County Offices
Newland
Lincoln
LN1 1YL

30 August 2022

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 7 September 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, S R Parkin, M A Whittington and T V Young

ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 7 SEPTEMBER 2022

Democratic Services Officer Contact Details

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

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

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing Agenda for Adults and Community Wellbeing Scrutiny Committee on Wednesday, 7th September, 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 JULY 2022

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors A M Key (Vice-Chairman), M R Clarke, R J Kendrick, Mrs M J Overton MBE, M A Whittington, T V Young and R B Parker

Councillors: C Matthews, E J Sneath attended the meeting as observers

Officers in attendance:-

Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Justin Hackney (Assistant Director, Specialist Adult Services), Emily Wilcox (Democratic Services Officer), David Boath (Corporate Performance Manager (Adult Care and Community Wellbeing))

Others in attendance:-

Richard Proctor (Independent Chairman - Lincolnshire Safeguarding Adults Board)

9 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors T A Carter and N F Clarke.

10 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

11 MINUTES OF THE MEETING HELD ON 25 MAY 2022

RESOLVED:

That the minutes of the meeting held on Wednesday 25 May 2022 be approved as a correct record and signed by the Chairman.

12 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman advised the Committee that there was nothing specific to announce at this point other than a series of initiatives from the government were expected to impact on the Committee's work programme from September onwards.

The Executive Support Councillor for Adult Care and Public Health was pleased to announce that the Quad Restaurant within County Offices would be reopening on 11 July 2022 and would be run as an opportunity for those with learning disabilities to gain catering, service and customer skills.

13 LINCOLNSHIRE SAFEGUARDING ADULTS BOARD UPDATE

Consideration was given to a report by the Assistant Director – Adult Care and Community Wellbeing and the Chairman of the Lincolnshire Safeguarding Adults Board (LSAB), which provided the Committee in the current position of key areas of work being undertaken within the LSAB.

The Assistant Director – Adult Care and Community Wellbeing was pleased to announce that Richard Proctor had now been formally appointed as the Chairman of the LSAB on a permanent basis.

The LSAB had carried out a detailed analysis of the Annual Safeguarding Adult Return which had informed the priorities to be incorporated in the updated LSAB strategic plan. The new three-year strategic plan was currently in draft form and was due to be published in July 2022. Details were provided on the four priorities of the plan which were: prevention and early intervention; learning and shaping future practice; safeguarding effectiveness and making safeguarding personal.

A recent review of the LSAB's making safeguarding personal (MSP) approach to safeguarding practice had progressed and an action plan had been developed which could be found at Appendix A to the report.

11:07 – Councillor M J Overton entered the meeting.

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

- The plan showed clear direction and was prioritising key issues that had not been a key focus in previous years.
- The Committee expressed concerns that pressure sores remained a safeguarding risk after many years of suggestions and initiatives aimed at reducing their occurrence. It was clarified that pressure sores had been identified as the highest rate of concern for serious clinical incidents within the NHS. A focus on pressure sores had been included within the strategy to encourage the partnership to prioritise reducing the prevalence of pressure sores and investigate how the partners could work collectively to make improvements.
- It was acknowledged that domestic abuse was an underreported crime. The LSAB would continue to communicate with the public to encourage reporting of domestic abuse. The re-procurement of domestic abuse support service in the County would

see the expansion of capabilities for the Council and its partners to tackle domestic abuse.

- Concerns were raised that safeguarding was not fully embedded across all Lincolnshire Councils. Assurance was provided that the Lincolnshire Making Safeguarding Personal workstream board were working on wider preventative work such as ensuring all Council workers coming into contact with the public had received safeguarding training. There was an opportunity to work with wider partners to embed safeguarding into all Council employees.
- It was acknowledged that the cost-of-living crisis could lead to safeguarding risks across the County. Preliminary work had been carried out which investigated the wider impact of economic changes. Further details would be provided within the report on the Integration White Paper for Health and Social Care report at the next meeting.
- The focus on preventative work was commended.
- Partnership working and adopting a common approach to the prevention and early intervention of safeguarding risks in Lincolnshire had been successful. The importance of working in synergy and using overall resources and wider networks to address safeguarding issues was emphasised.
- Assurance was provided that the safeguarding training was undertaken by all levels of the Police force. The LSAB worked with agencies to develop appropriate training programmes for safeguarding.
- The LSAB welcomed support from Councillors in communicating safeguarding risks to the wider public.
- Analysis had identified a need for partners to evidence that they'd spoken to the individual at risk before raising a concern, which was a key part of preventative strategy and a priority for the LSAB.
- In cases where safeguarding concerns were raised without the at-risk individual being spoken to, the adult safeguarding team would attempt to contact the individual.

RESOLVED:

That the four strategic priorities proposed for new three-year strategic plan be supported.

14 ADULT CARE AND COMMUNITY WELLBEING FINANCIAL POSITION 2021-22

Consideration was given to a report by the Head of Finance – Adult Care and Community Wellbeing, which invited the Committee to consider a report on the Adult Care and Community Wellbeing Financial Position for 2021-22.

A summary of the financial outturn for each service was provided. Overall, the adult care and community wellbeing directorate had an underspend of £2.382m for 2021-21.

It was proposed that a revenue to capital transfer of £0.5m be used in 2022/23 to invest in in day service buildings to increase access and use of the buildings by the wider local

community. £0.2m would also be allocated to continue working with health colleagues to further integrate across the discharge to assess pathway.

2021-22 had continued to see the Coronavirus pandemic impact across services and Adult Care and Community Wellbeing had received significant grant funding to enable continued support to adult social care providers and to continue to prioritise and redeploy its workforce as Lincolnshire recovered from the pandemic. The directorate carried forward £4.558m of specified grant funding into 2022-23, relating specifically to the *contain outbreak management funding* and the *clinically extremely vulnerable funding*.

The Committee noted that the medium-term financial plan beyond 1 April 2023 would need to be revised during the summer as the social care reforms consultation was due to be published.

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

- The Committee were encouraged by the underspend. It was clarified that the underspend from 2020-21 had been carried forward and spent on the completion of the De-Wint Court housing development in Lincoln. Despite a significant increase in public health costs during the pandemic, the receipt of additional Covid-19 grants in 2021-22 had supported these costs and contributed to the underspend.
- No further Covid-19 grants were anticipated for 2022-23, but approximately £4m of ring-fenced grants had been allocated to support services which continued to see impacts of Covid-19.
- Officers were working on their proposal for the Market Sustainability and Fair Cost of Care Fund which would be considered by the Committee in September prior to consideration by the Council.
- The Committee acknowledged the forthcoming pressures as a result of the Adult Care reforms.
- The Council were pursuing a new business model for the charging of Fair Cost of Care Fund rates and to this end digital technology should mitigate the requirement for additional staff.
- The level of agency spend within the Adult Care and Community Wellbeing Directorate was low and most agency spend within the adult care sector was made by providers, which had seen a further increase throughout the pandemic. Two Covid-19 grants had been received for workforce recruitment and retention, of which 98% had been passported to the provider workforce to support with the cost of agency spend throughout the pandemic.
- Within the directorate, agency staff were only used in hard to recruit areas, such as on the East Coast.
- Agency spend was mitigated through an apprenticeship scheme in partnership of the University of Lincoln provided apprenticeships for social workers, nurses, and occupational therapists.

- Public Health teams continued to monitor rises in Covid-19 infection rates and were able to allocate funding if necessary.
- Unapplied capital funding would be allocated to a multi-year programme which would invest in six extra care housing schemes to support the continued independence of adults. The developments were critical components in the plan to develop within the services means.
- The service had been successful in securing capital funding to invest in day services and deliver the digital roadmap.

RESOLVED:

(1) That the financial performance in 2021-22, including an overall underspend of £2.4 million on the Adult Care and Community Wellbeing service budget be noted;

(2) That the carry forwards, which are made in line with the Council's Financial Regulations, for the three initiatives in (i) Day Services – Increased Access and Community Use; (ii) Extra Care Housing – Transfer to Capital; and (iii) Integrated Working for Hospital Discharge be supported.

15 2021/22 QUARTER 4 PERFORMANCE

Consideration was given to a report by the Corporate Performance Manager which provided an update on service level performance for Adult Care and Community Wellbeing.

Out of a total of 20 measures reported in quarter 4, six measures had exceeded the target nine measures have achieved the target and five measures did not achieve their target.

Despite the challenges over the recent years, evidence suggested that Lincolnshire continued to perform well in comparison to similar large rural shire counties. By using a range of national outcome and finance measures, the comparisons showed that Lincolnshire Adult Care was a low spend, high outcome authority.

An overview of performance for quarter 4 was provided. Despite challenges faced as a result of Covid-19, good evidence of effective service delivery resilience, and adaptability of all involved in care could be evidenced, although it was acknowledged that there was room for improvements in certain areas.

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

- The Committee acknowledged that the target for the percentage of alcohol users that left specialist treatment successfully was aspirational as there would always be a proportion of people would continue to drink alcohol. It was confirmed that the figures for this target were cumulative throughout the year. It was also noted that many people receiving support for alcohol had received a 'dual diagnosis' where mental health was challenging.

- With regard to smoking cessation, a request was made for more information on the age profiling of smokers, as there was a suggestion that the prevalence among young people was increasing.
- A number of investments and changes had been made to the alcohol cessation programme which would hope to see benefits as they progressed. More detail would be provided at a future meeting.
- A number of procurements had been re-tendered for a short period of six to 12 months in order to align contract times with North Lincolnshire and North East Lincolnshire to support initiatives across the Greater Lincolnshire.
- It was noted that there was a backlog of reviews within both the NHS and social care. The Council worked hard on a preventative approach to meet peoples needs to reduce the need for long term support and would continue to work to improve the number of people in receipt of the long term support who had received a review.
- The importance of ensuring that all carers received a review of their needs was emphasised. Officers acknowledged the contribution made by carers and assurance was provided that the Council were in regular communication with carers to make improvements to the quality of their lives.
- Officers would consider whether a specific target was needed within the corporate plan to monitor gambling addiction, although for overview and scrutiny purposes, this would fall under the remit of the Public Protection and Communities Scrutiny Committee.
- Improvements had been made to manage first contacts within the customer service centre.
- Demographics suggested that there were around 80,000 informal carers within Lincolnshire, many of whom did not wish to be supported by the local authority. Media campaigns across a number of platforms regularly targeted hidden carers to highlight the support offer available.

RESOLVED: That the information presented as part of the Adult Care and Community Wellbeing performance report for the final quarter of 2021/22 be noted and the comments made be taken into consideration, including requests that the report for Quarter 1 of 2022/23 provided more detail on:

- improvements in carers assessment and support; and
- the age profiling of smokers.

16 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to the Health Scrutiny Officer which invited the Committee to consider its work programme, as set out on pages 69-72 of the agenda pack.

The Committee welcomed the addition of an item on Fair Rates in September 2022 and an item on the Domestic Abuse Strategy, potentially at the October or November meeting.

It was requested that the Director for Public Health provide an update on the new public health arrangements for Greater Lincolnshire at the next meeting of the Committee.

RESOLVED:

That the work programme be agreed.

The meeting closed at 11.58 am

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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:	**Adult Care and Community Wellbeing**
Date:	**07 September 2022**
Subject:	**All Ages Obesity**

Summary:

This report has been prepared to inform the Committee of the issues and challenges faced in Lincolnshire arising from growing overweight and obesity rates.

Actions Required:

Adult Care and Community Wellbeing Scrutiny are asked to:

a) Note the contents of this report

b) Note that LCC commission a Tier 1 and Tier 2 service (see section 1.7 for description) as part of the Integrated Lifestyle Service. This contract runs until June 2024 and is currently being evaluated by the University of Lincoln.

c) Note work will need to be undertaken through the Integrated Care System with NHS colleagues and other partners to develop a collaborative approach to obesity and weight management services for Lincolnshire that includes Tier 3 and Tier 4 support and to focus interventions on prevention.

1. Background

1.1 Overweight and obesity: Why is this important?

Tackling obesity has been described as 'one of the greatest long-term health challenges this country faces'. Today, around two-thirds 63% of adults in England are above a healthy weight, and of these half are living with obesity (Source: NHS Digital). In Lincolnshire the proportion of people who are overweight or obese is even higher, at 68% and has been increasing (Source: OHID Fingertips/Public health Data).

Nationally, it is estimated that obesity is responsible for more than 30,000 deaths each year. On average, obesity deprives an individual of an extra 9 years of life, preventing

many individuals from reaching retirement age. In March 2017 Public Health England (PHE) reported that 'in the future, obesity could overtake tobacco smoking as the biggest cause of preventable death'. The report stated that 'obesity increases the risk of developing a whole host of diseases and that obese people are:

- at increased risk of certain cancers, including being 3 times more likely to develop colon cancer
- more than 2.5 times more likely to develop high blood pressure - a risk factor for heart disease
- 5 times more likely to develop type 2 diabetes'

The cost of this disease to society is significant – In 2017, PHE estimated that the NHS spent over £6 billion on overweight and obesity-related ill-health, and that the overall cost of obesity to wider society is estimated at £27 billion. Costs to the NHS were projected to reach £9.7 billion by 2050, with wider costs to society estimated to reach £49.9 billion per year.

The World Health Organisation has set out that rates of diabetes have quadrupled around the world since 1980 – and diabetes can lead to complications such as blindness, limb amputation, and kidney failure

It is clear that obesity is a growing issue, in Lincolnshire, across the nation and internationally. This paper will articulate the current situation in Lincolnshire in terms of obesity amongst adults and children, outline the complex causes of increasing obesity at the population level, and describe the current service provision available to treat & prevent obesity.

1.2 Definition of Obesity

Obesity is a medical condition in which excess body fat has accumulated to an extent that it may have a negative effect on health. People are generally considered **obese** when their body mass index (BMI), a measurement obtained by dividing a person's weight by the square of the person's height, is over 30 kg/m²; the range 25–30 kg/m² is defined as **overweight.** The BMI for minority ethnic communities is set lower at 23-27.5kg/m^2 due to the higher risk of underlying medical conditions or co-morbidities such as Type 2 Diabetes.

In children, age also needs to be a consideration when calculating the BMI, and this is therefore adjusted using the British 1990 growth reference curve. Therefore, children are only considered overweight or obese if their BMI is outside a number of standard deviations from the average BMI value.

1.3 The Lincolnshire Picture

Rates of obesity in Lincolnshire are higher than the England average amongst adults and children and there is a growing need to tackle the problems of overweight and obesity. The associated health issues have made this a major priority in Lincolnshire.

Obesity is one of seven priorities in the Joint Health and Wellbeing Strategy (JHWB). It is also included in the JSNA Chapters for Healthy Weight and Physical Activity, with the prioritisation and engagement work highlighted as being the most important health and wellbeing issues facing the county.

In 2020/21 the percentage of adults (aged 18+) in Lincolnshire classified as overweight or obese was 67.6%. This is higher than the East Midlands rate of 66.6% and the England rate of 63.5%.

In 2019/20 the National Child Measurement Programme (NCMP) reported child prevalence of overweight (including obesity) in Lincolnshire to be higher than England. In reception age children in Lincolnshire prevalence was 25.6% compared to England's 23% and for children in Year 6**,** this was 36.4% in Lincolnshire compared to England's 35.2%, (see Appendix A) for local trends.

This means that around a quarter of children in Reception are overweight or obese, rising to over a third in Year 6.

1.4 Causes

The causes of obesity are complex with many drivers, including:

- Behaviour
- Environment
- Genetics
- Culture

This can best be seen illustrated on page 84 of the Foresight Report (2007) and at (Appendix F) The Full Generic Map showing Thematic Clusters. The report describes over 100 interconnecting factors that may contribute towards weight gain.

Food and Drink

Whilst obesity can be the result of an underlying health condition or the side effects of certain classes of drugs, for most people obesity is a result of poor diet and because energy intake (through food and drink) exceeds energy used (through metabolic processes and physical activity).

The Eatwell Guide (PHE 2016) provides a compelling evidence base for eating a healthy diet. To not follow this advice increases the chances of becoming obese; however, many people still find it difficult to eat healthily. This is primarily because we are living in an environment where less healthy choices are often the default, which encourage weight gain and obesity.

The Foresight report states that 'while achieving and maintaining calorie balance is a consequence of individual decisions about diet and activity, our environment, and particularly the availability of calorie-rich food, now makes it much harder for individuals to maintain healthier lifestyles'. For example, in 2014 PHE estimated that there were over 50,000 fast food and takeaway outlets, fast food delivery services and fish and chips shops in England.

More than one quarter (27.1%) of adults and one fifth of children eat food from out-of-home food outlets at least once a week. These meals tend to have higher levels of fat, saturated fats, sugar, and salt, and lower levels of micronutrients.

Health Matters have developed guidance which focuses specifically on what can be done to improve the food environment. This includes strategies and toolkits, developed by PHE in recent years, to encourage healthier 'out of home' food provision.

Illustration of the current Food and Drink Environment which makes it difficult to maintain a healthy diet.

Individual responsibility can only be effective where people have similar access to the healthier options and strategies for encouraging healthier "out of home" food provision' need to be implemented to encourage local intervention that will further increase the opportunities for communities to access healthier food whilst out and about in their local community.

Physical Inactivity

We are not burning off enough of the calories that we consume. People in the UK are around 20% less active now than in the 1960s, and, if current trends continue, we will be 35% less active by 2030.

Working age adults today are the first to need to make a conscious decision to build physical activity into our daily lives. Fewer of us have manual jobs. Technology dominates at home and at work, the two places where we spend most of our time.

Societal changes have designed physical activity out of our lives. The UK Chief Medical Officers' Physical Activity Guidelines (2019) recommends that adults should accumulate at least 150 minutes (2 1/2 hours) of moderate intensity activity (such as brisk walking or cycling) each week.

Figures from the Health Survey for England show that 67% of men and 55% of women aged 16 and over do at least 150 minutes of moderate physical activity per week.

The Active Lives Children and Young People Survey reported between September 19 to July 2020 that 44.9% of children aged between 5 and 16 met the physical activity guidelines of being at least moderately active for at least 60 minutes every day (47% of boys, 43% of girls).

PHE (2017) developed guidance for local authorities, 'Health Matters edition on physical activity', which provides advice on embedding physical activity into everyday life.

Health Inequalities

Anyone may become overweight or obese, but some people are more likely to become overweight or obese than others. The Marmot review highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese.

There is a strong relationship between deprivation and childhood obesity. Analysis of data from the National Child Measurement Programme (NCMP) shows that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation (measured, for example, by the 2010 Index of Multiple Deprivation (IMD) score). Obesity prevalence in the most deprived 10% of children is approximately twice that of the least deprived 10%, (see Appendix B), 2019 Deprivation Deciles, Reception and Year 6.

Illustration of the links between deprivation and childhood obesity

Nationally, inequalities such as deprivation decile and ethnicity are intrinsically linked to the prevalence of being overweight or obese, as are age and sex (see Appendix C). Weight can start to become more of a problem as adults reach their mid to late 40's and increases as they age. Men too are more likely to be overweight or obese than females, and men are also less likely to access weight management services. Whilst local data is not yet available, there is no reason to believe that the profile of inequalities is different across Lincolnshire.

The risk of many diseases increases as BMI increases.

1.5 How to tackle obesity

Local authorities have an important role to play in preventing and reducing obesity. The various mechanisms to tackle obesity include, raising awareness of the factors that cause obesity at an individual, community and societal level, influencing policy, planning and strategy in health promoting ways, and commissioning services and other interventions designed to support behaviour change to reduce the risk of ill health and early death exacerbated or caused by physical inactivity and poor diet.

Using a collaborative approach with our partners in the NHS and district councils, local authorities develop services that support the people that are most effected by unhealthy behaviours and target effectively those living in the areas of highest deprivation and need. This can be achieved through:

- Moving prevention to the top of the list of priorities
- Pooling resources and joint commissioning of health improvement programmes and services.
- Review and comment on planning applications that may lead to a further growth in unhealthy food outlets.
- Review and comment on all licensing applications aimed to restrict the number of stores within the proximity of schools and deprived communities, able to sell alcohol; and through Trading Standards look at ways of reducing the number of tobacco venders in these communities.
- Work with planning departments on future housing developments to ensure residents will have easy access to green spaces, cycles and footpaths in line with the 'Green Masterplan' and 'Let's Move Lincolnshire'.
- Work with planners and providers to help develop better public transport links, through 'Active Travel' for example making it easier and safe to walk and cycle to school and work.

Overweight and obesity and the associated diseases are largely preventable. Local environments and communities are fundamental to shaping people's choices. Therefore, it is important to understand that for people to change their behaviour the healthy choices, e.g., accessible, available, and affordable fresh food and access to safe and open spaces to take exercise, are made the easiest choice.

Local authorities are ideally placed to support this challenge using planning policies and strategies such as 'Active Lincs' and to help promote healthier food and drink choices. The PHE (2017) toolkit outlines a number of suggestions for planning teams to create a healthier food environment such as:

- ensuring shops and markets that sell a diverse food offer are easy to reach by walking, cycling or public transport

- requiring leisure centres, workplaces, schools and hospitals with catering facilities and/or vending machines to have a healthier food offer for staff, students, and/or customers

- ensuring development avoids over-concentration of hot food takeaways in existing town centres or high streets, and restricts their proximity to schools or other facilities for children and young people and families

The interrelationship between the causes of unhealthy weight make this a challenging area to address in practice, requiring a joined-up, long-term approach. This is reflected in the current emphasis by the Office for Health Improvement and Disparities (OHID) on 'whole system' ways of working that involve cross-sector collaboration and strategy, examples would be better links with: NHS Health Checks, Musculoskeletal Service (MSK) pathways, Adult Care and Community Wellbeing Services and the Carers Service.

Prior to the Covid 19 pandemic Lincolnshire's Healthy Weight Partnership used the concept of a Whole System approach. They ran a series of consultation events with

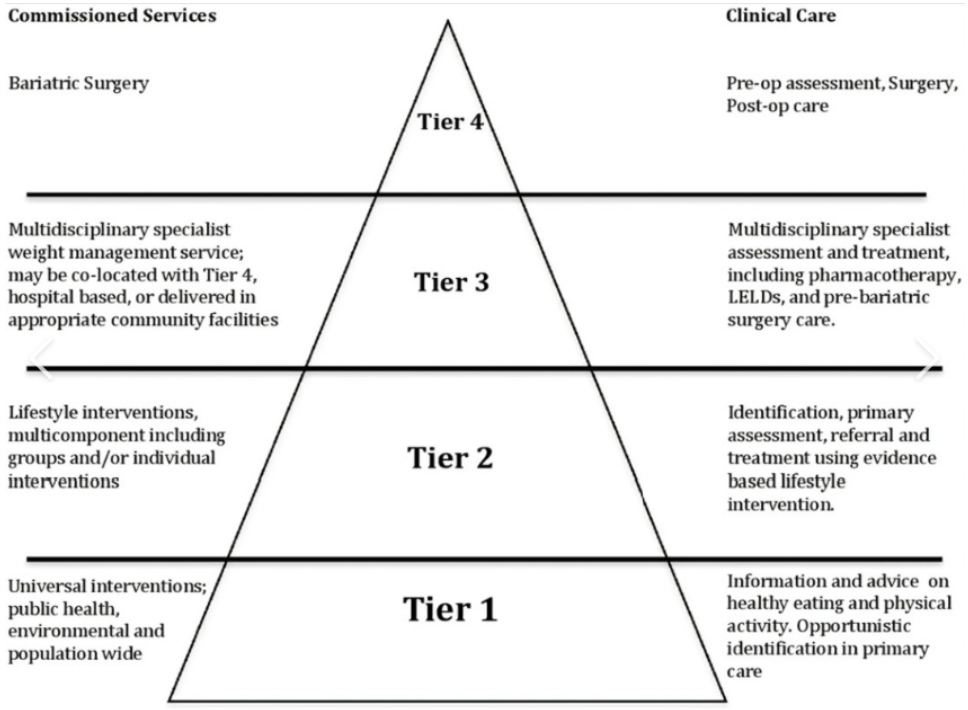
stakeholders from across the county, the resulting key objectives were shaped and included in a draft report and action plan. Unfortunately, this work was paused during 2020/21 when the team moved to Covid response duties. The Healthy Weight Group 2021 Draft Action Plan, includes themes on:

- Healthy Society
- Health Places
- Food Environment/Consumption
- Healthy People
- Healthy System

1.6 Obesity services

For individuals who are already overweight or obese, there are a recommended four tiers of support that should be offered for weight management. Both Tier 1 and 2 support form part of the commissioned integrated lifestyle service model, provided by Thrive Tribe 'One You Lincolnshire'. The service supports clients with a BMI of 30+, (lower for BAME communities) that do not require any specialist intervention.

Tiers of Intervention for Weight Management



- Tier 1 is the universal prevention services, consisting of general information on how to keep yourself at a healthy weight and includes mass media campaigns.
- Tier 2 provides a more targeted approach to weight management services with one to one and group support.
- Tier 3 supports those people who are extremely obese and require a more clinical specialist weight management support from a multidisciplinary team. Clients may have co-morbidities that require monitoring and/or medications, some clients will be referred onto
- Tier 4 for Bariatric Surgery.

At present, there are no Tier 3 or 4 services commissioned specifically for Lincolnshire. Patients are referred to Derby to access this specialist support.

1.7 Current Service Provision

Lincolnshire County Council jointly commission (with the NHS) an **Adult Healthy Weight Service** provided as part of an Integrated Lifestyle Service (ILS). The ILS also includes interventions to support behaviour change for physical inactivity, smoking and risky alcohol use, all of which contribute to Lincolnshire's obesity burden. The Programme aims to achieve over 11,500 outcomes annually, targeting groups that are historically more difficult to engage in health programmes, an example would be men 45+. Programmes of support are offered for up to 12 weeks, by which time the changes are becoming embedded, and individuals are more likely to maintain this positive behaviour without the need for support. As part of the exit strategy, people are supported to get into local groups and activities that will help keep them motivated and on track with their behaviour change.

Since the start of the contract in September 2019, to March 2022 the service achieved over 16,900 outcomes across the four service areas with over 9,100 of these aligned to losing weight and physical activity. This includes individuals:

- achieving a 5% or more weight loss, measured at 12 weeks;
- achieving over 150 minutes of moderate physical activity per week;
- reduced alcohol consumption to less than 14 units of alcohol per week; and/or,
- stopping smoking, measured at 4 weeks

Like many programmes Covid 19 impacted significantly on the development and roll out of the new services; their planned delivery model and ultimately on the outcomes achieved. However, the programme is now well embedded, partner involvement continues to grow and more referrals are being generated.

At the outset, we planned an evaluation of the Integrated Lifestyle Service which the University of Lincoln has been commissioned to deliver. Divided into two parts, Phase One was to focus on a 'Process' (predominantly qualitative) evaluation in Year 1 and Phase Two was to focus on an 'Outcomes' (predominantly quantitative) evaluation in

Year 2. The Phase One evaluation was completed in 2021 and took account the impact of the Covid 19 pandemic.

The evaluation found that despite major changes to service delivery implementation due to COVID-19, the service had high referral rates and success stories of sustained lifestyle changes for many clients. The service's strength lay in the rapport between clients and staff, effective and consistent delivery of behaviour change models and close intra-organisational working relationships. Nevertheless, a key challenge the service faced was establishing inter-organisational partnerships, ensuring consistent buy-in and sound conceptual underpinning of the nature of the service, relative to and as understood by wider community services. Overall, this evaluation found that One You Lincolnshire to be a very successful service in supporting behaviour change and preventing unhealthy risk factors across the county. An integrated wellness service that offers a holistic approach was valued by service users and allowed them to address complex issues.

Phase Two of the evaluation is underway and results will be published prior to service recommissioning.

Like many other local authorities, the impact of Covid meant that Lincolnshire did not deliver the National Child Measurement Programme (NCMP) in 2020/21, however given the increase in childhood obesity and severe obesity nationally during that period, it is reasonable to assume that increases in obesity and severe obesity would follow a similar pattern in Lincolnshire. A new **Child and Family Weight Management Service (CFWM)** is to be piloted via our Integrated Lifestyle Service and is to be launched in September 2022. This will supplement the support provided by schools and via the 0-19 Children's Health Service and provide a referral route for children identified as overweight from the NCMP.

NICE guidance states that 'Tier 2, multi-component, family-based weight management services should be an integral part of an area's overall children's healthy weight strategy'. The content of the service will be broadly in line with NICE guidance however, it will also test out a number of innovative methods, where these have the potential to bring better outcomes for children and families in Lincolnshire.

The CFWM will take a holistic approach, supporting children's overall wellbeing and families' lifestyles rather than focusing solely on weight. This will support that the service is non-stigmatising and is attractive to parents who do not recognise their child as overweight, both of which have traditionally been significant barriers against participation. To address growing inequalities, the service will be countywide, but activities will be concentrated in areas with the highest levels of need, in terms of both excess weight and deprivation; and outcomes for different population groups will be closely monitored.

In addition to those commissioned through LCC there has been a range of activities introduced over many years by external partners such as the NHS and within children's

services. Attached (Appendix D), provides, a precis of the gaps, current and at-risk activity in Lincolnshire.

1.8 Possible gaps in provision

- The Antenatal Weight Management Service no longer forms part of the 0–19 service delivery plan and is at risk.

  Whilst Lincolnshire currently has an antenatal weight management service there has been no analysis on how successful that service has been, therefore whilst it may be at risk further investigation is warranted to check its efficacy before deciding whether this would truly be a gap in provision or whether there is something that could be developed that would have better outcomes.

- There are no Tier 3 or Tier 4 services provided in Lincolnshire.

  Although offered locally in the part, there are currently no Tier 3 or Tier 4 services in Lincolnshire. Discussion would need to take place with NHS colleagues to determine what, if any, impact developing these services in the future might have for Lincolnshire against the benefits or disbenefits of continuing to access these services out of county in Derby. It is apparent that there is an inequity for the people of Lincolnshire having to travel out of county for these services; however, more investment in prevention may help stop people needing these services at all and be more cost effective over time.

1.9 National Guidance

Attached (Appendix E), lists the national guidance documents that need to be considered when developing and delivering weight management services.

2. Conclusion

Lincolnshire has an obesity problem that alone, local authorities will be unable to change. It will require a joined up or 'whole system' approach, bringing together partners from across the NHS, private and voluntary sectors. By working together across the Health and Wellbeing Board and Integrated Care Board we have a great opportunity to ensure that plans are developed collaboratively, and initiatives put in place that will help shape services to create an environment that supports people to have a healthier lifestyle, no matter where you live or how much money you earn.

3. Consultation

a) Risks and Impact Analysis

Risk and impact analysis will be completed as part of commissioning any relevant services.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Local Trends
Appendix B	Deprivation Deciles for Reception and Year 6
Appendix C	Adults (18+) Inequality Data
Appendix D	Lincolnshire Activity
Appendix E	Guidance Documents
Appendix F	Foresight Report, Fig 5.2 - Full Generic Map, Thematic Clusters

5. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
Foresight - Tackling Obesities: Future Choices - Project Report	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/287937/07-1184x-tackling-obesities-future-choices-report.pdf
PHE - Whole System approach to obesity: a guide to support local approaches to promoting a healthy weight.	https://www.gov.uk/government/publications/whole-systems-approach-to-obesity
Health Matters: getting every adult active every day	https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day
The Marmot review	https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review
PHE's Strategies for	https://assets.publishing.service.gov.uk/government/uploa

encouraging healthier 'out of home' food provision toolkit.	ds/system/upload/attachment_data/file/832910/Encouraging_healthier_out_of_home_food_provision_toolkit_for_local_councils.pdf
Active Lives Children and Young People Survey, Academic year 2019/20	Public Health (X:)\Public Health\Health Improvement Programme\Obesity\Active Lives Children and Young People 19-20

This report was written by Ros Watson, Senior Public Health Officer, who can be contacted on 07824 625556 or ros.watson@lincolnshire.gov.uk.

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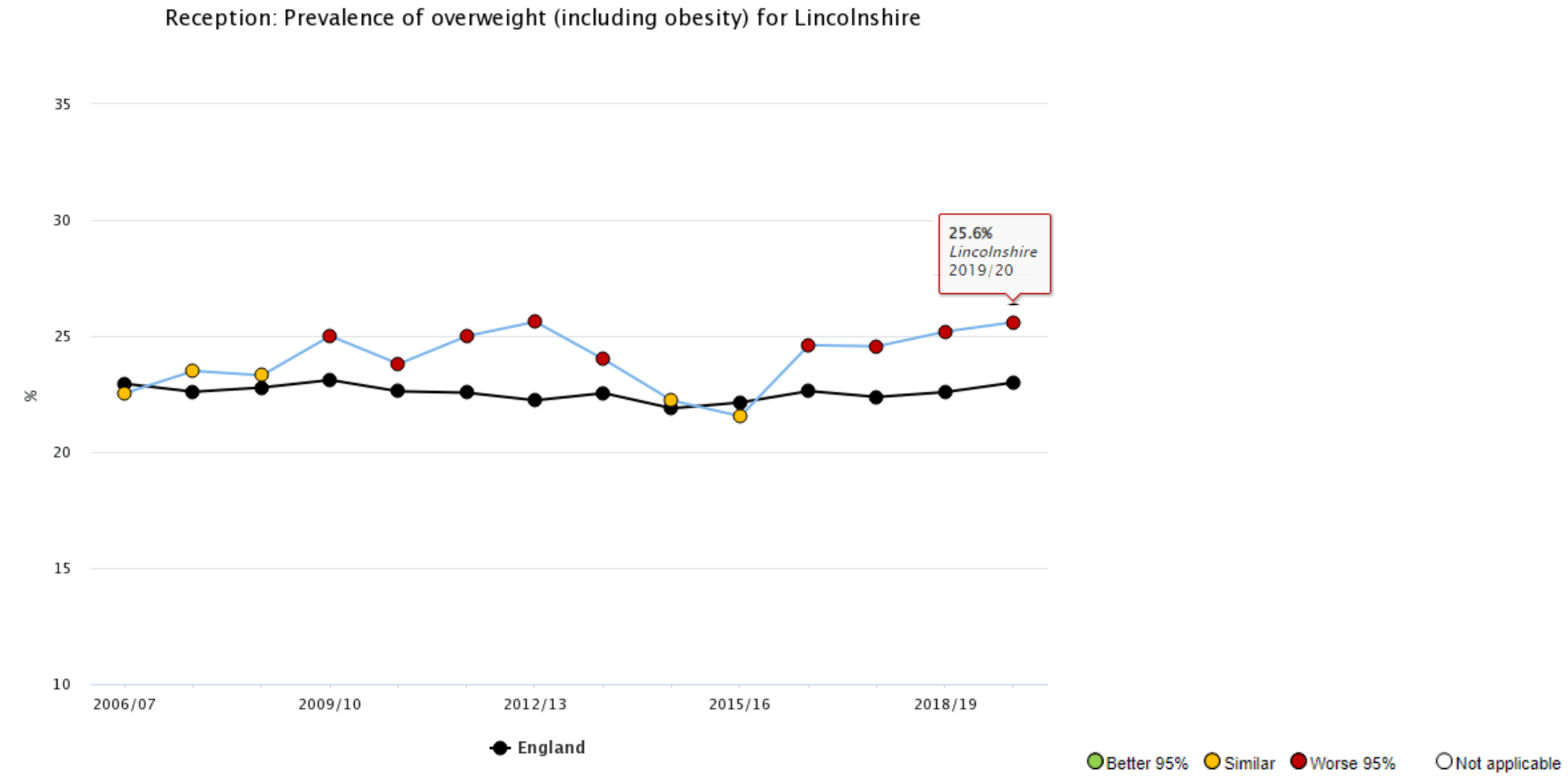
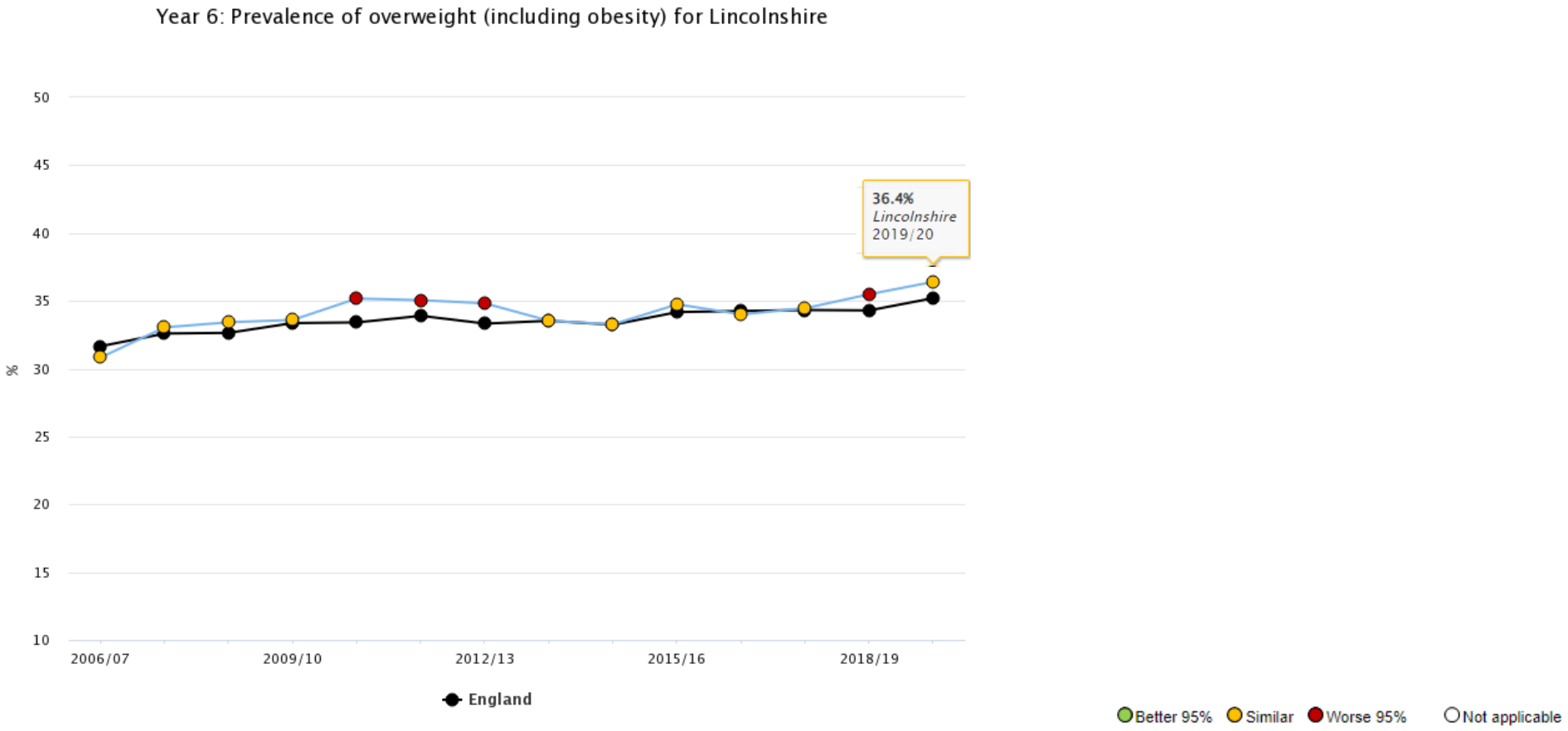
Lincolnshire Data Graphs

Reception Age – Trend Lines



Source: NHS Digital, National Child Measurement Programme

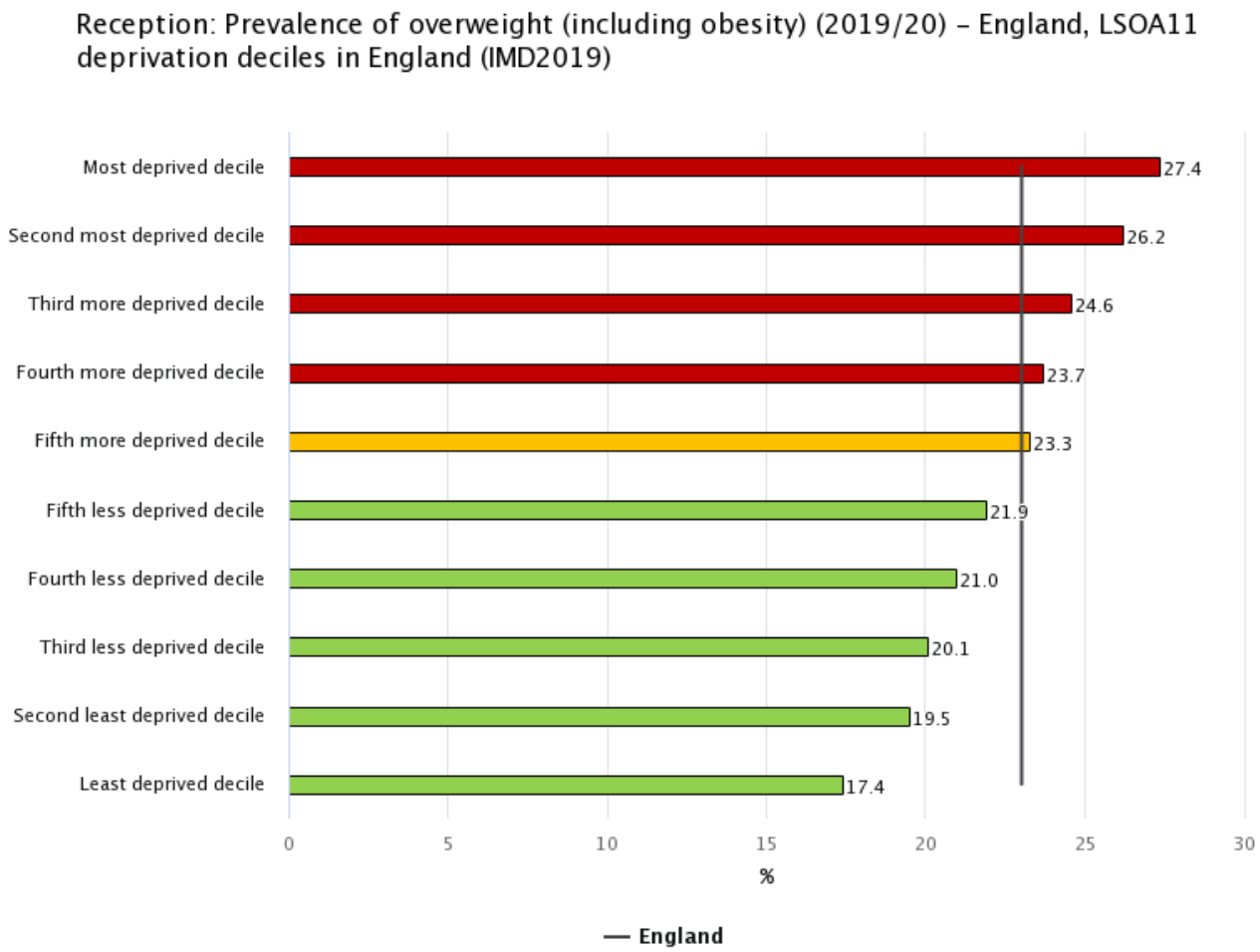
Year 6 – Trend Lines



Source: NHS Digital, National Child Measurement Programme

Lincolnshire Data Graphs

Obesity - Deprivation Deciles Reception

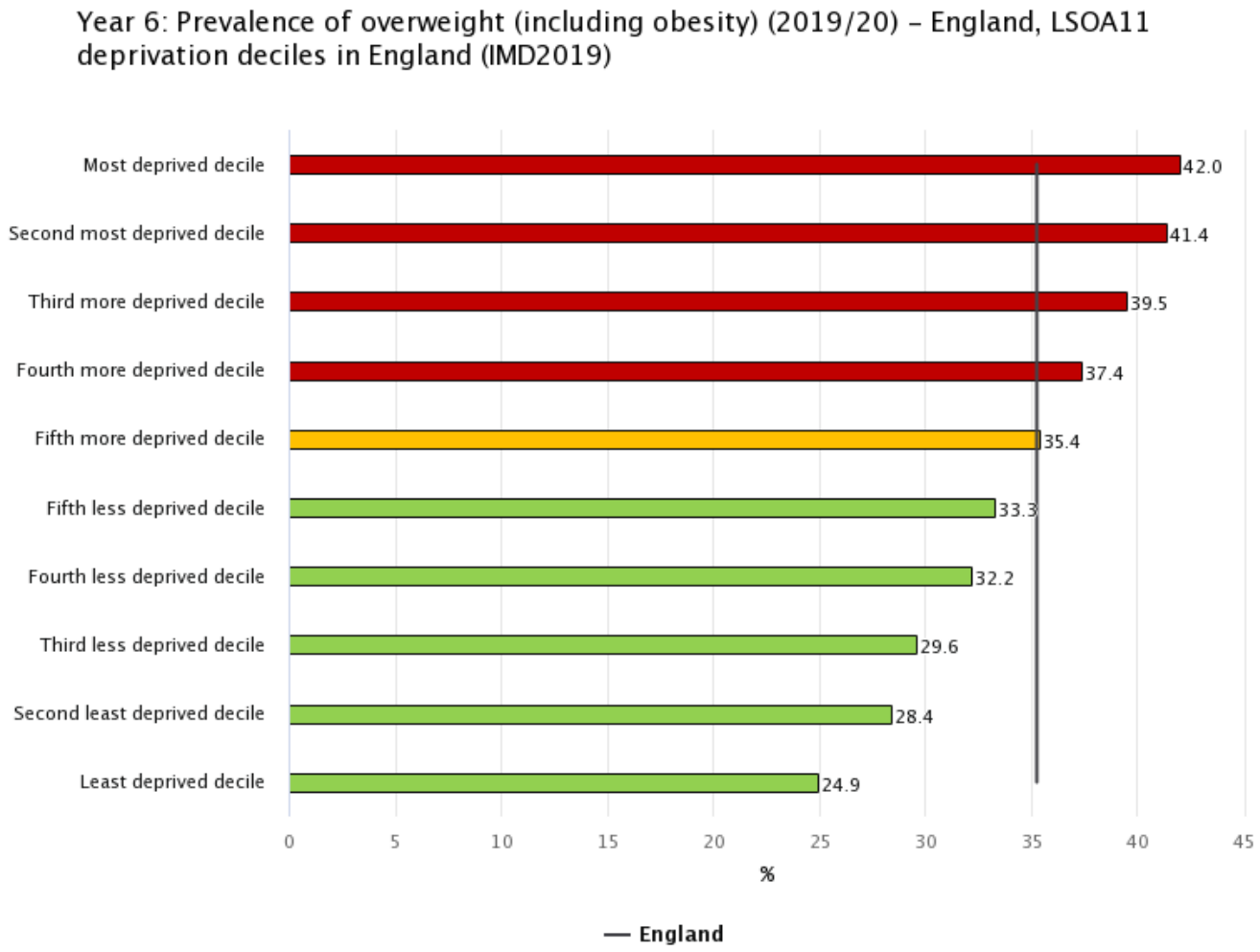


Source: Public Health Profiles - Obesity

LSOA11 deprivation deciles in England (IMD2019)[1]

[1] Public health profiles - OHID (phe.org.uk)

Obesity - Deprivation Deciles Year 6.



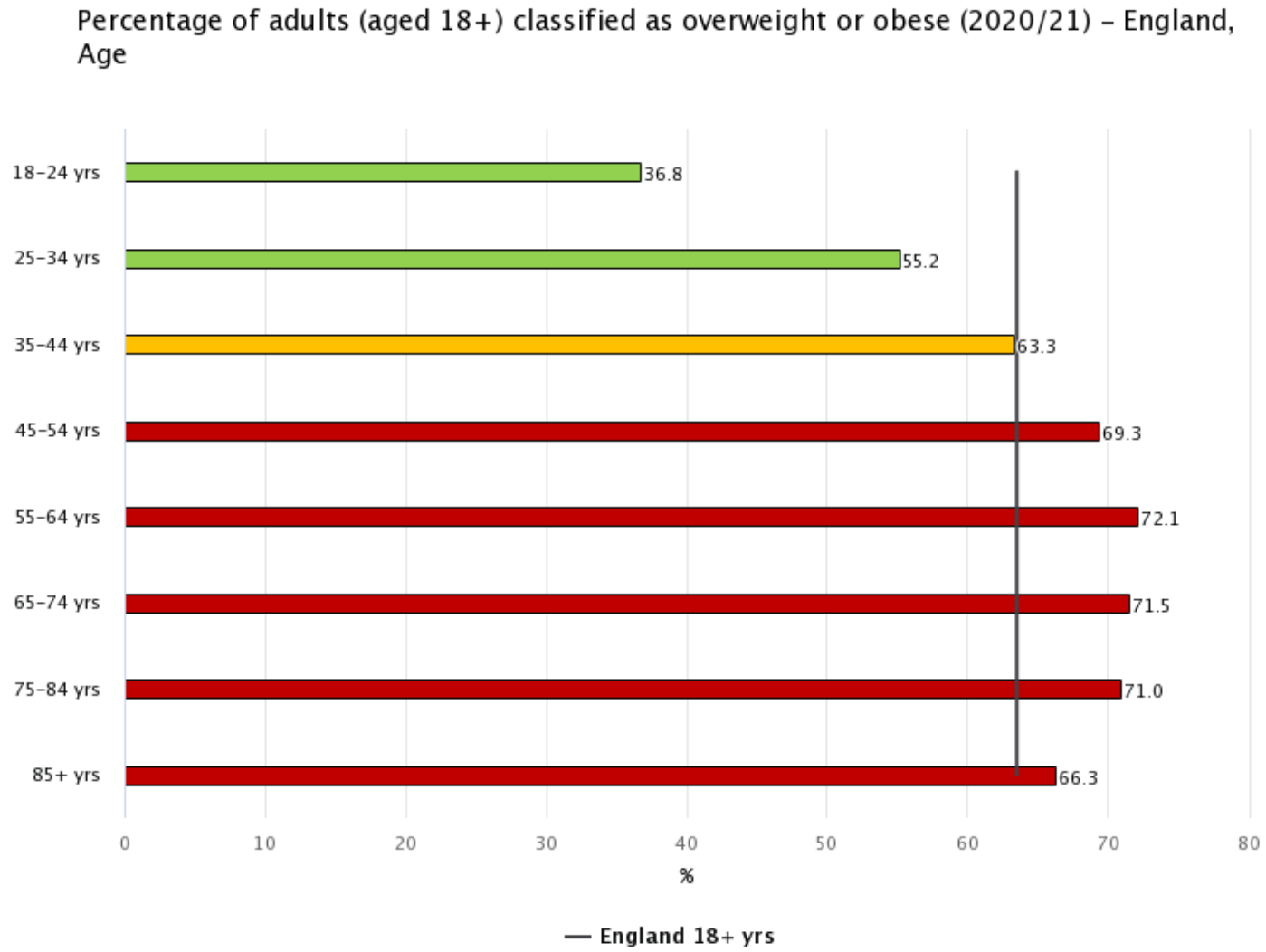
Source: Public Health Profiles - Obesity

LSOA11 deprivation deciles in England (IMD2019)[2]

[2] Public health profiles - OHID (phe.org.uk)

Lincolnshire Data Graphs

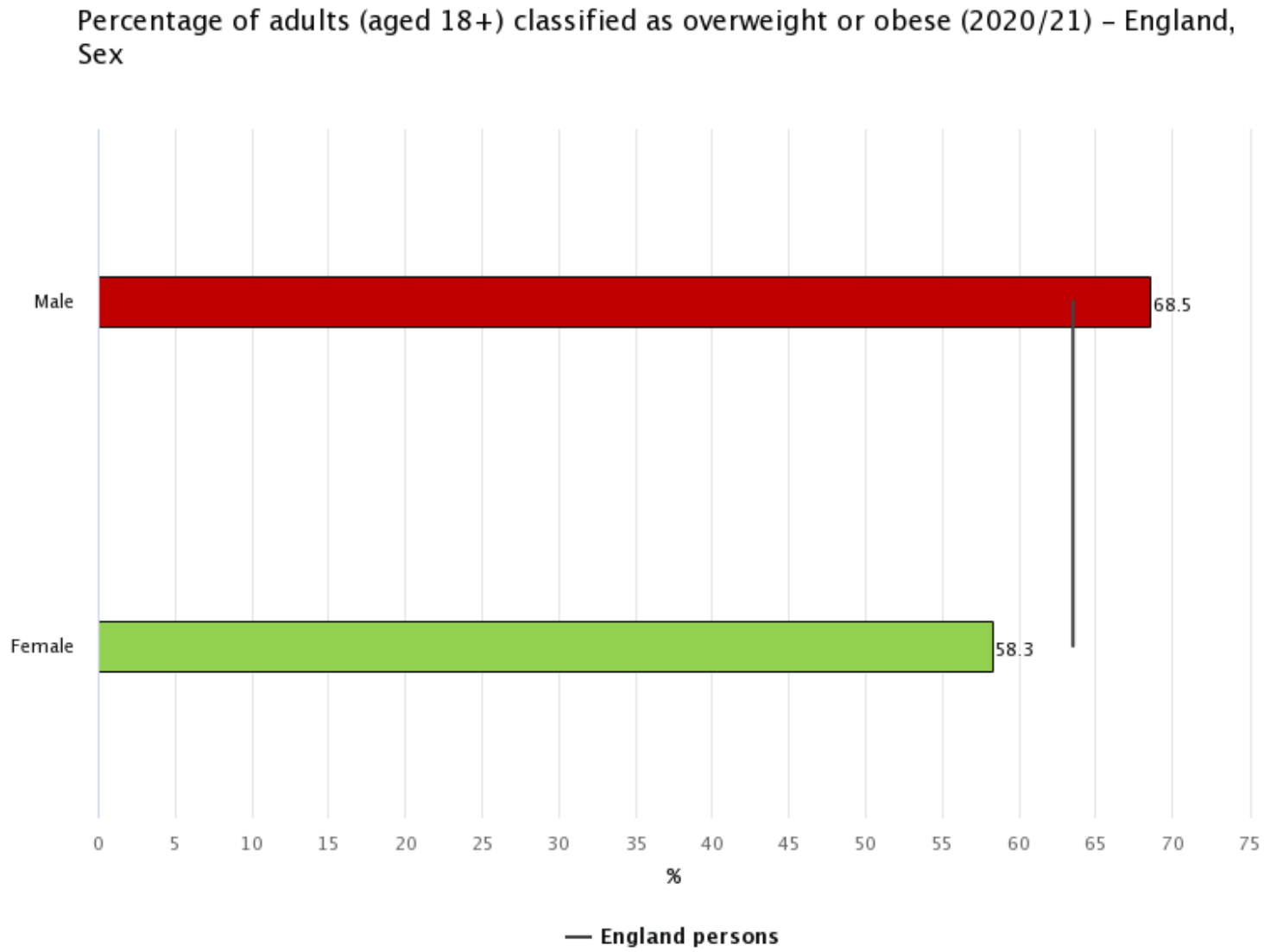
Adults (18+) Inequality Data – Age



Source: Public Health Profiles - Obesity

LSOA11 deprivation deciles in England (IMD2015)

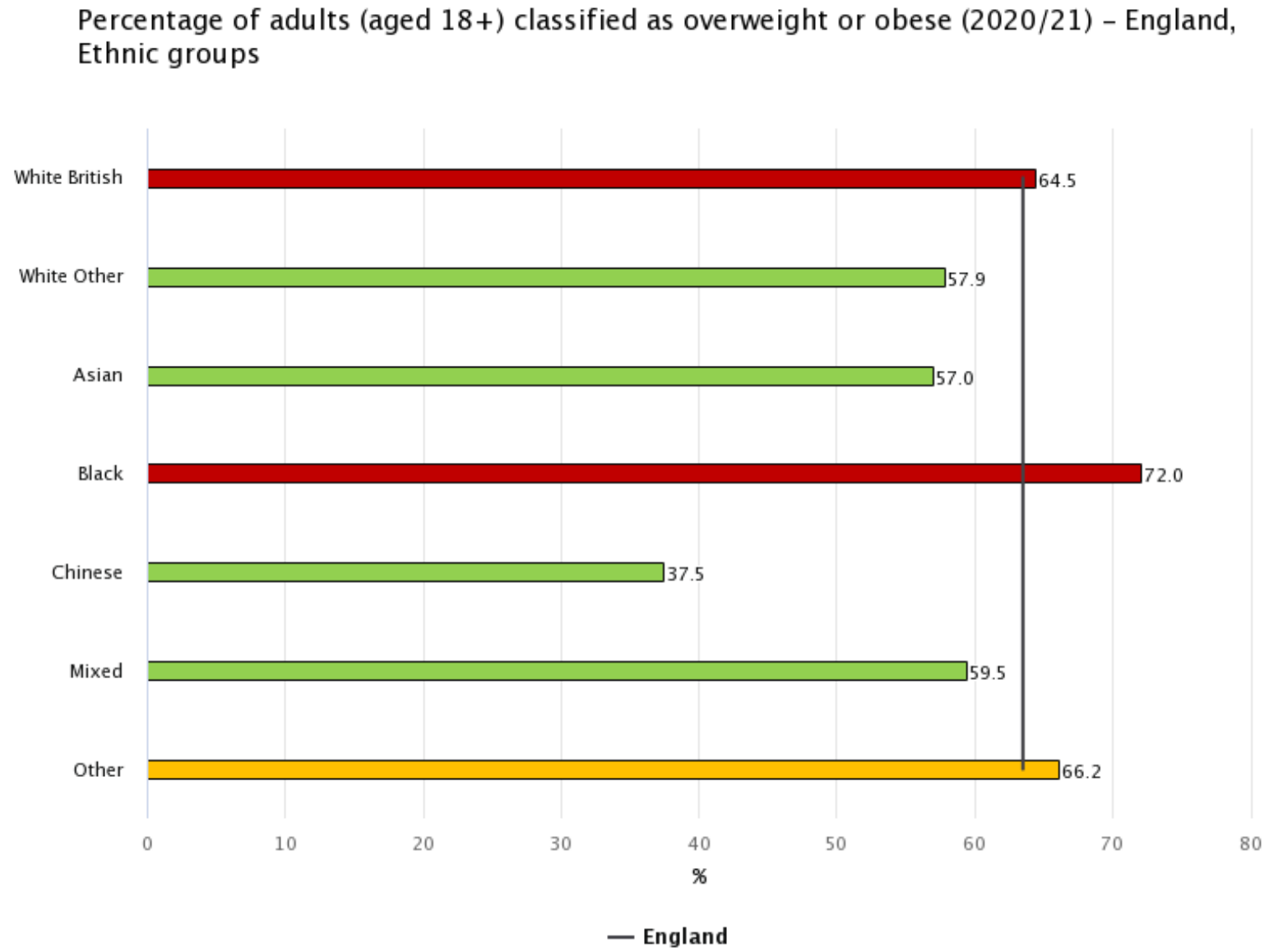
Adults (18+) Inequality Data – Sex



[Source: Public Health Profiles - Obesity]

LSOA11 deprivation deciles in England (IMD2015)

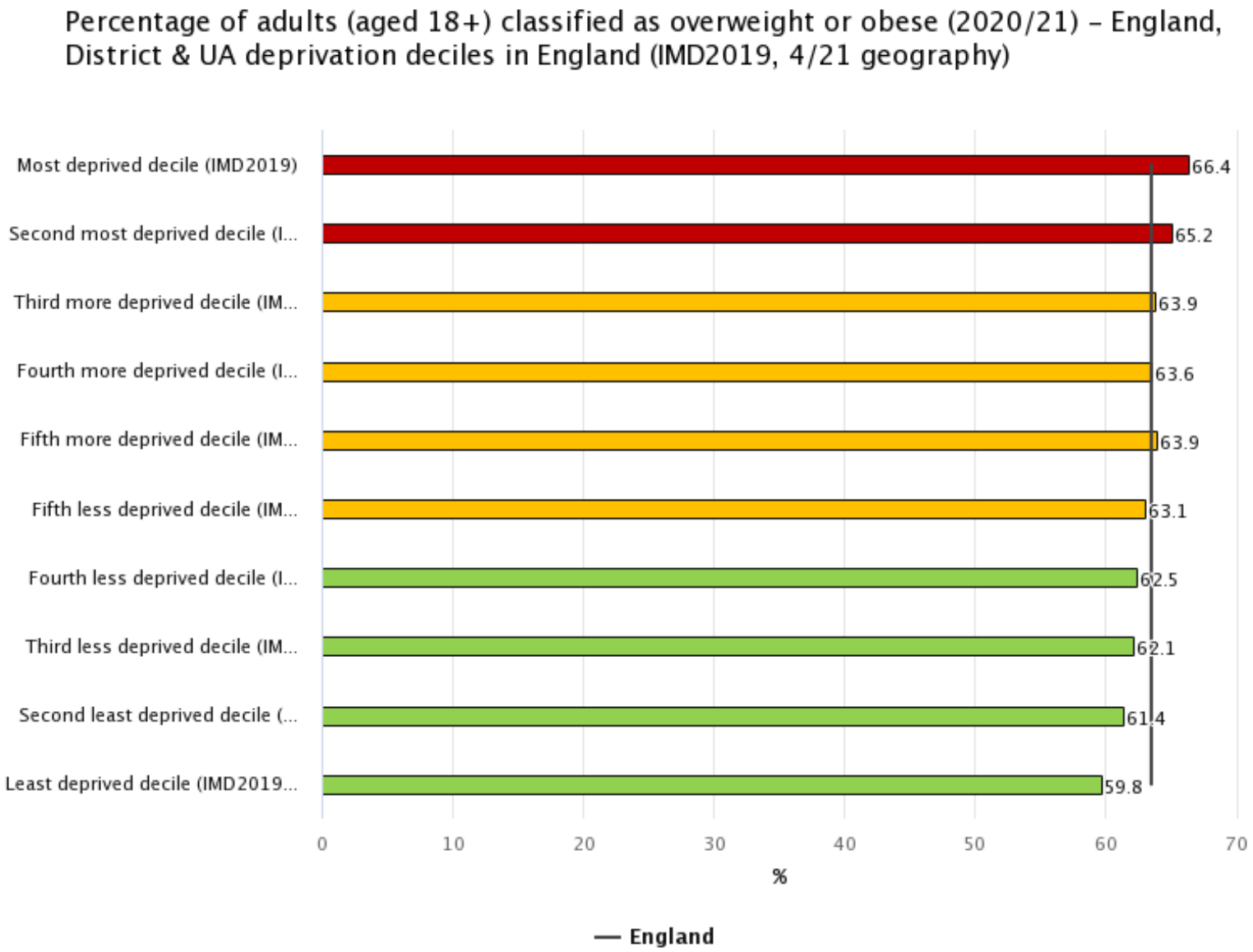
Adults (18+) Inequality Data – Ethnicity



[Source: Public Health Profiles - Obesity]

District & UA deprivation deciles in England (IMD2019, 4/21 geography)

Adults (18+) Inequality Data – Deprivation Decile



Source: Public Health Profiles - Obesity

District & UA deprivation deciles in England (IMD2019, 4/21 geography)

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Lincolnshire Activity

1. Introduction

During compiling this report a number of partner organisations were contacted to identify what support was being offered in Lincolnshire and where there were gaps. It was noted that the impact of Covid 19 has curtailed some program plans and a full review of provision is needed to better assess what work has progressed and what may have slowed or ceased. The Healthy Weight Partnership has not met for over a year and the group has been paused due to the main leads for this area of work within LCC being re-deployed or no longer working for LCC.

2. Staff Training

Active Lincolnshire's offer a pre and post-natal programme, designed to give healthcare professionals in maternity services the awareness and confidence they need to promote the benefits of physical activity – both during and after pregnancy.. https://www.activelincolnshire.com/what-we-do/in-health-wellbeing/pre-post-natal-physical-activity

3. Children's Programs

3.1 Pre-Conception – No Service – Gap in provision

3.2 Ante-Natal Weight Management Service (ANWM) – At risk

The aim of the service is to provide information, advice and support for pregnant women with a BMI of 35+ to achieve a healthier lifestyle. It is not a weight loss programme as dieting during pregnancy is not recommended. It is about developing a healthier approach to eating and physical activity to manage weight more effectively.

Prior to Covid this service was delivered by a team of Family Health Workers, provided with additional training who offered a face-to-face service to women. However, it is currently delivered by the 0-19 transition to parent pathway lead over the telephone. Due to staffing challenges, they are the only provider of the service working 2-3 days per week, therefore unable to provide the service face to face, they are not able to meet demand for the service.

Women are identified and referred at 8-10 weeks gestation, and contact is usually made when they reach 16-18 weeks gestation. It is recommended that the intervention is provided over 7 sessions during the pregnancy, averaging one per month, although this depends on the needs of the woman. Recent feedback from women suggest that 7 sessions is too many, often they have complex health needs, so have multiple competing appointments, which women report leave them feeling bombarded with appointments, the ANWM is often dropped due to that. The service is due to stop by 36 weeks as the women have had their last weigh-in with midwifery and they are at higher chance of going into labour. The service provides a booklet at the first session which contains everything they need to know (see attached below).

Session Booklet July 2018.pdf

The measure of success is based on the KPI that was set when it was a commissioned service and managed under Phoenix and aims that 72% of attenders gain up to the recommended weight which is up to 9kg (for a singleton pregnancy) or 19kg (for a multiple pregnancy) by 36 weeks gestation.

The table below provides some recent data on numbers of referrals and those completed. Completed is deemed when women have had their first 3 sessions worth of information, as that level of information would enable them to make changes and be successful. However, many do not engage beyond the first contact. In addition, due to staff capacity many women are not offered the service which may account for the low number of completers.

Date of referral for ANWM	Amount of Referrals for ANWM	Amount of Package of care completed successfully
April 2021 – March 2022	318	70
April 2022 to date	79	3 so far

The ANWM service were aware of the Post Natal Weight Management (PNWM) service pilot described below and at the 6-8 week check a reminder would appear for the Health Visitor to promote the PNWM service. It was acknowledged that many women did not want support at that time.

As previously mentioned, the ANWM service was established many years ago and the transfer of health visiting from the NHS to the LA left this service as a legacy programme. Children's Services who are currently providing this offer, want it to cease due to current pressures on their service and the updated Healthy Child programme commissioning model does not include AWM provision. This would leave us without an offer for ANWM and the cessation may cause some friction in the system.

It would be of value to review this programme to evaluate all the evidence including user feedback and to establish its effectiveness in helping women to achieve a healthy weight during pregnancy and to maintain that lifestyle for future pregnancies.

3.3 National Diabetes Prevention Programme (NDPP) - Active

The NDPP do not have a specific service for ante natal weight management, however if women have suffered with Gestational Diabetes at any point in the past, then they are eligible for their programme, this includes if their current blood glucose reading is normal. The reason being that women are 10 times more likely to go on to develop Type 2 Diabetes in the future without intervention.

Women who are pregnant are excluded on the referral criteria for the programme but can be referred by their Health Care Professional post-natal if they fulfil the remaining criteria.

Weight is obviously a significant contributory factor in this risk but not all these women are overweight or obese.

3.4 (Pilot) Post-Natal Weight Management Service (PNWM) – Ended June 2022

The Post-Natal Weight Management Service was grant funded by OHID, to develop a 12-month pilot. Delays to agreement sign-off meant that the pilot did not start until late September 2021 and was planned to run until 31st March 2022. However, an extension of 3 months allowed clients to enter the service up to and including 31st March and be supported until 30th June 2022. The pilot was provided by our commissioned integrated lifestyle service, One You Lincolnshire (OYL) only recently ending when proposed funding for future years was discontinued; data is still to be provided on the programme's efficacy.

The programme was introduced to women at 8 week postpartum to offer 12 weeks of support to help them to re-engage with a healthy weight programme. The PNWM programme offered support to women with a BMI of 30+ who had given birth within the last 12 months. Whilst still eligible for OYL's integrated lifestyle service, the PNWM pathway offered additional weekly 1:1 support from a healthy lifestyle practitioner.

The PNWM pathway included triage, which assessed the woman's eligibility for the service, before referral onto an adult weight management course such as Slimming World, Weight Watchers, or OYL's Lose Weight With. These courses have all been verified to meet the clinical requirements for post-natal weight management.

The triage team booked the woman into their first support telephone call from a healthy lifestyle practitioner who would introduce the pathway and offer weekly 1:1 support alongside the weight management referral. The details of each weight management option would be explained and discussed with the woman to assess their needs prior to them agreeing which WM course they would like to go on. Follow up calls were scheduled at intervals appropriate to the woman's needs and they would also be offered free access to "The Other Room Gym", an online bank of at home workouts that can be completed with little to no equipment. Access to a private Facebook group specific to the PNWM pathway was also made available to help build social support alongside the 1:1 practitioner support.

Helpful articles and posts were uploaded to this, and the group was moderated by the PNWM healthy lifestyle practitioner.

The PNWM healthy lifestyle practitioner continually assesses the woman's progress on their chosen AWM pathway with appropriate goal setting and help to facilitate behaviour change to help them achieve weight loss. If preferred the woman were offered other forms of communication such as texts or emails, as scheduling in phone calls at specific times could be challenging when taking care of a baby under 12 months of age.

Despite the short timescale of this pilot the 1:1 level of support offered by the PNWM healthy lifestyle practitioner has proved key in supporting a high level of clients achieve weight loss on this programme. Allowing self-referral onto the programme was seen vital to the higher than anticipated referral numbers achieved, particularly as referrals from GP's, health visitors and partner services were lower than initially anticipated. Early reports showed self-referral equating to 75% of total with on average, 15 referrals being received per month into this service. It was hoped that had the PNWM programme continued this number would have increased with better established links to external referrers.

4. Schools and Early Years Settings

4.1 Food Education Team (FET)– Health and Wellbeing, - Active

NB: this is a service offered by LCC to schools that pay.

The FET provides information, support and practical tools to help schools which covers all aspects of food education and catering advice to support health and wellbeing.

- A free initial telephone or Teams conversation to gain an insight into how food provision and education works in the school and a talk through some of the main areas where they can help the school improve.
- Embedding a whole school approach to school food they offer a complete package of 12 months support including a review of the school's food provision and food education, compliance with the mandatory School Food Standards, staff and governor training, parental engagement, policies and resources to help school leaders to embed a positive school food culture and increase meal take up.
- School food standards certification three or six week menu – can be done on site or remotely. Full compliance review and recommendations for sugar reduction/increased fibre/product swaps to support children's health and oral health.
    - Will request menus, product specification and recipes.
    - Certificate and log provided for full compliance.
- School food standards on site or video training - training for staff and governors on embedding whole school approach to food, school food standards, compliance and recommendations to support children's health and oral health.
- MSA on-site or video training- CPD for lunchtime staff teams emphasising importance of MSA role in children's health and education, school food standards, managing lunchtimes effectively, tackling fussy eaters and encouraging children to eat well.
- School food and lunch dining review on site and report and action plan - detailed review of all food provided across the day (breakfast club, tuck shop, snacks, lunches and after school clubs) and lunchtime food and dining routines.
    - Recommendations on site and follow-up report, action plan and signposting provided.
- Bespoke support - a wide range of bespoke services to support food education and provision, including:
    - School catering recruitment
    - Menu setting support
    - Catering team support
    - Free School Meals training or 1-2-1 sessions
    - Marketing support
    - Pupil voice and parental engagement

The FET are currently funded through public health to review and improve food provision and food education in eight Early Years Settings across Lincolnshire. There is a high prevalence of dental decay in 2- to 4-year-olds, which is the key focus, however, the messages are also relevant to tackling

childhood obesity. This is delivered via staff training, parental engagement, menu checking, developing and embedding food policies and general advice/support.

For the last few years, FET have provided a School Food Standards Certification Scheme, where we recognise compliance with the standards but also best practise such as sugar, salt and fat reduction, increased fibre, increased fruit and vegetable consumption etc. They check lunches as well as all other food served across the day including wraparound provision and snacks.

FET offer frequent "School Food Bites" webinars for school cooks, governors, head teachers and all school staff on all aspects on school food and drink provision and education e.g. junk food marketing, what a good dining experience looks like, governors' responsibilities for school food, free school meals etc.

Launched in June 2022, the FET have introduced a support package for schools to develop and embed their school food vision. This package includes:

- Unlimited advice and support on whole school approaches to food
- Training on school food standards
- Midday Supervisor training on a range of issues, including tackling fussy eaters.
- FET attendance at parents evening, open events, etc.

Inequalities in Provision - One known gap is packed lunch brought from home – schools frequently ask FET for guidance as packed lunches are often poor quality and contain many items high in fat, sugar and salt. There are no restrictions on packed lunches currently, unless schools decide to take a local approach, often this is light touch as they are concerned about challenging parents. FET have guidance translated into 6 languages which can be sent to schools, but they are sometimes asked for a county wide packed lunch policy to offer a more robust and consistent approach.

Another area of concern is secondary schools lack of compliance with the mandatory standards – they understand there are significant challenges around this, but it is concerning given that the majority of primary schools comply. FET hope that the DfE pilot will help them to tackle this gap.

FET provide advice and support to school caterers across the county who are largely reliant on a transported meal service (Lincolnshire has an unusual and fragile school catering infrastructure due to lack of primary school kitchens – this is an ever changing picture and caterers are currently experiencing very significant challenges around providing good quality meals within the insufficient school meal funding, exacerbating by rising food, utility, fuel and staffing costs, supply issues, rural locations) FET have a combination of private catering companies of varying sizes and in house catering from schools with on-site kitchens.

4.2 Proposed Future Working – Launching September 2022

From September 2022 the FET and City of Lincoln Council will be working with the DfE and Food Standards Agency to review monitoring and compliance of the mandatory School Food Standards across Lincolnshire. Currently in the planning stage so not all details are available. The theory being tested is whether environmental health officers can ask key questions during their food hygiene inspections, to identify whether a school is compliant with the standards and if not, to raise red flags and then direct to appropriate support i.e. FET.

It has also been proposed that as part of the pilot/Levelling Up programme, schools will be asked to provide a voluntary statement of their Whole School Approach to School Food (school food vision). It is expected to become mandatory after a trial period. FET have developed the attached package, to provide schools with the knowledge and skills to embed this.

4.3 Holiday Activities and Food Programme (HAF) - Active

The Holiday Activities and Food Programme (HAF) provides children and young people who are in receipt of benefits-related free school meals access to free holiday clubs during the Easter, Summer and Christmas holidays until March 2025.

Holiday clubs provide children and young people from reception to year 11 an opportunity to participate in a wide range of sports and games, enrichment activities, food/nutrition education and at least one healthy meal (preferably hot) which must be compliant with the school food standards. The school food

standards are intended to help children develop healthy eating habits and ensure that they get the energy and nutrition they need across the whole school day.

The aims of the HAF programme are for children who access the provision to:-

- Eat healthily over the school holidays
- Be active during the school holidays
- Take part in engaging and enriching activities which support the development of resilience, character, and wellbeing along with their wider educational attainment
- Be safe and not to be socially isolated
- Have a greater knowledge of health and nutrition
- Be more engaged with school and other local services

4.4 Oral Health program – Active

Dental caries and obesity are two of the most prevalent health conditions affecting children.
Consumption of free sugars* is a risk factor both for dental caries and obesity. In their report on carbohydrates and health, The Scientific Advisory Committee on Nutrition concluded that higher consumption of free sugars is associated with a greater risk of dental caries.[1] In addition, increasing the percentage of total dietary energy consumed as free sugars leads to increased total energy intake. For children and adolescents, the consumption of sugar-sweetened beverages was found to lead to greater weight gain and increases in body mass index.[1]

Working with the HAF program the 0 – 19 oral health team provide every child with a free toothbrush, toothpaste and water bottle; together with an oral health leaflet and information for parents. They work with the children and their parents to discourage the use of fruit and flavoured drinks and encourage and promote the benefits of drinking water. During the HAF clubs they run oral health workshops, talking about good hygiene and reinforcing good dental habits.

4.5 Children and Families Weight Management Service (CFWM) – Launching September 2022

The child and family weight management and healthy lifestyle service will provide direct support to Lincolnshire children, aged four to twelve, and their families, to help them adopt and maintain healthier lifestyles, in particular with respect to diet and physical activity, as well as greater resilience and improved mental and emotional wellbeing.

Eligibility for the service will be via identification of children as overweight or obese by the National Child Measurement Programme (NCMP) or through referral from a range of partner organisations according to a child or family's capacity to benefit with respect to the key service outcomes. Whilst the service will be universally available, a targeted approach will seek to address inequalities by focusing resources on those areas with greatest need in terms of both weight status and deprivation.

Aims
The provider will deliver interventions that support children and their families to modify those behaviours that have the greatest impact on childhood obesity, i.e., diet and physical activity, as well as supporting improvements to social, emotional and mental wellbeing more broadly. This will be achieved by the provision of a high-quality service that adopts a holistic approach to families' needs, operates in a non-stigmatising way, is co-produced with local families and contributes to a reduction in health inequalities.

A countywide, branded programme will contribute to:

- Increased levels of childhood and family physical activity
- Improvements in children's and families' diet and an increase in fruit and vegetable consumption
- Improved health and reduced health inequalities

*All monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and unsweetened fruit juices

[1] Scientific Advisory Committee on Nutrition. Carbohydrates and Health [Internet]. London: The Stationary Office; 2015. Available from: https://www.gov.uk/government/publications/sacn-carbohydrates-and-health-report

- Improved wellbeing, better parenting skills and greater resilience amongst families with complex needs
- A stabilisation or reduction in childhood obesity, especially in areas of greatest need
- Lincolnshire's whole system, preventative approach to tackling obesity and inactivity
- A long-term reduction in the cost burden of health and care services

Objectives and outcomes

The objectives of the service are:

- To implement a needs-led intervention that aligns closely to the NCMP as well as allowing for children with a broader range of needs to receive support
- To support children and families to make sustainable, positive lifestyle choices whilst reducing inequalities
- To monitor and evaluate the delivery and impact of the service and provide robust data in line with local indicators to demonstrate the health and wellbeing outcomes

5. Adult Programs

5.1 Tier 2 Adult Weight Management Service - Active

One You Lincolnshire are commissioned by Lincolnshire County Council to deliver the Tier 2 Adult Weight Management support for Lincolnshire Residents. They have a range of support available that includes face-to-face groups, app based or remote weight loss programme. Delivered by 'One You Lincolnshire' practitioners, sessions explore all aspects of a healthy lifestyle, which in turn underpin successful weight loss and habit change.

Men can access Man v Fat Football, a male weight loss programme offering team based football. Leagues meet in Grantham, Boston and Lincoln. Over 90% of men lose weight who take part in Man v Fat. Slimming World access is a option for some of the clients who would like to attend face-to-face groups and points based weight loss is something they are interested in. For motivated clients OYL offer support via Gloji digital, with phone conversations with Health Mentors, perfect for people who don't want to take part in group activities.

For clients who are less motivated, or would benefit from further support the team of Health Coaches offer telephone appointments working with people on motivation, behaviour change and trouble-shooting barriers to successfully accessing the programmes.

Referrals to the programme come via Primary or Secondary Care, it is also possible for people to self-refer.

5.2 T3 AWM – No service in Lincolnshire

Referrals for T3 support are made to Derby.

5.3 T4 AWM – No service in Lincolnshire

Referrals for T4 support are made to Derby.

5.4 Older People – Strength and Balance program – Launching Autumn 2022

This will be an extension of the Integrated Lifestyle Service and will pilot some chair-based exercises with older people living in care homes.

Guidance Documents

A list of current guidance that relates to obesity and weight management services.

NICE Guidance (PH27) – Weight Management before, during and after pregnancy.

NICE Guidance (PH53) – Weight management: lifestyle services for overweight or obese adults.

NICE Guidance (PH47) – Weight Management: lifestyle service for overweight or obese children and young people.

NICE Guidance (PH25) – Cardiovascular disease prevention: This guideline covers the main risk factors linked with cardiovascular disease: poor diet, physical inactivity, smoking and excessive alcohol consumption. It aims to reduce the high incidence of cardiovascular disease. This, in turn, will help prevent other major causes of death and illness, such as type 2 diabetes and many cancers.

NICE Guidance (PH54) – Physical activity: Exercise referral schemes. This guideline covers exercise referral schemes for people aged 19 and older, in particular, those who are inactive or sedentary. The aim is to encourage people to be physically active.

NICE Guidance (PH44) – Physical activity: brief advice for adults in primary care. This guideline covers providing brief advice on physical activity to adults in primary care. It aims to improve health and wellbeing by raising awareness of the importance of physical activity and encouraging people to increase or maintain their activity level.

NICE Guidance (CG43) – Obesity Prevention: This guideline covers preventing children, young people and adults becoming overweight or obese. It outlines how the NHS, local authorities, early years' settings, schools and workplaces can increase physical activity levels and make dietary improvements among their target populations.

NICE Guidance (CG189) – Obesity: Identification, assessment and management. This guideline covers identifying, assessing and managing obesity in children (aged 2 years and over), young people and adults. It aims to improve the use of bariatric surgery and very-low-calorie diets to help people who are obese to reduce their weight.

NICE Guidance (NG7) - Preventing Excess Weight Gain: This guideline covers behaviours such as diet and physical activity to help children (after weaning), young people and adults maintain a healthy weight or help prevent excess weight gain. The aim is to prevent a range of diseases and conditions including cardiovascular disease and type 2 diabetes and improve mental wellbeing.

NICE Guidance (NM121) - The percentage of patients with coronary heart disease, stroke or TIA, diabetes, hypertension, peripheral arterial disease, heart failure, COPD, asthma and/ or rheumatoid arthritis who have had a BMI recorded in the preceding 12 months.

The purpose of this indicator is to support regular weight monitoring in people with long-term conditions to identify weight gain and weight loss.

NICE Guidance (NM128) - The contractor establishes and maintains a register of patients aged 18 or over with a BMI of 25 or more in the preceding 12 months.

This indicator establishes a register of people who are overweight and obese with the aim of increasing identification and facilitating subsequent intervention.

NICE Guidance (NM143) - The percentage of patients aged 18 or over who have had a record of a BMI being calculated in the preceding 5 years (and after their 18th birthday).

The aim of this indicator is to encourage practices to record baseline BMI in adult patients (aged 18 years and over as of 1 April 2017) and for this to be updated at 5 yearly intervals.

NICE Guidance (NM202) - The percentage of patients with a BMI of 27.5 kg/m2 or more (or 30 kg/m2 or more if ethnicity is recorded as White) in the preceding 12 months who have been offered referral to a weight management programme within 90 days of the BMI being recorded.

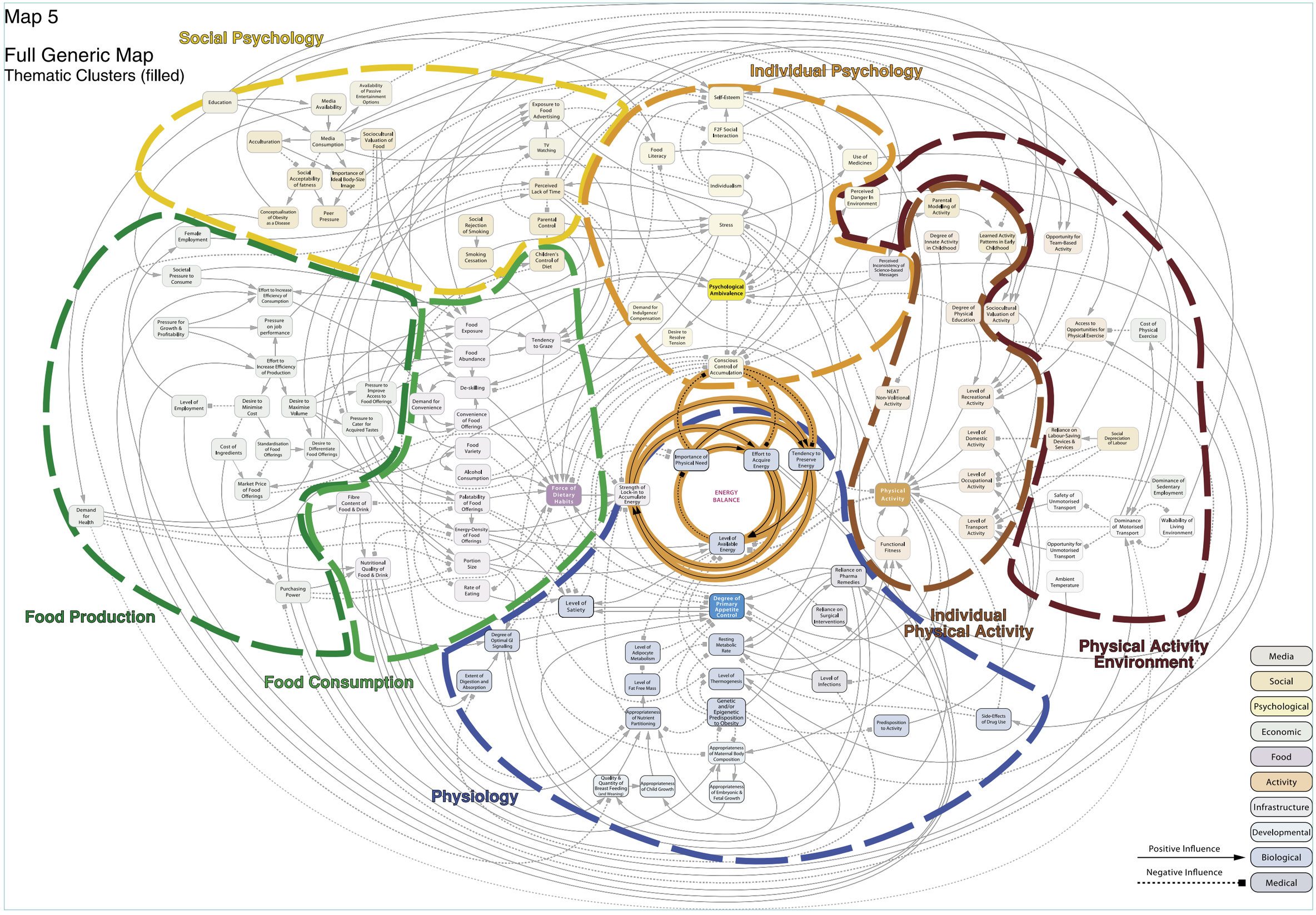
This indicator aims to increase the proportion of patients offered referral to digital and non-digital weight management programmes by general practice when they have been identified as obese based on their BMI measurement. Some population groups, such as people from BAME backgrounds, have higher risks for certain conditions, such as Type 2 diabetes, at lower BMIs.

NICE Guidance (NM203) - The percentage of patients with hypertension or diabetes and a BMI of 27.5 kg/m2 or more (or 30 kg/m2 or more if ethnicity is recorded as White) in the preceding 12 months who have been referred to a weight management programme within 90 days of the BMI being recorded.

This indicator aims to increase the proportion of patients with hypertension or diabetes referred to digital and non-digital weight management programmes by general practice when they have been identified as obese based on their BMI measurement. Patients with hypertension or diabetes may experience additional benefits from attaining and maintaining a healthy weight, and patients should be given a targeted offer of support.

Full Generic Map, Thematic Clusters, Fig 5.2 Foresight Report

Figure 5.2: The full obesity system map with thematic clusters (see main text 5.1.2 for discussion)[17,18] Variables are represented by boxes, positive causal relationships are represented by solid arrows and negative relationships by dotted lines. The central engine is highlighted in orange at the centre of the map.



Open Report on behalf of Derek Ward, Director of Public Health

Report to:	**Adult Care and Community Wellbeing Scrutiny Committee**
Date:	**07 September 2022**
Subject:	**Greater Lincolnshire Public Health Arrangement Update**

Summary:

This report provides an update on the Greater Lincolnshire Public Health arrangements that began in February 2022.

Actions Required:

The Adult Care and Community Wellbeing Scrutiny Committee are asked to note the content of this report.

1. Background

In February 2022 Lincolnshire County Council (LCC) entered into a Section 113 Agreement to second the Director of Public Health (DPH), on a fixed term basis, to North Lincolnshire (NLC) and North East Lincolnshire (NELC) Councils. Under the Agreement, the DPH remains employed by LCC and is seconded to NLC and NELC for the purpose of fulfilling their public health functions alongside LCC's own functions. The Greater Lincolnshire Public Health Pilot ('the pilot') began on 22 February, for 18 months, with a review and decision point at 12 months.

The overriding principle of the pilot sees the single management of the public health function across Greater Lincolnshire so expertise, knowledge, skills, and efficiencies can be shared, and things are done once, where it makes sense to do so, or with local nuances as required.

The Local Government Association (LGA) has been commissioned to carry out an independent evaluation of the pilot. The results of the evaluation will feed into the decision-making process on whether to formalise the arrangements on a permanent basis; continue for a further fixed amount of time; or to stop the arrangement.

This report provides an update on the pilot.

1.1 Governance

The Greater Lincolnshire Public Health Oversight Board (GLPHOB) has been established to provide a steer to the pilot and make any necessary recommendations to the constituent authorities. The board is made up of Executive Councillors, Integrated Care System (ICS) representation and a senior officer from each authority. The first GLPHOB meeting took place on 19 May 2022. At this meeting, the Board confirmed the principles and objectives of the pilot were as follows:

Principles of the Pilot:

- A single DPH for Greater Lincolnshire providing strategic leadership and accountability, supported by lead consultants/Assistant Directors responsible for the operational and tactical approach in each authority.
- Single management of the Public Health Function for Greater Lincolnshire to share knowledge and skills and do things once where this made sense.
- One team but three employers, each retaining its own ring-fenced grant funding.
- A single Oversight Board to avoid the need for multiple reporting requirements.

Objectives of the Pilot:

- To deliver improvements to the health and wellbeing of the population over and beyond those previously available to three separate public health teams.
- To discharge statutory and mandatory public health functions effectively and efficiently
- To improve the resilience of the public health function across Greater Lincolnshire.
- To exceed political and senior management expectations.
- To look for efficiencies (functional, monetary and other efficiencies made possible by the scale and organisation of a joint service).

Monthly meetings are scheduled through to the end of the pilot.

1.2 Health Protection

A single Health Protection Service covering Greater Lincolnshire has been established. The Strategic Delivery Plan builds resilience and capacity across Greater Lincolnshire, ensuring local arrangements are in place to act as a system lead for Outbreak Identification and Rapid Response across the three authority areas based on the following strategic objectives:

- ***Prevent*** **–** reduce infection and transmission as far as possible in communities across Greater Lincolnshire using evidence-based health protection principles.
- ***Protect*** **–** commission services that help support and protect communities and individuals.
- ***Control*** **–** work in partnership to deliver a collective response to control the spread of disease and support the development of robust plans to mitigate infections across the population of Greater Lincolnshire.

1.3 Public Health Intelligence

All three Public Health Intelligence functions have worked together to agree a set of core principles on how they will collaborate for the duration of the pilot, and to identify specific opportunities where the teams can work more closely together to achieve greater outputs across Greater Lincolnshire. These include:

- Greater Lincolnshire Director of Public Health Annual Report 2022
- Covid-19 Intelligence
- Suicide Surveillance
- Knowledge and Evidence Services
- Public Health Skills Audit
- Sharing of tools, software, and technical expertise on data presentation

1.4 Other opportunities

- Both the Public Health Grant (PHG) and Covid Outbreak Management Fund (COMF) returns have been co-ordinated to bring financial management processes together. Work to bring together a combined Greater Lincolnshire Public Health (GLPH) Budget Position Statement is ongoing.

- A number of internal processes have been consolidated into a single Greater Lincolnshire approach. For example, the Public Health Forward Plan and agenda management process. This process enables the DPH to understand the work being carried out across the GLPH team and ensures any reports, briefings, or information released by GLPH is accurate and consistent.

- The GLPH Senior Leadership Team (GLPHSLT) meet fortnightly and have regular joint planning sessions. All staff are invited to the DPH fortnightly staff briefing and GLPHSLT are discussing options for a whole team event, later in the year, to build relationships and develop a 'one PH team' approach.

- Other potential areas for a Greater Lincolnshire approach, which are currently being explored, include Substance Misuse Services and Workforce Development.

1.5 Local Government Association Evaluation

The Local Government Association (LGA) is working with GLPH to develop an evaluation framework; to act as a critical friend; and to produce an independent evaluation report at the 12-month point. A benchmarking exercise was conducted by the LGA in April 2022. This comprised 25 interviews with key Executive Councillors, senior officers, PH Consultants, and representatives from the Office for Health Improvement and Disparities (OHID) and each of the ICSs.

The LGA presented a summary of initial findings and conclusions to the GLPHOB meeting, in May 2022. The LGA's initial assessment is positive:

- Interviewees understood that change was necessary to strengthen population health in Greater Lincolnshire.
- It was inefficient for each public health team to commission key services separately.
- The value of a larger public health network for training and development was recognised.
- The placing of public health, so it could inform and influence corporate and system-wide strategies, was seen as a big prize which could help to shape the wider determinants of health.
- Most interviewees favoured trying the pilot, which would allow the practicalities of unified leadership to be tested and evaluated.
- Interviewees stressed the importance of a strong senior team, better integrated procedures, a visible local presence for public health, and flexible delivery programmes that could take account of the local context.
- There was concern that the DPH would become overloaded, although it was recognised that his systematic approach should lessen this risk.

Based on these initial findings and desktop research into 'what good looks like', the LGA developed an evaluation framework which was signed off by the GLPHOB at its meeting in July 2022. A copy of the agreed framework is presented in Appendix A.

The framework is structured under 12 themes and comprises a series of questions or lines of enquiry which will be used to assess the impact of the pilot against the objectives agreed by GLPHOB in May 2022. In addition to the LGA conducting follow up interviews later in the year, mechanisms are being put in place to continually monitor and gather supporting evidence between now and the 12-month point. These include:

- An 'evidence chest' of reports and documentation.
- Case studies on key pieces of work to enable those involved to reflect on *'what's worked well'* and '*what's not worked well'.*
- A short staff survey to gather the opinions and views of all the Public Health staff from across the 3 authorities.
- The GLPHSLT are holding regular reflection sessions to share experiences and thinking around the pilot.
- Regular updates and reports to GLPHOB and the three authorities as required.

The LGA is due to present an independent evaluation report to the GLPHOB in December 2022. The GLPHOB will then make recommendations to the constituent authorities to enable the formal decision-making process on the future of the pilot to be made in February 2023.

2. Conclusion

The report provides an update on the Greater Lincolnshire Public Health Pilot and gives details on the evaluation approach agreed with the Local Government Association. An independent evaluation report will be presented to the Oversight Board in December to inform the decision making process at the 12 month point.

3. Consultation

a) Risks and Impact Analysis

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Greater Lincolnshire Public Health Pilot Evaluation Framework

5. Background Papers

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

This report was written by Alison Christie, Programme Manager, who can be contacted on 01522 552322 or alison.christie@lincolnshire.gov.uk.

Theme and Lines of Enquiry
1. GOVERNANCE - Robust tripartite working arrangements
1.1 Have the 3 UTLAs in Greater Lincolnshire maintained and deepened their public health alliance? • positive shared statements, approval of joint programmes, development of joint systems. • active engagement in work programmes. • no evidence of major public disagreements.
1.2 Have there been any changes of leadership or organisational arrangements which have had an impact on the pilot?
1.3 Has each UT council been able to maintain its local priorities for place whilst supporting the wider ambitions of the GLPH Pilot? formal statements that show the balance is thought to be right. • views of key stakeholders from each local authority.
1.4 Has the GLPH Oversight Board provided effective oversight and support to the GLPH Pilot and the DPH? • views of GLPH OB members, DPH and PH team, senior LA and NHS managers and leading politicians
1.5 Has the GLPH OB reported appropriately to each UTLA? • Review of business papers and reporting chains, perspectives of senior leaders.
1.6 What arrangements have been made by Lincolnshire County Council to maintain links with District Councils?
1.7 Has the DPH felt confident about the governance arrangements?
2. LEADERSHIP - The role of the Director of Public Health & Other Very Senior Council and Health Service Managers:
2.1 Has the DPH been endorsed as the key adviser with professional responsibility and accountability for the availability, effectiveness and efficiency of local authority public health services?
2.2 Have there been any exceptions? (Areas of delegation to other chief officers?)
2.3 Has the DPH contributed to and influenced the work of the NHS, DHIP and other key partners in Greater Lincolnshire?
2.4 Has the DPH provided a positive contribution to generic corporate business or has he been restricted in what he can do?
2.5 Has the DPH provided consistent and effective leadership of the public health team?
2.6 Has he maintained a strategic and transformational perspective across the whole of Greater Lincolnshire and been able to delegate more local and transactional duties to senior team members?
2.7 Have other very senior Local Authority and Health Service Managers across Greater Lincolnshire accepted that health is everyone`s business, and that it should feature in their own decision-making processes?
2.8 Have they embraced the need to influence wider agendas and use it to guide change?
2.9 Have they shown that they understand that this is “two-way traffic”? (Better health and wellbeing are good for educational attainment, workplace productivity and community resilience, and these in turn support better health and wellbeing)
2.10 Have NHS managers accepted and endorsed the role of the DPH and Public Health Team (PHT) in guiding health strategy and commissioning?
3. STRATEGIC DECISION
3.1 Have the DPH and Public Health Team been able to allocate time for strategic thinking about transformational change in Greater Lincolnshire?
3.2 Has the DPH been able to assist local government in Greater Lincolnshire (including the 3 Upper Tier Councils, the Health and Wellbeing Boards and the GLPH Oversight Board) to develop aligned priorities?
3.3 Has it been possible for the DPH and the UTLAs to influence ICS/B/P strategies?
4. PARTNERSHIPS AND CORPORATE WORKING
4.1 Is the public health pilot for Greater Lincolnshire unified and sustainable? Are the key partners actively engaged?
4.2 Have the DPH and PH Team made a significant contribution to partnership working? • with the new NHS (ICBs and ICPs)? • with the emerging partnerships associated with devolution? • with the Greater Lincolnshire LEP • with the Community Safety Partnerships
4.3 Have they engaged with the corporate agendas and made a noticeable difference for each local authority?

5. ORGANISATIONAL STRUCTURE

5.1 Is there a temporary structure to support the GLPHP that provides:

- effective oversight and delegation of the public health programme and the workload (deputising arrangements)?
- organisational arrangements to reflect both work in the localities and key thematic work (matrix management)?
- transactional public health activity (especially statutory and mandatory work)?
- transformational public health (especially influencing the wider determinants of health and wellbeing)?

5.2 Have the structural arrangements for the ICSs and regional public health had an impact on the efficiency and effectiveness of the Greater Lincolnshire Public Health Pilot?

6. SYSTEMS OF WORK AND MANDATORY SERVICES

6.1 Are the capacity and capability of the public health team and wider public health network sufficient to carry the weight of expectations?

6.2 Are there suitable systems of work in place to handle the workload?

6.3 Have successful improvements been made during the year?

6.4 Have mandated PH services been delivered?

6.5 Are the reporting and performance management arrangements sufficiently robust?

7. HEALTH PROTECTION

7.1 Have the new arrangements for a unified Health Protection service been implemented, according to plan?

7.2 Have statutory Health Protection duties been successfully delivered?

7.3 Has the service design been endorsed by the local NHS and the 3 UTLAs?

7.4 What do local and regional public health practitioners think about the effectiveness of the service?

7.5 What benefits have been identified so far? And what concerns/challenges have been identified?

8. PUBLIC HEALTH INTELLIGENCE

8.1 Have the opportunities identified for joint intelligence been taken forward according to the intended plan? Have statutory intelligence duties been successfully delivered?

8.2 Have the core principles been followed? Have there been any issues in adhering to the core principles?

8.3 What benefits have been realised so far? And what concerns have been identified?

9. COMMISSIONING

9.1 Have opportunities for integrated commissioning been identified?

9.2 What has been implemented so far? (Drugs and Alcohol, Sexual Health Services, others?)

9.3 What benefits have been realised, and what issues have emerged?

10. STAFF MORALE, STAFF DEVELOPMENT AND TEAM CULTURE

10.1 Are public health staff feeling positive about the pilot and the future for public health in Greater Lincolnshire?

10.2 What benefits can they see at this stage?

10.3 What concerns do they have?

10.4 Is a new team culture for Greater Lincolnshire Public Health emerging?

10.5 Has the “do it once, for all” philosophy taken root?

10.6 Have new job opportunities been identified?

10.7 Are the prospects for training and development better? Are there clear progression pathways across our Greater Lincolnshire Public Health teams, underpinned by nationally recognised frameworks for professional development?

10.8 Have joint opportunities for workforce development have been identified/agreed? What benefits does this provide to the GL PH workforce?

10.9 Has it been possible to attract more candidates and to fill vacancies? (and what have candidates said about the GLPH Pilot?)

10.10 Is there a common understanding across GLPH of the skills, knowledge and competencies of our GLPH workforce? Has this improved the delivery of our Public Health responsibilities and duties?

10.11 Have opportunities for joint workplace wellbeing initiatives been identified? What has been implemented so far and what benefits have been realised?

11. CORPORATE SUPPORT

11.1 Has the DPH been able to secure appropriate HR support and advice? Have there been any insurmountable obstacles?

11.2 Have early discussion taken place about the prospects for HR integration?

11.3	Have there been any Finance or Legal Issues?
11.4	Has it been possible to secure IM and T support? Have there been any difficulties?
11.5	Has the GLPH Pilot been able to learn lessons about HR, Finance and Legal, and IM and T requirements for a fully integrated service?
12. IMPACT OF DPH AND CORPORATE PRESENCE OF PUBLIC HEALTH	
12.1	Has the DPH been able to influence the 3 UTLAs and the ICBs/ICPs to help shape strategic health and wellbeing policies?
12.2	Has he been able to contribute to wider corporate discussions and help shape decisions?
12.3	Have the 3 UTLAs been able to work together in a way which has protected the DPH and the senior public health team from overload?
12.4	Is there positive recognition for the work of the Public Health Team?
12.5	Has the Team delivered against all the key public health priorities to a more than satisfactory level?
12.6	Does the team work positively with all parts of the council and the wider system for health and wellbeing, including community and voluntary organisations?

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**7 September 2022**
Subject:	**Lincolnshire Integrated Care System**

Summary:

The Committee is requested to consider a presentation by the Executive Director, Adult Care and Community Wellbeing, and the Director of Public Health, on the integrated care system arrangements for Lincolnshire. The presentation is attached at Appendix A to this report.

Actions Required:

The Committee is asked to consider the presentation on the Lincolnshire Integrated Care System.

1. Background

The Health and Care Act received Royal Assent on 28 April 2022. As a result, integrated care systems (ICSs) became statutory from 1 July 2022. The new ICS will impact on the relationships and working arrangements between the County Council and the local NHS, and these will be explored in the presentation.

Glen Garrod, the Executive Director, Adult Care and Community Wellbeing, and Derek Ward, the Director of Public Health, are due to attend to present on the Lincolnshire Integrated Care System arrangements.

2. Conclusion

The Committee is requested to consider the information presented on the Lincolnshire Integrated Care System.

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

Appendix A	Presentation – Integrated Care System

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.

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Integrated Care System (ICS)

Glen Garrod: Executive Director of Adult Care and Community Wellbeing
(Glen.Garrod@Lincolnshire.gov.uk)

Derek Ward: Director of Public Health
(Derek.Ward@lincolnshire.gov.uk)

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Legislation Roadmap

- NHSEI aspirations and recommendations set out in the Long Term Plan - September 2019
- NHSEI legislative proposals for Integrated Care - November 2020
- White Paper – Integration Innovation: working together to improve health and social care for all – February 2021
- Health and Care Bill – July 2021
- Health and Care Act given Royal Assent on 28 April 2022
- ICS Statutory bodies – from July 2022

What are Integrated Care Systems?

- **Integrated Care Systems (ICSs)** are new partnership arrangements between organisations that meet health and care needs across geographical areas, to coordinate services and ease planning in a way that improves population health and reduces inequalities between different groups.

- Clear recognition that the **governance of systems needs to reflect the specifics of each area.**

National drivers for change - Integration

"Our aim is to use the next several years to make the biggest national move to integrated care of any major western country"

"Integrated care is about giving people the support they need, joined up across councils, the NHS, and other partners. It removes traditional divisions between hospitals and family doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care"

"Covid-19, and experience over the last few years has demonstrated the importance of different parts of the health and care system working together in the best interests of the public and patients, despite the legislative barriers"

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Four core purposes of an ICS are to….

- **Improve outcomes** in population health and healthcare
- **Tackle inequalities** in outcomes, experience and access
- **Enhance productivity** and value for money
- Help the NHS support broader **social and economic development**

NHS England and NHS Improvement (2020) Integrating care: Next steps to building strong and effective integrated care systems in England

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Underpinning Principles

- Decisions taken closer to, and in consultation with, the communities they affect, leading to better outcomes.
- Collaboration between partners, both within a place and at scale, to address health inequalities and join up services.
- Local flexibility enabled by common, evidence-driven intelligence, and digital capabilities to allow the system to identify the best way to improve the health and wellbeing of populations.

ICS Structure

Each ICS will comprise an:

Integrated Care Board (ICB):

- Consists of local NHS organisations to lead integration within the NHS to improve population health and care
- Takes over the functions of Clinical Commissioning Groups from 1 July 2022
- Develops a plan to meet the health and healthcare needs of the population and ensures allocation of resources to deliver the plan across the system
- Takes account of the Integrated Care Strategy developed by the ICP

Lincolnshire Health and Care Collaborative (LHCC):

- A partnership of health and care providers to drive forward the provision of high quality, cost effective integrated health and care in Lincolnshire
- Will take on delegated duties from the ICB
- Initial areas of focus:
  - Prescribing – in particular mental health prescribing
  - Care closer to home
  - Muscular skeletal problems

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NHS Lincolnshire ICB – key appointments

- Interim Chair - Sir Andrew Cash
- Chief Executive - John Turner
- Executive Directors
  - Director of Finance – Matt Gaunt
  - Director of Nursing – Martin Fahy
  - Medical Director – tbc
- Non Executive Directors
  - Dawn Kenson – non executive lead for service delivery and performance
  - Dr Gerry McSorley – non executive lead on the Remuneration Committee, primary care, and East Midlands Partnership
  - Pete Moore – non executive lead for audit and risk
  - Sir Jonathan Van-Tam – non executive lead for quality, health inequalities, population health and prevention, and research, education and innovation
  - One further non executive appointment to be confirmed

ICS Structure

Integrated Care Partnership (ICP)

- Jointly convened by local authorities and the ICB to strengthen partnerships between the NHS, local authorities and wider partners
- Statutory committee of the ICS but does not take on functions from other parts of the system
- Responsible for developing an Integrated Care Strategy - taking account of the JSNA and JHWS
- Single point of contact – lincolnshireICP@lincolnshire.gov.uk

Health and Wellbeing board (HWB)

- Remains a committee of the council meeting quarterly
- Responsible for publishing a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS)
- To advocate and encourage integration of services and integrated working

A **coterminous system** in Lincolnshire – i.e. same geography with one HWB and one ICS so **ambition** locally to align the functions

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Integrated Care Partnership Timeline

- April 2022: Each ICP to publish a single point of contact so local partners can get in touch and discuss how they might be involved
- 27 May 2022 : Agree initial ICP arrangements including principles for operation from 1 July 2022, in line with relevant guidance
- 1 July 2022: ICB initiates the establishment of the ICP
- July 2022: DHSC to publish statutory guidance on the Integrated Care Strategy
- December 2022: Each ICP to publish interim strategy if it wishes to influence the ICB's first 5-year forward plan for healthcare, to be published by April 2023

Better Lives Lincolnshire

- The name given to the ICS in Lincolnshire is 'Better Lives Lincolnshire' (BLL)
- A senior executive leadership team is leading the development of the Lincolnshire ICS. Jointly chaired by Debbie Barnes (Chief Executive, LCC) and John Turner (Chief Executive, NHS Lincolnshire CCG)
- BLL's priorities for the next 12 months are to:
  - successfully recover from Covid including managing existing and future pressures
  - start to turn the wellbeing dial
  - build confidence amongst partners and citizens

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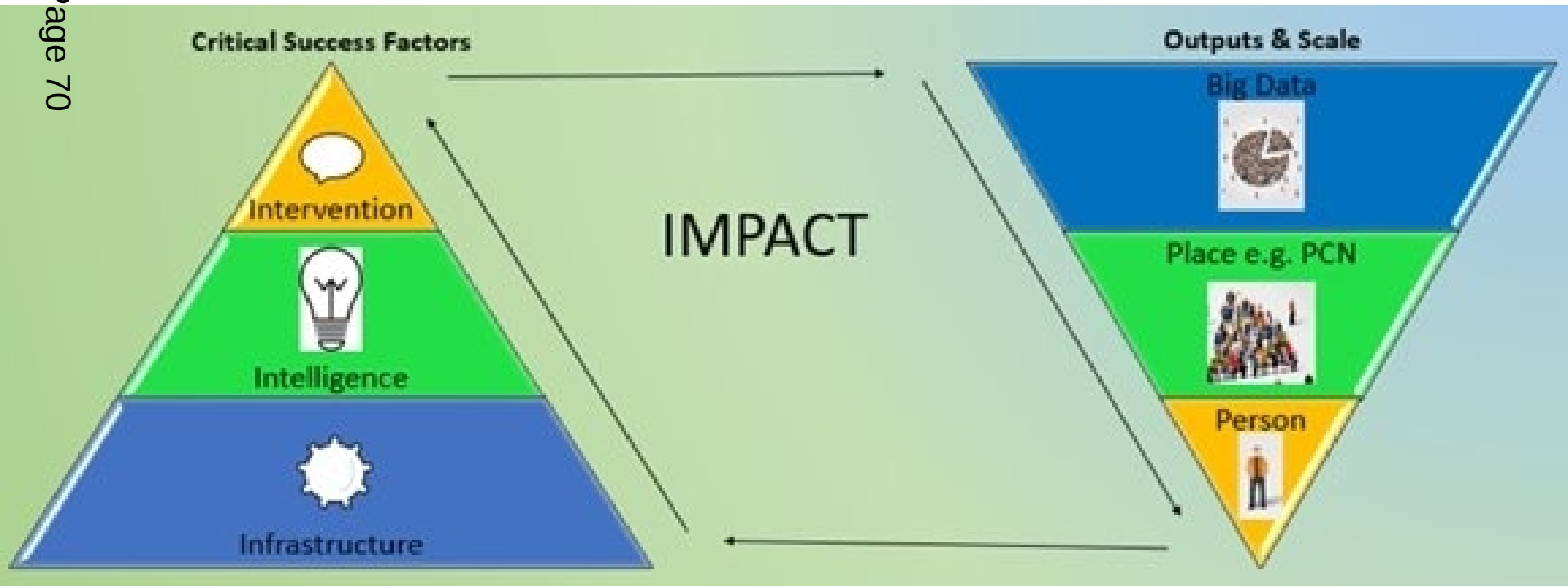
Population Health Management (PHM)

- A whole system approach to intelligence-led decision making
- Starts with **big-data** – combines clinical, services, financial data with intelligence on places, communities, behaviours and lifestyles and the wider determinants of health



Benefits of PHM

- Better understanding of population need and future demand to inform service planning, commissioning and workforce strategies
- Identification of system weaknesses and opportunities
- Comparison of outcomes for specific groups to identify most appropriate pathways through our system and targeted interventions
- Calculation of per capita costs through system delivery to inform system change and appraise redesign options
- Powerful impact analyses supporting an intelligence-led decision making process

Primary Care Networks

- Build on existing primary care services, bringing together GP practices, community, mental health, social care, pharmacy and voluntary services
- Are clinically led and are a key vehicle for delivering a wide range of services to the communities they serve
- Are focused on service delivery rather than on the planning and funding of services
- Will be the mechanism through which primary care representation is made stronger in Integrated Care Systems, with the accountable clinician being the link between general practice and the wider system

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

Report to:	**Adult Care and Community Wellbeing Scrutiny Committee**
Date:	**07 September 2022**
Subject:	**Adult Care and Community Wellbeing Service Level Performance 2022/23 Quarter 1**

Summary:

The report provides an update on service level performance for Adult Care and Community Wellbeing. This report provides an overview of the year focussing on the successes and areas for development with measures above and below the target range for Quarter 1, 2022/23.

Actions Required:

The Adults Scrutiny Committee is requested to consider and comment on the report, and the Adult Care and Community Wellbeing service level performance summary for Quarter 1 2022/23.
Also to consider the recommendation for the changes to the Carers' Review Performance Indicator.

1. Background

Introduction to Adult Care and Community Wellbeing

Adult Care and Community Wellbeing is organised into five functional areas, with key outcome measures included in the service level performance plan for each area;

- Adult Frailty and Long-term Conditions
- Informal Carers
- Safeguarding Adults
- Specialist Adult Services
- Public Health and wider preventative services (Community Wellbeing).

The 'Ambition' work in Adult Care pulls together all priorities for each of the areas to ensure collective responsibility and contribution towards maximising independence, building resilience and helping people stay connected.

Public Protection became part of Adult Care and Community Wellbeing Directorate in April. Performance for this service area is currently monitored in the Public Protection Scrutiny Committee and is therefore currently out of scope of this Scrutiny report.

Adult Care and Community Wellbeing Overview

Performance in Adult Care and Community Wellbeing for Q1 is summarised below;

- 2 measures have exceeded the target (above the target tolerance)
- 9 measures have achieved the target (within the target tolerance)
- 6 measures did not achieve their target (below the target tolerance)
- 17 measures reported in total for Q1 2022/23.

Since this report is by exception, the narrative below will focus on where we have done particularly well and where we need to improve with some added context.

A total of 8,600 requests from new clients were received in quarter 1 2022/23, which is 5% more than in quarter 1 from the previous year. Moreover, the increase in demand from older people has increased by 10% over the same period. Therefore, at this stage in the year, there is evidence to suggest demand for support is continuing to increase. This makes it even more important that Adult Care continue to invest in lower-level support (including the digital offer) and in improving the efficiency of the assessment process at the front door. Support to carers will also be key to managing the demand, where the people they care for can be sustained in the community for longer, delaying the provision of more costly funded care and support.

New requests for older people leading to lower level or no support is exceeding the target, with 96% of requests being diverted from long term support packages, Instead, the needs of these older people are being met with reablement, wellbeing services, equipment and information and advice. Just 4% of requests have resulted in funded long term support services including just 66 new admissions to permanent residential or nursing care. There are promising signs that admissions will remain lower than the target trajectory throughout the year.

Assessments of new people are prioritised by the area teams, as are unplanned reviews. For those coming through the Customer Service Centre (CSC), initial conversations are proving effective at re-directing some of the new demand, as 1,400 conversations have occurred, leading to just over 500 cases being transferred to area teams for a follow-up conversation or a full needs assessment. Needs assessments do not exclusively come via the CSC though, so assessments remain high particularly in the Adult Frailty Teams, and therefore takes resource away from planned reviewing activity.

With regard to reviews, Members should be assured that where an adult with an existing care package does require immediate attention owing to a change of circumstances, for example where a carer is unable to sustain the caring role, or the person's health deteriorates following a hospital spell, their needs and support package will be reviewed

and adjusted swiftly with an unplanned review. Whilst the Care Act 2014 states that all adults are entitled to an annual review of their care and support arrangements, local authorities seldom manage to achieve this, and over the last few years there is evidence that Lincolnshire is one of the highest performing councils. The 90% target for reviews is therefore a more realistic target. Specialist Adult teams are on track to hit the year-end target, and plans are in place to free up the dedicated reviewing teams in Adult Frailty to bring reviews back towards the target trajectory.

Despite the measure on carer reviews showing as not achieved (74.8% against a target of 85%), there is evidence to suggest that the carers service is, in fact, reviewing the vast majority of carers who are eligible for the review. It has come to light that 78% of carers who have received a personal budget (as a direct payment) in the last 12 months, are still in receipt of that service at the end of the period and therefore require an annual review. Consequently, the maximum performance is fixed as 78%, so the current target of 85% will never be achieved. The committee are asked to reflect on the options below:

a) the measure remains the same, but the target is adjusted accordingly, or

b) the cohort of carers in the denominator is adjusted to only those currently in receipt of a personal budget, and where they have been in receipt of the service for 12 months. This would bring this measure into line with the definition used in the adult reviews measure. **This is the recommended option.**

Demand for carers support continues on an upward trajectory for adults, despite the target not being achieved. Overall, there has been a reduction of approximately 1,000 carers supported in the last 12 months compared to quarter 4 of 2021/22. This is purely a reduction in young carers and improved data capture, since new and improved data is being used from Children's Services. In terms of adult carers, LCC have supported 2,000 newly identified carers in the 12 months to 30 June 2022, with evidence in quarter 1 that a similar level of new demand is expected throughout the year.

A re-commissioning exercise has now completed with the contract being awarded to the existing provider, to commence on 1 October 2022. As a result of feedback from carers and benchmarking information, we are amending the service model to provide a clearer route to information, advice and support, with digital options providing greater flexibility for those in caring roles. Nationally and locally, the expectation is for the number of carers supported to rise, with more emphasis on working with health to identify and support carers earlier in their caring journey. A pilot is planned for later in the year to target and proactively support more carers initially in coastal areas of the county, a specific area of need identified by the Primary Care Network in that area.

Support for Carers is one of the seven priorities in Lincolnshire's Health and Wellbeing Strategy. The Carers Priority Delivery Group brings together stakeholders from across the county to work together to identify more carers, earlier in their caring journey, including through their place of work, providing the information and support required to enable them to care, and to step away from care as appropriate. The membership of and work programme for the group is being reviewed to take account of learning from covid. A

Memorandum of Understanding to underline each organisation's commitment to some specific actions is under development to ensure an aligned and prioritised response.

In Safeguarding, to strengthen the monitoring of Making Safeguarding Personal (MSP), a new measure has been introduced for 2022/23 to report on the proportion of completed safeguarding enquiries where the person or their advocate were asked what outcomes they wanted from the intervention. This ties in with the advocacy measure to ensure people who lack mental capacity also have the opportunity to share their desired outcomes via their advocate, which is consistently at 100%. Both of these measures are integral to MSP.

The target is currently not being achieved, but the Mosaic Team are working to ensure the enquiry form is refined to ensure this question is consistently captured, and all cases which indicate the outcomes were not asked or expressed will be quality checked each month from now on, with performance expected to show an immediate improvement in quarter 2. Where desired outcomes have been asked and expressed directly from the person or their advocate, this allows the service to more effectively evaluate the extent to which those outcomes have been met in the other measure in the third measure in the framework. That is, to increase the denominator for this secondary measure to fully evidence the impact of interventions.

In Public Health, 3 of the 5 measures are being achieved, but as indicated in quarter 4 of 2021/22, challenges remain with the two measures relating to alcohol specialist treatment and smoking cessation, both of which are not achieved, but the latter is showing some signs of improvement.

Overall, performance is strong across Adult Care and Community Wellbeing in the first quarter of 2022/23, with pockets of managed issues owing to ongoing challenges, and from commissioned services in Public Health. Some measures need some reflection and adjustment to data capture or definitions to ensure performance is monitored appropriately. Finally, the new measure for Safeguarding has been introduced specifically to strengthen the monitoring of the MSP agenda, but also because there is room for improvement with positive actions being taken.

2. Conclusion

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

3. Consultation

a) Risks and Impact Analysis

Not required

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Care and Community Wellbeing Summary Report - Q1 2022/23
Appendix B	Adult Care and Community Wellbeing Detailed Report - Q1 2022/23

5. Background Papers

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

This report was written by Dave Boath, who can be contacted on david.boath@lincolnshire.gov.uk.

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Appendix A

Adult Care and Community Wellbeing: Service Performance Summary

Quarter 1, 2022/23

Measure	Description	Numerator	Denominator	Value	Target		Performance
Adult Care							
28	Safeguarding cases supported by an advocate	93	93	**100%**	**100%**	✓	**Achieved**
60	Permanent admissions to residential and nursing care homes aged 65+	66	-	**66**	**238**	✓	**Exceeded**
63	Adults who receive a direct payment	2,077	4,918	**42.2%**	**42%**	✓	**Achieved**
65	People in receipt of long term support who have been reviewed	999	6,249	**16.0%**	**22.5%**	×	**Not achieved**
116	Concluded safeguarding enquiries where the desired outcomes were achieved	97	102	**95.1%**	**95%**	✓	**Achieved**
122	Requests for support for new clients, where the outcome was no support or support of a lower level	6,046	6,303	**95.9%**	**93%**	✓	**Exceeded**
123	People who report that services help them have control over their daily life	*Not reported until Q4 when the survey has been completed*			**80%**		*Not reported this quarter*
124	Completed episodes of Reablement	287	298	**96.3%**	**95%**	✓	**Achieved**
158	People who remain at home 91 days after discharge	1,400	1,610	**87.0%**	**85%**	✓	**Achieved**
163	Percentage of people who were asked what outcomes they wanted to achieve during an Adult Safeguarding enquiry	158	224	**70.5%**	**85%**	×	**Not achieved**
Community Wellbeing							
31	Percentage of alcohol users that left specialist treatment successfully	248	892	**27.8%**	**35%**	×	**Not achieved**
33	Percentage of people aged 40 to 74 offered and received an NHS health check	78,698	132,957	**59.2%**	**55%**	✓	**Achieved**
59	Carers supported in the last 12 months (per 100,000 population, All ages)	11,342	7.7	**1,480**	**1,730**	×	**Not achieved**
110	Percentage of people supported to improve their outcomes following wellbeing intervention.	2,240	2,260	**99.1%**	**95%**	✓	**Achieved**
111	People supported to successfully quit smoking	2,522	-	**2,522**	**3,200**	^	**Improving but not achieved**
112	People supported to maintain their accommodation via Housing Related Support Service (HRSS)	132	140	**94.3%**	**90%**	✓	**Achieved**
113	Emergency and urgent deliveries and collections completed on time	7,238	7,272	**99.5%**	**98%**	✓	**Achieved**
120	Carers who said they had as much social contact as they would like	*Not reported until Q4 when the survey has been completed*			**36%**		*Not reported this quarter*
121	Carers who have received a review of their needs	651	870	**74.8%**	**85%**	×	**Not achieved**

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Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.
An advocate can include:-
* An Independent Mental Health Advocate (IMHA);
* An Independent Mental Capacity Advocate (IMCA); or
* Non-statutory advocate, family member or friends.
Numerator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend
Denominator: Number of concluded S42 ('Section 42' under the Care Act 2014) safeguarding enquiries in the period, where the person at risk lacks Mental Capacity
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of cases supported by an advocate indicates a better performance.

Achieved

100

%

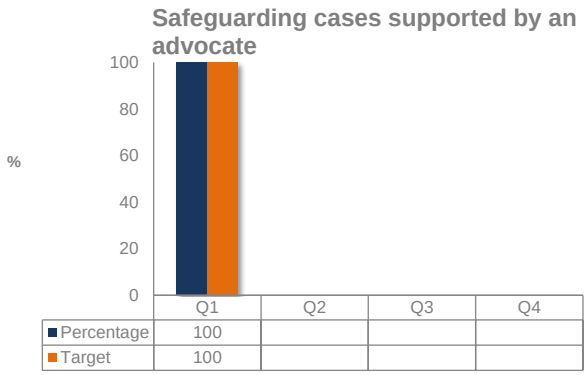
Quarter 1 June 2022

Numerator:	93
Denominator:	93

100

%

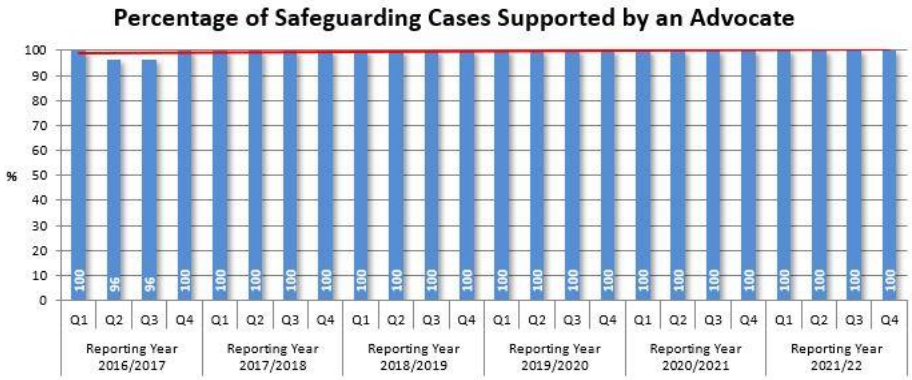
Target for June 2022

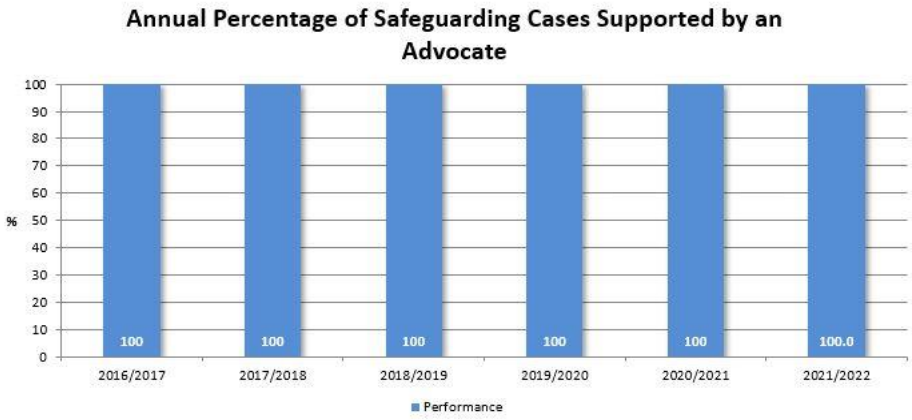


About the latest performance

Performance against this measure is consistently strong. It provides assurance that adults at risk are receiving the necessary support to express their wishes and feelings about what action should be taken to safeguard them from abuse and neglect and evidences compliance with S68 Care Act 2014.

Further details





About the target

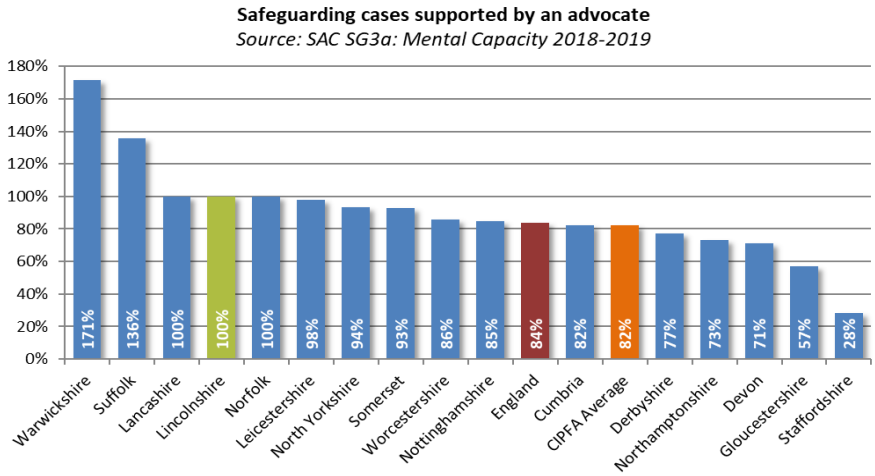
Targets are based on trends and CIPFA group averages.

About the target range

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

About benchmarking

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



Permanent admissions to residential and nursing care homes aged 65+

The number of Lincolnshire County Council funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.
This is a Adult Social Care Outcomes Framework (ASCOF) 2a part 2 and reported in the Better Care Fund (BCF).
A smaller number of people permanently admitted to residential and nursing homes indicates a better performance. Admissions into residential and nursing placements tend to increase in the winter period due to illness and increased care being required.
This measure is particularly sensitive to time lags in data recording on the system because of the complex care home placement process. As such the reported figures are as recorded at the time of the data extract.

Exceeds

66

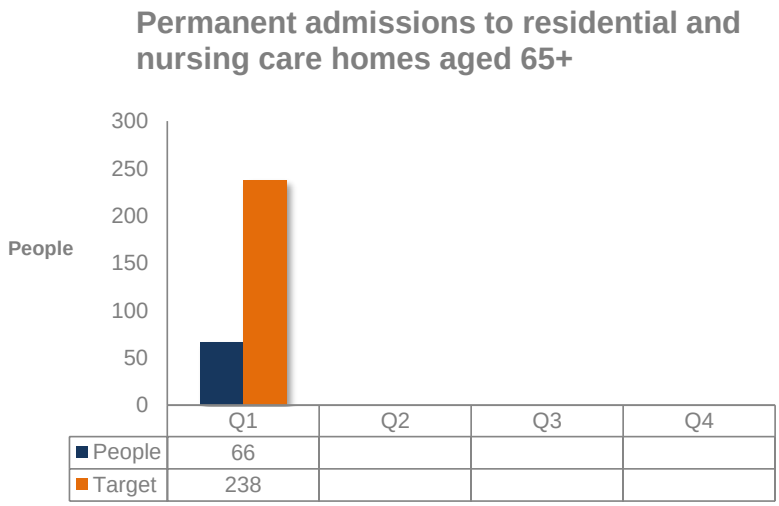
People

Cumulative Actual as at June 2022

238

People

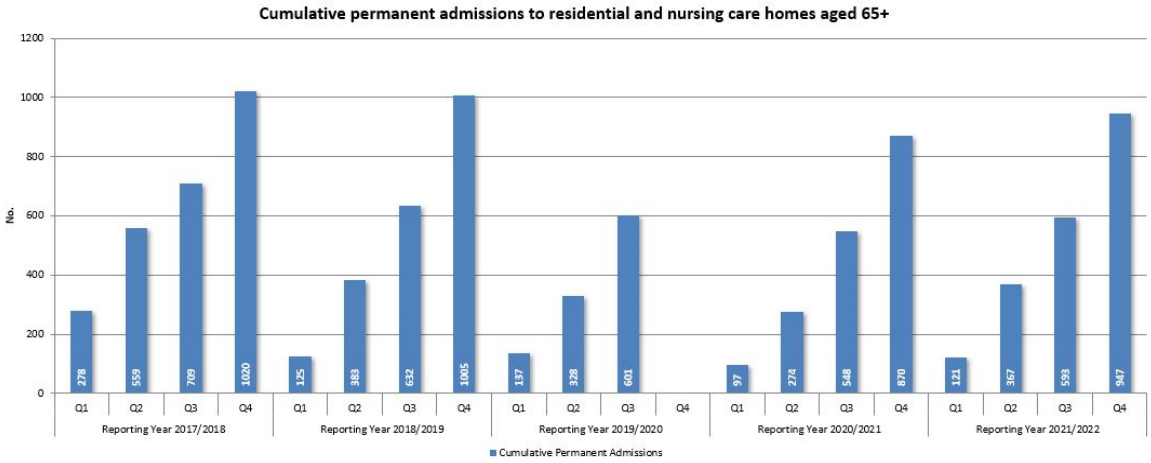
Cumulative Target for June 2022



About the latest performance

This is a cumulative figure and is typically low in the first quarter. Early indications show that permanent admissions will continue to remain low throughout the year, which includes new clients entering the social care system and existing clients moving to residential from a community setting. 45 of these admissions (approximately 70%) are for adults aged 80 and over which is typically the age you would expect people with deteriorating needs to require residential care.

Further details



About the target

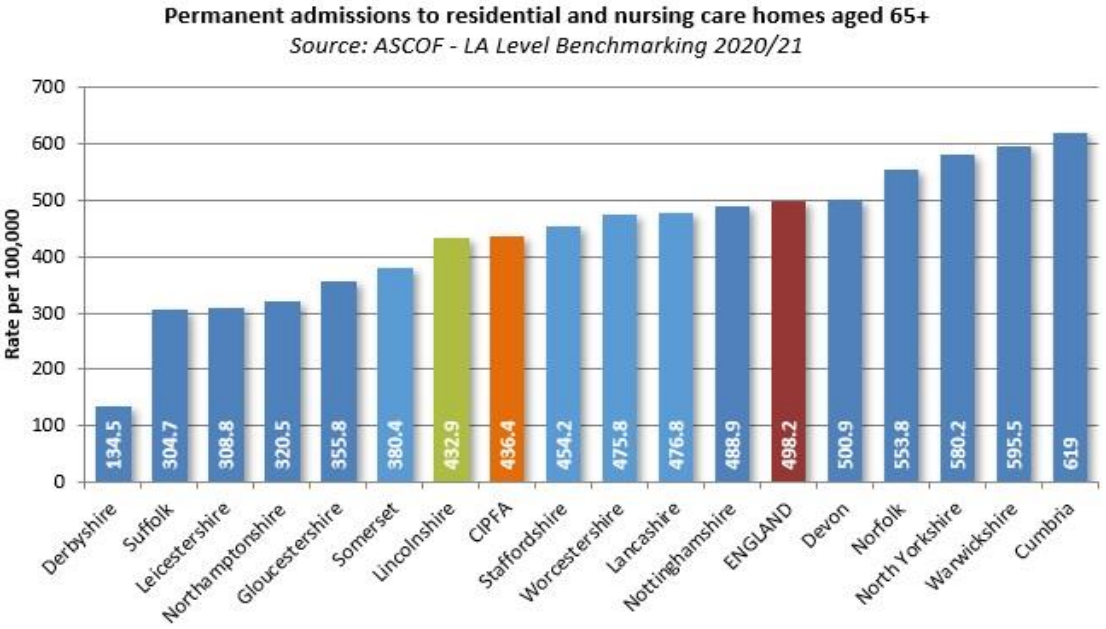
Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

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

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.
Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2020-21 year-end figures.



Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of users receiving direct or part direct payments.
Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
This measure is reported as a snapshot in time so for example Q2 is performance as at 30th September.
A higher percentage of adults that receive a direct payment indicates a better performance.

Achieved

42.2

%

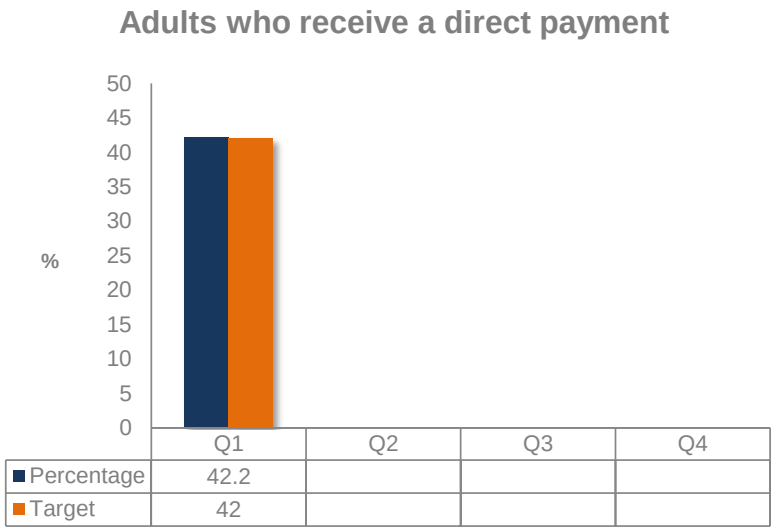
Quarter 1 June 2022

Numerator:	2077
Denominator:	4918

42

%

Target for June 2022



About the latest performance

Measure is being achieved in quarter 1, so no commentary required.

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking. Based on our performance we have revised the target to 36% for the reporting year 21/22 which now covers all service users.

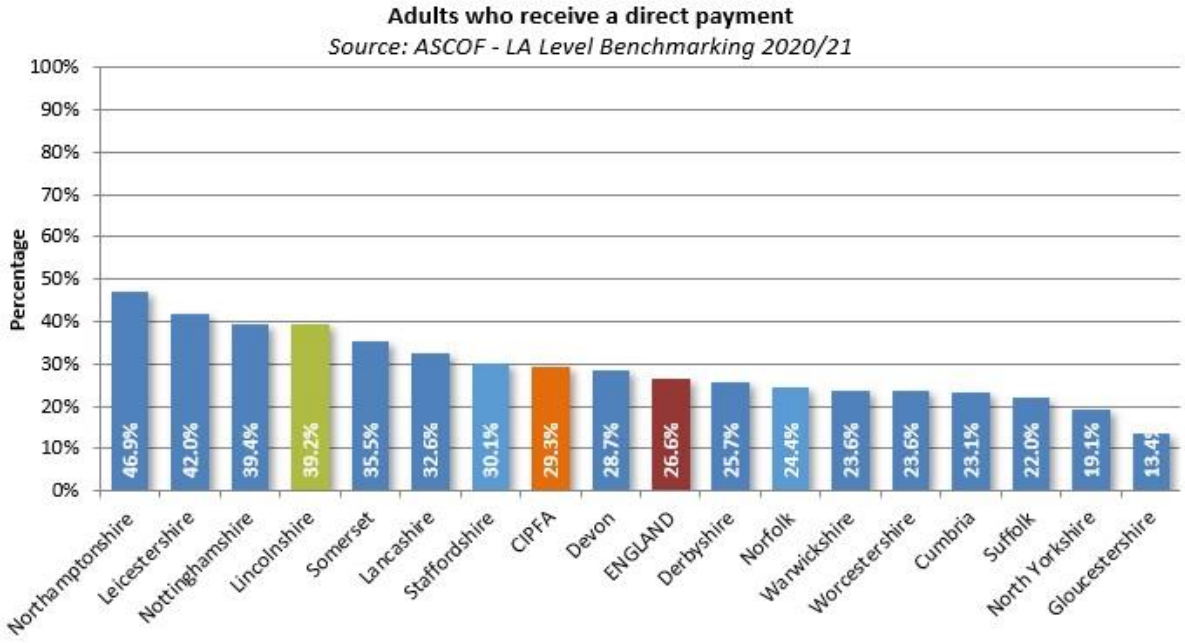
About the target range

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

About benchmarking

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

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



People in receipt of long term support who have been reviewed

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.
Numerator: For adults in the denominator, those that have received an assessment or review of their needs in the year.
Denominator: Number of current service users receiving long term support in the community or in residential care for 12 months or more.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
A higher percentage of people that have been reviewed indicates a better performance.

Not achieved

16.0

%

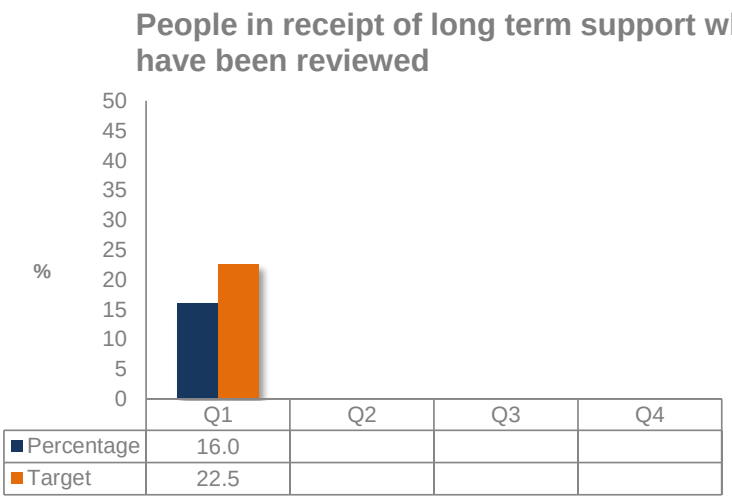
Cumulative Actual as at June 2022

Numerator: 999
Denominator: 6249

22.5

%

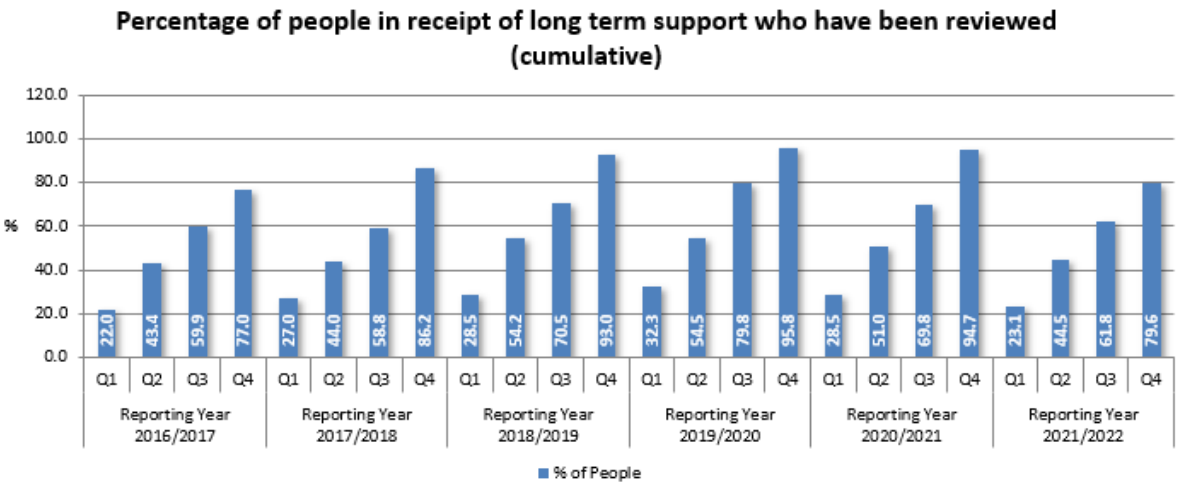
Cumulative Target for June 2022



About the latest performance

There have been challenges with capacity to review people receiving long term support and as a result the Adult Frailty Teams have had to continue to prioritise assessments for new clients and interim beds. Unplanned reviews also remain a priority to ensure any one who has a unexpected change in circumstances (hospital spell or carer breakdown for example). However, the service are looking to free up the capacity within the dedicated reviewing teams to ensure more planned reviews are completed. All the while, cases are monitored to ensure everyone has a review scheduled on Mosaic, and re-scheduled if needed to spread the work throughout the year. Specialist Adults Services review performance covering mental health and learning disability is largely in line with the target trajectory.

Further details



About the target

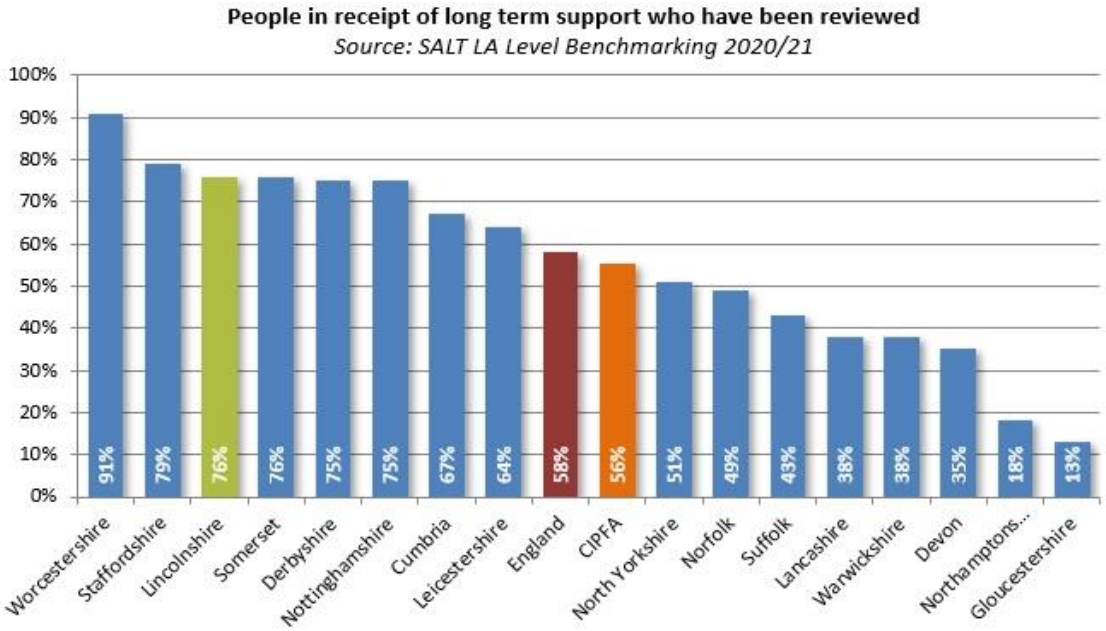
The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

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

About benchmarking

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



Concluded safeguarding enquiries where the desired outcomes were achieved

This measure records the proportion of concluded enquiries ('Section 42' under the Care Act 2014 and other), where the desired outcomes were fully or partially achieved. This measure is a key element of the Making Safeguarding Personal (MSP) national agenda, and monitors the effectiveness of Safeguarding interventions where desired outcomes were expressed and met. The figures are taken directly from the Safeguarding Adults Collection, and is therefore underpinned by statutory guidance on recording and reporting.
Numerator: The number of concluded enquiries in the denominator where the person's desired outcome was fully or partially achieved.
Denominator: The total number of S42 safeguarding enquiries concluded in the period where the person or their representative was asked about and expressed their desired outcomes.
A higher percentage indicates a better performance.

Achieved

95.1

%

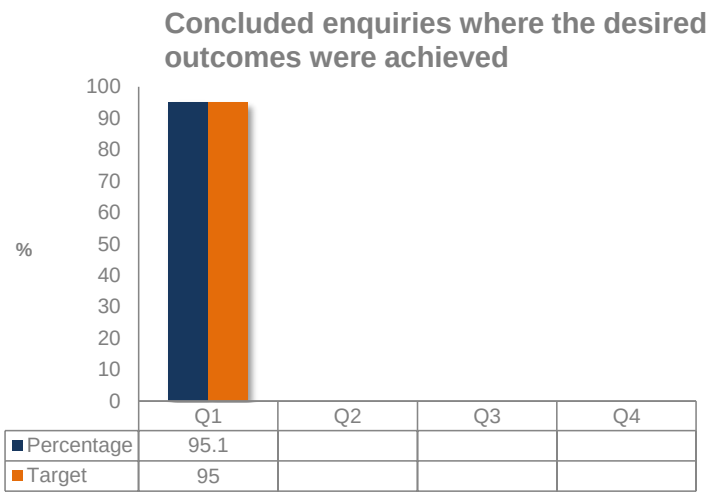
Quarter 1 June 2022

Numerator:	97
Denominator:	102

95

%

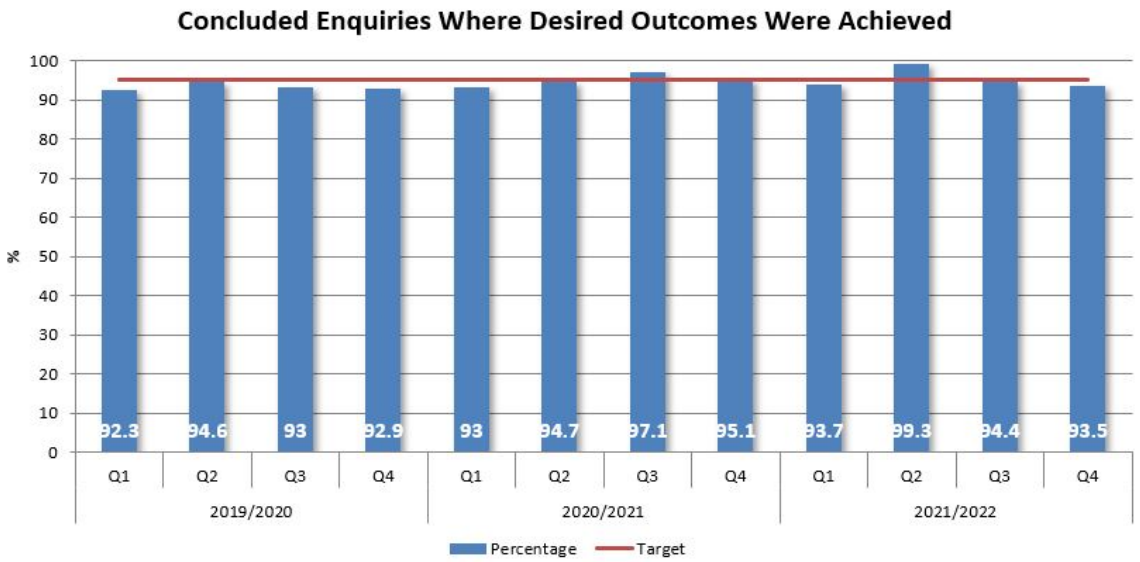
Target for June 2022



About the latest performance

Measure is being achieved in quarter 1, so no commentary required.

Further details



About the target

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

About the target range

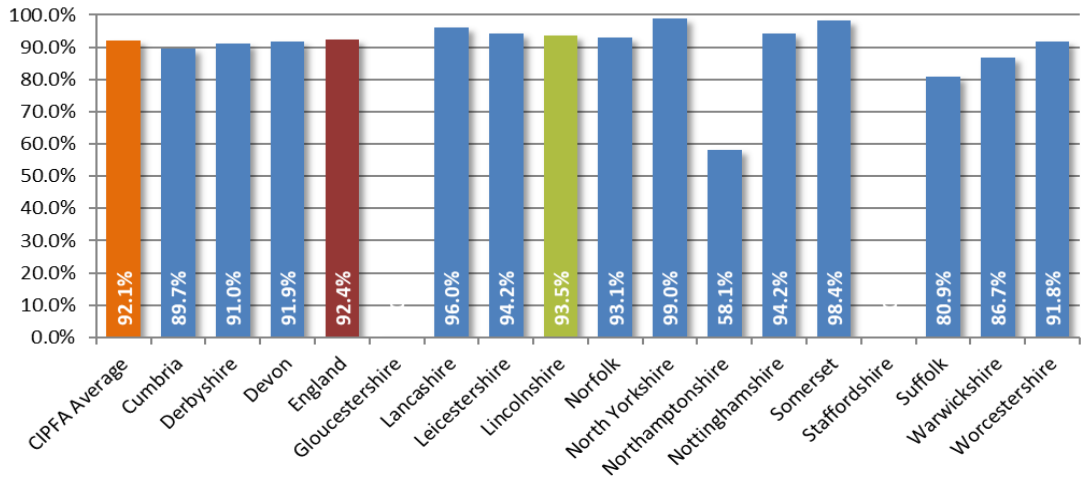
This measure has a target range of +/-5 percentage points.

About benchmarking

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

Safeguarding enquiries where the desired outcomes were achieved

Source: SAC SG4a: Making Safeguarding Personal 2018-2019



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

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

Exceeds

95.9

%

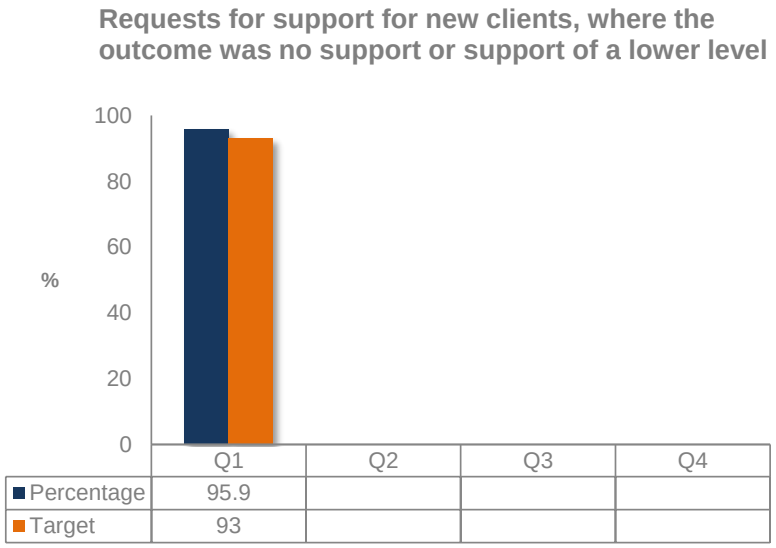
Quarter 1 June 2022

Numerator:	6046
Denominator:	6303

93

%

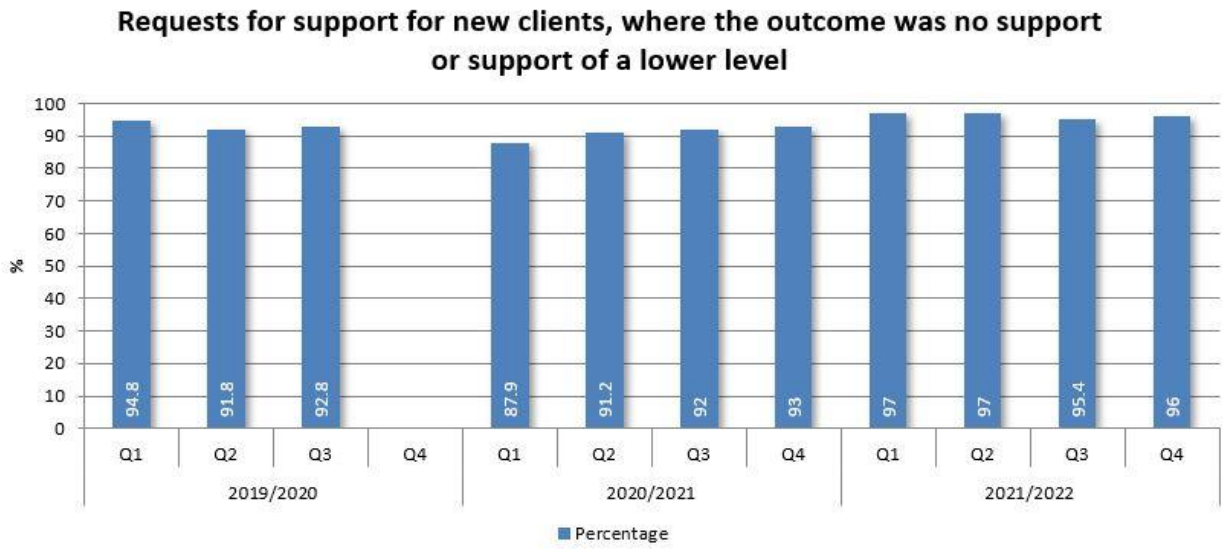
Target for June 2022



About the latest performance

The investment in strength-based practice resulting in the increased use of proportionate assessments (Initial Conversations) has resulted in more people being empowered to access lower level support, more community based solutions and/or find their own personal support from existing support arrangements, rather than needing LA-funded support.

Further details



About the target

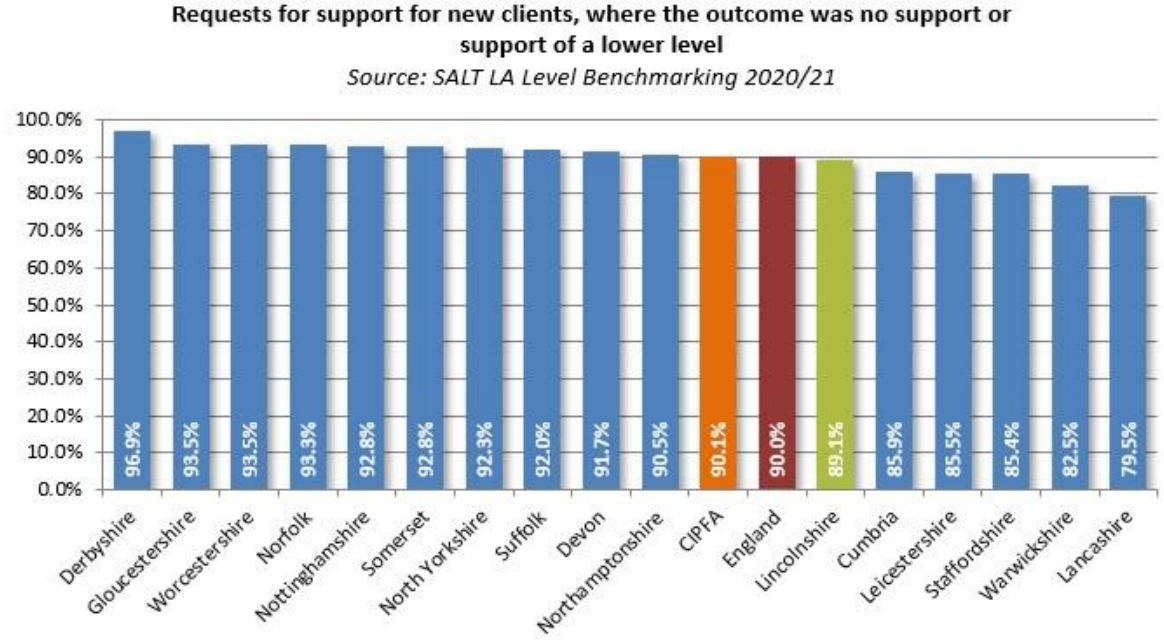
The target for this measure has been set to 93% which will maintain our current level of performance.

About the target range

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

About benchmarking

Benchmarking is available for all councils from the SALT return at the end of the summer each year and will be added when it becomes available.
Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2020-21 year-end figures.



Completed episodes of Reablement

Reablement is an early intervention for vulnerable people to help them restore their independence, accessed before a formal assessment of need. This is a key part of demand management for Adult Care and Community Wellbeing. Positive outcomes for those people who use the service are a good measure of the effectiveness of the intervention and help to delay or reduce the need for longer term funded support from the authority. The measure is the annual ASCOF 2D measure, so is underpinned by national guidance for recording and reporting. A higher percentage of completed episodes of Reablement indicates a better performance.
Numerator: Of the episodes in the denominator, the number where the outcome to Reablement was: "Ongoing Low Level Support" or "Short Term Support (Other)" or "No Services Provided - Universal Services/Signposted to Other Services" or "No Services Provided - No identified needs".
Denominator: Number of new clients who had completed an episode of short-term support to maximise independence (aka Reablement) in the period. (SALT STS002a)

Achieved

96.3

%

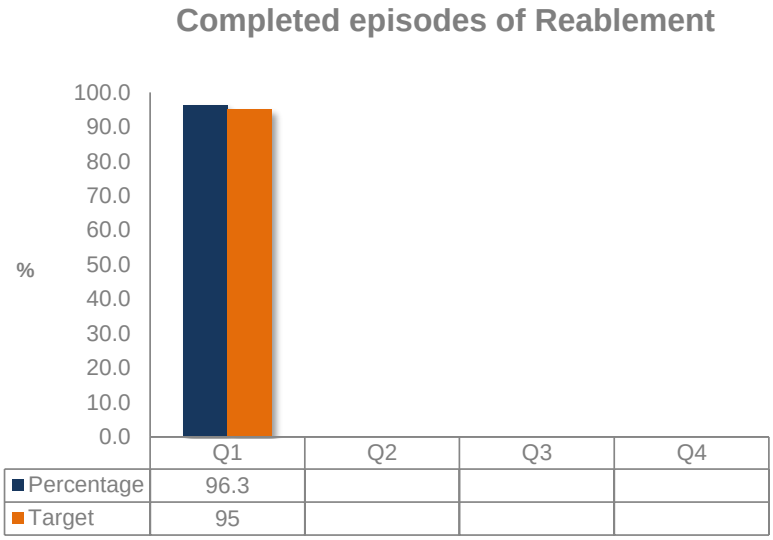
Quarter 1 June 2022

Numerator:	287
Denominator:	298

95

%

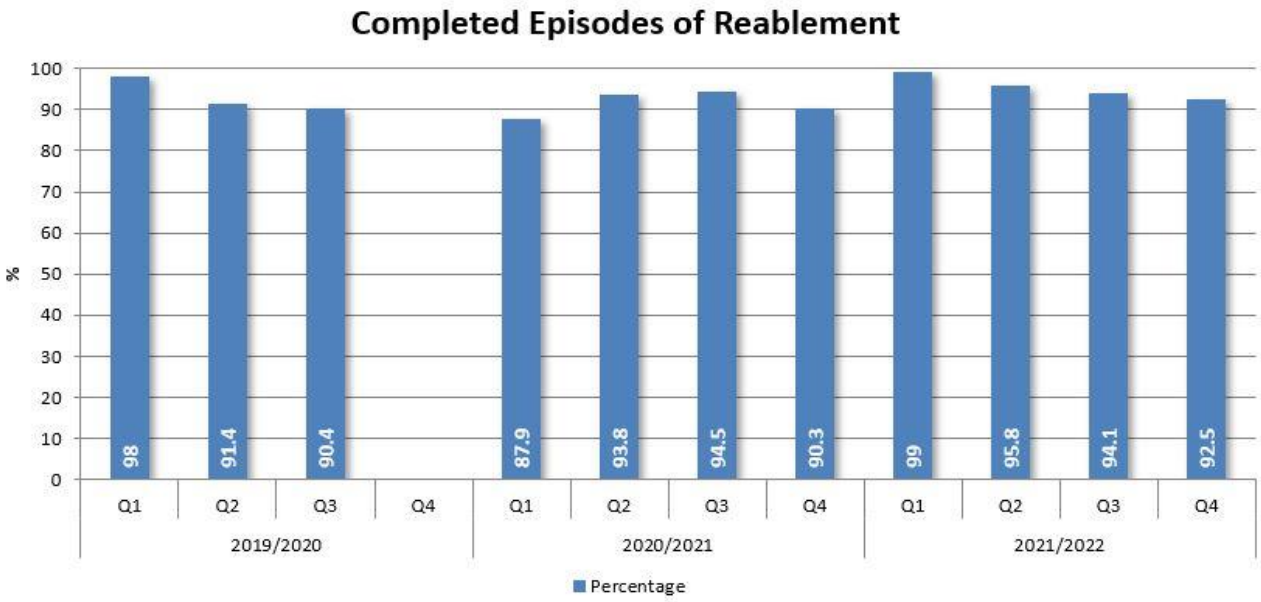
Target for June 2022



About the latest performance

The measure is being achieved in quarter 1, so no commentary is required.

Further details



About the target

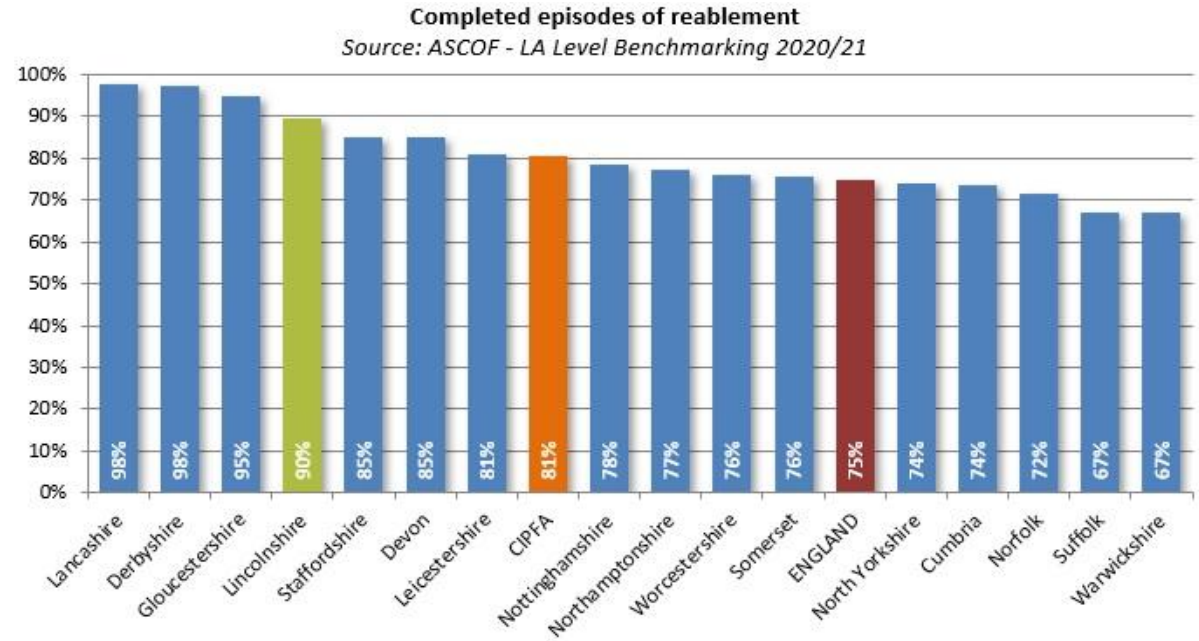
The target for this measure has been set to 95%, based on CIPFA comparator averages. Our aim is to maintain this level of performance.

About the target range

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

About benchmarking

Since this measure is an ASCOF measure, benchmarking is available each year in the Summer.
Due to the processing of national figures the benchmarked numbers for Lincolnshire may not exactly match our internally reported 2020-21 year-end figures.



People who remain at home 91 days after discharge

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

Achieved

87.0

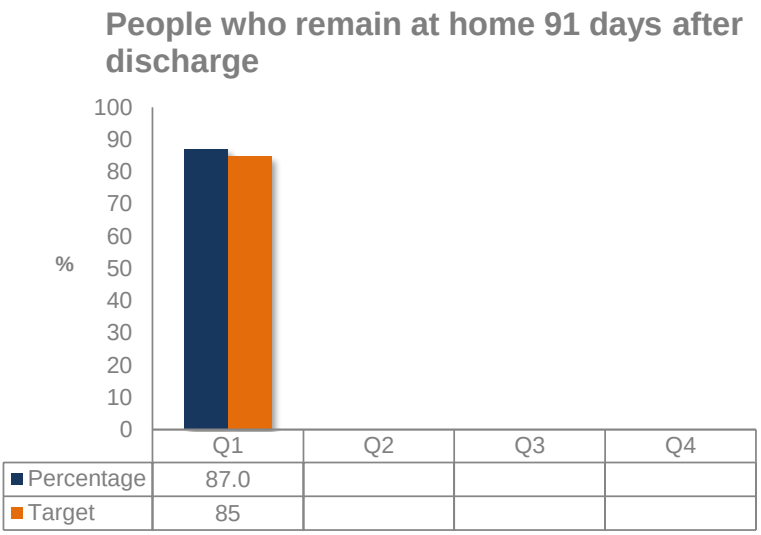
%

Quarter 1 June 2022

85

%

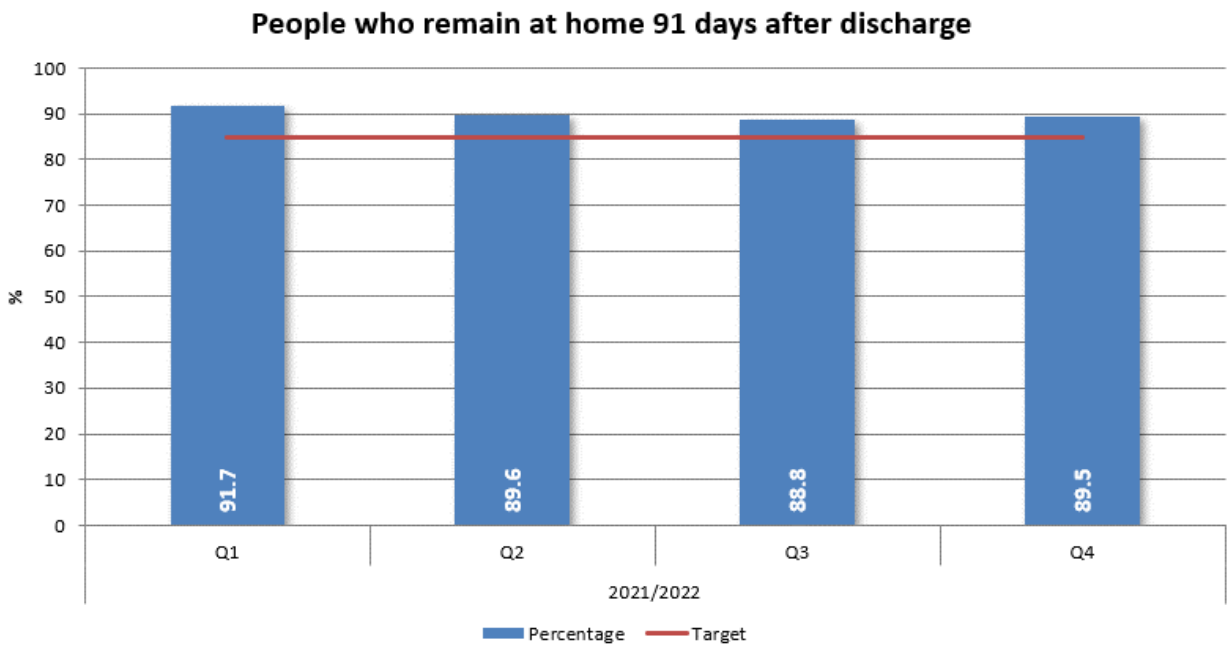
Target for June 2022



About the latest performance

The measure is being achieved for quarter 1, so no commentary required.

Further details



About the target

The target for this measure has been set to 85%, based on the average of the past 8 quarters. Our aim is to give us an indicator of how well our commissioned services are at keeping people in the community after a hospital discharge.

About the target range

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

About benchmarking

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

Percentage of people who were asked what outcomes they wanted to achieve during an Adult Safeguarding enquiry

This is a Making Safeguarding Personal (MSP) measure, with data taken from the Safeguarding Adults Collection. In order to establish whether people's outcomes have been achieved, it is important to ensure each individual is given the opportunity to express their desired outcomes.

Not achieved

70.5

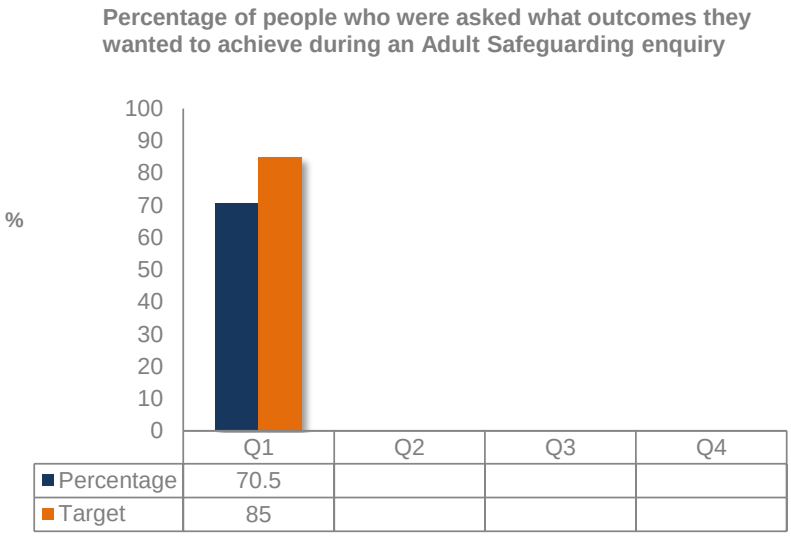
%

Quarter 1 June 2022

85

%

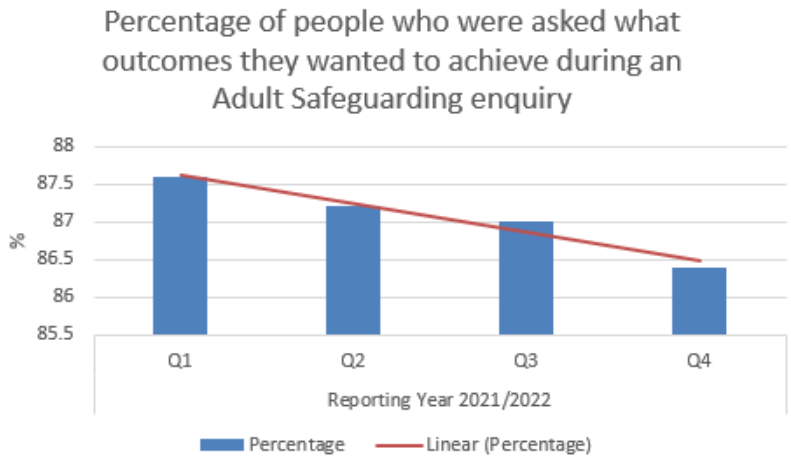
Target for June 2022



About the latest performance

This is a new measure for 2022/23. In 2021/22 the baseline performance was 86%. The target has been set to maintain performance at this level, as it is not always possible to ask what outcomes the person would like to achieve. Since this is the first year of reporting, the target will however be kept under review. The Q1 performance is 71% which is below target. However it is understood that there are some data quality issues in Q1 that are leading to under reporting. The performance, mosaic and practice teams are working together to ensure that the data is more accurate in future reporting periods. The service is confident that they will meet the 85% target by year end. This indicator is being developed to help reinforce the overall aim of 'Making Safeguarding Personal' and ties in well with other indicators eg. use of an advocate. Further work is needed however to ensure this is fully understandable to a much wider audience.

Further details



About the target

The target for this measure has been set by the service area at 85%

About the target range

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

About benchmarking

Benchmarking data is available for all councils in England, however NHS Digital have identifed that as a consequence of the variability of the data across the country, the benchmarking data is unreliable so we are choosing not to include it.

Percentage of alcohol users that left specialist treatment successfully

This measure tracks the proportion of clients in treatment in the latest 12 months who successfully completed treatment. Data is reported with a 3 month (1 quarter) lag.
Leaving treatment for substance misuse in a structured, planned way, having met all of the goals set at the start and throughout the treatment journey (by the service user and their key worker) is known to increase the likelihood of an individual sustaining their recovery in the longer-term. The wider impacts on society are measured by alcohol influenced antisocial behaviour and violence in the 'Protecting the public' commissioning strategy.
The definition for this indicator has been revised in Quarter 2 of the 2018/19 reporting year to align more closely with the National Drug Treatment Monitoring System (NDTMS); this has no effect on previous figures reported for this measure.

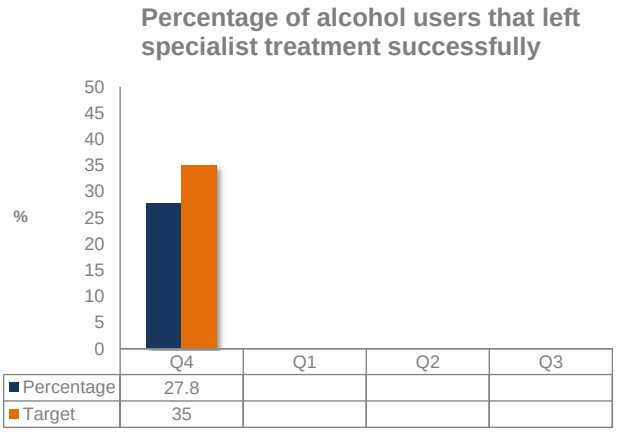
Numerator: Number of successful completions (NDTMS)
Denominator: Number of completions (NDTMS)
A higher percentage of alcohol users that leave specialist treatment successfully indicates a better performance.

Not achieved

27.8
%
Quarter 4 March 2022

Numerator: 248
Denominator: 892

35
%
Target for March 2022



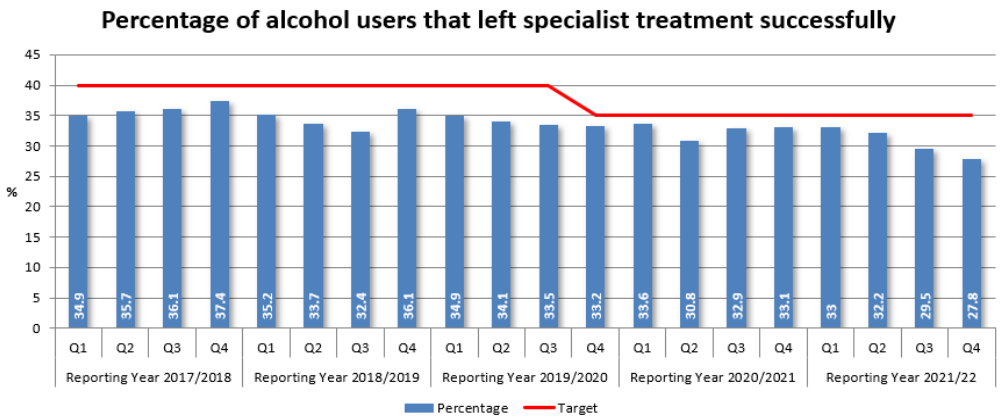
About the latest performance

Performance has dropped since the last report from 29.5% to 27.8% which is 7.2% below target. This is not acceptable and is being addressed with the provider. There are several contributing factors that have led to this reduction which include an increase in client numbers over the last 12 months by nearly 18%, an increase in complexity of new clients which is believed to be a result of the pandemic and a difficulty recruiting to some vacancies especially along the East coast. Work with the provider has now shown the recruitment issues have been resolved but it takes time for new staff to become fully operational, so it may be some time before we see those benefits.

Additional funding is being invested in services as part of the Supplemental Substance Misuse Treatment and Recovery Grant, this will start to reduce caseload numbers and improve quality of services and outcomes, but again these posts need time for recruitment and training before they will start to impact of performance figures.

Taken in isolation the completions rate looks poor, but overall contract performance is good. Representations are one of the best ways to measure long term recovery and Lincolnshire is amongst the best in England with only 3.9% of successful completions returning in the 6 months after discharge.

Further details



About the target

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

About the target range

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

About benchmarking

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

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

The NHS Health Check programme aims to improve the health and wellbeing of adults aged 40-74 years through the promotion of early awareness, assessment and management of the major risk factors for cardiovascular disease. Local authorities are required to make arrangements for each eligible person aged 40-74 to be offered an NHS Health Check every five years.
This measure tracks the cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who take up the invite, measured on a 5-year rolling cycle, so for example performance reported at 2021/22 Q4 is cumulative from 2017/18 Q1.
Numerator: People taking up an NHS Health Check invite
Denominator: People invited for an NHS Health Check
A higher percentage of people who are invited and taking up an NHS Health Check indicates a better performance.

Achieved

59.2

% of people

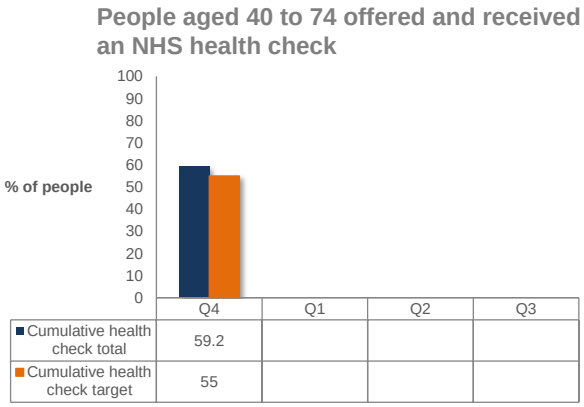
Quarter 4 March 2022

Numerator: 78698
Denominator: 132957

55

% of people

Target for March 2022



About the latest performance

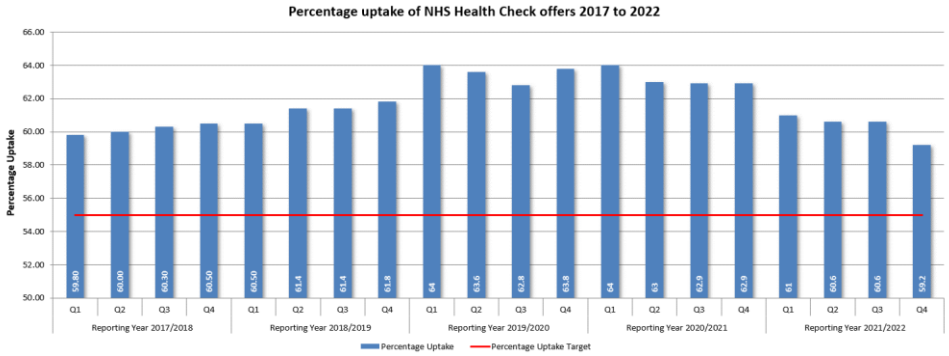
In Lincolnshire during the period Quarter 1 2017/18 - Quarter 4 2021/22, the overall percentage of people taking up an NHS Health Check invite was 59.2% (compared to 44.8% in England and 53.2% in East Midlands). During this timescale, 132,957 people have been invited for a check and 78,698 have taken up the invite. Due to the measure being over a 5 year period, the impact of Covid-19 on the NHS Health Check programme has yet to be fully seen in this performance indicator.

The Office for Health Improvement and Disparities (OHID) provides the estimated eligible population for the NHS Health Check programme. This is 226,407 for Lincolnshire for 2022-23. People are invited every five years and therefore this means approximately 45,000 are eligible to be invited in 2022/23. Each general practice has been provided with their individual eligible population.

Plans are being developed for the NHS Health Check Programme from April 2023 because the current contract with Lincolnshire general practices is until 31st March 2023 .

The NHS Health Check Programme supports the delivery of the Lincolnshire Health Inequalities and Prevention programme, specifically the priorities in relation to cardiovascular disease prevention.

Further details



About the target

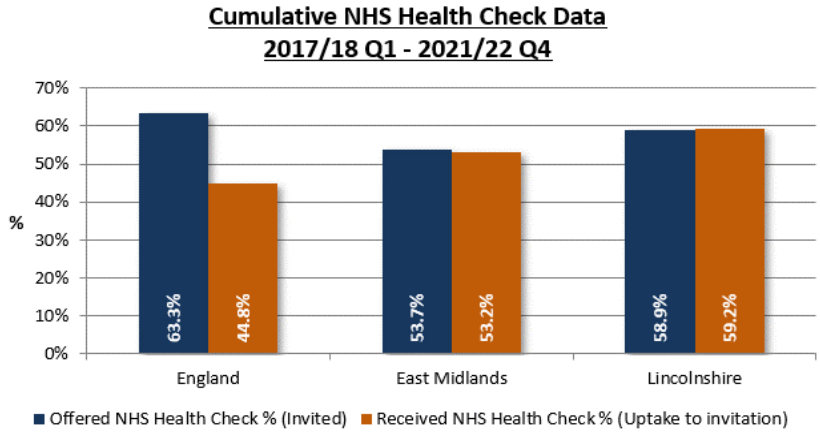
The target has been set to ensure our programme exceeds the national average and is in line with regional performance.

About the target range

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

About benchmarking

Benchmarking currently available for this measure is comparator local authorities based on CIPFA nearest neighbours, East Midlands, and England. The East Midlands and England data is provided here and additional data on individual local authorities can be found on The Office for Health Improvement and Disparities Fingertips website: https://fingertips.phe.org.uk/profile/nhs-health-check-detailed



	England	East Midlands	Lincolnshire
Offered NHS Health Check % (Invited)	63.3%	53.7%	58.9%
Received NHS Health Check % (Uptake to invitation)	44.8%	53.2%	59.2%

Carers supported in the last 12 months

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

Not achieved

1,480

Per 100,000 population

Quarter 1 June 2022

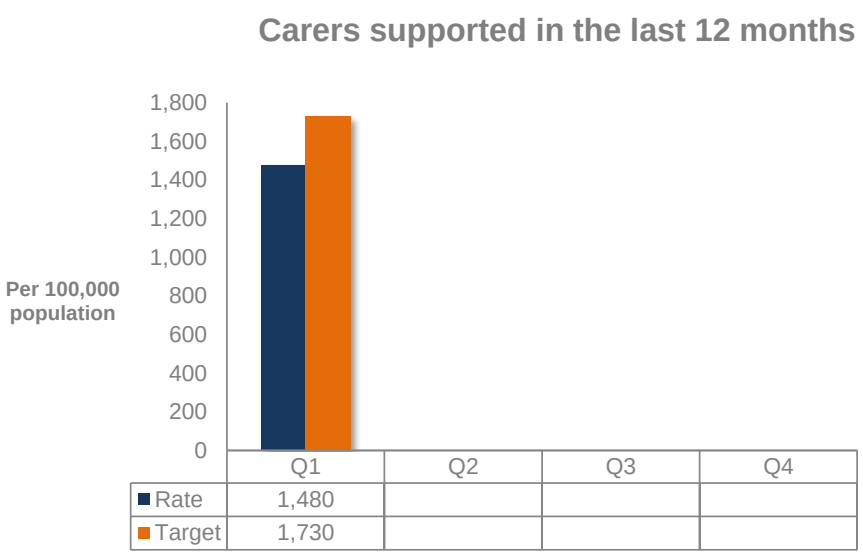
Numerator: 11342

Denominator: 7.7

1,730

Per 100,000 population

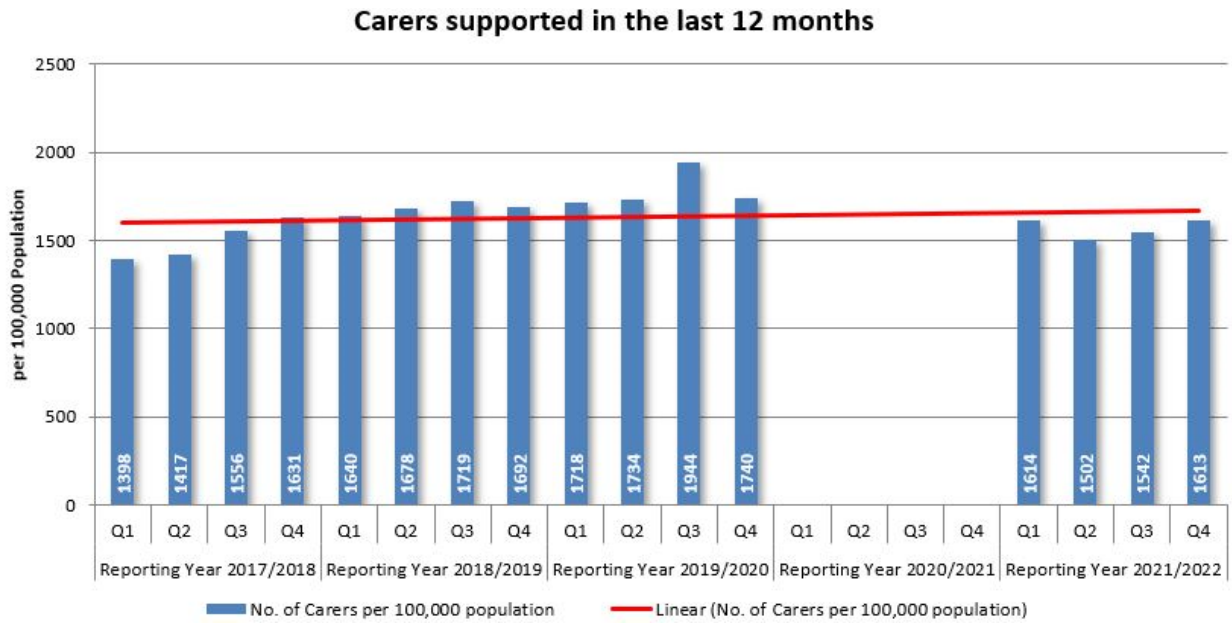
Target for June 2022



About the latest performance

Demand for carers support continues on an upward trajectory for adults, despite the target not being achieved. Overall, there has been a reduction of approximately 1,000 carers supported in the last 12 months compared to Q4 of 2021/22. This is purely a reduction in young carers and improved data capture, since new and improved data is being used from Children's Services. In terms of adult carers though, LCC have supported 2,000 newly identified carers in the 12 months to 30 June 2022, with evidence in quarter 1 that a similar level of new demand is expected throughout the year. A re-commissioning exercise has now completed with the contract being awarded to the existing provider, to commence on 1 October 2022. As a result of feedback from carers and benchmarking information, we are amending the service model to provide a clearer route to information, advice and support, with digital options providing greater flexibility for those in caring roles. Nationally and locally, the expectation is for the number of carers supported to rise, with more emphasis on working with health to identify and support carers earlier in their caring journey. A pilot is planned for later in the year to target and proactively support more carers initially in coastal areas of the county, a specific area of need identified by the Primary Care Network in that area.

Further details



About the target

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

About the target range

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

About benchmarking

Benchmarking information is not available for this cohort

Percentage of people supported to improve their outcomes following Wellbeing intervention

This measure identifies the percentage of people exiting the Wellbeing Service who demonstrated overall improvements across the outcomes they identified when entering the service. There are eight outcomes which the service focuses on and these are around supporting people to Manage Money, Participation, Social Contact, Physical Health, Mental Health and Wellbeing, Substance Misuse, Independence and Staying Safe. This measure is reported with a 1 quarter lag, therefore data from Quarter 1 will be published in Quarter 2 of the reporting year.
Numerator: The number of service users exiting the service with a higher Exit Score than Entry Score
Denominator: The total number of service users exiting the service.
A higher percentage of people supported to improve their outcomes indicates a better performance.

Achieved

99.1

%

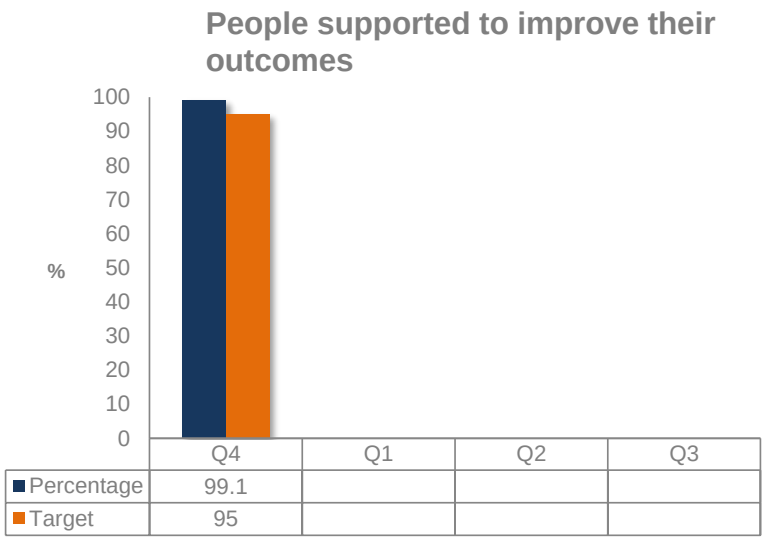
Quarter 4 March 2022

Numerator:	2240
Denominator:	2260

95

%

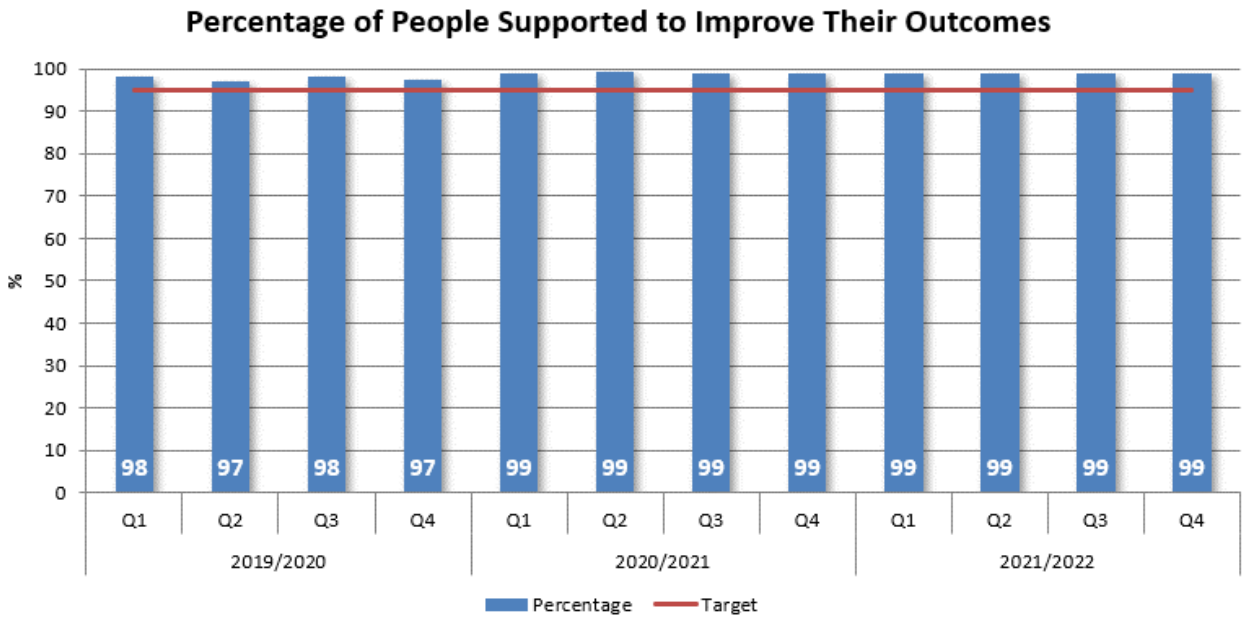
Target for March 2022



About the latest performance

Due to the time delay on this measure to account for the up to 12 weeks of intervention this data is for Quarter 4 2021-22. During this period, the service has maintained its high performance in this self-determined outcome measure showing 99% of individuals made improvements in their outcomes through service interventions. The service is continuing to provide a mix of face to face and remote support dependent on service user circumstances and preferences.

Further details



About the target

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

About the target range

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

About benchmarking

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

People supported to successfully quit smoking

This measure identifies people who are supported to quit smoking by the commissioned stop smoking service (SSS) to a 4-week quit. These services raise awareness about the harms of tobacco and support smokers to quit smoking. A higher number indicates a better result.

The SSS employs a core team of specialists, delivering direct to clients; and supporting the GP and Pharmacy network of sub-contracted service providers. There is an expectation that the core team will deliver 50% of the target 4-week quits and the sub-contractors will deliver the remaining 50%.

People accessing the service are measured at 4 weeks; the time deemed to have successfully quit smoking, which aligns to national reporting standards. The service offers up to 12 weeks of treatment to clients beyond the 4-weeks. Due to the outcome of some service users being unknown at the time of reporting and being captured and recorded later, this can lead to slight discrepancies in recorded numbers. However, this is reconciled at year end.

It is important to recognise quality indicators, e.g., an increase in quit rate (QR), indicating better/worse performance. This is determined by dividing the number of 4 week quits by the number of set quits as a percentage. (45% -50% is seen as average expected).

This measure is reported with a 1 quarter lag. For example, data from Quarter 1 will be published in Quarter 2.

Improving but not achieved

2,522

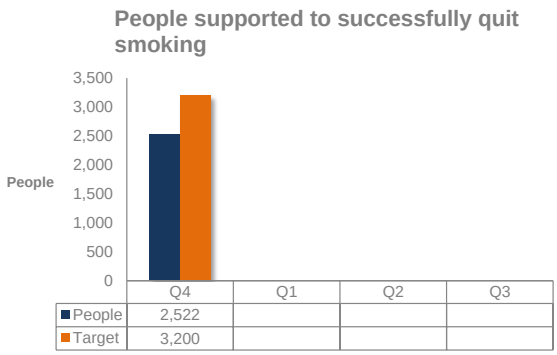
People

Cumulative Actual as at March 2022

3,200

People

Cumulative Target for March 2022



About the latest performance

Despite not achieving the overall annual target of 3,200 4 week quits, missing out by 21%; One You Lincolnshire (OYL) our core provider, have continued to perform at a high level in this quarter, providing a quality stop smoking service to the people of Lincolnshire. They achieved 89% of the total number of 4 weeks quits delivered, ahead of their 50% target and whilst some sub-contractors (GP's & Pharmacies) are beginning to offer stop smoking clinics following covid interruptions, their contribution against the target remains low at 11%, their contribution should also be 50%. Quit rates from the sub-contractors has improved from the previous quarter (42.1%) and is now within recommended levels bringing the combined core service and sub-contractors 4 week quit rate up to 57.9% (accepted range is 35% - 75%). Most of the stop smoking support is being delivered via telephone, with medication posted out to clients, this enables each adviser to support more clients. Face to face clinics have restarted in some areas and is expected to increase once more of the sub-contractors increase their contribution. Not all venues previously used pre-covid are available due to policy change or increases in room hire costs. OYL are working hard to identify and secure new venues to host their service in the communities with greatest need.

Further details

About the target

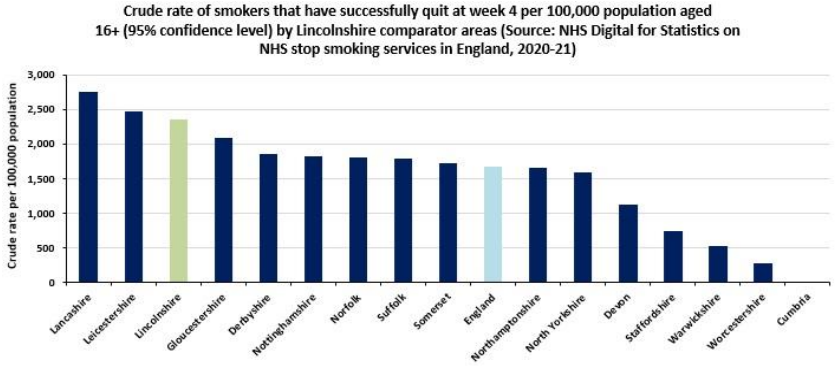
Smoking remains the biggest cause of premature mortality in England, accounting for around 80,000 deaths each year, approximately 1,200 to 1,300 in Lincolnshire. This measure supports a number of areas of the Joint Strategic Needs Assessment (JSNA) and aligns to the Public Health Outcomes Framework (PHOF)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

About the target range

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

About benchmarking

The latest published data by PHE for 2020/21 showed that the crude rate per 100,000 population aged 16+ for smokers that successfully quit at 4 weeks in Lincolnshire was 2,352; this is higher than the East Midlands regional rate (1,813 per 100,000 population aged 16+). Of Lincolnshire's comparator areas Lancashire (2,757 per 100,000 population aged 16+) performed better than its counterparts, with Worcestershire (280 per 100,000 population aged 16+) and Warwickshire performed significantly worse (527 per 100,000 population 16+). Since 2015/16 the rate of successful quits has been reducing in Lincolnshire which is comparable to the national trend.



Area Name	Value
Lancashire	2,757
Leicestershire	2,472
Lincolnshire	2,352
Gloucestershire	2,091
Derbyshire	1,854
Nottinghamshire	1,813
Norfolk	1,803
Suffolk	1,780
Somerset	1,725
England	1,670
Northamptonshire	1,661
North Yorkshire	1,585
Devon	1130
Staffordshire	735
Warwickshire	527
Worcestershire	280
Cumbria	0

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

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

Achieved

94.3

%

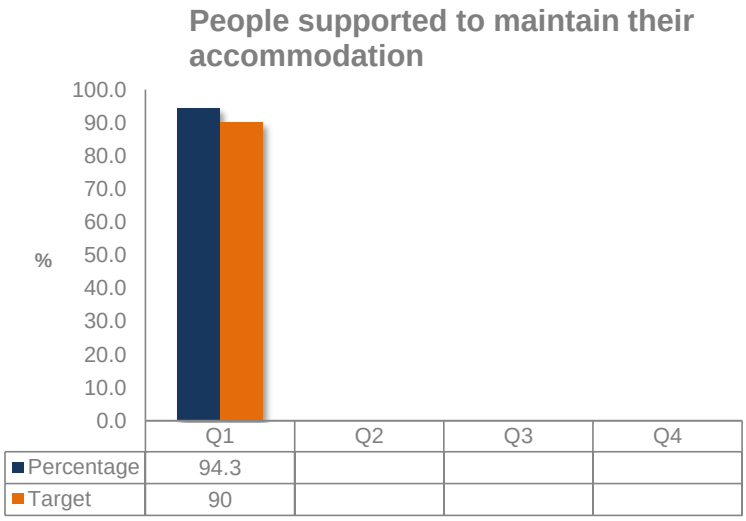
Quarter 1 June 2022

Numerator:	132
Denominator:	140

90

%

Target for June 2022

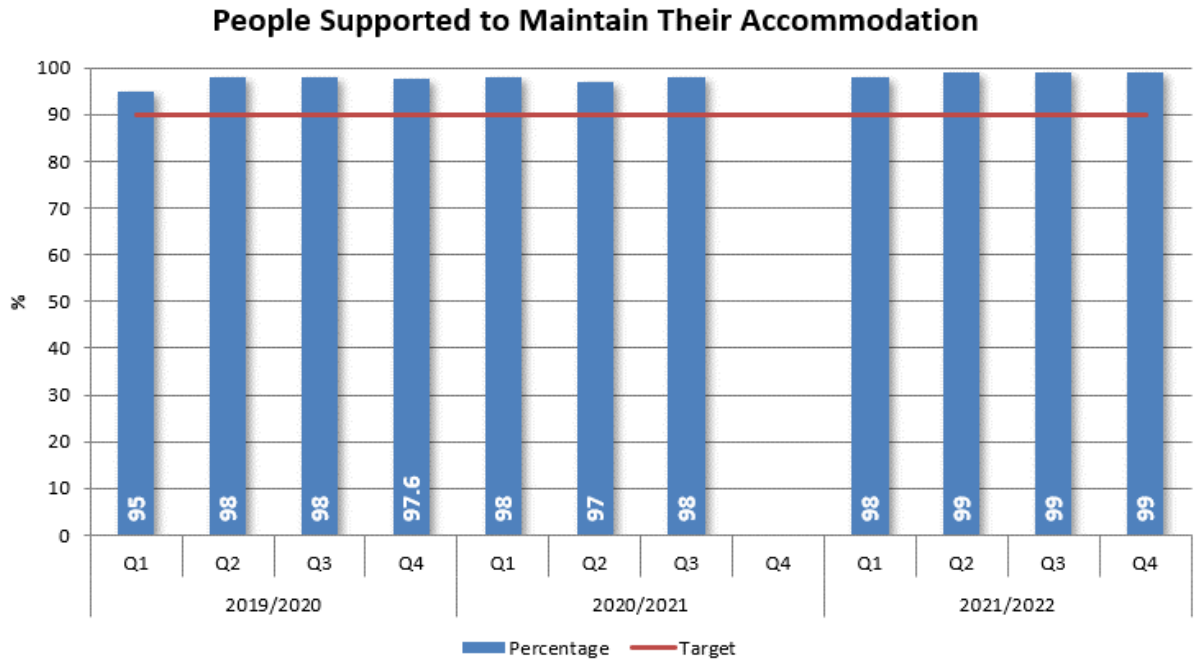


	Q1	Q2	Q3	Q4
Percentage	94.3			
Target	90			

About the latest performance

Framework continue to support their service users to meet their outcomes. The supported 96.6% of floating support service users and 92.6% of accommodation-based service users to develop new and improved skills to manage a tenancy/mortgage independently from services.

Further details



About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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

Emergency and urgent deliveries and collections completed on time

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

Numerator: Number of emergency deliveries and collections within 4 hours, number of urgent deliveries within 24 hours and number of urgent collections within 48 hours.
Denominator: Total number of emergency and urgent deliveries and collections.
A higher percentage indicates a better performance.

Achieved

99.5

%

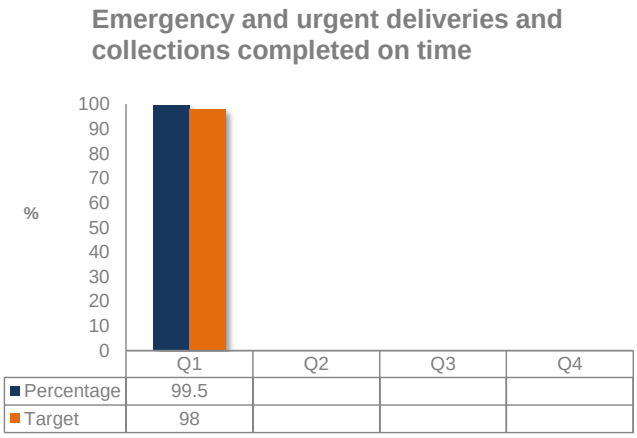
Quarter 1 June 2022

Numerator:	7238
Denominator:	7272

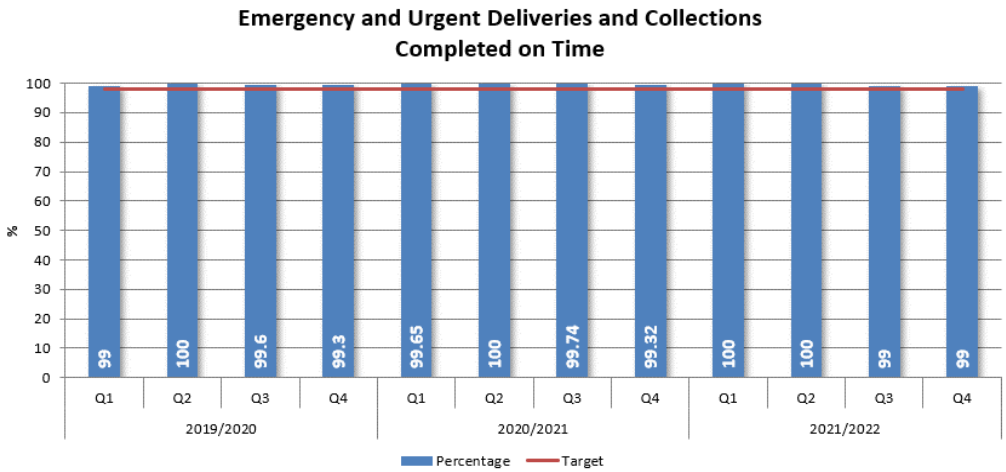
98

%

Target for June 2022



Further details



About the target

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

About the target range

This measure allows for no fluctuation against the target.

About benchmarking

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

Carers who have received a review of their needs

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

Not achieved

74.8

%

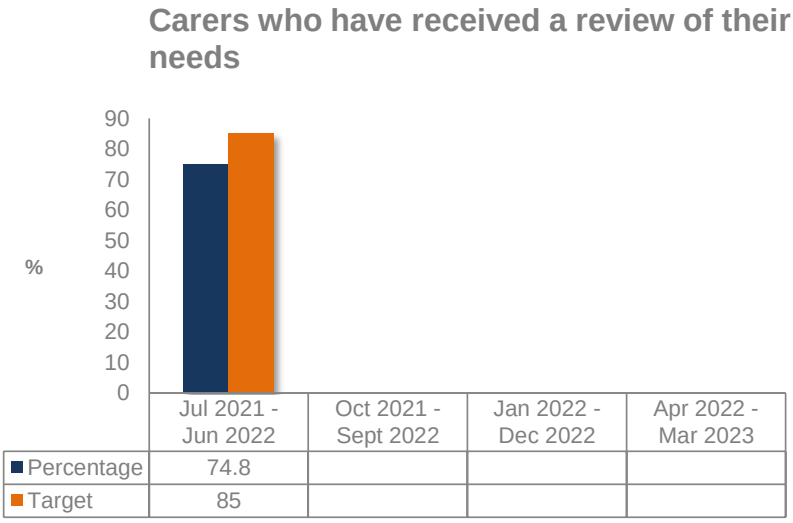
July 2021 - June 2022

Numerator:	651
Denominator:	870

85

%

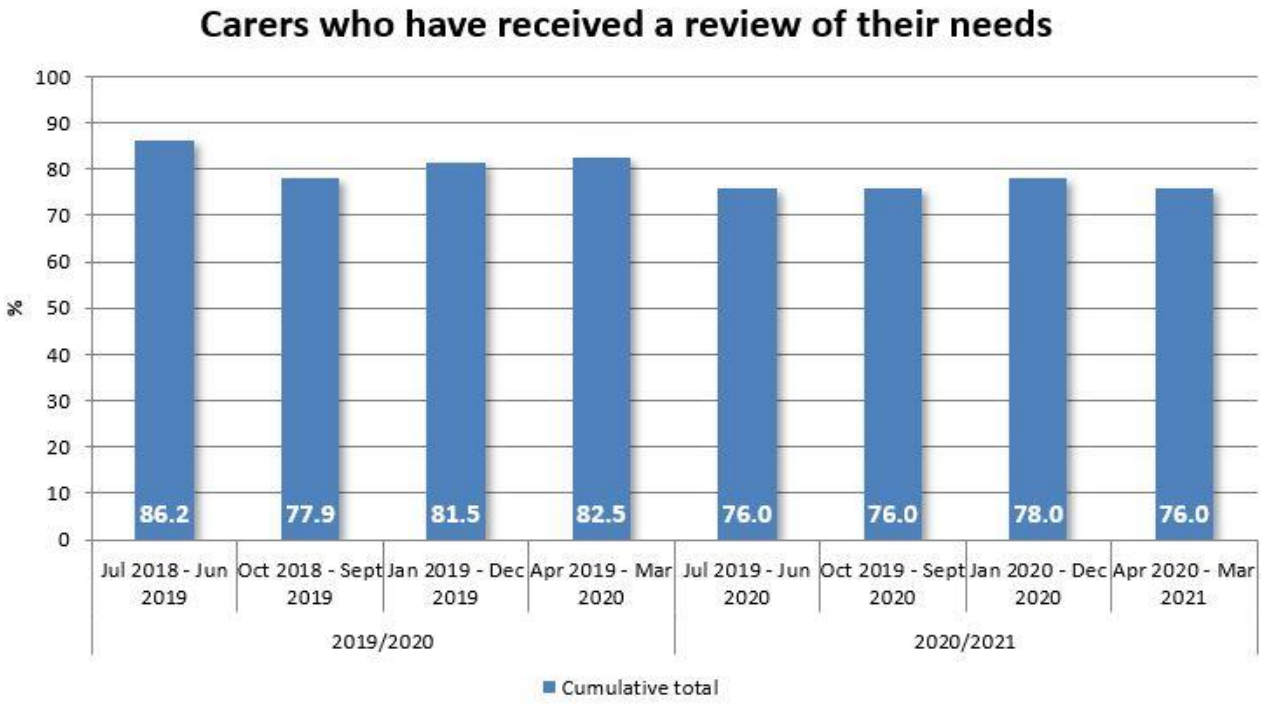
Target for July 2021 - June 2022



About the latest performance

The measure is currently below target but following further analysis of the cohort in the denominator, it has come to light that not all carers who received a personal budget at any point during the last 12 months are eligible for an annual review. 22% of these carers ceased to receive a personal budget within the year and therefore do not require a review. The implication is that the target of 85% can never be achieved so two options need to be explored; to amend the target to 80% - the maximum achievable for the current measure; or to amend the measure to track reviews for current carer personal budget recipients with a 90% target. The latter is the preferred option since this would align the review measures for both adult clients and carers. Based on the analysis, it is evident that the carers service are reviewing over 95% of carers who are eligible which is excellent performance, but can never be recognised with the current measure or target.

Further details



About the target

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

About the target range

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

About benchmarking

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

No data for Staffordshire, Northamptonshire, Gloucestershire & Somerset reviews

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

Report to:	**Adults and Community Wellbeing Scrutiny Committee**
Date:	**7 September 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 September 2022. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

Actions Requested:

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

1. Current Items

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

7 September 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	All Ages Obesity	Derek Ward, Director of Public Health Andy Fox, Consultant in Public Health	To advise the Committee of initiatives to support weight reduction across all age.
2	Greater Lincolnshire Public Health Arrangement – Update	Derek Ward, Director of Public Health	To update the Committee on the joint arrangements which have been in place since February 2022

7 September 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
3	Lincolnshire Integrated Care System	Glen Garrod, Executive Director of Adult Care and Community Wellbeing	This item will advise the Committee on the impacts of the Lincolnshire Integrated Care System, which was implemented from 1 July 2022.
4	Performance Against Corporate Performance Framework – 2022-23 Quarter 1	David Boath, Corporate Performance Manager, Adult Care and Community Wellbeing	This is the quarterly performance report.

2. Planned Items

The Committee's programme for future meetings, including the Committee's additional meeting on 28 September 2022, is set out below:

28 September 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Extension of the Lincolnshire Integrated Sexual Health Service Contract	Carl Miller, Commercial and Procurement Manager	The Executive is due to make a decision on 4 October on the expansion of the sexual health contract
2	Extension of the Substance Misuse Treatment Contract	Carl Miller, Commercial and Procurement Manager	The Executive is due to make a decision on 4 October on the extension of the substance misuse treatment contract
3	Market Sustainability Statement and Fair Cost of Care Fund **(EXEMPT INFORMATION)**	Alina Hackney, Head of Commercial Services Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	The Executive is due to make a decision on 4 October on Market Sustainability Statement and Fair Cost of Care Fund

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 the Care Quality Commission's activities in relation to adult care in Lincolnshire.

30 November 2022 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Performance Against Corporate Performance Framework – 2022-23 Quarter 2	David Boath, Corporate Performance Manager, Adult Care and Community Wellbeing	This is the quarterly performance report.
2	Day Services Update	Justin Hackney, Assistant Director of Specialist Services	To consider progress with the Council's day services
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.

11 January 2023 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Adult Care and Community Wellbeing Budget Proposals 2023-24	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	To consider and comment on the proposed budget for Adult Care and Community Wellbeing.

22 February 2023 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Performance Against Corporate Performance Framework – 2022-23 Quarter 3	David Boath, Corporate Performance Manager, Adult Care and Community Wellbeing	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, on which a decision is due to be made by the Executive on 7 March 2023
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, on which a decision is due to be made by the Executive on 7 March 2023

5 April 2023 – 10.00 am			
Item		*Contributor(s)*	*Notes*
1	Carers Support Service – Introduction to the New Provider	To be confirmed.	To receive a presentation on the carers support service, including the new provider.

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

3. Conclusion

The Committee is invited to consider its work programme.

4. 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 September 2022

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

This report was written by 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 September 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
Extension of the Substance Misuse Treatment Contract	4 Oct 2022	Executive	Adults and Community Wellbeing Scrutiny Committee	Commercial and Procurement Manager: Carl.Miller@lincolnshire.gov.uk	All
Extension of the Lincolnshire Integrated Sexual Health Service Contract	4 Oct 2022	Executive	Adults and Community Wellbeing Scrutiny Committee	Commercial and Procurement Manager: Carl.Miller@lincolnshire.gov.uk	All
Specialist Adults Accommodation at Grange Farm, Market Rasen	7 Mar 2023	Executive	Adults and Community Wellbeing Scrutiny Committee	Senior Project Manager, Corporate Property: Emma.Rowitt@lincolnshire.gov.uk	Market Rasen Wolds
Langrick Road, Boston – Extra Care Housing and Working Aged Adults Accommodation	7 Mar 2023	Executive	Adults and Community Wellbeing Scrutiny Committee	Senior Project Manager, Corporate Property: Emma.Rowitt@lincolnshire.gov.uk	Boston North; Boston South; Boston West.

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