or care processes

- Builds on the integration journey so far including Primary Care Networks (PCNs), the Better Care Fund (BCF) and Sustainability and Transformation Partnerships (STPs).

- Supports the Health and Care Bill – Integrated Care Systems will enable the health and care system to collaborate across boundaries, make joint decisions and tackle shared problems.

The Vision for Integrated Health and Care Services

Everyone should receive the right care, in the right place, at the right time - through the planning, commissioning and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole.

The White Paper…

- **Seeks to deliver** this vision by introducing shared outcomes for person centred reform, agreed by all local health and care organisations and by holding local leaders to account for delivery.

- **Is focused** at 'Place' level, where local government and NHS face common challenges requiring joint action. With a single "point of responsibility" accountable for shared outcomes and effective leadership.

- **Has ambition** for better integration across primary care, community health, adult social care, acute, mental health, public health and housing services.

- Children's social care is out of scope (though Nb. Transitions)

The plans support the development of a health and care system which:

- Is levelled up in terms of outcomes and reduced disparities.
- Ensures people have access to services which meet their needs.
- Transforms where care is delivered, according to people's preferences.
- Enables people to access personalised information to give them more control.
- Enables data and information sharing to support joined up decision making.
- Is delivered by a capable, confident, multidisciplinary workforce which wraps services around individuals.
- Allow innovation and digitisation to ensure we have the right tools to meet needs.
- Incentivises organisations to:
  - prioritise the same shared outcomes rather than a narrow focus on their own organisational targets;
  - collectively prioritise upstream interventions and allocate resources to improve population health and address disparities.
- Is driven by decisive leadership, who listen and understand the needs of their local people and have clear accountability for delivering outcomes.

Shared Outcomes

- Introduction of a new approach to shared outcomes focused on people and populations rather than systems and institutions.
- **A national set of priorities and a broader framework for local outcome prioritisation from April 2023.**

- Principles for a shared outcomes framework:
  - '**Places**' are best means to prioritise outcomes that matter most to local people. **ICSs** will provide support and challenge to assessment of needs and local outcome selection (Gov expect to see high levels of ambition)
  - **National bodies** with a regulatory or oversight role will consider the setting and delivery of outcomes.
  - Designed by **partners across the system** grounded in shared insight and understanding of the needs of the population;
  - Small number of national priorities will still remain but will need to work and sit coherently with local priorities;
  - Need to **focus on outcomes** rather than outputs – the end goal is better person centred health and care, improving population health and addressing disparities rather than the process of integration *per se*;
  - **Not** intended to add further reporting burdens.

Leadership

- Health and Social Care Leadership Review – to improve processes and strengthen leadership across health and social care – will report early 2022.

- Effective local leaders should:
  - Bring partners together around a common agenda with decisive action in the interest of local people, even when it runs counter to organisational interests
  - Be able to judge when it is right to remove or challenge organisational boundaries and when its better to make connections between distinct organisations
  - Be responsible for delivering outcomes
  - Focus decisions on what happens at the point of care and on what is of most benefit from a population perspective
  - Listen to the views of local people when designing and improving services, and in defining which outcomes matter to individuals and populations.

- National Leadership Programme will be set up focused on developing the skills required to deliver effective system transformation and local partnerships

Accountability

- All places within an ICS to adopt a 'place based' governance or equivalent by Autumn 2022 which:
  - has a shared resource plan across the partner organisations for delivery of services with scope to deliver shared local outcomes;
  - over time, has a track record of delivery against the shared outcomes;
  - oversees a significant/growing proportion of health and care activity and spend;
  - provides clarity of decision making.
- These arrangements should use existing structures and processes where appropriate e.g. HWB and BCF.
- Places will be able to decide which model they adopt – an example of a Place Based Model is provided in the White Paper. ***But In areas where the LA and ICS are coterminous, the Government does not expect place based arrangements to be established in addition to the ICS – this would be 'bureaucratic and unhelpful***
- Places will be supported by their ICSs and by an NHS England/local government support offer. There are no national plans to change ICS boundaries.
- From **April 2023 arrangements for national and local shared outcomes go live** and from **2026 all local areas should work towards comprehensive inclusion of services and spend**
- Health and Care Bill places a new duty on the CQC to review the ICS as a whole – including considering how local outcomes are agreed and assessing how local authority delivers their adult social care duties.

Finance

- Existing arrangements to pool budgets are complex and limitations prevent the most ambitious models of integration.
- The legislation covering pooled budgets (Section 75a of the 2006 Act) will be reviewed and new guidance issued.
- The ambition is: Wherever possible, pooled or aligned budgets should be routine and grow to support more integrated models of service delivery, eventually covering most of the funding for health and social care services at a place level.
- As processes accelerate, consideration will also be given to the implications for existing pooling mechanisms e.g. Better Care Fund.
- Programme for personalised care, notably roll-out of Personal Health Budgets – circa 200,000 PHBs by 2023/24.

Digital and Data

- "An electronic, shared health and care record….. will become standard across the Country"
- Every health and care provider in the ICS must reach a minimum level of digital maturity by March 2025.
- The 'What Good Looks Like' Framework will be extended to cover nursing, community services and social care.
- Final version of the Data Strategy for Health and Social Care published early 2022 – sets out vision for data that moves seamlessly across health and care and has transparency at its core.
- Need to ensure shared care records cover 'cradle to grave'.
- Standards to be put in place:
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**Open Report on behalf of Andrew Crookham,
Executive Director – Resources**

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**25 May 2022**
Subject:	**Adults and Community Wellbeing Scrutiny Committee - Work Programme**

Summary:

The Committee's forward work programme is set out in this report. The report also includes the relevant extracts from latest version of the forward plan of key decisions due to be taken from 1 June 2022. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

On 6 April 2022, the Committee considered Lincolnshire Community Equipment Services Re-Procurement, where a subsequent decision was due to be made by the Executive on 4 May 2022. The Committee's statement from 6 April was submitted to the Executive, whose decision the Committee is requested to note.

Actions Requested:

(1) To review the Committee's forward work programme, as set out in the report.

(2) Following consideration by this Committee on 6 April 2022, to note that on 4 May 2022 the Executive approved the recommendations as submitted on Lincolnshire Community Equipment Service Re-Procurement, which included arrangements for the procuring a contract from a single provider for the county-wide service; and de-coupling the telecare element from the current contract.

1. Current Items

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

25 May 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Social Connections	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.
2	Charing for Social Care	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This item will begin to consider the impact of the *People at the Heart of Care – Adult Social Care Reform White Paper* on financial assessments.
3	The Government's Proposals for Health and Social Care Integration - Joining Up Care for People, Places and Populations	Glen Garrod - Executive Director, Adult Care and Community Wellbeing	To consider the developing implications of the Government's white paper, which was published in February 2022.

2. Planned Items

6 July 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Lincolnshire Safeguarding Adults Board – Update	Justin Hackney, Assistant Director, Specialist Services and Safeguarding	This is the six-monthly update.
2	Performance Against Corporate Performance Framework – 2021-22 Quarter 4	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
3	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.

7 September 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Performance Against Corporate Performance Framework – 2022-23 Quarter 1	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2	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 will be implemented from 1 July 2022.

19 October 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	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.
2	Care Quality Commission – Annual Update	To be confirmed.	Each year the Committee considers an overview of the Care Quality Commission's activities in relation to adult care provision in Lincolnshire.
3	Langrick Road, Boston – Extra Care Housing and Working Aged Adults Accommodation	Emma Rowitt, Project Manager – Corporate Property	To consider proposals for extra care housing and working aged adult accommodation at Langrick Road, Boston, on which a decision is due to be made by the Executive on 1 November 2022

30 November 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Performance Against Corporate Performance Framework – 2022-23 Quarter 2	Caroline Jackson, Head of Corporate Performance	This is the quarterly performance report.
2	Specialist Adults Accommodation at Grange Farm, Market Rasen	Emma Rowitt, Project Manager – Corporate Property	To consider proposals for specialist adult accommodation in Market Rasen, on which a decision is due to be made by the Executive on 1 November 2022
3	De Wint Court, Lincoln, Extra Care Accommodation	Emma Rowitt, Project Manager – Corporate Property	To consider an update report on the extra care accommodation at De Wint Court, Lincoln, which was opened on 22 March 2022.

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

2023 Items

- January 2023 – Budget Proposals for 2023-24
- February 2023 – Quarter 3 Performance Report
- April 2023 – Carers Support Service - Introduction to New Provider

National Developments Potentially Generating Future Items or Themes

- *People at the Heart of Care* - Adult Social Care Reform White Paper (Published in September 2021)
- Health and Care Act 2022 – The Act received Royal Assent on 28 April 2022.

3. Executive Decision on Lincolnshire Community Equipment Re-Procurement

On 6 April 2022, the Committee considered the Lincolnshire Community Equipment Service Re-Procurement. The Committee's statement on this proposed decision was submitted to the Executive on 4 May 2022 and presented by Councillor Hugo Marfleet as chairman. The Executive approved the recommendations as submitted on Lincolnshire Community Equipment Service Re-Procurement, which included arrangements for the procuring a contract from a single provider for the county-wide service; and de-coupling the telecare element from the current contract.

4. Conclusion

The Committee is invited to consider its work programme and to note the decision by the Executive on the Lincolnshire Community Equipment Service Pre-Procurement.

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 June 2022

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

APPENDIX A

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

From 1 June 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
Langrick Road, Boston – Extra Care Housing and Working Aged Adults Accommodation	1 Nov 2022	Executive	Adults and Community Wellbeing Scrutiny Committee	Project Manager, Corporate Property: Emma.Rowitt@lincolnshire.gov.uk	All
Specialist Adults Accommodation at Grange Farm, Market Rasen	6 Dec 2022	Executive	Adults and Community Wellbeing Scrutiny Committee	Project Manager, Corporate Property: Emma.Rowitt@lincolnshire.gov.uk	Market Rasen Wolds