



County Offices  
Newland  
Lincoln  
LN1 1YL

16 May 2023

**Adults and Community Wellbeing Scrutiny Committee**

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 24 May 2023 at 10.00 am in the Council Chamber, County Offices, Newland, Lincoln LN1 1YL** for the transaction of the business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink that reads 'Debbie Barnes'. The signature is written in a cursive, flowing style.

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, 24 MAY 2023**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
1	<b>Apologies for Absence/Replacement Members</b>	
2	<b>Declarations of Members' Interests</b>	
3	<b>Minutes of the meeting held on 5 April 2023</b>	5 - 10
4	<b>Announcements by the Chairman, Executive Councillor and Lead Officers</b>	
5	<b>Procurement of Active Recovery Beds 2023-2024</b> <i>(To receive a report by Afsaneh Sabouri, Assistant Director of Adult Frailty and Long Term Conditions and Alina Hackney, Head of Commercial Services, which invites the Committee to consider a report on the Procurement of Active Recovery Beds 2023-24 which is due for a decision by the Executive on the 6 June 2023. The views of the Committee will be reported to the Executive as part of its consideration of this item)</i>	11 - 24
6	<b>Adult Care &amp; Community Wellbeing Digital &amp; Technology Update</b> <i>(To receive a report by Theo Jarratt, Head of Quality and Information – Adult Care and Community Wellbeing, which provides an update on how digital initiatives are supporting services in Adult Care and Community Wellbeing)</i>	25 - 32
7	<b>Next Steps to Put People at the Heart of Care - A Plan for Adult Social Care System Reform 2023 to 2024 and 2024 to 2025</b> <i>(To receive a presentation by Glen Garrod, Executive Director – Adult Care and Community Wellbeing, which invites the Committee to consider the information presented on the Next Steps to Put People at the Heart of Care – A Plan for Adult Social Care System Reform 2023 to and 2024 to 2025)</i>	33 - 46
8	<b>The Hewitt Review - An Independent Review of Integrated Care Systems</b> <i>(To receive a presentation from Glen Garrod, Executive Director – Adult Care and Community Wellbeing, which provides an overview of The Hewitt Review – An Independent Review of Integrated Care Systems)</i>	47 - 66
9	<b>Adults and Community Wellbeing Scrutiny Committee Work Programme</b> <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme)</i>	67 - 74

**10 CONSIDERATION OF EXEMPT INFORMATION**

*In accordance with Section 100 (A)(4) of the Local Government Act 1972, the following agenda item has not been circulated to the press and public on the grounds that it is considered to contain exempt information as defined in paragraph 3 of Part 1 of Schedule 12 A of the Local Government Act 1972, as amended. The press and public may be excluded from the meeting for the consideration of this item of business.*

**11 Refurbishment of Ancaster Day Centre**

75 - 90

*(To receive an exempt report by Dave Pennington - Head of Development (Corporate Property), which invites the Committee to consider a report on the Refurbishment of Ancaster Day Centre which is due for decision by the Leader of the Council (Executive Councillor – Resources, Communications and Commissioning), between 5 – 9 June 2023. The views of the Committee will be reported to the Leader of the Council as part of his consideration of this item)*

<u>Democratic Services Officer Contact Details</u>	
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<p><b>Please note:</b> for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting</p> <ul style="list-style-type: none"><li>• Business of the meeting</li><li>• Any special arrangements</li></ul> <p>Contact details set out above.</p> <p>Please note: This meeting will be broadcast live on the internet and access can be sought by accessing <a href="#">Agenda for Adults and Community Wellbeing Scrutiny Committee on Wednesday, 24th May, 2023, 10.00 am (moderngov.co.uk)</a></p> <p>All papers for council meetings are available on: <a href="https://www.lincolnshire.gov.uk/council-business/search-committee-records">https://www.lincolnshire.gov.uk/council-business/search-committee-records</a></p>	



**ADULTS AND COMMUNITY WELLBEING  
SCRUTINY COMMITTEE  
5 APRIL 2023**

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

Councillors A M Key (Vice-Chairman), R J Kendrick, K E Lee, S R Parkin, M A Whittington, N Sear and G J Taylor

Councillors E J Sneath attended the meeting as an observer

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Emily Wilcox (Democratic Services Officer), Glen Garrod (Executive Director - Adult Care and Community Wellbeing), Pam Clipson (Head of Finance, Adult Care and Community Wellbeing), Emma Rowitt (Project Manager), Lucy Gavens (Consultant - Public Health), Andrea Kingdom (Area Manager for Hospitals and Special Projects), Carl Miller (Commercial and Procurement Manager - People Services), Afsaneh Sabouri (Assistant Director - Adult Frailty and Long Term Conditions), Joanna Tubb (Head of Learning Disabilities, Adult Care and Community Wellbeing) and Dave Clark (Programme Manager - Public Health)

**66 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors T A Carter, M R Clarke and Mrs N F Clarke.

It was reported that, under Regulation 13 of the Local Government (Committee and Political Groups) Regulations 1990, Councillor N Sear be appointed as a substitute for Councillor T A Carter and Councillor Taylor be appointed as a substitute for Councillor Mrs N F Clarke, for this meeting only.

**67 DECLARATIONS OF MEMBERS' INTERESTS**

None were declared.

**68 MINUTES OF THE MEETING HELD ON 22 FEBRUARY 2023**

**RESOLVED:**

That the minutes of the meeting held on 22 February 2023 be approved as a correct record and signed by the Chairman.

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

The Chairman announced that on 30 March 2023 he had attended the 2022 Lincolnshire Care Awards in which 34 providers and 500 people had participated, with awards given across twelve categories. The Chairman celebrated the success of the awards and the platform they provided to showcase and recognise the work of carers across the County and congratulated the winners and runners up for their inspirational work.

The Executive Director – Adult Care and Community Wellbeing advised the Committee that two documents had been published on 4 April 2023: the Hewitt Review – An Independent Review of Integrated Care Systems; and the Department for Health and Social Care’s ‘Next steps to put people at the heart of Care’ which followed on from the white paper on Social Care Reform. It was agreed that both documents be circulated to the Committee and items would be added to the work programme for further consideration at future meetings.

**70      ACUTE HOSPITALS - ADMISSION TO DISCHARGE CARE PATHWAY**

The Committee received a presentation from the Assistant Director – Adult Frailty and Long-Term Conditions which provided an overview of the Acute hospital Discharge Pathways including active recovery beds and Pathway 1 – Discharge to Assess and Discharge Reablement Service.

Consideration was given to the update and during the discussion the following points were recorded:

- The Committee supported the introduction of the Admission to Discharge Care Pathway and commended the valuable service which would relieve pressure on the NHS.
- Referrals failing to start on the day of discharge often resulted from a change in opinion on whether the patient was medically fit for discharge or families no longer wishing to use the service.
- The Committee were reassured that the proposed reduction in beds from 60 to 40 for nine months of the year was based on evidence and was considered sufficient given analysis of the patient flow. The Committee requested a future report to analyse the number of beds taken throughout the year to ensure that there was adequate provision all year round.
- Members were supportive of the widespread provision made available in a number of locations across the County, in particular in ensuring provision for home visits and visits from family members. The Committee were reassured that referrals for Lincolnshire residents from out of County hospital were also supported.
- Cases for independent living were reviewed on an individual basis, including a patient’s mental capacity. Research showed that going back home with the right support to be independent provided the best success for the person.

- The scheme was wholly funded by the Government as part of a two-year funding agreement to alleviate acute pressures on hospital systems, however the Admission to Discharge Pathway was a Lincolnshire initiative which other regional NHS colleagues had expressed interest in adopting.
- The importance of ensuring there was a system in place to offer support for mental health issues in the elderly population, particularly for the issue of loneliness was highlighted. The Committee acknowledged the benefits of community support to prevent loneliness. It was suggested that a report on preventative services be scheduled.
- Data on active recovery beds was produced by Lincolnshire County Council's commercial team.
- The Committee were pleased that the scheme was benefiting and contributing towards savings and better outcomes for all partners.

RESOLVED:

That the update be noted.

71 SEXUAL HEALTH SERVICES RE-COMMISSIONING

Consideration was given to a report by the Consultant in Public Health, which invited the Committee to consider a report on Sexual Health Services Re-Commissioning which was due to be considered by the Executive on 3 May 2023, as set out at appendix A to the report.

The Committee supported the recommendations to the Executive Councillor and during the discussion the following points were recorded:

- Although negotiations with NHS England in relation to the section 75 agreement had not concluded, this did not represent a financial risk, as the obligation to commission this service rested with NHS England, and ultimately if negotiations were to fail, the costs of the service would be borne by NHS England.
- The 'cross-charging' for sexual health services, where Lincolnshire residents accessed services in North Lincolnshire and North-East Lincolnshire, was likely to cease, as part of the collaboration with those two authorities on the overall procurement arrangements. Cross-charging would continue where residents accessed services in other counties.
- The Committee welcomed the proposed new structure whereby the integrated sexual health services provider became responsible for managing pharmacy sexual health provision.
- The treatment and care elements for HIV were seen to be most effective when provided as one service provided by the NHS and funded by Public Health.
- It was recognised that over 50-year-olds were more likely to access Sexual Health Services through their GP, whereas under 24 year olds were more likely to access through a clinic, which highlighted the importance of ensuring there was adequate access and education within GP practices.

- Assurance was provided that there were sexual health clinics in all of the main areas of Lincoln as well as outreach services in most towns throughout the county. This would continue to be a specification for the new contract.
- The Committee were assured that sexual health promotion be prioritised as part of the new contract to ensure clarity on the range of support services on offer.
- Councillor K E Lee raised concerns over the financial risk posed by potential for inadequate funding to the project and therefore requested that her abstention from the vote be recorded.

## RESOLVED:

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

72 COMMUNITY SUPPORTED LIVING FOR WORKING AGE ADULTS AT GRANGE FARM, MARKET RASEN WITH ACIS GROUP

Consideration was given to a report by the Senior Project Manager – Corporate Property, which invited the Committee to consider a report on the Community Supported Living for Working Age Adults at Grange Farm, Market Rasen with ACIS Group, prior to consideration by the Executive Councillor for Leader of the Council and the Executive Councillor for Adult Care and Public Health between the 12 and 19 April 2023, as set out at appendix A to the report.

The Committee strongly supported the recommendations to the Executive Councillor and during the discussion the following points were recorded:

- The Committee supported the scheme and commended the way in which there was no exposure to financial voids.
- The Committee requested to see the design proposals for the scheme.
- The scheme was based on a similar model to the extra care housing unit in Sleaford which was planned to commence construction at the end of 2023.
- The Committee commended the work and resilience of Officers in developing the scheme and other supportive living scheme which would be in development in the coming years.
- Members expressed an interest in attending the facility once it was in operation.

## RESOLVED:

1. That the recommendations to the Leader of the Council and the Executive Councillor for Adult Care and Public Health be supported;
2. That a summary of the comments made by the Committee be passed on to the Leader of the Council and the Executive Councillor for Adult Care and Public Health for consideration.



73     ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK  
PROGRAMME

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

The following additions to the work programme were proposed:

- Next steps to put people at the Heart of Care report – May 2023
- The Hewitt Review – An Independent Review of Integrated Care Systems – May 2023
- An update report on Hospital Discharge/Active recovery beds looking towards the Winter Plan for 2023/24 – September 2023.

RESOLVED:

That the work programme be agreed, subject to the proposed amendments.

The meeting closed at 11.50 am

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>24 May 2023</b>
Subject:	<b>Procurement of Active Recovery Beds 2023-2024</b>

**Summary:**

This item invites the Adults and Community Wellbeing Scrutiny Committee to consider a report on the procurement of active recovery beds for 2023/24, which is due to be considered by the Executive on 6 June 2023. The views of the Scrutiny Committee will be reported to the Executive, as part of its consideration of this item.

**Recommendation(s):**

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

**1. Background**

The Executive is due to consider a proposal for the procurement of active recovery beds for 2023/24 on 6 June 2023. The full report to the Executive is attached at Appendix 1 to this report.

**2. Conclusion**

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

### 3. Appendices

These are listed below and attached at the back of the report

Appendix A

Report to the Executive on 6 June 2023 on the Procurement of Active Recovery Beds for 2023/24.

### 4. Background Papers

No background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

This report was written by Alina Hackney, Head of Commercial Services, who can be contacted on 07824 837027 or [alina.hackney@lincolnshire.gov.uk](mailto:alina.hackney@lincolnshire.gov.uk)

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

Report to:	<b>Executive</b>
Date:	<b>6 June 2023</b>
Subject:	<b>Procurement of Active Recovery Beds 2023-2024</b>
Decision Reference:	<b>I029514</b>
Key decision?	<b>Yes</b>

**Summary:**

Active Recovery Beds (bridging service) is a joint initiative between Health and Social Care providing opportunities of a therapy-focused programme for patients who are medically fit for discharge from hospitals but are not yet ready to return to their own homes. The service is commissioned on behalf of the system by LCC and started in December 2022 as a pilot. It is proposed to continue with the Active Recovery Beds service for the duration of the 2023-24 financial year. Initial funding for the service ended on 31 March 2023; additional funding was provided by the NHS Lincolnshire Integrated Care Board (LICB) to cover a short-term direct award for a reduced number of Active Recovery Beds (40) to extend the service until 30 June 2023 and this is currently operational.

Further funding has now been finalised as set out in this report for the service to continue through to 31 March 2024. Due to the time-limited funding availability and need for continuity of the service to reduce healthcare system pressures, which are expected to increase again over the winter 2023-24 period, it is imperative to effect the procurement swiftly following the funding finalisation and seek to award new contracts as quickly as possible.

**Recommendation(s):**

That the Executive:

1. Approves the award of contracts to multiple providers for a county-wide Active Recovery Beds service for a period of nine months, commencing on 1 July 2023 and ending on 31 March 2024 in line with funding provision for the service.
2. Delegates to the Executive Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care and Public Health the authority to determine the final form of the contracts and the entering into of the contracts and other legal documentation necessary to give effect to the above decision.

**Alternatives Considered:**

Not to continue with the Active Recovery Beds service beyond the expiry date of the current contract on 30 June 2023.

This option is not recommended due to:

- the loss of Active Recovery Beds leading to increased pressure on the hospital discharge flow in the wider healthcare system in Lincolnshire
- the current Active Recovery Beds service leading to positive outcomes for the majority of adults using it
- the loss of Active Recovery Beds leading to an increase in the LCC-funded care provision for those adults who otherwise benefit from reduced care needs following their stay in Active Recovery Beds

**Reasons for Recommendation:**

The existing Active Recovery Beds contract ends on 30 June 2023.

The time-limited funding availability and need for continuity of the service to reduce healthcare system pressures, which are expected to increase again over the winter 2023-24 period, requires a new procurement process to be swiftly followed and new contracts awarded as quickly as possible.

As set out in the report, the Active Recovery Bed services results in positive outcomes for users, reduces pressure on hospital discharge flows and results in reduced council care costs for adults leaving Active Recovery Beds.

**1. Background**

- 1.1 The Lincolnshire health and care system is working to embed a 'home first' culture and approach to discharge and patient flow, recognising that hospital-acquired functional decline results in less-than-optimal outcomes, and that people should be afforded the opportunity to return directly home from hospital for longer term needs to be identified and assessed in a more familiar setting.
- 1.2 In support of this, the Council has recently been operating an 'Active Recovery Beds' service, delivered through a small number of residential care home providers. These focus on the rehabilitation and enablement of eligible patients during their stay, with the aim of minimising future reliance on longer term funded care in their home environment following discharge.

- 1.3 Following an open market procurement in late 2022, the service commenced in December 2022 offering 60 beds across the county to initially assist in alleviating winter pressures in the NHS. From the outset, the service has been actively monitored and managed by the Council's Commercial and Hospital teams.
- 1.4 A brief summary of the most recent outcomes data at the time of writing shows that since the outset, over 60% of users returning home after an Active Recovery Bed stay have done so to a reduced council-funded care need (the average reduction in care hours funded being 33%). Coupled with the strong occupancy levels of Active Recovery Beds set out elsewhere in this report, the service is considered to be delivering successfully in line with expectations.
- 1.5 The service is proposed to continue for the duration of the 2023-24 financial year. Initial funding for the service ended on 31 March 2023. Funding for the 2023-24 financial year has been agreed between LCC and Lincolnshire Integrated Care Board as set out in this report. A short-term direct award for a reduced number of Active Recovery Beds (40) to extend the service until 30 June 2023 was agreed to ensure continuity of the service. This is currently operational, with the new procurement which is the subject of this report to apply for the remaining majority of the 2023-24 financial year.

## **2. Current Service Summary and Benefits**

### **A. Service Summary**

- 2.1 Active Recovery Beds offer a facility for people medically fit to be discharged from hospital who are not ready to return to their former home or level of independence.
- 2.2 Active Recovery Beds support a person's transfer to the most appropriate setting; they include for a short period of time an element of reablement (such as time, support, care and potentially therapies) to enable them to return home. The core principle of the service is to maximise independence and enable people to resume living at home safely in a time-efficient manner and where possible with a reduced package of care. The Providers work in partnership with members of the Multi-Disciplinary Team (MDT), to promote the "Home first" principle via care led reablement' where the reablement approach focusses on 'doing with' and not 'doing to'. The Provider's staff work closely with external therapists and other professionals to follow specific care plans for each individual which aims to enable the person to develop their independence with a view to returning home. Providers are also required to provide an environment which enables the person to become more independent with practicing daily living skills such as making a cup of tea, making simple meals, heating food in a microwave, carrying out laundry tasks and self-medicating.

- 2.3 Active Recovery Beds are pro-actively managed by LCC to ensure that outcomes are achieved. Each provider setting has a designated contract officer who offers regular support including facilitation of information flow to support smooth discharges both from hospital and from the Active Recovery beds. Each setting also has an MDT meeting each week, consisting of the relevant professionals needed to support full assessments of the person's needs. The MDT includes an Adult Care representative, Occupational therapist, the provider and any other relevant professionals, and has quick access to related services which could support the person's discharge from the Active Recovery Bed via the Integrated Community Services Team. Each individual in the service has a personalised care plan, which includes a therapeutic plan, with goals, outcomes and review dates, to be monitored and reviewed weekly. The MDT agrees care plan milestones and therapeutic goals and the estimated date of discharge.
- 2.4 The Active Recovery Beds service is not for all hospital discharges. The focus of the service is to support those with complex needs requiring an integrated response, and who can improve to enable them to live at home with a reduced package of care.
- 2.5 The service is also accessible to those in the community where a short period of stay in a bed-based reablement setting would prevent an otherwise-unnecessary hospital admission. The service is accessible to community services such as the Falls Response Service and the East Midlands Ambulance Service.

## **B. Benefits**

- 2.6 Active Recovery Beds:
- facilitate timely discharges from hospital acute care, reducing the length of hospital stays by avoiding delays arising from a further period of assessment or action to be taken to enable a return home.
  - reduce unnecessary admissions (including readmissions) to hospital of people who could safely be looked after elsewhere (e.g., in an Active Recovery Bed) and supported to be re-abled at home.
  - offer alternative care options for residents across Lincolnshire instead of remaining in hospital when medically fit to be discharged.
  - help mitigate NHS winter and wider hospital access pressures.
  - support a "home first" culture and approach to hospital discharge and patient flow.
  - improve outcomes for those who would otherwise experience delays in discharge due to awaiting a community reablement service or homecare package, ensuring that people continue their recovery in a setting where reablement and support to return to a level of independence is the primary focus.
  - enhance and support partnership working with the NHS.
  - reduce pressures on NHS staff working with residents in the Active Recovery Beds due to volume of beds in one location.



2.7 These benefits represent positive outcomes for the wider system and support the case for the joint funding of the services with the LICB. Further, the outcomes achieved by the Active Recovery Beds services represent significant cost avoidance for LCC Adult Social Care, highlighted as follows:

- 206 people completed a period of support in the Active recovery beds service between December 2022 and 24 April 2023, of which:
  - 17.5% were discharged home with no ongoing care needs.
  - 35% went on to a Reablement or Homecare service, and of these people 61% had a reduced package of support than was anticipated at the start of their Active Recovery Bed stay.
  - The average package was reduced by 33% from 15.06 hours to an average of 10.45 hours after their Active Recovery Bed stay.

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

3.1 The current contracts provide for 15 Beds in each of the East and South health geographic areas, and 10 in the West, providing a total of 40 Active Recovery Beds.

3.2 This total is intended to continue for the initial period of the new contracts, ie from July – December 2023 inclusive, in line with projected demand from the health service.

3.3 During the initial Active Recovery Beds contract in the winter of 2022, a need for 60 Active Recovery Beds was identified for that period, and funding has been offered for a total of 60 beds to be available during the winter 2023-24 period (ie January – March 2024 inclusive).

### **4. Demand and Financial Modelling**

4.1 It is proposed that the Council will commission 40 Active Recovery Beds for the period 1 July 2023 – 31 December 2023, increasing to a total of 60 Active Recovery Beds during the period 1 January 2024 – 31 March 2024. All will be contained within registered residential care homes across the county, balanced across each of the health geographic areas East, South and West.

4.2 As with the existing service, Active Recovery Beds will be purchased on a block payment basis for the contract duration (i.e. the provider is paid the set fee per bed per week whether the bed is occupied or not) to ensure security of supply.

4.3 The latest evidence obtained for the current service shows occupancy levels tend to run at a fairly high level of around 80%, ensuring there is regular availability for new occupants when required by hospitals.

## 5. Budget and Cost Implications

- 5.1 The weekly bed price has been calculated by the Council's finance team utilising the standard residential price model and amending it to reflect the specific requirements of the Active Recovery Beds.
- 5.2 The Active Recovery Beds would be purchased on a block payment basis at a weekly fee per bed of £929.14. This figure is based on the weekly bed rate calculated and used for the winter 2022 period, uplifted to allow for inflation.
- 5.3 The total 2023-24 financial year forecast cost for Active Recovery Beds is £2,503,496. This is based on 40 bed capacity throughout the year with an assumed increase of a further 20 beds during the winter peak demand period. The total forecast costs also take account of the additional cost to LCC of running the service.
- 5.4 As noted in this report, the current contracts have been created for the period from 1 April 2023 to 30 June 2023, at a cost of £565,480 for 40 beds.
- 5.5 The total costs for the remaining 9 months of financial year 2023-24 are forecast to be £1,938,016.
- 5.6 The 2023-24 total forecast cost is proposed to be funded jointly by Lincolnshire County Council and Lincolnshire ICB. This is a contribution of £1,251,748 by each organisation.
- 5.6 Both organisations are utilising grant funding to support these costs with Lincolnshire County Council proposing to utilise £800,000 carry forward from the 2022-23 Discharge Fund, topped up by £451,748 of the 2023-24 Discharge Fund (2023-24 full discharge grant into LCC is £4,802,544).

## 6. Risks and Dependencies

### Risks/mitigations

- Potential that the market cannot provide the service requirements at fairly short notice. This has not proved to be the case in relation to the procurement and operation of the existing Active Recovery Beds service and should be further mitigated by the financial certainty the contract provides. The financial model has been costed and represents a fair fee for the service to be provided.
- Occupancy of an Active Recovery Bed beyond the maximum of 28 days. There is a risk of bed-blocking causing pressure on hospital discharges. This has not proved to be the case during the operation of the existing Active Recovery Beds service due to effective contract management/monitoring by the Council. Any new contract will continue to state that the Council has the final decision on extending any occupancy beyond 28 days – this would only be used in cases of extreme urgency and has not been required so far in the any of the 255 placements supported through Active Recovery Beds to the end of April 2023.

## Dependencies

- Working with NHS hospital discharge teams to ensure appropriate referrals are made to the Active Recovery Beds service. The Council already has a good working relationship with NHS hospital discharge teams and will continue to work with them to ensure the Active Recovery Bed service remains available to suitable occupants.
- Working with service providers to successfully discharge occupants from Active Recovery Beds at the end of their stay. The priority will continue to be for occupants to return home after using the Active Recovery Bed service. This has been effective under the existing service. Where this is not possible or appropriate, there exist residential homes, homecare and reablement providers from whom future care arrangements can be sourced.

## **7. Commercial Model**

- 7.1 The procurement takes the form of an open market tender, which commenced on 5 May 2023 and is expected to be completed within six weeks. The start date for new contracts would be 1 July 2023.
- 7.2 To avoid a gap in service, the procurement has been commenced at the same time as undertaking decision-making with the future contract award being made only after the decision is finalised. Twin tracking the decision making and procurement processes avoids the operational difficulties and disruption to residents if the service were to be interrupted and 're-started' after 1 July 2023.
- 7.3 Service delivery will be by multiple providers of a countywide service with a total initial provision of 40 Active Recovery Beds proposed across the county, followed by a total provision of 60 beds, all balanced across each of the East, South and West geographic areas. Providers are expected to offer a minimum of 10 beds in each care home to be used for the Active Recovery Bed service.

## **8. Payment and Performance**

- 8.1 As set out above, payment to providers will be made on the basis of a set fee per bed, per week.
- 8.2 Performance management and KPIs are detailed in the proposed new tender and contracts. As with the existing Active Recovery Beds service, these focus on occupation levels of beds in use, volumes and applicability of referrals received, timeliness of the service responding to referrals, percentage of people enabled to maintain or reduce existing support levels at the end of their stay and the outcomes of the completed Active Recovery Bed stays.

8.3 As undertaken during the existing Active Recovery Beds service, these will continue to be actively monitored and managed by the Council's Commercial Team through the current detailed reporting structures.

## **9. Contract Commencement and Duration**

9.1 The contract(s) with providers will commence on 1 July 2023 and will expire on 31 March 2024, aligning to funding availability for the financial year 2023-24.

## **10. Procurement Implications**

10.1 The procurement is being undertaken in accordance with the Public Contract Regulations 2015, utilising an Open Procedure method. A Contract Notice has been published in May 2023 and a Contract Award Notice will be issued on any award to a successful bidder.

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

11.1 In January 2013 the Public Services (Social Value) Act 2013 came into force. Under the Act the Council must before starting the process of procuring a contract for services consider two things. Firstly, how what is proposed to be procured might improve the economic social and environmental wellbeing of its area. Secondly, how in conducting the process of procurement it might act with a view to securing that improvement. The Council must only consider matters that are relevant to the services being procured and must consider the extent to which it is proportionate in all the circumstances to take those matters into account. In considering this issue the Council must be aware that it remains bound by EU procurement legislation which itself through its requirement for transparency, fairness and non-discrimination places limits on what can be done to achieve these outcomes through a procurement.

11.2 Social value was considered ahead of the procurement commencing. As set out in paragraph 2.6 of this report, the Active Recovery Bed service have the potential to deliver increased social and economic benefits to the area. Also the services are by their nature appropriate for delivery by local businesses; at least securing local employment

11.3 Under section 1(7) of the Public Services (Social Value) Act 2013 the Council must consider whether to undertake any consultation as to the matters referred to above. The service and the value it delivers is well understood. Best practice recently adopted elsewhere has been reviewed. This was considered but due to the urgency of the requirement, it is unlikely that any wider consultation would be proportionate to the scope of the procurement.

## 12 Legal Issues:

### Equality Act 2010

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

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

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

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

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

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

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

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

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

The Active Recovery Beds service will impact positively on all individuals accessing the service who will benefit from quicker transition from hospital discharge to care or will prevent the requirement for that individual to receive care in an acute hospital. The purpose of the Active Recovery Beds service supports equality of opportunity for all eligible residents of Lincolnshire to benefit from the service.

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

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

Adult Health and Wellbeing is a core theme of the JSNA, with a key priority being to improve health and reduce health inequalities for individuals. The Active Recovery Beds service will improve the health of residents through the provision of detailed specialist care whilst enabling them to leave hospital when medically fit to do so, to continue their reablement before going home or onto another care setting.

Crime and Disorder

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

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

**13 Conclusion**

13.1 Through procurement of the Active Recovery Beds service as detailed above, the Council will improve the availability of specific reablement care for residents who require a further period of support prior to returning home. The Active Recovery Beds service will also support local hospitals throughout the year, with particular emphasis on the expected greater pressure period of winter 2023/2024.

**14 Legal Comments:**

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

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

## 15 Resource Comments:

The funding for the continuation of this service is sourced from the Discharge Funding received by both Lincolnshire County Council and Lincolnshire Integrated Care Board. Both organisations are to pool the Discharge Funding as part of the wider Better Care Fund and submit fortnightly activity reports highlighting progress throughout 2023-24.

## 16 Consultation

### a) Has Local Member Been Consulted?

N/A

### b) Has Executive Councillor Been Consulted?

Yes

### c) Scrutiny Comments

The decision will be considered by the Adults and Community Wellbeing Scrutiny Committee on 24 May 2023. The comments of the Committee will be reported to the Executive.

### d) Risks and Impact Analysis

As contained in the body of this report above.

## 17. Background Papers

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

Background Paper	Where it can be viewed
Report to the Executive Councillor, Adult Care and Public Health dated 6 – 9 December 2022 titled Procurement of Active Recovery Beds – Winter 2022/2023	<a href="https://lincolnshire.moderngov.co.uk/ieDecisionDetails.aspx?ID=848">https://lincolnshire.moderngov.co.uk/ieDecisionDetails.aspx?ID=848</a>

This report was written by Alina Hackney, Head of Commercial Services, who can be contacted on 07824 837027 or [alina.hackney@lincolnshire.gov.uk](mailto:alina.hackney@lincolnshire.gov.uk)

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>24 May 2023</b>
Subject:	<b>Adult Care &amp; Community Wellbeing Digital &amp; Technology Update</b>

**Summary:**

This report provides an update on how digital initiatives are supporting services in Adult Care and Community Wellbeing.

**Actions Required:**

That the Adults and Community Wellbeing Scrutiny Committee note the progress being made to implement digital initiatives to support services in Adult Care and Community Wellbeing.

## **1. Background**

### **1.1 Adult Care & Community Wellbeing (ACCW) Digital Roadmap**

The ACCW Digital Roadmap was developed in 2018 to explore whether the use of technology could address the pressures caused by the increasing demands for services coupled with a reduction in available resources. A strategy was co-produced with practitioners, care providers and people who use services, focused on the following three themes:

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

- **Integrating services across health and care** so that people receive support and care in the place that is most convenient to them, whilst using health and care resources in the most effective way. Care providers are supported to take advantage of digital solutions to help deliver care efficiently and safely.

At the commencement of this programme work was largely funded through external, one-off funding and delivered by a small internal team. In 2022, ACCW DLT approved funding to create additional capacity of two permanent and two temporary posts to progress the care and wellbeing digital agenda. These included a digital social work practice lead, senior public health officer and two Information officers. Recruitment is currently underway to these posts which will focus on:

- Managing demand at the front end, provision of online and self-service resources
- Increasing use of technology to meet people's needs.
- Support for care providers to increase digital capacity and capabilities.

## **1.2 The Policy & research context**

The government has started to set out expectations around use of technology in social care. Publishing two white papers in 2021 *People at the Heart of care*<sup>1</sup> and *Next Steps to Put people at the heart of care in 2023*<sup>2</sup>. Both set out standards and funding proposals for digitising social care providers, which have influenced our approach to supporting the market. The council has also developed its own Corporate Digital strategy which provides a useful framework and context for the focussed work in ACCW.

In February 2023, the County Councils Network (CCN) published *Adopting the right technology to transform social care*<sup>3</sup>. This report sets out a recommended approach for local authorities to adopt digital and technology to support its care and wellbeing transformation. The four themes and main points detailed in the CCN report are summarised in Appendix A. Sections 1.3 to 1.6 of this report details the work that LCC is progressing under each of the themes.

## **1.3 Systems & solutions to manage demand**

### **1.3.1 Self-serve tools**

A key driver in the ACCW digital roadmap is the use of technology to promote and support people to self-serve, self-manage and self-help where people have the ability to do so.

The Council's website ([Lincolnshire.gov.uk](https://www.lincolnshire.gov.uk)) and Connect to Support online service directory ([Connect to Support Lincolnshire](#)) enable people to identify and access care and support services in the county themselves. The additional virtual wallet tool enables people to use their own funds or personal budgets to manage services accessed through the directory.

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<sup>1</sup> [People at the heart of care 2021](#)

<sup>2</sup> [Next Steps to put people at the heart of care 2023](#)

<sup>3</sup> [CCN Adopting the right technology to transform social care](#)

The online financial assessment tool allows people to find out how much they will need to pay for care in their own home, and how to apply online for financial assistance from the council. Approximately 80 people per month use the tool, which is a smart form which will expand dependent on the information input by the individual. A residential care version is currently being developed and is due to be available in late May 2023. This addition will mean that from July 2023, the council will offer the online route for financial assessments as a default. For those who need a paper form, a shorter 10 page form has been introduced and will be provided on request from the social work practitioner.

The council is also working with a technology provider on an online care needs assessment tool. Social care practice leads are currently examining where in the assessment pathway this will be placed, with an aim to introduce this for people to use in September 2023.

### **1.3.2 Links to the NHS & Care market**

The council has led on the implementation of the NHS England digitising social care programme in the county. This programme, which started in 2022, is the largest major investment by the government into digital social care and builds on existing work with the care association LinCA in building care market digital skills and capacity.

To date, using the NHS England funding, the council has grant-funded 33 care providers to invest in digital care record systems. The benefits of an electronic care record has been proven in terms of safety, quality & consistency of care and will ultimately enable a shared care record across health and care services.

### **1.3.3 Shared care record - Care portal**

The requirement for Integrated Care Systems (ICS) to implement a shared care record is well underway in Lincolnshire. The 'care portal' system allows care and health professionals to appropriately access (with agreed privacy controls) a person's care and health record to give a more complete picture of their situation, in order to improve the care and support provided to the person.

ACCW has led the development of this tool in LCC, which went live in early 2022 with two-way visibility of records. Health records such as medication, hospital attendance and planned care, are now visible to social care practitioners through the MOSIAC care record system. Conversely, health professionals can see planned social care provision. Data and informal feedback from practitioners has shown that this facility is welcomed and regularly used. Further plans for expanding the scope of the shared care record will see primary care and social care providers being able to access the records.

## **1.4 Delivering Quality Care with Technology**

In Summer 2022, the Council commenced a review with an expert care technology provider, to understand whether technology could be used effectively to deliver and

support social care services. The type of care technology being considered includes sensors, video call devices, smart speakers and other smart devices designed to help people with their care needs. These devices may be linked to care agencies, response services or to family and friends as appropriate. The review concluded in January 2023 and found;

***Care technology and consumer technology are not being used to their full potential in Adult Care in Lincolnshire. The County Council should seek to use care and consumer technology more extensively as part of its wider strengths-based approach. In doing so, there is a significant opportunity to contribute to improved outcomes for vulnerable residents and increase long-term financial sustainability for the council.***

***The council has already built some of the foundations for success the Digital Roadmap, for example, places the potential of care technology within a wider digital plan for adult social care. Perhaps most notably, following the roll out of LCC's strengths-based training, we have found that staff are aware of the potential of technology and are willing and interested to develop their knowledge and skills in this area.***

In response to these findings, funding and staff resource has been approved by the Council's leadership to commence an 18 month pilot using technology to avoid, replace or reduce use of traditional care services. This pilot aims to develop an evidence base for the future commissioning of a prevention & care technology service. This is in line with the approach being taken by other councils with social care responsibilities.

It is not appropriate for technology to meet all care needs, but it can in some cases reduce or replace the need for more expensive and resource intensive care services, in turn helping to deliver better outcomes for the person, reduce pressure on care providers and cost for care users and the Council.

The pilot is being planned now and is intended to commence in September 2023, with a focus on people who would have previously received homecare, residential care, supported living or family-based care at home.

## **1.5 Ensure digital will work for people**

### **1.5.1 Understanding Digital inclusion**

A key recommendation of the CCN report is for Councils to develop an understanding of the digital capabilities of their local population. This can then shape the planning and delivery of services, along with appropriate support being provided to those who are 'digitally excluded'. Until recently, our awareness of digital exclusion extended no further than knowing whether fast broadband was available in an area. There are many more complex factors at play which determine whether someone may be digitally excluded. The Public Health Intelligence team, supported by University of Lincoln, has developed a tool to understand the level of digital exclusion across the county's population and the reasons for this. The tool is available on the Lincolnshire Health Intelligence Hub

([LHIH.org.uk](http://LHIH.org.uk)) to organisations from across the health and care system to help plan the delivery of digital solutions and engage with the population in the most appropriate way.

### **1.5.2 Digital Support**

During the pandemic, LCC supported thousands of people across the county who were clinically extremely vulnerable. A major barrier identified to those people was access to and the ability to manage online services. In response, the council commissioned charities Carers First and Lincs Digital to provide support to people in getting online. Since the end of lockdown, the service has continued – with LCC providing additional funding to October 2023.

To date, the scheme has supported around 500 people to get online and confidently carry out tasks that keep them safe, independent, and well. The status of both organisations has enabled them to provide simple devices and data bundles to people at no, or low cost. With the funding from LCC largely covering staff and travel costs. The impact of the project has been far greater than expected, with workers highlighting cases where people have been supported to secure accommodation, expand their social networks and financially benefit thanks to the inclusion work.

### **1.6 Embedding the Change**

Key to any successful transformation is support for those who will be articulating a different approach to the people they work with. This is captured in the council's TEC first approach. Through initial work with Impower (the Improvement Programme), opportunities were identified to manage increasing demand and promote greater independence through embedding a Strengths Based Approach. In parallel, a 'TEC First' approach was developed to encourage all social care staff in assessments and reviews to consider the use of technology. These approaches were combined to maximise impact. A major culture change programme began with practitioner teams in 2021 and 2022, extending to the Carers Service and Customer Service Centre in 2022 and into 2023.

The impact of the TEC first approach to date, gives confidence that LCC practitioners can identify situations where TEC can be deployed in place of traditional care options, are confident to discuss this and are supporting service users to adopt new technology; and that service users are open to this. As at the end of January 2023, TEC first sessions have been completed by almost all of the 48 teams. Over 50% of conversations measured during roll-outs included a discussion about using TEC, of those 50% resulted in the person using or planning to use TEC to enable them to achieve their outcomes. Crucially, this has resulted in identifiable savings in both domiciliary and residential care costs with over £100k pa in cost avoidance from just 12 of the cases examined for impact. The true figure is expected to be higher.

An ongoing programme of work is in place to ensure this focus continues and to capture the benefits realised, using the case management system MOSAIC. Staff report increased motivation and job satisfaction through the ability to source technology as well as 'in person' care services to meet people's care needs.

## 2. Conclusion

Digital and technology services can help the Council meet its statutory requirements to meet care and prevention needs in the county. They can also help people in identifying the right care and support for their situation. For those who need help to adopt to digital methods, the council is aware of their needs and providing targeted support.

## 3. Consultation

### a) Risks and Impact Analysis

Risks and Impact analysis will be carried out for the technology pilot outlined in this report.

## 4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Summarised themes and main points from CCN report Adopting the right technology to transform social care

## 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
Adopting the right technology to transform social care - CCN	<a href="http://www.countycouncilsnetwork.org.uk">www.countycouncilsnetwork.org.uk</a>
Putting People at the Heart of care & Next Steps to put people at the heart of care	<a href="http://www.gov.uk">www.gov.uk</a>

This report was written by Theo Jarratt, who can be contacted on 07826532102 or [theo.jarratt@lincolnshire.gov.uk](mailto:theo.jarratt@lincolnshire.gov.uk).

# Appendix A

Summarised themes and main points from County Councils Network – [Adopting the right technology to transform social care](#) report.

Enable right systems & solutions to manage demand	Delivering Quality Care with technology
<ul style="list-style-type: none"><li>• Use digital to manage demand for access to &amp; assessment for care</li><li>• Technology can enable data driven proactive &amp; predictive care services</li><li>• Integrate with Health through shared care record</li></ul>	<ul style="list-style-type: none"><li>• Consider clarity of message to market when commissioning technology services</li><li>• Adopt technology to maximise care staff capacity &amp; efficiency</li><li>• Could also use technology as a preventative tool</li></ul>
Ensure digital will work for people	Embedding the change
<ul style="list-style-type: none"><li>• Need to understand barriers to technology &amp; online usage – Digital exclusion</li><li>• What will the impact be on people, how can we support them?</li></ul>	<ul style="list-style-type: none"><li>• Embed the change through culture change work with social work staff</li><li>• Communicate to wider population about expectations of care and benefits of technology</li></ul>

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>24 May 2023</b>
Subject:	<b>Next Steps to Put People at the Heart of Care – A Plan for Adult Social Care System Reform 2023 to 2024 and 2024 to 2025</b>

**Summary:**

On 4 April 2023, the Department for Health and Social Care published *Next Steps to Put People at the Heart of Care – A Plan for Adult Social Care System Reform 2023 to and 2024 to 2025*. This followed the previous white paper published in December 2021 (*People at the Heart of Care: Adult Social Care Reform*), which set out a ten year vision for adult social care.

This item provides an opportunity for the Committee to consider the document, and the likely impact on the Committee’s forthcoming work programme.

**Actions Required:**

The Committee is asked to consider the information presented on *Next Steps to Put People at the Heart of Care – A Plan for Adult Social Care System Reform 2023 to and 2024 to 2025*, and to see if there are any additional items for the Committee’s future work programme.

## 1. Background

On 1 December 2021, *People at the Heart of Care: Adult Social Care Reform* was published and included a ten-year vision for adult social care. The Committee received a briefing on this white paper on 12 January 2022.

On 4 April 2023, *The Next Steps to Put People at the Heart of Care – A Plan for Adult Social Care System Reform 2023 to and 2024 to 2025* was published as a follow up to the white paper. The full document is available at: [Adult social care system reform: next steps to put People at the Heart of Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/1154447/adult-social-care-system-reform-next-steps-to-put-people-at-the-heart-of-care-gov-uk-2023-04-04.pdf). The executive summary of the document is attached at Appendix A and a presentation is attached at Appendix B.

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

Appendix A	The Next Steps to Put People at the Heart of Care – A Plan for Adult Social Care System Reform 2023 to and 2024 to 2025 - Executive Summary
Appendix B	Presentation - <i>The Next Steps to Put People at the Heart of Care – A Plan for Adult Social Care System Reform 2023 to and 2024 to 2025</i>

#### **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](mailto:Glen.Garrod@lincolnshire.gov.uk)

### The Next Steps to Put People at the Heart of Care A Plan for Adult Social Care System Reform 2023 to and 2024 to 2025

#### Executive Summary

*The executive summary from the document is reproduced below:*

The People at the Heart of Care white paper, published in December 2021, set out a ten-year vision for adult social care. It was shaped by national and local government, care providers, care staff, the NHS, people who draw on care and support, their friends and family, charities and the voluntary sector. The vision puts people at its heart and revolves around three objectives:

1. People have choice, control and support to live independent lives.
2. People can access outstanding quality and tailored care and support.
3. People find adult social care fair and accessible.

This plan sets out how we are building on our progress over the last year by implementing the most impactful proposals, along with some new commitments. It includes key milestones for reform and sets out the change we will see for people who draw on care and support, unpaid carers, and people who work in social care. Some of the key activities include:

- **improving access to care and support:** we are helping local authorities to increase their adult social care capacity and make tangible improvements to services by investing £562 million in 2023 to 2024 and £845 million in 2024 to 2025 through the Market Sustainability and Improvement Fund. We are also launching a programme in summer 2023 to help local areas establish support arrangements for international recruitment in adult social care to bolster the workforce. We will expand the NHS Volunteer Responders programme from this year to create a joint health and social care volunteer programme. Improved capacity and better support for international recruits and volunteers will enable more people to access the right care, in the right place, at the right time.
- **recognising skills for careers in care:** we are improving recognition of the skills and experience of people working in care and supporting career development through our plan for the care workforce. This includes the introduction of a new care workforce pathway for adult social care, a new Care Certificate qualification, a skills passport to provide a verifiable record of training and qualifications and a range of new, funded training schemes. We know that the capability and compassion of care workers makes all the difference to the lives of the people they care for and we want to better recognise these skills.
- **digital transformation in adult social care:** we are supporting the testing and scaling of new technologies through 2023 to 2025 to improve care quality and safety; and increasing uptake of digital social care records by 2025, which enables your care information to be shared securely and in real-time with authorised professionals in the NHS and social care. We are also developing a scaled-up future digital learning offer, so that digital skills are embedded in core training and development opportunities for staff.

- **personalising care through stronger data:** we are introducing person-level data collection from April 2023. Better insights into care journeys and outcomes will help to show which interventions work best and we can improve how people move between health and social care. By the end of 2023 we will finalise our roadmap for improving how data is collected, used and shared. In February we published a draft of care data matters so that we can involve people who draw on, work in or provide, or are supported by adult social care in the development of this roadmap.
- **improving transparency and accountability:** we are introducing CQC assessment of local authorities' adult social care delivery from April 2023 to better understand the quality of care in local areas. This will enhance transparency, improve local accountability and help to identify good practice so that more people can benefit from high quality care and support
- **supporting people to remain independent at home:** we are launching a new, independently chaired Older People's Housing Taskforce that will make recommendations to ministers on how we can unlock investment in retirement housing to provide more choice of suitable housing for people in later life. We will also provide additional funding for people to make adaptations and repairs to their homes so that they can stay independent for longer and return home from hospital more quickly
- **driving innovation and improvement:** we are launching a two-year targeted fund in 2023 to test and scale ways to innovate and transform local authority processes. This will provide targeted support for local authorities and establish a new innovation and improvement unit within DHSC. We will work with sector partners to shape the strategic direction for improvement and innovation, helping tackle operational challenges and overcome the barriers to adopting and scaling new approaches
- **joining up services to support people and carers:** we are supporting our recently established integrated care systems (ICSs), and the organisations within them, to better join up care through the expansion of our Better Care Fund (BCF) Support Programme and the launch of a new national leadership programme for local health and social care leaders. We are also investing in additional support for unpaid carers in recognition of the enormous contribution they make, which is reflected throughout this plan.

This is just some of the activity included in our comprehensive package.

This plan is a crucial step towards our ten-year vision. We will continue to engage with all those people and organisations at the heart of providing and drawing on care as we implement our reforms and make further progress towards our vision.

# Next Steps to put People at the Heart of Care

A plan for Adult Social Care  
System reform 2023 to 2024 and  
2024 to 2025 (April 23) Briefing

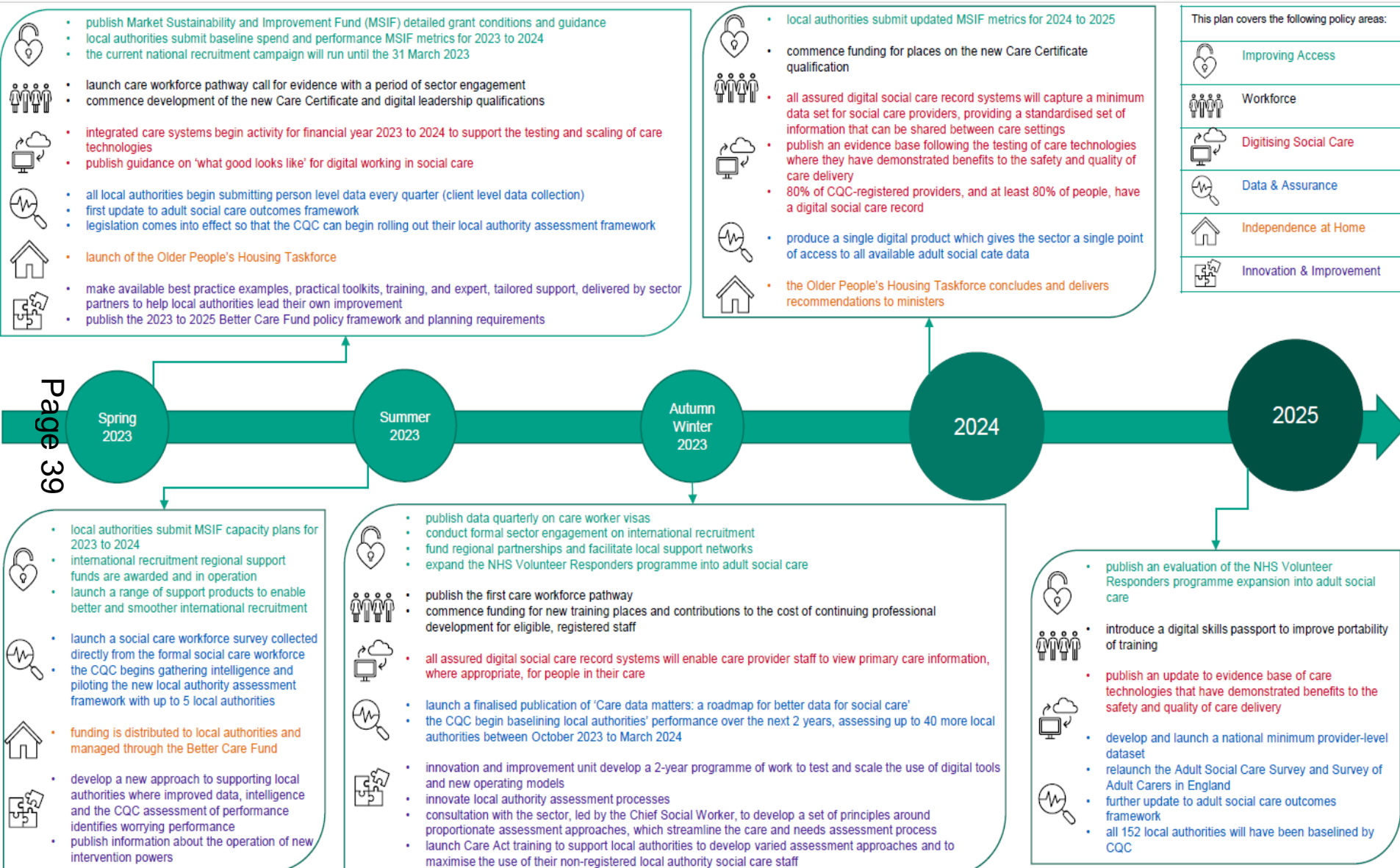
[Next steps to put People at the Heart of Care - GOV.UK  
\(www.gov.uk\)](https://www.gov.uk)



# Overview – this plan

- Builds on the White Paper published in December 2021 which set out a 10-year vision for adult social care and revolves around 3 objectives:
  - **People have choice, control and support to live independent lives.**
  - **People can access outstanding quality and tailored care and support**
  - **People find adult social care fair and accessible**
- Sets out how the Government is building on progress over the last year by implementing the most impactful proposals and sets out new commitments

# Key Milestones – Timeline



# Improving access to care and support

- **Making sure people have access to the right care, in the right place, at the right time**
- **Investing over the next 2 years to:**
  - **Supporting local capacity planning through new funding**
  - **Supporting employers to recruit and retain the staff they need**
  - **Supporting volunteers and the people who work with them**



# Recognising skills for careers in care

The adult social care workforce is one of our greatest assets yet there are long standing challenges in recruiting and retaining a workforce of the right size with the right skills.

- Over the next 2 years, at least £250m will be invested to:

- Recognising adult social care as a profession

Supporting career progression and development

- Building support and communication networks for people working in care
- Reform evaluation

## Digital Transformation in adult social care

**It is recognised that not all people will want to use technology as part of their care, but it is important that care teams have the right digital tools and data to enhance the quality of care provided.**

Progress has been made with nearly £50m spent to support digitization and ensure good data protection and cyber security practices. Uptake of digital social care records has increased and an assured supplier list that supports providers to invest in a digital record solution that is complaint has been developed.

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**Over the next 2 years over £100m will be invested to:**

- **Driving rapid adoption of digital social care records (DSCRs)**
- **Testing, evaluating and scaling care technologies**
- **Improving digital skills**
- **Connectivity infrastructure and cyber security upgrades**

# Personalising care through stronger data and local authority assurance

**As the white paper set out, the Government do not have sufficient data and information on how well care and support is delivering good outcomes and promoting wellbeing. The roadmap for delivering data transformation is set out in Care Data Matters, published in draft.**

The CQC will independently review and assess how well LAs deliver their social care responsibilities.

Discharge metrics will be included in the wider set of metrics that the Office for Local Government will publish in 2023.

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**Over the next 2 years, up to £50m will be invested to:**

- Streamline and improve data collection
- Establish new data collection and bridge data gaps
- Improve access to data and produce better insights from this data
- Introduce CQC assessment of local authority delivery of their adult social care responsibilities, which will roll out from April 2023

## Supporting people to remain independent at home

The White paper set the Government's Ambition for local places to join up housing, health and care services. This included providing more choice in local communities and increasing the supply of specialist supported housing.

Services that provide the right adaptations, or fix the small issues around the home, have a crucial role in supporting older and disabled people to maintain their independent at home.

Over the next 2 years, an additional £102m of investment to:

- Increase the level of housing adaptation support available in local areas
- Launching a new independently chaired Older People's Housing Taskforce

- **A home set up to meet your needs**
- **Older People's Housing Taskforce**
- **Building the Right Support Delivery Board**

## Driving Innovation and improvement

### The Government recognise the ongoing importance of improvement to the adult social care sector in the context of reform, including the introduction of the CQC's assessment of local authorities

- Continuing to fund improvement activity to ensure that the sector is supported to deliver the best possible care.
- Establishing a new social care innovation and improvement unit to develop and define clear priorities with our partners.
- Support LAs to have the capacity and support to trail, adopt and scale new approaches to delivering care.
- Supporting LAs to deliver outcomes-based commissioning is key and committed to strengthening commissioning capabilities

### Over the next 2 years, at least £35m invested to:

- Support local systems to trail and scale innovative approaches to transform the quality of care
- Innovate and improve local authority strengths-based assessments and engagement with people and their carers
- Work with sector partners and cross government to understand operational challenges and regional variations to direct support to where it is most needed

## Joining up services to support people and carers

**Care is best when it is centred on the person's needs, and an integrated response to those needs across different services supports the person to have the best possible life.**

Set out opportunities to progress even further with joining up health and social care at a local level in the joining up care for people, place and populations white paper.

The white paper recognised the need for health, social care and other services, such as housing, homelessness and community support to be joined-up to provide a seamless care experience of person-led support. The Government will continue to work with local areas to embed housing in broader health and care strategies.

Providing targeted support and funding to local areas to improve outcomes which includes funding for specific training for local leaders.

### **Over the next 2 years, up to £35m is being invested to:**

- Target support to local areas through the Better Care Fund support programme
- Better understand the impact of integrated support for unpaid carers
- Build leadership skills to support better integration of services

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>24 May 2023</b>
Subject:	<b>The Hewitt Review – An Independent Review of Integrated Care Systems</b>

**Summary:**

On 4 April 2023, the Department for Health and Social Care published *The Hewitt Review – An Independent Review of Integrated Care Systems*. This item provides the Committee with an overview of the review, which makes 36 recommendations to the Secretary of State for Health and Social Care.

**Actions Required:**

The Committee is asked to consider the information presented on *The Hewitt Review – An Independent Review of Integrated Care Systems*, in particular if there are any additional items to the Committee's future work programme.

## **1. Background**

In November 2022, the Rt Hon Patricia Hewitt was commissioned by the Secretary of State for Health and Social Care to consider how the oversight and governance of integrated care systems, which had been formally established on 1 July 2022, could best enable them to succeed. Recommendations were sought from Patricia Hewitt on three specific areas:

- how to empower local leaders, giving them control while making them more accountable;
- the scope and options for a significantly smaller number of national targets for which NHS integrated care boards should be both held accountable for and supported to improve; and
- how the role of the Care Quality Commission can be enhanced in system oversight.

On 4 April 2023, *The Hewitt Review – An Independent Review of Integrated Care Systems* was published. The full review, which contains 36 recommendations in total, is available at: [Hewitt Review: an independent review of integrated care systems - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/1142222/hewitt-review-an-independent-review-of-integrated-care-systems.pdf). The executive summary of the review is attached at Appendix A and a presentation is attached at Appendix B. The Secretary of State for Health and Social Care will be preparing a response to the review.

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

Appendix A	The Hewitt Review – An Independent Review of Integrated Care Systems - Executive Summary
Appendix B	Presentation - An Independent Review of Integrated Care Systems

#### **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](mailto:Glen.Garrod@lincolnshire.gov.uk).



### **THE HEWITT REVIEW AN INDEPENDENT REVIEW OF INTEGRATED CARE SYSTEMS**

#### **Executive Summary**

Integrated care systems (ICSs) represent the best opportunity in a generation for a transformation in our health and care system. Effective change will require the combination of new structures with changed cultures. Everyone needs to change, and everyone needs to play their part.

The review has identified six key principles, that will enable us to create the context in which ICSs can thrive and deliver. These are: collaboration within and between systems and national bodies; a limited number of shared priorities; allowing local leaders the space and time to lead; the right support, balancing freedom with accountability and enabling access to timely, transparent and high-quality data.

#### **From Focusing on Illness to Promoting Health**

Delivering these principles will require genuine change in how the health and care system operates. While there will always be immediate pressures on our health care system, shifting the focus upstream is essential for improving population health and reducing pressure on our health and care system.

This will require a shift in resources - the share of total NHS budgets at ICS level going towards prevention should be increased by at least 1% over the next five years. It will also require cross-governmental collaboration to embed a national mission for health improvement and the establishment of a new Health, Wellbeing and Care Assembly.

Our use of data must also support this mission, with improved data interoperability and more effective use of high-quality data. Alongside this we need to empower the public through greater use of the NHS App and further long-term commitment for the development of citizen health accounts.

#### **Delivering on the Promise of Systems**

ICSs hold enormous promise, bringing together all those involved in health, wellbeing and care to tackle both immediate and long-term challenges. To do this effectively, national and regional organisations should support ICSs in becoming 'self improving systems', given the time and space to lead - with national government and NHS England significantly reducing the number of national targets, with certainly no more than ten national priorities.

We should encourage and deliver subsidiarity at place, system, regional and national levels. We are currently one of the most centralised health systems in the world, and ICSs give us an opportunity to rebalance this.

The most effective ICSs should also be encouraged to go further, working with NHS England to develop a new model with a far greater degree of autonomy, combined with robust and effective accountability.

For every ICS, increased transparency is vital to enabling local autonomy. The availability of timely, transparent and high-quality data must be a priority, and NHS England and the Department of Health and Social Care (DHSC) should incentivise the flow and quality of data between providers and systems. The Federated Data Platform can provide the basis for a radical change in oversight, to replace situation reports (SITREPS), unnecessary and duplicative data requests.

Both the Care Quality Commission (CQC) and NHS England will continue to have a vital role to play in oversight and accountability, but they should ensure that their improvement approaches are as complementary as possible, and complementary to peer review arrangements between systems.

Finally, it will be vital to ensure the right skills and capabilities are available to ICSs as both systems and national organisations manage through a period of challenge for the nation's finances. There needs to be consideration given to the balance between national, regional and system resource with a larger shift of resource towards systems.

### **Unlocking the Potential of Primary and Social Care and Their Workforce**

In order to make the promise of ICSs a reality, we also need to pull down some of the barriers that currently exist for primary care, social care and the way we train health and care workforce.

Given the interdependence of health and social care, the government should produce a complementary strategy for the social care workforce. More should also be done to enable flexibility for health and care staff, both in moving between roles and in the delegation of some healthcare tasks.

National contracts present a significant barrier to local leaders wanting to work in innovative and transformational ways. I have recommended that work should be undertaken to design a new framework for General Practice (GP) primary care contracts, as well as a review into other primary care contracts.

Work also needs to be done to ensure that there is the flexibility to competitively recruit and train more specialists in fields such as data science, risk management, actuarial modelling, system engineering, general and specialised analytical and intelligence.

### **Resetting our Approach to Finance to Embed Change**

We are currently not creating the best health value that we could from the current investment in the NHS. Instead of viewing health and care as a cost, we need to align all partners, locally and nationally, around the creation of health value.

NHS funding remains over-focused on treatment of illness or injury rather than prevention of them and ICS partners struggle to work around over-complex, uncoordinated funding systems and rules in order to shift resource to where it is most needed.

Instead, it is important to identify the most effective payment models, nationally and internationally, with an aim to implement a new model with population-based budgets, which will incentivise and enable better outcomes and significantly improve productivity. There should also be a review into the NHS capital regime to address the inflexibility in use of capital and the layering of different capital allocations and approvals processes.

NHS England should also ensure that systems are able to draw upon a full range of improvement resources to support them to understand their productivity, finance and quality challenges and opportunities.

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# THE HEWITT REVIEW

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An independent review of  
integrated care  
systems

Published 4 April 2023



Appendix B

# Background and Context

In December 2022, the government asked the Rt Hon Patricia Hewitt to conduct a review of Integrated Care Systems (ICSs). The Hewitt Report was published on 4 April 2023 and the government is now considering its response to the 36 recommendations. The review considers the oversight and governance of ICSs (terms of reference) and makes recommendations on:

- How to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending.
- The scope and options for a significantly smaller number of national targets for which Integrated Care Boards (ICBs) should be held accountable for and supported to improve by NHSE and other national bodies, alongside local priorities reflecting the needs of communities.
- How the role of the Care Quality Commission (CQC) can be enhanced in system oversight.

ICSs provide the best opportunity in a generation to transform the health and care system. Effective change requires a combination of new structures with changed cultures.

The review has identified six essential principles for ICSs to thrive:

- Collaboration within and between systems and national bodies;
- A limited number of shared priorities;
- Allowing local leaders space and time to lead;
- The right support;
- Balancing freedom with accountability;
- Enabling access to timely, transparent and high-quality data.

# Chapter 2 -From focusing on illness to promoting health

The review specifically looks at how to empower local leaders to focus on improving outcomes for their populations; giving them greater control while making them more accountable for performance and spending; and having high quality and transparent data.

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- ***Enabling a shift to upstream investment in preventative services and interventions***
- ***This should be in place by autumn 2023.***
- ***Embedding health promotion at every stage***
- ***ICS's role in embedding population health management***
- ***Role of data & digital tools to support the prevention of ill health***
- ***Empowering the public to manage their health***

# Chapter 2 –Recommendations

- 1 . The share of total NHS budgets at ICS level for prevention should be increased by at least 1% over the next 5 years. To deliver this the following enablers are required:
  - a) DHSC establish a working group of local government, public health leaders, OHID, NHS England and DHSC, as well as leaders from a range of ICSs, to agree a straightforward and easily understood framework for broadly defining “prevention”.
  - b) Following an agreed framework; ICSs to establish and publish their baseline of investment in prevention.
- 2 . That the government leads and convenes a national mission for health improvement. It also supports the Health and Social Care Select Committee’s recommendation that DHSC should publish, as soon as possible, the proposed Shared Outcomes Framework.
- 3 . That a national Integrated Care Partnership Forum is established.
- 4 . The government establish a Health, Wellbeing and Care Assembly.
- 5 . That NHS England, DHSC and ICSs work together to develop a minimum Data Sharing Standards framework to be adopted by all ICSs in order to improve interoperability and data sharing across organisational barriers.
- 6 . DHSC should, this year, implement the proposed reform of Control of Patient Information regulations, building on the successful change during the pandemic and set out in the *Data Saves Lives Strategy* (2022).
- 7 . NHS England should invite ICSs to identify appropriate digital and data leaders from within ICSs -including from local government, social care providers and the VCFSE provider sector -to join the Data Alliance and Partnership Board.
- 8 . Building on the existing work of NHS England, the NHS App should become a stronger platform for innovation, with code being made open source to approved developers as each new function is developed.
- 9 . The government should set a longer-term ambition of establishing Citizen Health Accounts.



# Chapter 3 – Delivering on the promise of systems

Every partner and sector within an ICS operates within its own financial, regulatory and accountability framework therefore ICBs and ICPs should create the environment to support ‘mutual’ or ‘collective’ accountability. To enable this, NHSE national oversight and accountability must respect and allow space for local accountability to develop.

- Page 57
- ***Approach***
  - ***Place***
  - ***Embedding a balance of perspectives***
  - **Local accountability and priority setting**
  - ***Self-improving systems***

# Chapter 3 –Delivering on the promise of systems

**Accountable relationships at the heart of system working** –clarity is needed on where accountability lies for NHS organisations and partners. The new NHSE operating framework states the role of ICBs includes: first line oversight of health providers; to co-ordinate and help tailor support for providers; assurance and input to regulators’ assessment of providers; liaison or escalation to NHSE.

Acknowledging that systems are at different stages of development, the following principles are clear:

- Trust chief executives are accountable for what goes on inside their trust and are statutory accountable to their board
- Trust chief executives and boards are accountable to system partners -within a provider collaborative or Place Partnership where appropriate, but also with and through the ICB.
- Trust chief executives and boards are accountable to partners across the ICS (including the ICB) for their part in shaping and helping to deliver the ICP strategy and JFP, including their focus on prevention, population health and health inequalities
- as the organisation accountable for the state of the local NHS, the ICB is well placed to understand connections and inter-dependences between providers. The ICB has a crucial role as the convenor of the NHS, as the statutory partner with the upper-tier local authorities in forming the ICP
- ICBs are accountable for performance and financial management of the NHS in their area. ICB CEOs are accountable to their boards, to system partners and to NHSE for delivery of agreed priorities and plans
- the role of all system leaders is to challenge and support each other to meet agreed objectives. This can be through a distributed leadership model where different system members at system, place and neighbourhood level all have defined responsibilities and accountabilities and provide appropriate support to enable transformational change
- the ICB is the vehicle to coordinate activities of provider collaboratives and the NHS’s contribution to place-based partnerships.
- ICBs have a direct interest in and commitment to the success of NHS providers within their system

# Chapter 3 –Delivering on the promise of systems

- *ICs develop their own improvement capacity*
- ***High Accountability and Responsibility Partnerships*** -NHSE should work with ICB leaders to co-design a clear pathway towards ICB maturity, to take effect from April 2024.
- *The right skills and capabilities for ICBs*
- *The role of the regions*
- ***Organisational development***
- ***National planning guidance***
- ***Enhanced CQC role in relation to systems***
- **The role of data for system accountability**

# Chapter 3 – Recommendations

10	Health Oversight and Scrutiny Committees (HOSCs) (and, where agreed, Joint HOSCs) should have an explicit role as System Overview and Scrutiny Committees. To enable this, DHSC should work with local government to develop a renewed support offer to HOSCs and to provide support to ICSs where needed.
11	Each ICS should be enabled to set a focused number of locally co-developed priorities and targets and decide agreed metrics. These priorities should be treated with equal weight to national targets and should span across health and social care.
12	In line with the new operating framework, the ICB should take the lead in working with providers facing difficulties, supporting the Trust to agree an internal plan of action, calling on support from the region as required. To enable this, support and intervention should be exercised in relation to providers ‘with and through’ ICBs as the default arrangement.
13	NHS England and CQC should work together to ensure their approach to improvement is complementary and mutually reinforcing.
14	A national peer review offer for systems should be developed, building on learning from the LGA approach.
15	NHS England should work with ICB leaders to co-design and agree a clear pathway towards ICB maturity, to take effect from April 2024.
16	An appropriate group of ICS leaders should work together with DHSC, DHLUC and NHS England to create new ‘High Accountability and Responsibility Partnerships’ (HARPs).
17	During the 2023 to 2024 financial year, further consideration should be given to the balance between national, regional and system resources with a larger shift of resource towards systems; and that the required 10% cut in the RCA for 2025 to 2026 financial year should be reconsidered before Budget 2024.
18	NHS England and central government should work together to review and reduce the burden of the approvals process of individual ICB, foundation trust and trust salaries.
19	ICS leaders should be closely involved in the work to build on the new NHS England operating framework to codesign the next stage of evolution for NHSE regions.
20	NHS England should work closely with the LGA, Confed and NHS Providers to further develop the leadership support offer.

# Chapter 3 –Recommendations

21.	The implementation groups for the Messenger review should include individuals with significant experience of leading sustained cultural and organisational change in local government and the voluntary sector as well as the NHS.
22.	Ministers should consider a substantial reduction in the number of priorities in the new NHS Mandate -significantly reduce the number of national targets, with certainly no more than 10 national priorities.
23.	NHS England and ICBs need to agree a common approach to co-production processes with organisations like the NHS Confederation, NHS Providers and the LGA.
24.	As part of CQC’s new role in assessing systems, CQC should consider within their assessment of ICS maturity, a range of factors (as set out on page 58 of the review).
25.	ICs, DHSC, NHS England and CQC should all have access to the same, automated, accurate and high quality data for the purposes of improvement and accountability. In particular: a) NHS England and DHSC should incentivise the flow and quality of data between providers and systems by taking SITREP and other reported data directly from the FDP and other automated sources, replacing both SITREPS and additional data requests b) Data required in real-time by NHS England and DHSC should be taken from automated receipt of summaries to drive consistency; where possible, without creating excessive reporting requirements, data should enable site-level analysis c) Data collection should increasingly include outcomes (including, crucially, Patient Reported Experiences and Outcomes) rather than mainly focusing on inputs and processes d) Data held by NHS England (including NHSE regions) about performance within an ICS, including benchmarking with other providers and systems, should be available to the ICS itself and national government e) DHSC and NHS England work with nominated ICS colleagues to conduct a rapid review of existing data collections to reset the baseline, remove duplicative requests, and those that are unnecessary or not used for any significant purpose. This work should be completed within 3 months

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# Chapter 4 –Unlocking the potential of primary and social care and building a sustainable workforce

- *Primary Care*
- *Primary care contracts*
- *Social Care*
- *Workforce*
- *The digital and data workforce*

# Chapter 4 –Recommendations

- |         |   |
|---------|---|
| 26.     | NHS England and DHSC should, as soon as possible, convene a national partnership group to develop together a new framework for GP primary care contracts.   |
| 27.     | The government should produce a strategy for the social care workforce, complementary to the NHS workforce plan, as soon as possible.   |
| 28.     | DHSC should bring together relevant regulators to reform processes and guidance around delegated healthcare tasks.  |
| Page 63 | Currently, the agenda for change framework for NHS staff makes it impossible for systems to pay competitive salaries for specialists in fields such as data science, risk management, actuarial modelling, system engineering, general and specialized analytical and intelligence functions. Ministers and NHS England should work with trade unions to resolve this issue as quickly as possible. |

# Chapter 5 –Resetting our approach to finance to embed the change

- *Financial accountability*
- *Funding settlements*
- *Financial flexibility for intra-system funding*
- *Simplifying and broadening delegation and pooled budget arrangements*
- *Ensuring efficient delivery of care*
- *Payment mechanisms*
- *Capital expenditure*
- *Strengthening and embedding a culture of research and innovation*



# Chapter 5 -Recommendations

30	NHS England, DHSC and HM Treasury should work with ICSs collectively, and with other key partners including the Office for Local Government and CIPFA to develop a consistent method of financial reporting.
31.	Building on the work already done to ensure greater financial freedoms and more recurrent funding mechanisms. Recommendations are: a) Ending (as far as possible) small in-year funding pots with extensive reporting requirements; b) Giving systems more flexibility to determine allocations for services and appropriate payment mechanisms within their own boundaries, and updating the NHS payment scheme to reflect this; c) National guidance should be developed to provide a default position for payment mechanisms for inter-system allocations.
32.	DHSC, DLUHC and NHS England should align budget and grant allocations for local government (including social care and public health and the NHS).
33.	Government should accelerate the work to widen the scope of s.75 to include previously excluded functions (such as the full range of primary care services) and review the regulations with a view to simplifying them. This should also include reviewing the legislation with a view to expanding the scope of the organisations that can be part of s.75 arrangements.
34.	NHS England should ensure systems are able to draw upon a full range of improvement resources to support them to understand productivity, finance, quality challenges and opportunities.
35.	NHS England should work with DHSC, HM Treasury and the most innovative and mature ICBs and ICSs, drawing upon international examples as well as local best practice, to identify the most effective payment models thereby incentivising and enabling better outcomes and significantly improving productivity.
36.	There should be a cross-government review of the entire NHS capital regime, working with systems, with a view to implementing the recommendations from 2024.

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

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>24 May 2023</b>
Subject:	<b>Adults and Community Wellbeing Scrutiny Committee - Work Programme</b>

**Summary:**

The Committee's forward work programme is set out in this report. The report also includes the relevant extracts from latest version of the forward plan of key decisions due to be taken from 1 June 2023. The Committee is requested to consider whether it wishes to make any suggestions for items to be added to its work programme.

The Committee is also invited to note the decision on 4 May 2023 on Sexual Health Services by the Executive, at the meeting of which the Committee's statement from 5 April 2023 was presented by the Chairman, Councillor Hugo Marfleet. In addition, the Leader of the Council and Executive Councillor for Resources, Communications and Commissioning, and the Executive Councillor for Adult Care and Public Health made a decision on 14 April 2023 on Community Supported Living at Grange Farm, Market Rasen, with ACIS Group.

**Actions Requested:**

- (1) To review the Committee's forward work programme, as set out in the report.
- (2) Following consideration by this Committee on 5 April 2023, to note:
  - (a) Sexual Health Services Re-Commissioning – Decision by the Executive on 4 May 2023; and
  - (b) Community Supported Living at Grange Farm, Market Rasen, with ACIS Group – Decision by the Leader of the Council and the Executive Councillor for Resources, Communications and Commissioning, and the Executive Councillor for Adult Care and Public Health on 14 April 2023.

## 1. Current Items

<b>24 May 2023 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Update on Digital Services - Adult Care and Community Wellbeing	<ul style="list-style-type: none"> <li>• Derek Ward, Director of Public Health</li> <li>• Theo Jarratt, Head of Quality and Information, Adult Care and Community Wellbeing</li> </ul>	To receive an update on how digital initiatives are support services in Adult Care and Community Wellbeing.
<b>2</b>	Active Recovery Beds	<ul style="list-style-type: none"> <li>• Afsanah Sabouri, Assistant Director of Adult Frailty and Long Term Conditions</li> <li>• Alina Hackney, Head of Commercial Services</li> </ul>	To consider proposals on active recovery beds, on which a decision by the Executive is due on 6 June 2023.
<b>3</b>	Next Steps on the Reform of Social Care – A Plan for Adult Social Care Reform 2023 to 2024 and 2024 to 2025 <i>(Department of Health and Social Care, 4 April 2023)</i>	Glen Garrod, Executive Director of Adult Care and Community Wellbeing	To consider the potential implications for adult social care of the policy document issued by the Department of Health and Social Care.
<b>4</b>	The Hewitt Review – An Independent Review of Integrated Care Systems <i>(Department of Health and Social Care, 4 April 2023)</i>	Glen Garrod, Executive Director of Adult Care and Community Wellbeing	To consider the potential implications of the Hewitt Review on public health and adult social care.
<b>5</b>	The Ancaster Day Centre Refurbishment Project. <i>(This Item is likely to contain exempt information, which is not for publication.)</i>	Dave Pennington, Head of Development Corporate Property	To consider proposals for the Ancaster Day Centre refurbishment, on which the Leader of the Council and Executive Councillor for Resources is expected to make a decision between 5 and 9 June 2023

## 2. Planned Items

The Committee's programme for future meetings is set out below: -

<b>28 June 2023 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Procurement of Substance Misuse Treatment Service	Carl Miller, Commercial and Procurement Manager	To consider proposals for re-procurement of the substance misuse treatment service, on which a decision is due to be made by the Executive on 4 July 2023
<b>2</b>	Service Level Performance Reporting Against the Success Framework 2022-23 Quarter 4	David Boath, Corporate Performance Manager, Adult Care and Community Wellbeing	This is the quarterly performance report.
<b>3</b>	Adult Care and Community Wellbeing Budget Outturn 2022-23	Pam Clipson, Head of Finance, Adult Care and Community Wellbeing	This is the standard report on the budget outturn for 2022-23.

<b>6 September 2023 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Lincolnshire Safeguarding Adults Board Update	Justin Hackney, Assistant Director of Specialist Services	This is the regular update report on the activities of the Safeguarding Adults Board.
<b>2</b>	Day Services Update	Justin Hackney, Assistant Director of Specialist Services	On 30 November 2022, the Committee requested a further update on this topic.
<b>3</b>	Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 1	David Boath, Corporate Performance Manager, Adult Care and Community Wellbeing	This is the quarterly performance report.

<b>6 September 2023 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>4</b>	Admission to Discharge Care Pathway - Winter Planning for 2023-24	Afsaneh Sabouri, Assistant Director, Older Adult Services Andrea Kingdom, Head of Service, Hospitals and Special Projects, Adult Care and Community Wellbeing	To consider the arrangements for the winter of 2023-24, and to receive an update on active recovery beds.

<b>18 October 2023 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Care Quality Commission Update	Contributor from the Care Quality Commission to be confirmed.	This is the annual update provided by the Care Quality Commission on its inspection and regulation of social care services in Lincolnshire

<b>29 November 2023 – 10.00 am</b>			
<i>Item</i>	<i>Contributor(s)</i>	<i>Notes</i>	
<b>1</b>	Introduction to the Lincolnshire Carers Service	Semantha Neal, Assistant Director, Assistant Director, Prevention & Early Intervention Public Health	To receive a presentation on support to unpaid family carers, including an introduction to the new support service provider.
<b>2</b>	Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 2	David Boath, Corporate Performance Manager, Adult Care and Community Wellbeing	This is the quarterly performance report.

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

### **3. Previously Considered Topics**

Attached at Appendix B is a table of items previously considered by the Committee since the beginning of the Council's term in May 2021.

#### 4. Conclusion

The Committee is invited to consider its work programme.

#### 5. Appendices

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

Appendix A	Forward Plan of Key Decisions within the Remit of the Adults and Community Wellbeing Scrutiny Committee from 1 June 2023
Appendix B	Adults and Community Wellbeing Scrutiny Committee - Schedule of Previously Considered Topics

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

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

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

**From 1 June 2023**

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
Ancaster Day Care Refurbishment	5 June – 9 June 2023	The Leader of the Council and the Executive Councillor for Resources, Communications and Commissioning	Adults and Community Wellbeing Scrutiny Committee	Head of Property Development <a href="mailto:Dave.Pennington@lincolnshire.gov.uk">Dave.Pennington@lincolnshire.gov.uk</a>	Boultham
Active Recovery Beds	6 June 2023	Executive	Adults and Community Wellbeing Scrutiny Committee	Head of Commercial Services – People Services <a href="mailto:Alina.Hackney@lincolnshire.gov.uk">Alina.Hackney@lincolnshire.gov.uk</a>	All
Substance Misuse Re-Commissioning	4 July 2023	Executive	Adults and Community Wellbeing Scrutiny Committee	Senior Commercial and Procurement Officer <a href="mailto:Reena.Fehnert@lincolnshire.gov.uk">Reena.Fehnert@lincolnshire.gov.uk</a>	All



## APPENDIX B

### ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE SCHEDULE OF PREVIOUSLY CONSIDERED TOPICS

	Previous Item
D	Previous Pre-Decision Scrutiny Item
	Future Item
D	Future Pre-Decision Scrutiny Item

	2021					2022					2023												
	29 Jun	14 Jul	8 Sept	20 Oct	1 Dec	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	
<i>Meeting Length – Hours : Minutes</i>	1:47	2:15	3:30	2:50	3:13	2:59	3:55	3:01	3:00	1:58	2:51	2:26	1:39	2:36	2:59	3:08	1:50						
Active Recovery Beds														D			D						
Acute Hospitals – Admission to Discharge Pathway																							
Adult Frailty and Long Term Conditions - Overview																							
Adult Mental Health Services - Overview																							
Adult Social Care Reform – Government Plans																							
Ancaster Day Centre Refurbishment																		D					
Better Care Fund																							
Budget Reports						D									D								
Carers Support Service							D																
Care Quality Commission Update																							
Community Equipment Service								D															
Community Supported Living																	D	D					
Day Services			D																				
Digital Initiatives Supporting Services																							
Director of Public Health Role / Annual Report																							
Disabled Facilities Grants																							
Extra Care Housing - Boston																						D	
Extra Care Housing - Lincoln																							
Extra Care Housing - Welton					D																		
Fair Cost of Care / Charging for Social Care																							
Grange Farm, Market Rasen Working Age Adult Accommodation																							
Greater Lincolnshire Public Health																							
'Gross' v 'Net' – Ombudsman Report																							
Improvement and Development Programme																							
Integrated Care Systems																							
Integration of Health and Social Care																							
Introduction to Services																							
Learning Disability – Section 75 Agreement																							
Market Sustainability, Fair Cost of Care																							
Obesity																							
Occupational Therapy																							
Ombudsman Reports																							
Performance Reports																							
Prevention Services - Overview																							
Residential and Nursing Care Usual Costs																							
Respite Care Ombudsman Report																							
Safeguarding Adults Board																							

	2021					2022							2023										
	29 Jun	14 Jul	8 Sept	20 Oct	1 Dec	12 Jan	23 Feb	6 Apr	25 May	6 Jul	7 Sept	28 Sept	19 Oct	30 Nov	11 Jan	22 Feb	5 Apr	24 May	28 Jun	6 Sept	18 Oct	29 Nov	
Safeguarding Services																							
Sensory Services			D																				
Sexual Health Services												D					D						
Social Connections																							
Specialist Adults Accommodation – Market Rasen																		D					
Specialist Adult Services - Overview																							
Strategic Market Support Services			D																				
Substance Misuse Treatment Services												D				D					D		
Workforce – Capacity and Development																							

# Agenda Item 11

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

Document is Restricted

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