



County Offices
Newland
Lincoln
LN1 1YL

9 January 2024

Adults and Community Wellbeing Scrutiny Committee

A meeting of the Adults and Community Wellbeing Scrutiny Committee will be held on **Wednesday, 17 January 2024 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, 17 JANUARY 2024**

| Item | Title | Pages |
|-------------|--|--------------|
| 1 | Apologies for Absence/Replacement Members | |
| 2 | Declarations of Members' Interests | |
| 3 | Minutes of the meeting held on 29 November 2023 | 5 - 10 |
| 4 | Announcements/Updates | |
| 5 | Adult Care and Community Wellbeing Budget Proposals 2024-25 <i>(To receive a report by Pam Clipson, Head of Financial Services, which sets out Council's budget proposals for Adult Care and Community Wellbeing (ACCW) for the financial year 1 April 2024 – 31 March 2025 and the assumptions made given the national context)</i> | 11 - 20 |
| 6 | Director of Public Health Annual Report 2023 - Adding Life to Years <i>(To receive a report by Derek Ward, Director of Public Health, which presents the Director of Public Health's Annual Report 2023 which has a focus on Ageing Better in Lincolnshire)</i> | 21 - 62 |
| 7 | Proposed actions in response to CQC Assurance Pilot 2023 <i>(To receive a report by Martin Samuels, Executive Director – Adult Care and Community Wellbeing, which provides the Committee with details of the proposed actions by Lincolnshire County Council in response to the Lincolnshire CQC Assurance Pilot completed in 2023)</i> | 63 - 104 |
| 8 | Overview of Care Provider Contract Management <i>(To receive a report by Alina Hackney, Head of Commercial Services – People Services, which provides the Committee with an update on the contract management arrangements covering all Adult Care and Public Health Commissioned activity)</i> | 105 - 124 |
| 9 | Adults and Community Wellbeing Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme)</i> | 125 - 132 |

Democratic Services Officer Contact Details

Name: **Emily Wilcox**

Direct Dial **01522 552334**

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

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

- Business of the meeting
- Any special arrangements

Contact details set out above.

Please note: This meeting will be broadcast live on the internet and access can be sought by accessing [Agenda for Adults and Community Wellbeing Scrutiny Committee on Wednesday, 17th January, 2024, 10.00 am \(moderngov.co.uk\)](#)

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



**ADULTS AND COMMUNITY WELLBEING
SCRUTINY COMMITTEE
29 NOVEMBER 2023**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors A M Key (Vice-Chairman), M R Clarke, Mrs N F Clarke, R J Kendrick, K E Lee, M A Whittington and S Bunney

Councillors: C Matthews and Mrs S Woolley attended the meeting virtually, as observers

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Emily Wilcox (Democratic Services Officer), Justin Hackney (Assistant Director - Adult Care and Community Wellbeing) Caroline Jackson (Head of Corporate Performance), Tony McGinty (Consultant in Public Health) and Carl Miller (Commercial and Procurement Manager - People Services)

38 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence had been received from Councillor T A Carter and T V Young.

It was reported that, under Regulation 13 of the Local Government Committee and Political Groups Regulation 1990, Councillor S Bunney was in attendance as a substitute for Councillor T V Young for this meeting only.

39 DECLARATIONS OF MEMBERS' INTERESTS

None were declared.

40 MINUTES OF THE MEETING HELD ON 18 OCTOBER 2023

RESOLVED:

That the minutes of the meeting held on 18 October 2023 be approved as a correct record and signed by the Chairman.

41 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR AND LEAD OFFICERS

The Chairman announced that he had met with Martin Samuels, the recently appointed Executive Director for Adult Care and Community Wellbeing, on 22 November 2022 for a discussion.

42 WELLBEING SERVICE RECOMMISSIONING

Consideration was given to a report by the Consultant in Public Health which invited the Committee to consider a report on the Wellbeing Service Recommissioning prior to a decision by the Executive on 5 December 2023. The views of the Committee would be reported to the Executive prior to the decision being made.

During the discussion, the Committee supported the recommendations, as set out in the report to the Executive, and the following points were recorded for consideration:

- The Committee was advised that there were typically 50,000 falls per annum in Lincolnshire involving people aged over 65, which led to considerable costs for both adult social care and health services. The Committee emphasised the role of Wellbeing Service practitioners in providing advice and guidance to prevent people falling at home, for example advising on space for people to move about their home with mobility aids, and addressing trip risks, such as rugs or household clutter and linking in with the housing service to provide additional measures and reassurance that housing was fit for purpose.
- Although the County Council had no direct responsibility for housing matters, assurance was provided the wellbeing service worked with district councils and other partners with responsibility for housing matters, to case manage home improvements.
- Members emphasised the benefits of a ten year contract, with a 'break' option after five years. It was felt this provided a balance between the flexibility to add, remove or fine-tune services in the contract, for example after five years, and provided certainty for the provider of the service to commit resources to a longer term.
- It was suggested that each time a service user leaves the Wellbeing Service they are provided an opportunity to provide feedback on whether all of the needs they brought to the service have been successfully closed. This would provide a source of information for the consideration of future developments.
- Members were concerned about the cessation of care once the 12-week support offer had ended, as it was recognised that some people might need further support. Members were assured that individuals needing further support would be signposted to the appropriate services, and could be referred back into the wellbeing service at any time, if it was felt appropriate.
- The use of planned key performance indicators for the new contract was supported. These would help to ensure service standards are maintained throughout Lincolnshire, including in each district council area.
- Members supported the continuation of working with partners, such as community health services in the NHS, both to aid and complement service developments, but also to ensure that any duplication was avoided.
- Following the report of the Care Quality Commission, the Committee agreed that it was not easy to navigate webpages and not always clear to understand who provides the Lincolnshire Wellbeing Service. The Committee suggested that 'landing pages'

after internet searches were standardised, to make it clearer, who provides the service and who to contact in each individual's area.

- Work was ongoing to ensure the access of the pathway criteria and eligibility to access into the service was clear.
- In response to a question concerning digital access, Members were assured that the wellbeing service could also be reached via telephone through the Council's customer service centre.
- Payment for the service was made in a block payment based on the delivery of maximum volumes achievable for the payment.
- It was clarified that trusted assessors were trained in house, within the wellbeing service. Plans were progressing to enable trusted assessors to carry out assessment alone, with sign off from an Occupational Therapist.
- The Committee noted that two elements of the current service attracted service user charges. The telecare response service attracts a small weekly charge for the service for each week people subscribe to it and this will continue in the new service model proposed, with the price being expected to stay close to where it is now. Additional ways of engaging with the telecare response service will be explored too, which may attract a different charging rate than the standard service e.g. for holiday or carer break cover. Where small pieces of equipment are required for a person's home these are paid for by them, but fitted free by the service. This model would continue in the service post re-commissioning and the service supports people to find the most cost effective equipment for their needs.

RESOLVED:

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

**43 SERVICE LEVEL PERFORMANCE AGAINST THE CORPORATE PERFORMANCE
FRAMEWORK 2023-24 QUARTER 2**

Consideration was given to a report by the Head of Corporate Performance, which invited the Committee to consider the Service Level Performance against the Corporate Performance Framework 2023-24 Quarter 2, as set out at pages 59-78.

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

- Members questioned the procedure for altering targets which were not being achieved. Assurance was provided that targets would only be changed if they were deemed unrealistic and unachievable. Changes in service delivery models and the way in which data was recorded could trigger the review of a target.
- Members welcomed the suggestion that more detailed analysis be provided for all measures within future reports.

**ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE
29 NOVEMBER 2023**

- The Committee raised concerns regarding the low uptake of NHS health checks between people aged 40 to 70. Given the importance of health checks, it was suggested that offering flexibility in appointment times and encouraging employers to provide time off for appointments may encourage attendance. The Committee wished to consider the issue further and it was therefore agreed that a report be added to the work programme to look at this issue.

RESOLVED:

That the report be noted.

44 CARE QUALITY COMMISSION (CQC) PILOT ASSESSMENT OF LINCOLNSHIRE COUNTY COUNCIL - ADULT SOCIAL CARE

The Committee were invited to note the findings from the CQC Pilot Assessment of Lincolnshire County Council's Adult Social Care, which had been submitted for information only.

The Committee welcomed the 'good' rating given to Lincolnshire County Council in relation to Adult Social Care and Wellbeing services. It was advised that a further report would be provided setting out proposed actions in relation to areas that CQC had identified for further consideration. This would enable the Committee to have input to the development of an action plan to be presented to Informal Executive Committee.

In relation to the comments made within the report on the lack of clear pathway for autistic people it was suggested that this area for consideration was likely based on a conversation recorded during the pilot process with an expert by experience. Officers acknowledged a need to develop better intelligence on Autism within Lincolnshire which would be done alongside partners. Members were assured that all feedback received would be addressed within the action plan.

The committee also requested that the report in January 2024 includes an update on the position for financial assessments linked to direct payments.

It was suggested that a report on the Lincolnshire All Age Autism Strategy be considered at a future meeting.

45 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by the Health Scrutiny Officer, which invited the Committee to consider its work programme, as set out on pages 79-82 of the report.

The Committee noted the possibility of deferring a report on the Introduction to the Lincolnshire Carers Service from January 2023 to March 2023 as well as the addition of an item on the Adult Frailty and Long-Term Conditions to the future work programme.

The Committee also requested that an update on services working to reducing obesity be provided at a future meeting.

RESOLVED:

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

The meeting closed at 12.21 pm

This page is intentionally left blank



**Open Report on behalf of Martin Samuels,
Executive Director - Adult Care and Community Wellbeing**

| | |
|------------|--|
| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 17 January 2024 |
| Subject: | Adult Care and Community Wellbeing Budget Proposals 2024-25 |

Summary:

This report details the Council's budget proposals for Adult Care and Community Wellbeing (ACCW) for the financial year 1 April 2024 – 31 March 2025 and the assumptions made given the national context.

The Local Government Settlement published in February 2023, provided a reasonable estimation of the potential funding for 2023-24 and 2024-25. The provisional Local Government Financial Settlement 2024-25 published 18 December 2023 has continued with existing spending plans meaning no additional funding above that already forecast.

The budget proposal focusses on 2024-25 and the Medium-Term Financial Plan assumes key funding streams introduced during 2023-2025 will continue in some form beyond the next 12 months however there is significant funding uncertainty beyond 2024-25 providing a barrier to long-term financial planning for ACCW services and the wider council.

Actions Required:

Adults and Community Wellbeing Scrutiny Committee is asked to consider this report and members of the committee are invited to make comments on the budget proposals. These will be considered by the Executive at its meeting on 6 February 2024.

1. Background

1.1 In February 2023, the Council approved plans for revenue spending to support delivery of the Council plan, achieve its strategic objectives and legal duties for the benefit of residents and businesses. This was guided by the financial strategy approved as part of this process, providing the mechanisms to ensure the council remains financially sustainable and resilient.

- 1.2 As part of the Council's financial planning process, the previously approved medium term financial plan is reviewed in depth over the summer and into the autumn, which informs the preparation of a 2024-25 budget proposal.
- 1.3 The key messages from scrutiny and public consultation are fed into the process and contribute towards an updated budget proposal to the Executive on 6th February 2024. At this meeting, the Executive will be invited to approve a final budget proposal to be taken to the budget setting meeting of Full Council which will be held on Friday 23rd February 2024.
- 1.4 This budget proposal focusses on the 2024-25 budget specifically for Adult Care and Community Wellbeing services. The feedback from the Scrutiny Committee will inform the final budget proposal to Full Council.
- 1.5 The economic environment continues to be a significant risk. The economy has been subject to unprecedented inflation, which means that the cost of goods and services have increased at a higher rate than the Government's target, over a prolonged period. This has led to a challenging operating environment, due to its inflationary exposure within the cost base (contracting and staffing costs). The revised inflation forecasts are 4.6% (2023 Q4), 3.1% (2024 Q4), 1.9% (2025 Q4), and 1.5% (2026 Q4). Inflation is not expected to return to below the 2% target for until 2025.
- 1.6 On 22 November 2023, the Government set out their spending plans for the medium term via the Autumn Statement. Following the Autumn Statement, the Department for Levelling Up, Housing and Communities (DLUHC) translate national spending limits into individual allocations for local authorities via the Local Government finance settlement. The provisional settlement was published 18 December 2023.
- 1.7 The key points to note for 2024-25 relating to Adult Care and Community Wellbeing are as follows:
- The core council tax referendum limit for local authorities is set at 3%, in addition to an optional adult social care precept of up to 2% for all authorities responsible for the delivery of adult social care services.
 - There are no changes to the already forecast uplifts to social care grants:
 - i. an additional £692 million will be distributed to local authorities through the Social Care Grant for adult and children's social care.
 - ii. an additional £200 million will be distributed in 2024-25 through the Discharge Fund.
 - iii. maintaining the improved better care fund at 2023-24 levels.

- iv. £1,050 million in 2024-25 will be distributed for adult social care through the Market Sustainability and Improvement Fund (MSIF), which continues to include £162 million per year of Fair Cost of Care funding.

1.8 In 2023-24, the Government set an expectation that the additional funding made available to adult social care should lead to a substantial increase in planned adult social care spending, given the additional resources made available in that year. The Department of Health and Social Care will continue to monitor local authority budgeting and expenditure in 2024-25, with an expectation that the following will be allocated to adult social care:

- an appropriate share of the local authority's additional Social Care Grant allocation for 2024-25, in line with aggregate use of this funding in previous years.
- the local authority's share of the 2024-25 MSIF and Discharge Fund.
- the resources raised in 2024-25 from the adult social care precept.

1.9 Overall, the settlement was broadly in line with expectations, though the sector had hoped for additional funding to support with rising costs particularly due to inflation and demand. No additional funding has been made available for the cost pressure created by the greater-than-expected increase in the National Living Wage announced by the government in the autumn. The final settlement is due for publication in February 2024, following the standard consultation process.

1.10 At this point in time, the Medium-Term Financial Plan (MTFP) shows that the Council cannot achieve a balanced budget in any of the four years from 2024-25 through to 2027-28 without the use of reserves. This position assumes a 2.99% council tax increase with the impact of a number of related decisions also forming part of the budget setting process.

1.11 The Council's current position reflects a deficit position in all years. The Council's forecast deficit in 2024-25 prior to use of reserves is currently estimated to be £7.2m, subject to any further changes to the cost base, the local taxation position finalising and the Local Government finance settlement.

1.12 The Medium-Term Financial Plan includes efficiencies which arise from various projects within ACCW Transformation Programme. Services continue to seek further opportunities to improve business processes to achieve sustainable reductions in the cost base.

1.13 The Government has set a policy steer asking authorities to continue to consider how they can use their reserves to maintain services over this and the next financial year, recognising that not all reserves can be reallocated, and that the ability to meet spending pressures from reserves will vary between authorities.

2. 2024-25 Adult Care and Community Wellbeing Budget

2.1 Aligned to the Council's corporate planning priority, Adult Care & Community Wellbeing continues to ensure 'People stay as health, safe & independent as possible during all stages of their life'.

2.2 Underpinning the Council's MTFP, ACCW has embedded its own MTFP. The ACCW MTFP is the key financial tool informing strategic financial decision making which underpins delivery of this vision and ensuring good value council services. ACCW MTFP forecasts the financial position through to 31 March 2028 using historic trends, sensitivity analysis and forecasting based on budget holder discussion and other internal and external factors.

2.3 ACCW financial priorities throughout the life of the MTFP are;

- Maintain ACCW strong financial performance:
 - i. delivering our duty of best value to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency, and effectiveness.
 - ii. considering the challenging economic climate and the impact this is having on individuals in receipt of services and the providers of their care when making financial decisions.
- Deliver the programme of transformation underpinning ACCW in pursuit of its stated aim. This programme will
 - i. drive a shift in the cost structure away from the traditional higher cost residential long-term care towards an increased community-based infrastructure. Working with our partners, this will improve our offer to enable people to maintain their independence.
 - ii. deliver improved customer experience and turnaround times across the end-to-end adult social care pathway.

2.4 ACCW funding structure is proposed to continue in the following six delivery strategies reflecting budgetary responsibility: -

- Adult Frailty & Long-Term Conditions. This strategy brings together older people and physical disability services as well as hosting the infrastructure budgets.
- Specialist Services & Safeguarding. The financial allocation of this strategy supports delivery of services for eligible adults with learning disabilities, autism and/or mental health needs and adult safeguarding services.
- Public Protection. The Public Protection and Communities Scrutiny Committee is receiving the budget proposals for these services.

- Public Health & Community Wellbeing. This strategy encompasses adult public health services funded through the dedicated public health grant and wellbeing services.
- Public Health Grant. Aligned to responsibilities held by the Director of Public Health this strategy encompasses the public health grant income supporting both adults and children’s services.
- Better Care Fund (BCF). This strategy includes the council specific BCF income supporting both adults and children’s services.

2.5 The budget covers the period 1 April 2024 to 31 March 2025. The table below shows the net budget proposal for 2024-25

| Strategy | 2023-24 Budget | 2024-25 Budget |
|---|--------------------|--------------------|
| Adult Frailty, Long Term Conditions, Infrastructure | 142,706,661 | 154,486,741 |
| Adult Specialties | 101,335,220 | 114,315,220 |
| Public Protection | 6,065,541 | 6,250,541 |
| Public Health and Community Wellbeing (adults) | 29,292,132 | 29,766,293 |
| Lincolnshire County Council Public Health Grant | (35,544,000) | (36,018,161) |
| Lincolnshire County Council Better Care Fund | (61,412,354) | (64,156,449) |
| Total | 182,443,200 | 204,644,185 |

2.6 The £22.2m increase in ACCW financial need results from the recurrent impact of the pay award and the following ACCW specific items; -

- Adult social care provision is reliant on approximately 7,000 beds (long and short-term care) and more than four million hours annually of commissioned community-based support. The Autumn Statement announced a higher than anticipated increase in the national living wage from 1 April 2024 of 9.8% taking it to £11.44 per hour. This rate is a core component of the unit cost the Council pay for commissioned care and is the key driver behind £16.1m of adult social care pressures.
- The Market Sustainability and Improvement Grant is continuing into 2024-25. This grant continues to support planned increases, over and above national living wage and inflation, to the rates paid to providers of adult social care. This includes the move to a four-tier homecare rate, a two-tier community supported living rate, additional rate increases for residential care and targeted supported into adult social care workforce. This grant has increased from £2.273m in 2021-22 to a forecast £14.7m in 2024-25.
- £9.4m financial pressure is driven by increasing demand for services across Adult Care and Community Wellbeing. Older persons services are seeing an increase in demand for residential care for this first time since the pandemic with previous self-funders approaching the Council for financial

support due to diminishing capital, a 21% increase in this client cohort. Demand for working age adults, mental health services in particular, continues to increase by some 3-4% per year. Growing complexity of the packages of care and changes in national health policy are key drivers of the need to forecast an additional £3.1m for mental health care costs.

- 2024-25 will see a continuation of the Discharge Grant through the Better Care Fund to get people out of hospital on time and into care settings, freeing up NHS beds for those who need them. This £8.0m grant is supporting the 16% increase in clients discharged from inpatient care in need of social care support. The services include residential care, homecare, and community equipment.
- The 2024-25 Public Health Grant allocation was indicated earlier in 2023 and is forecast to increase by £0.474m. With the recurrent impact of the 2023-24 grant increase actioned, the 2024-25 indicative grant for Lincolnshire is £36,458,098.
- Adult Social Care Charging Policy is due for refresh from 1 April 2024. The council will continue to exclude enhanced benefit income from the calculation of the client's contribution and apply the national minimum income guarantee to ensure people with higher needs are not disproportionately impacted by the income assessment. The Disability Related Expenditure bandings will be uplifted to reflect the increased cost of living and the forecast £0.6m cost of this is included in the budget.

3. Better Care Fund (BCF)

- 3.1 The Lincolnshire Better Care Fund is an agreement between the Council and Lincolnshire NHS ICB, overseen by the Health and Wellbeing Board (HWB). The BCF aims to pool funds from the organisations to aid the objective of integrated service provision.
- 3.2 Lincolnshire HWB approved the 2023-25 BCF Plan which was then formally approved by the National team in September 2023.
- 3.3 The forecast value of the Lincolnshire BCF for 2024-25 is £359m. This comprises the minimum ICB contribution, the iBCF paid directly to Lincolnshire County Council, Disabled Facilities Grants passed through to the District Councils, the discharge grant and specific health and social care funding.
- 3.4 The BCF includes, but is not limited to, the following key services;
 - Lincolnshire Community Equipment Services
 - Child Adolescent Mental Health Services and other children's services
 - Community Learning Disability Team
 - Community Mental Health Services
 - Intermediate care services including reablement

4. Public Health Grant

- 4.1 The indicative value of the 2024-25 Public Health Grant is £36,458,098. Currently, Lincolnshire County Council spends 70% of the grant on adults and housing related services and 30% on children's services.
- 4.2 The Public Health grant has increased between 1% and 3% each year since 2020-21. Through careful demand management and tight financial control Public Health has continued to deliver services within the grant allocation. With a forecast increase in 2024-25 of a further 1.3%, Public Health services are continuing to forecast delivery across the life of the MTFP but will need to draw on the dedicated public health grant reserve for any unexpected economic challenges and/or a reduction in grant of up to 10% of the 2024-25 grant value should that be seen beyond 2024-25.

5. Capital Programme

- 5.1 The Council agreed to increase the Adult Care and Community Wellbeing capital allocation by transferring the 2022-23 underspend from revenue to capital. This provides a total capital investment (post completion of DeWint Extra Care Housing) of £12.39m.
- 5.2 £7.34m of the £12.39m has been approved for investment in both housing opportunities and improvements to day services with a further three extra care / working age adults housing opportunities due for completion over the life of the medium-term financial plan.

6. Financial Risk

- 6.1 There are several risks which may impact on the 2024-25 budget which have been considered in the realistic and prudent approach to the budget process. The key risks to the budget proposal which currently pose the most significant risks are:
- Demand for services exceeds the growth assumptions. To support management of this risk, the structure of the improvement programme broadens the service offer which aims to bend the curve of higher cost services where it is appropriate for the person however the recent increases in demand above forecast indicate the need to go further.
 - As a result of the volatility within the economy, the Bank of England's inflation forecasts have been consistently amended, to reflect a slower fall to the 2% target. There is a risk that inflation does not fall as quickly as set out in the Bank's latest forecast and the 3% built into the non-pay element of the commissioned rates isn't sufficient. To support commissioned providers, a hardship process enabling providers who are at risk of financial distress to approach the Council on an open book approach will be in place.

- The uncertainty over the funding base beyond 2024-25. The strategy therefore focusses on the areas which the Council has greater control over including ensuring effective, evidence-based monitoring arrangements are in place to provide early indications and therefore ability to react to variations against plan, proactively identifying improvements in the way services are delivered and ensuring an adequate level of reserves are held relative to the level of risk identified.

7. Financial Benchmarking

- 7.1 Lincolnshire Adult Social Care carries out benchmarking of income and costs through use of externally available regional and national data / reports as well as service specific cost comparisons when procurement exercises are run to demonstrate value for money. Two most recent external reports include: -
- The Impower Index
 - Use of Resources
- 7.2 The Impower Index is a benchmarking tool that takes publicly available outcomes data and, looks at the value that councils are delivering when ASCOF measures are combined and measured against budget. The Impower Index shows that for the second year, Lincolnshire County Council continues to deliver good outcomes for good value, Lincolnshire is achieving better outcomes for less budgeted spend than its statistical neighbours.
- 7.3 The latest Use of Resources analysis, published in December 2023, is being digested. Initial consideration indicates that adult social care services spend less per client than statistical neighbours, which reflects the findings in the market sustainability and improvement rates paid for care published earlier in the year. Lincolnshire does look to be an outlier for the number of admissions into residential care and receives less income through client contributions than most. These are both a focus of the Improvement Programme referred to in 2.4 above and the insourcing of Adult Care Finance and Exchequer into Financial Services in April 2024.
- 7.4 In addition to the Impower Index and Use of Resources Report, the Department of Health and Social Care wrote to local authorities in October 2023 outlining the extra financial resources the Government has made available. The letter contained reference to the monitoring introduced as part of the grant conditions, monitoring referenced in section 1.8 above. The letter indicated the actual increase in budgeted 2023-24 ASC spend with the increase that each local authority would have achieved had they met this explicit expectation. With a forecast balanced outturn position, Lincolnshire is forecast to meet the expectations set in the grant conditions.

8. Conclusion

- 8.1 A thorough review of Council services was carried out during this year's budget process. Cost pressures, income changes and efficiencies have been identified, and the Capital Programme has been reviewed. The budget proposals aim to reflect the Directorate priorities aligned to the council's Corporate Plan whilst operating within the resources available to it.
- 8.2 ACCW improvement programme is key to services being able to deliver the general duty of best value ensuring the need to secure continuous improvement and building on the synergies that can be achieved working with Public Health and Public Protection services on the prevention agenda.
- 8.3 The budget proposals have been developed alongside, and in accordance with, the draft Medium Term Financial Strategy and a proposed final version of this Strategy will be reported to the Executive in February 2024. Final budget proposals will be reported to the Executive on 6th February 2024.

9. Consultation

a) Risks and Impact Analysis

n/a

10. Background Papers

| | |
|--|--|
| Autumn Statement 2023 | Autumn Statement 2023 - GOV.UK (www.gov.uk) |
| Provisional local government finance settlement: England, 2024 to 2025 | Consultation: provisional local government finance settlement 2024 to 2025 - GOV.UK (www.gov.uk) |
| ACCW Budget 2023-24 | Adults and Community Wellbeing Scrutiny Committee, 11 January 2023 |
| ACCW Review of Financial Performance 2023-24 | Adults and Community Wellbeing Scrutiny Committee, 18 October 2023 |

This report was written by Pam Clipson, Head of Financial Services who can be contacted at pam.clipson@lincolnshire.gov.uk

This page is intentionally left blank



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

| | |
|------------|--|
| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 17 January 2024 |
| Subject: | Director of Public Health Annual Report 2023 - Adding Life to Years |

Summary:

Directors of Public Health in England have a statutory duty to produce an independent report on the state of health of the people they serve on an annual basis. Local Authorities have a statutory duty to publish the report and the report should be as accessible as possible to the wider public.

As part of the strategic partnership with the Centre for Ageing Better and the building on the insight gained from Lincolnshire Ageing Better Annual Conference, this year the Director of Public Health's report has a focus on Ageing Better in Lincolnshire.

Actions Required:

That the Committee note the contents of the Annual Director of Public Health Report.

1. Background

This year's report focuses on the importance of addressing the needs of Lincolnshire's ageing population which is exhibited by evaluating the current situation for older residents within Lincolnshire, as well as considering how we address some of the key determinants that could positively impact on the health and social issues that affect our ageing population.

By using the World Health Organisation (WHO) Age Friendly Communities Framework as a guide, the report focuses on some of the key determinants of healthy ageing and what can be done to support and improve the well-being of our older residents; particularly those living in rural and coastal areas. The DPH report describes the World Health Organisation (WHO) framework through the eight Age-Friendly domains within each chapter.

An analysis of local data and published evidence focuses on inequality and what this means for the residents of Lincolnshire through each of the following domains:

- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation
- Communication and information
- Community support and health services
- Outdoor spaces and buildings

2. Conclusion

The Director of Public Health has a statutory duty to produce an annual report on the health of people in Lincolnshire. The Executive Committee is therefore asked to note the contents.

3. Consultation

a) Risks and Impact Analysis

As addressed in the DPH Annual Report

4. Appendices

| | |
|---|---|
| These are listed below and attached at the back of the report | |
| Appendix A | Director of Public Health Annual Report 2023 - Adding Life to Years |

5. Background Papers

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

This report was written by Phil Huntley (Head of Health Intelligence), who can be contacted on phil.huntley@lincolnshire.gov.uk.

This page is intentionally left blank

Ageing *Better*

—————> in Lincolnshire
Adding Life to Years

Director of Public Health
Annual Report 2023

Contents

| | |
|---|----|
| 1 Foreword | 3 |
| 2 Introduction | 5 |
| 3 Lincolnshire Geography and Population | 6 |
| 4 Community Support and Health Services | 8 |
| 5 Respect and Social Inclusion | 11 |
| 6 Communication and Information | 14 |
| 7 Social Participation | 17 |
| 8 Civic Participation and Employment | 20 |
| 9 Outdoor Spaces and Buildings | 22 |
| 10 Transportation | 25 |
| 11 Housing | 27 |
| 12 Conclusion | 30 |
| 13 Glossary | 33 |
| 14 References | 34 |

1 Foreword



Welcome to my fifth annual report as Director of Public Health for Lincolnshire. Last year my report focused on the diversity in the communities spanning Greater Lincolnshire, highlighting some of the disparities in health outcomes

and wellbeing. This year my report focuses on the importance of addressing the needs of our ageing population. We will shed light on the current situation in Lincolnshire and address the pressing health and, equally important, social issues which affect our ageing population.

The ageing agenda has always been of paramount importance in Lincolnshire due to the number of older residents. Our county experiences the dual challenge of an ageing population alongside a rural and coastal geography, where many of our older residents live. This combination of factors necessitates tailored solutions to address the distinct needs of, and support for, our older population to live and age well. However, as we will see through the lens of the Age-friendly Communities Framework, there is a positive outlook for the older population, by harnessing the potential to help improve the health and wellbeing of older people in the county.

Using the World Health Organisation (WHO) Age-friendly Communities Framework, which emphasises some of the key determinants of healthy ageing and promoting the well-being of older individuals, as our guide, we can begin to understand the challenges within the context of Lincolnshire. Additionally, the Centre for Ageing Better in Lincolnshire is a strategic partner of Lincolnshire County Council and continues to play a pivotal role in supporting the implementation of policies and initiatives to address the needs of the ageing population.

By embracing the healthy ageing agenda and addressing the needs and challenges of our older population, we can foster a healthier, more resilient society for generations to come. We must all engage to build a future where age does not limit potential but enhances the richness of life for people in Lincolnshire.

Finally, I would like to acknowledge and thank all of those who have supported the writing and production of this year's Director of Public Health Annual report.

Derek Ward
Director of Public Health



I am very pleased to co-present the 2023 Director of Public Health annual report with Derek. Our report stresses the importance of addressing the needs of our older population people in Lincolnshire and additionally, allows us to

highlight the challenges experienced by Lincolnshire's adult social care workforce and unpaid carers (most often family or friends) who contribute so much to our communities. A high number of older people, particularly in our rural and coastal communities, face personal and present social care challenges, both for professional services and unpaid carers. Additionally, in their everyday lives whether getting around the house, undertaking everyday tasks or who have no other support. In this report we highlight the growth in the prevalence of preventable health conditions requiring supportive social care support. This should focus our attention on finding innovative ways to support those in most need, whilst empowering those who can be supported with a lighter touch an opportunity to retain independence, be more resilient and stay connected.

Digital Technology is playing an increasing role not just in our personal and private lives but also in transforming the health and care system in Lincolnshire. We are working with our health partners to maximise use of technology in key areas.

I echo Derek's call to action to embrace the healthy ageing agenda. It is vital that we address the needs of our older population, and the challenges they face, enabling them to enjoy rich and rewarding later lives. For health and social care services to remain sustainable for Lincolnshire's growing population of older people, substantial investment is required in new ways of working, better use of improved housing and technology, reaping a return on investment both socially and economically.

Glen Garrod

Director of Adult Social Services

2 Introduction

In this annual report for 2023, we will be describing how the World Health Organization (WHO) Age-friendly Cities Framework (Figure 1) can be applied to the older population of Lincolnshire. In doing so we will see that, with the right provision of services and support, there is a positive outlook for older people in the county.

The Global Network for Age-friendly Cities and Communities was established by the WHO in 2010 and connects cities, communities, and organisations around the world through a common vision of ‘making their community a great place to grow old in’. (WHO, n.d.) In the UK, the Centre for Ageing Better is the affiliated network who work with partners across the Country to test out new approaches to ageing better that could be rolled out to other areas. Due to its coastal and rural population, Lincolnshire was selected as one of the three original partners along with Greater Manchester and Leeds (Centre for Ageing Better, 2023a,b)

Establishing Lincolnshire as a positive age-friendly place for our older population to live is important. In comparison to inner cities, our large proportion of older people, combined with the rural and coastal geography in Lincolnshire, add different logistical and personal dimensions to good provision of services and infrastructure that support the health and wellbeing of older people.



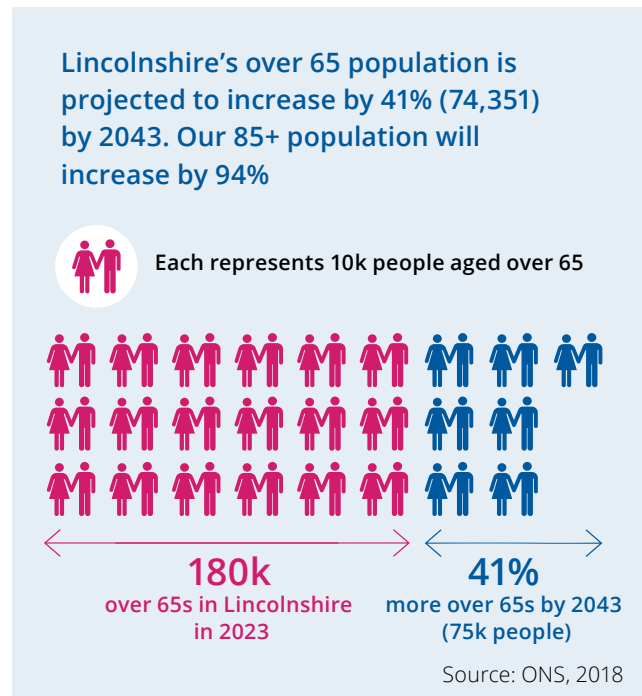
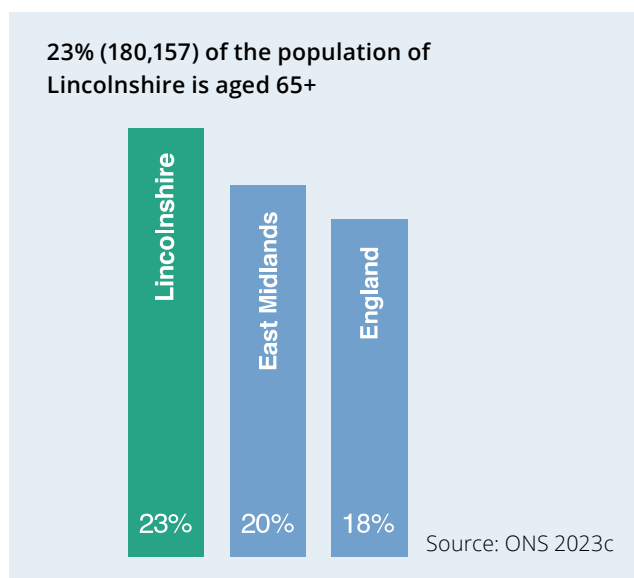
Figure 1 (Centre for Ageing Better 2023c)

The work done in East Lindsey and the legacy of that work provide an example of what is achievable. The next section in this introduction, along with each chapter in this report, describes the impact our older population, in rural and coastal settings where appropriate, has on health and social care provision in Lincolnshire and how each domain links to personal circumstances and local infrastructure. Each chapter begins with an infographic which illustrates how its theme interconnects with other domains.

3 Lincolnshire Geography and Population

Lincolnshire has a diverse population with a mix of urban, rural and coastal areas. The density of the population is relatively low due to the rurality of the county but can vary considerably between Districts. Almost all our districts are in the top 30% of the least dense districts in Great Britain. In Lincolnshire, nearly a quarter (23%, 180,157) of the population are aged 65 and over, higher than the East Midlands (20%) and England (18%) and this is estimated to grow by 41% to 255,000 people over the next 20 years. The Old Age Dependency Ratio (OADR), a measure of the number of people aged 65 years and over for every 1,000 people of working age (16 to 64) is also more pronounced in Lincolnshire (39.4) compared to the England average (29.4), and East Lindsey has the fifth highest proportion of over 65s in Great Britain with an OADR of 54.8. (Office for National Statistics (ONS), 2023c).

Proportion of Population Aged 65+

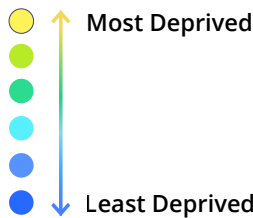
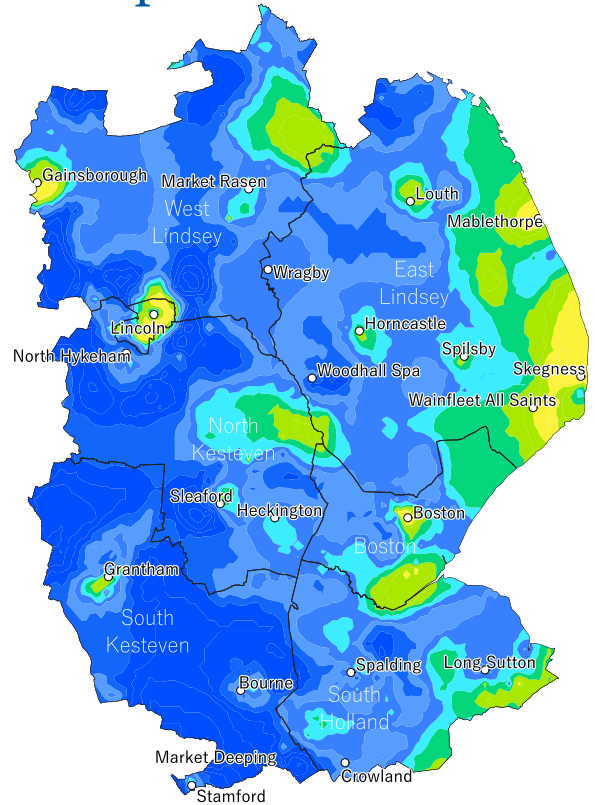


Lincolnshire demography presents unique challenges in rural and coastal areas, the vastness and scattered population can make it difficult for older adults to access essential services including health care, transport, and social support. Despite these challenges, the ageing population is a valuable resource, many older people actively contribute to the community and participate in voluntary activities, which can promote active ageing and enhance the wellbeing and quality of life.

The health of our older population is of great concern particularly when we consider this alongside the projected rise in the over 65 population in the next 20 years. When we factor in the levels of disability-free, and healthy life expectancy, this tells us that both women and men in the county are likely to live

at least part of their older age in ill health. In addition, inequalities impact negatively on health and life expectancy, the most deprived areas in the county, seen on the east coast and in urban areas such as Lincoln, Gainsborough, Boston, and Grantham, have lower life expectancy and poorer health outcomes than those living in the least deprived areas (OHID, 2023). This illustrates the scale of potential reliance on health and care services over the next 20 years, not just in rural and coastal areas but in urban centres too.

Deprivation Affecting Older People

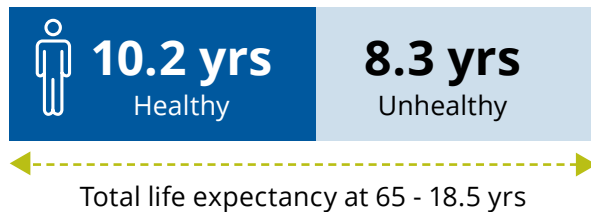


Source: GOV.UK English Indices of Deprivation, 2019

Are we Ageing Well?

Life expectancy and healthy life expectancy at 65 in Lincolnshire

Male



Female



Source: OHID 2023

It is estimated that of all those aged 65 and over in Lincolnshire, 48,000 (27%) have a limiting long-term illness whose day-to-day activities are limited a little. This is projected to increase by 18,000 (40%) by 2040. For those with a limiting long-term illness whose day-to-day activities are limited a lot, the increase is expected to be closer to 47%, affecting 61,000 people. (Projecting Older People Population Information (POPPI) 2023). Adults aged over 65 have on average 2.6 long term conditions, those under 65 average 0.7, (NHS Lincolnshire ICB, 2023).

4 Community Support and Health Services



In an age-friendly Lincolnshire, providing care for older individuals is vital for maintaining their health, independence, and activity levels, and this includes easy access to a range of health and social care services (WHO, 2023). As our older population grows, the demand for community support and health services will increase (Centre for Ageing Better, 2023). This projected rise presents a significant challenge, as older people tend to develop long-term conditions and require more health and social care (NHS England, 2023). Lincolnshire faces higher prevalence rates both regionally and nationally, for many long-term conditions, and our population of over 70s will be around 100,000 by 2040 (Office for National Statistics, 2023). This presents a significant challenge for health and care services. Our rural and coastal areas encounter additional challenges related to workforce recruitment and retention including the distances required to access services.

In Lincolnshire, healthcare provision centres around hospitals in Lincoln and Boston, offering major

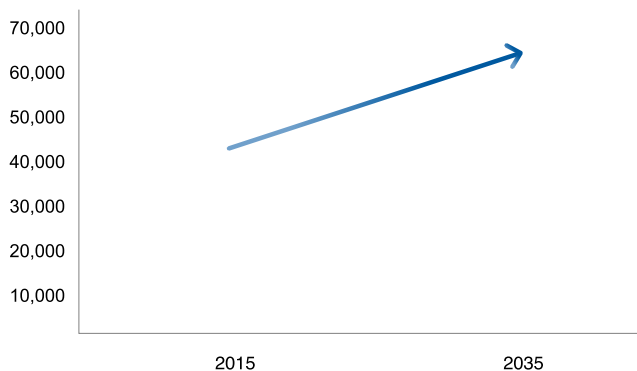
specialties and 24-hour emergency services, while other areas provide community health clinics and support services (United Lincolnshire Hospitals Trust, 2023). However, older people in rural and coastal communities often face long journeys to access specialist healthcare, a concern discussed further in the Transport chapter. Residents near Lincolnshire’s non-coastal borders often travel to neighbouring counties for hospital care, imposing significant barriers, particularly for people without private transport.

Nationally, NHS waiting lists for elective care are increasing, and progress in reducing wait times is slow (Nuffield Trust, 2023). Lincolnshire’s ageing population compounds the pressure on hospital, general practice, and social care services, and the county struggles to recruit qualified staff. Challenges such as low pay and unsociable hours affect recruitment and retention in social care (HM Government, 2022). An ageing population with complex health needs adds to GPs’ workloads, already affected by NHS backlogs (NHS Digital, 2023).

Innovative solutions are needed, and Lincolnshire's health and social care system is already starting to adopt these. Digital technology can free home care staff to visit service users with higher needs, of particular importance to rural and coastal areas where service users are spread across large distances; and the LIVES falls response units help prevent unnecessary visits to A&E. (LIVES, 2023). Utilising our data and information more effectively through adopting population health management (PHM) approaches can address specific health needs, using evidence-based strategies to enhance outcomes and quality of life.

Challenging Need in the Next 10-15 Years

Over half of 65 - 74 year olds are expected to be multimorbid (2+LTCs) by 2035



Source: Kingston, et al., 2018

Falls Case Study

Falls are the most frequent type of accident in people over 65 and the number of injuries increases with age. It is estimated that around 53,000 people in Lincolnshire will suffer a fall each year creating a significant strain on health and care services. In 2021/22 for the age 65-79 group there were 1,095 Emergency Hospital Admissions due to a fall, for those age 80+ this rose to 1,990 (OHID, 2023d). Someone who has fallen has a 50% probability of significantly impaired mobility and 10% probability of dying within a year.

The LIVES Falls Response Team provide immediate assessment and treatment for fallers in their homes and have reduced the number of transfers to hospital for urgent care by 5%. LIVES are also proactively referring patients onto prevention and early intervention services (5.5 times more than EMAS) – helping to reduce pressure on services.

One You Lincolnshire are also piloting a programme to help older people at risk of falls through strength and balance activity.

Source: unless otherwise stated: Lincolnshire Health Intelligence Hub (LHIH), JSNA: Falls, 2023



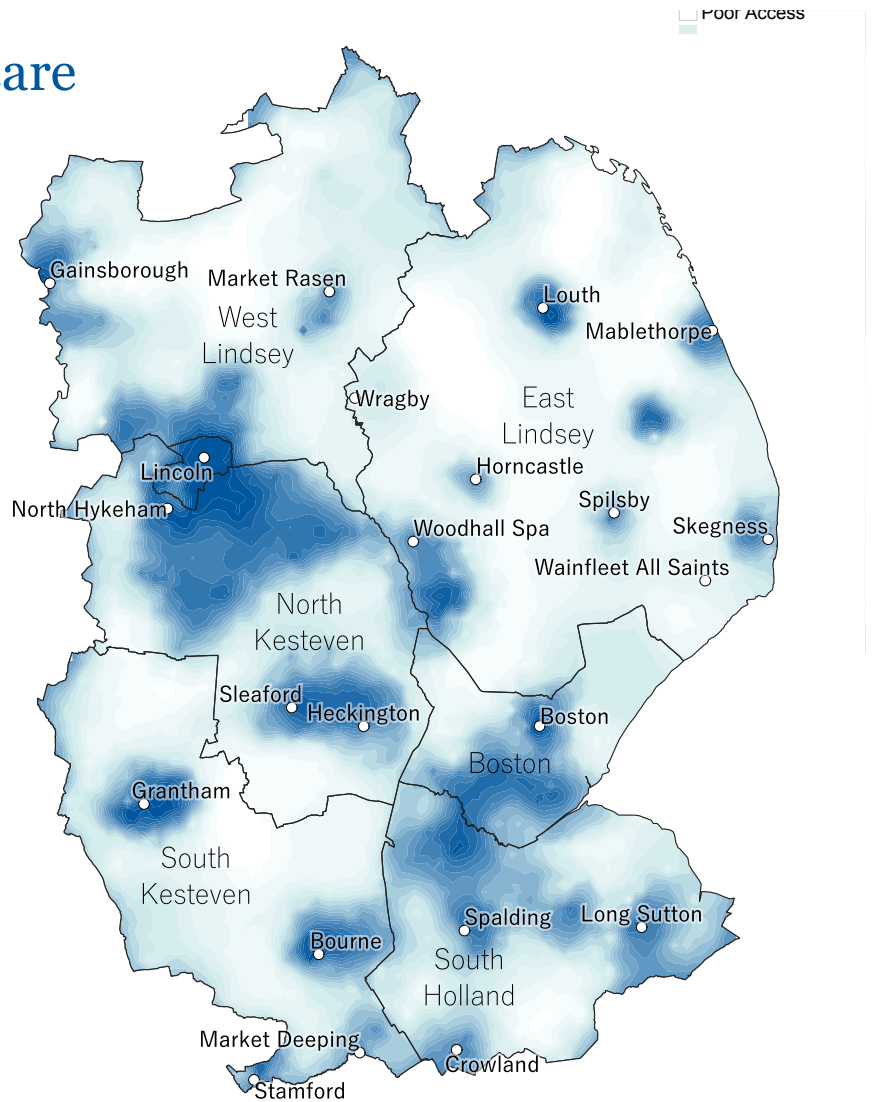
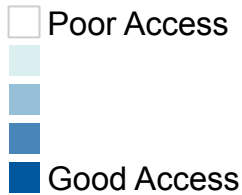
Every hip fracture costs the NHS an average of
£14.6k (NHIR, 2023)



Each day in hospital costs approximately

£400 to the NHS (BMJ Open, 2020)

Access to any healthcare in Lincolnshire



Key Points

- In an age friendly world, the provision of health and care, including preventative measures, which is accessible and timely is essential in enabling older people to remain independent, healthy and active.
- The county has issues with workforce recruitment and retainment in both health and care sectors.
- Health and care services are impacted by the large ageing population who require higher levels of medical and social care.
- In rural and coastal areas, patients need to travel long distances to access hospital care.
- Service responses are in place and being developed which help reduce the impact on services.

5 Respect and Social Inclusion

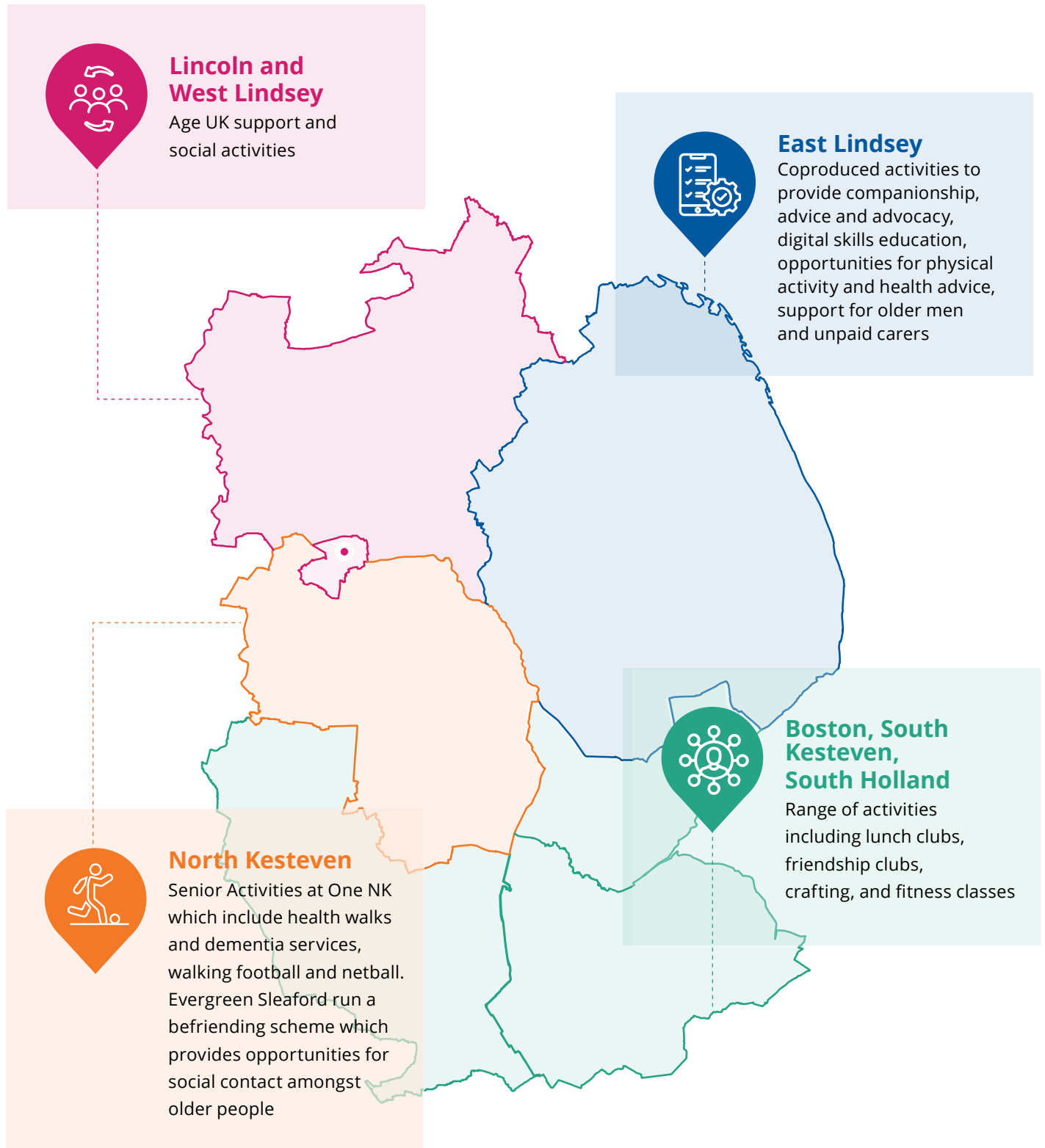


Respect and Social Inclusion is characterised by; intergenerational interactions; education about ageing; an expectation that people will appreciate the elderly; and social and economic inclusion. (WHO, 2023). Despite age being a protected characteristic, ageism remains prevalent (Centre for Ageing Better, 2023). Changing perceptions of ageing is challenging, but ensuring older people feel valued and included by their community, and are supported to stay well for longer, will reduce the need for health and social care services.

The risk of isolation increases with age, ageism can exacerbate this, leading to multiple disadvantages and isolation among older people (Age UK, 2018). There is a need to identify and include our LGBTQ+, Black, Asian and Ethnic Minorities (BAME), and migrant populations. Our older LGBTQ+ population, although relatively small in number, often lack traditional support structures and may face discrimination, impacting their mental health and well-being (Age UK, 2021). BAME groups, again a relatively small population compared to other areas of the country, are disproportionately affected by certain health conditions and institutional racism, necessitating recognition of their needs (King's Fund, 2023).

East Lindsey, our most sparsely populated district with market towns and seaside villages, faces unique challenges, including high levels of deprivation, especially in coastal communities, and a seasonal economy that offers limited opportunities for older job seekers (Office for National Statistics (ONS), 2023). It is the only area in Lincolnshire with WHO Age-Friendly status. This status signifies a commitment to listening to the needs of its ageing population (nearly 40% of East Lindsey's residents are aged over 60, exceeding the national average) to create age-friendly environments. In collaboration with the Centre for Ageing Better and Lincolnshire County Council, the Rural Strategic Partnership was created to focus on housing, communities, health, and work (Centre for Ageing Better, n.d.). Using a co-production approach involving older people, activities were developed to provide (TED in East Lindsey). Despite barriers in remote areas, intergenerational contact facilitated by co-production can dispel negative perceptions and foster community integration, preventing ageism (WHO, 2021b).

There are a range of activities available across Lincolnshire to support our older residents



These evidence-based initiatives in East Lindsey are positively supporting the local older population, fostering mutual respect, reducing social isolation, influencing health and wellbeing services and most importantly, providing an example of how facilitating an age friendly community approach has created a legacy which continues to shape older people's positive experiences.

Throughout Lincolnshire there is a wide variety of formally co-ordinated and localised activities for older people. These provide a mixture of opportunities for friendship and healthy activities designed to keep body and mind active, in turn contributing significantly to older people's health and wellbeing. For example, Age UK in Lincoln provide a range of different activities in their Park Street Venue, which acts as both a hub for support information and offers both virtual and venue based social activities. In the Boston, South Holland, and South Kesteven districts social groups include lunch clubs, friendship clubs, crafting, and fitness classes. (Lincoln & South Lincolnshire Age UK, 2023) Elsewhere, in North Kesteven, there are Senior Activities at One NK which include health walks and dementia services, walking football and netball, and over 50s activity groups (Better, 2023). Localised activities include warm spaces which are available throughout the county in diverse locations such as churches, garden centres and village halls. (Warm Spaces, 2023), and Evergreen Sleaford run a befriending scheme which provides opportunities for social contact amongst older people (Evergreen Sleaford, 2023). These are representative examples of the excellent work being carried out in the county to enable older people to live socially active lives and reduce isolation and loneliness.

Key Points

- Social interaction is crucial to reducing isolation and has potential to reduce burdens on health and care provision.
- There are potential benefits to the community in increasing activities for intergenerational interactions.
- Facilitating intergenerational contact through the coproduction of services and activities is good practice in an age friendly community and can lead to greater understanding between age groups.
- Some older people in minority groups can be further marginalised due to social perceptions.

6 Communication and Information



Our ability to communicate effectively plays a crucial role in active ageing, but modern times often bring information overload. Recognising the diverse needs of Lincolnshire’s older residents and service users is essential, including those who speak languages other than English, those with limited digital technology skills, or those with dementia or sensory and physical impairments (WHO, 2023; Centre for Ageing Better, 2023). Barriers to communication and information access can stem from individual capabilities, financial constraints, poor signage and inadequate digital infrastructure (Chief Medical Officer, 2021).

Recognising and addressing these factors is crucial, particularly in our health and care settings where insufficient support can lead to increased demands or deter individuals from seeking care, leading to poorer health outcomes and inequalities (National Voices, 2023). Staff awareness of communication barriers can promote positive interactions between professionals and service users/patients.

Digital activities like online shopping, social media engagement, and accessing information, have the potential to enrich the lives of older people, especially

in rural and coastal areas with limited transport options (Haartsen et al., 2021). Digital connectivity can contribute to better overall health by reducing isolation and loneliness, a topic discussed in our social participation chapter. Some services, like GP bookings, health checks, and medication reviews, increasingly depend on online tools and apps. However, older people still primarily prefer to receive information through traditional media and personal contact, such as phone calls (WHO, 2023). Local data indicates that for Lincolnshire residents aged over 65, postal communication remains the preferred method (Experian, 2023). How service providers communicate with older residents is fundamental to their ability to interact with the Lincolnshire health and social care system.

Barriers to digital communication include financial limitations, inadequate digital infrastructure, and a lack of digital skills (Ofcom, 2022). For people with limited incomes, the cost of internet access or mobile phones can be prohibitive. Some areas in the county suffer from poor digital connectivity and our local digital exclusion analysis shows that communities more

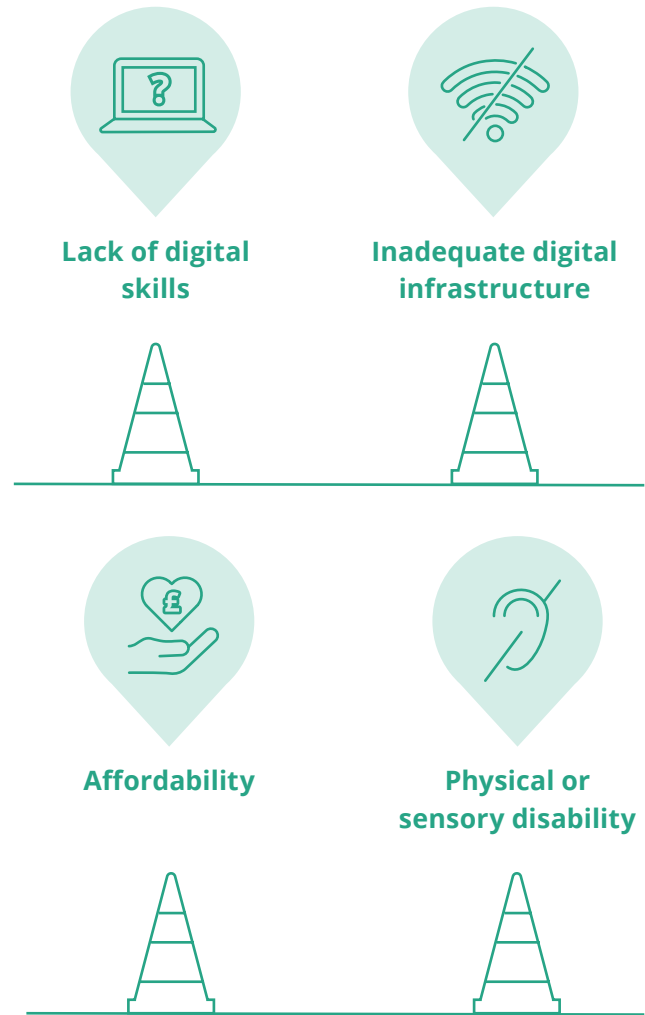
at risk are those within our coastal and rural areas and closely aligns to areas of deprivation (Lincolnshire Health Intelligence Hub, 2023).

Free internet access is available in public libraries, but accessibility remains an issue for those without a local resource. The Lincolnshire Digital Inclusion Group is working to engage with vulnerable groups by connecting organisations to address digital inclusion (Lincolnshire County Council, 2023).

Digital skills are crucial, but a significant portion of the population, particularly those over 55, have never used the internet (Tabassum, N., 2020). This puts older people at risk of being excluded from essential services and communication channels. Lincolnshire offers initiatives to help older individuals gain digital skills, such as Lincs Digital - community-based learning in East Lindsey - and digital hubs provided by North Kesteven District Council (NKDC). Age UK runs a digital champion programme and Connect to Support offers online guidance for digital and technology support (Age UK, 2023b; NKDC, 2023). Despite these efforts, reaching isolated older individuals remains a challenge (Berni, J., East Lindsey District Council, 2023).

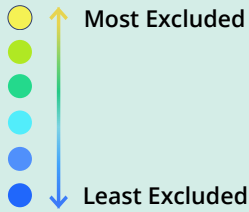
Organisations should provide resources in formats that meet the needs of older people, including adjustments for the physically and sensorially impaired. There is no reason why older people cannot access information digitally and many learn to embrace digital technology successfully, however a minority will remain unable to do so.

Barriers to digital communication

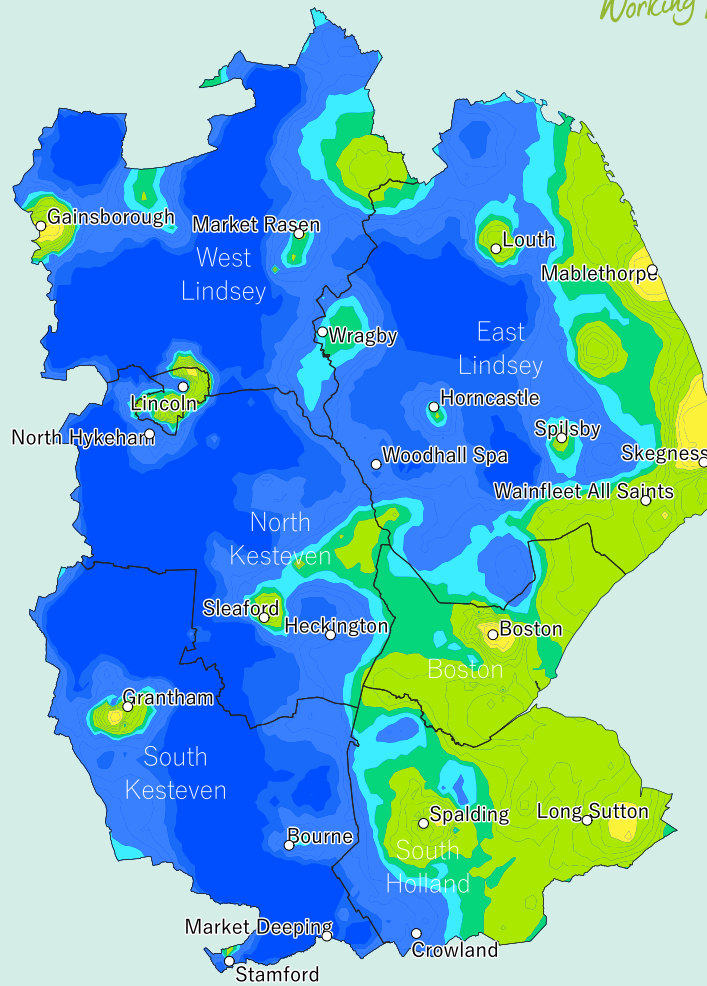


Source: Age UK, 2023

Digital Exclusion



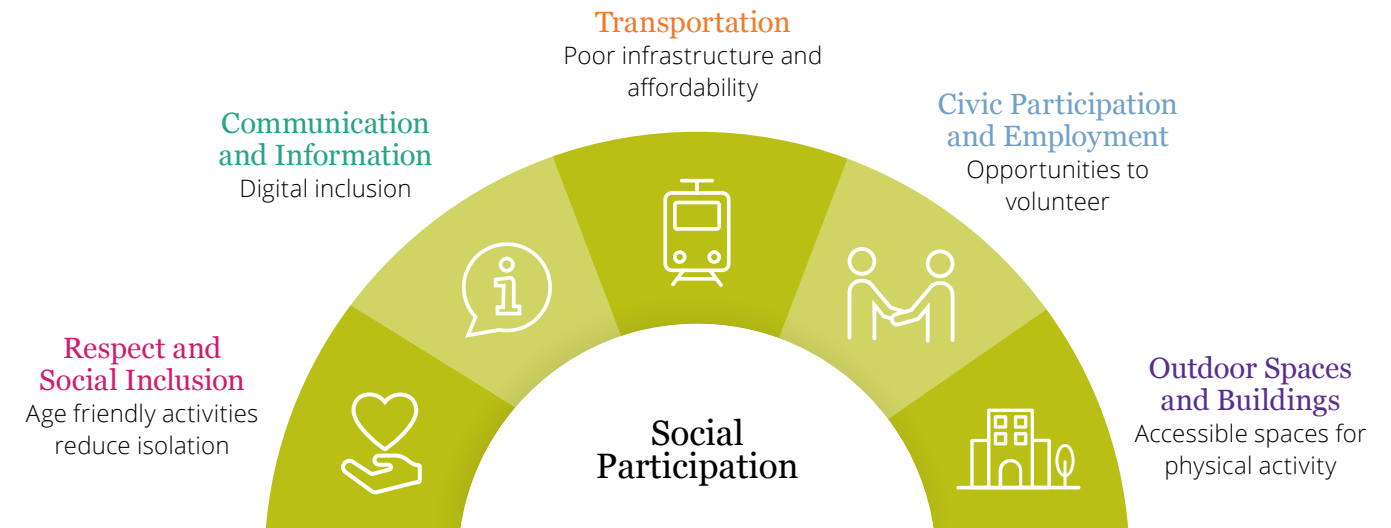
Source: LHIH 2023



Key Points

- Communication and Information is a key part of active ageing and providers should have an awareness of the range of needs and resources older people require to support our older residents who are at risk of experiencing difficulties engaging with health and social care services.
- There has been a move from traditional methods of communicating information and staying in touch, this is driving the need for older people to have good digital skills they are confident in and trust.
- 25% of over 65s do not currently use the internet.
- Barriers to good digital communication are fourfold: lack of digital skills, inadequate digital infrastructure, affordability, and physical or sensory disability. Age is not a barrier in itself.
- The challenge is how to include those at most risk of being isolated by not having digital access, the most complex being affordability.
- It is vital that organisations recognise and respect the communication needs of individuals with physical and sensory impairment including dementia.

7 Social Participation

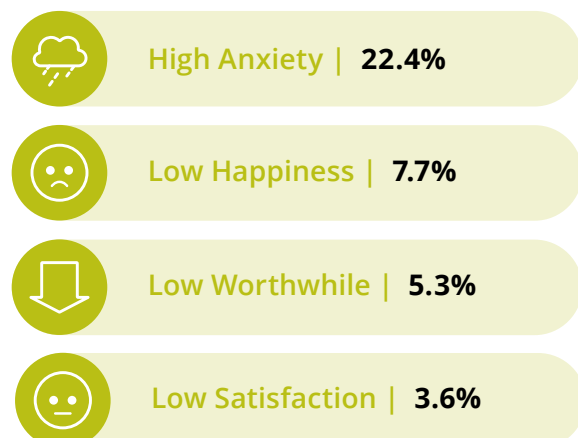


Social Participation means, the engagement in leisure, social, cultural and spiritual activities in the community; which leads to the integration of older people in society, helping them feel engaged and informed. Participation levels are influenced by various factors, including access to transport, physical and mental health conditions, affordability, awareness of activities, and local facilities (WHO, 2020). The importance of social participation as a means of integration and combatting loneliness, with a focus on unpaid carers is paramount for supporting Lincolnshire’s older residents.

We know there are several factors that can lead to isolation and hinder social participation of older people, such as transportation challenges, financial constraints, limited access to information (increasingly online), personal choice, loss of a spouse and a lack of suitable opportunities. Isolation and loneliness can negatively impact health and well-being, creating additional pressure on health and social care services. Isolation and loneliness are not the same, but statistics indicate that 50% of individuals over 60 are at risk of social isolation, and one-third experience some degree of loneliness (Fakoya et al., 2020).

How are our communities affected?

Source: OHID, 2021



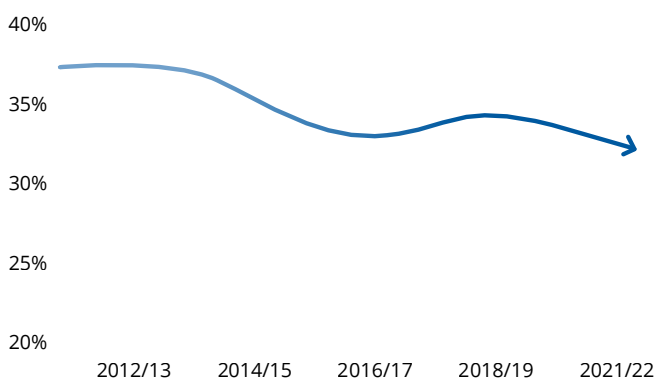
The impact of social isolation on the wellbeing of our residents’ health and well-being is significant. Loneliness can lead to anxiety and further withdrawal from society, making intervention critical. Health impacts are thought to be equal with other public health priorities like obesity and smoking. Loneliness is also associated with increased risks of: Inactivity, smoking, Coronary Heart Disease, Stroke and Alzheimer’s (DCMS, 2018). The prevalence of these conditions is getting worse in Lincolnshire (except for smoking). Alongside this, it is predicted by 2040, for the projected 65+ population, Dementia will affect

19,800 or 7.8% (an increase of 7,000 people) and falls that require hospital admission will rise by 56.0% (Source: POPPI, 2023), underscoring the need to reduce isolation and loneliness to alleviate pressure on health and care services (POPPI, 2023). More concerning for Lincolnshire is that rural and coastal residents are at a greater risk of loneliness than those living in our urban areas.

Unpaid carers are seven times more likely to report loneliness and face a higher risk of worsening physical and mental health conditions due to isolation (Carers UK, 2021).

Our data tells us that as our residents age they are more likely to provide unpaid care and will increase by 35% by 2040 (POPPI, 2023). A substantial number of older carers may experience limited social contact. Identifying carers with hidden needs is crucial as the ageing population and age-related illnesses increase (Carers Trust, 2023). To address these challenges in Lincolnshire, we have a range of organised social opportunities for older people, like men’s sheds and walking groups, promoting intergenerational connections. Such initiatives benefit communities and emphasise the importance of investment in such services.

The % of adult carers who have as much Social Contact as they would like has dropped considerably over the last decade



Source: NHS Digital, 2022

Lincolnshire Carers Service Case Study

As the population lives longer, the Lincolnshire Carers Service is required to support many more older carers. As they become older, their caring capacity is likely to diminish, meaning that the long-term future of their current arrangements will be in many cases unsustainable. Shortly the Carers Service will be implementing a new service which will target support for this group of carers over the age of 65, who are known to adult social care and living and supporting someone with a learning disability.

Key Points

Social Participation is engagement with cultural activities that foster older peoples’ continued integration in society, which:

- can help prevent the onset of diseases associated with ageing: dementia, strokes, and cardiovascular disease.
- is a priority for Lincolnshire because people living rurally experience higher rates of loneliness and isolation.

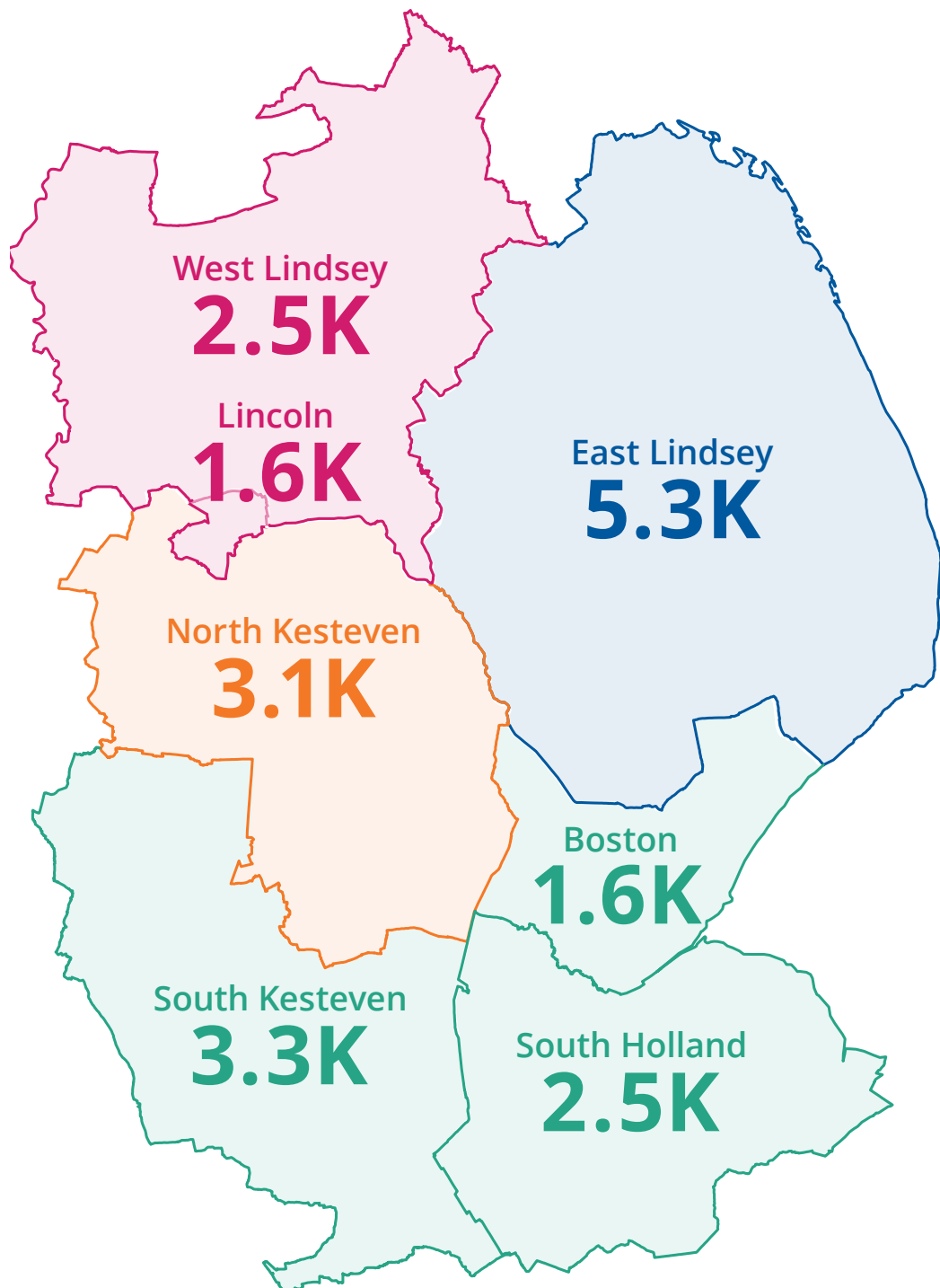
Evidence suggests isolation and loneliness are pressing public health issues barriers to increased Social Participation include:

- Transport provision and access to information.
- An unpaid caring role which increases the risk of social isolation and loneliness.
- Isolation does not imply loneliness, but both are barriers to increased participation.

Unpaid carers in Lincolnshire



Over 20,000 people aged over 65 in Lincolnshire provide some level of care every week, 25% of which are in East Lindsey



Source: ONS, 2023

8 Civic Participation and Employment



Civic participation, encompassing employment, political engagement, and the availability of volunteering opportunities, is vital for our older residents to contribute to their community and maintain a sense of purpose (WHO, 2020). Opportunities for civic participation can decrease with age due to ageism, financial constraints, and perhaps most relevant - the rurality of Lincolnshire (Centre for Ageing Better, 2023a).

Although there are around 17,000 over 65s still economically active, 90% of Lincolnshire's over 65 population are economically inactive, with the majority of those (96%) having retired (ONS, 2023b). Ill health significantly impacts the ability to work, for example only 59% of working age people with musculoskeletal conditions (such as arthritis) are in work (Public Health England, 2019).

For many older individuals, finding a job is challenging due to perceived limited opportunities, leading to "discouraged workers" who have lost hope of securing employment (Stickland, 2022). Discriminatory hiring practices, skills mismatches, and access issues further complicate the situation. Schemes aimed at supporting

older residents back into work can be hindered by transport and technology access (Department for Work and Pensions, 2022).

Ageism poses a significant barrier for older job seekers who can face prejudice and discrimination, limiting their employment prospects (Centre for Ageing Better, 2023b). Volunteering offers numerous benefits, including reduced mortality rates and lower long-term care needs (Filges, T., et al., 2021). It plays a significant role in the transition from work to retirement, reducing the burden on health and care services. Good practice in volunteering should include accommodating people with disabilities, unpaid caring responsibilities, and those with long-term conditions, but barriers like financial constraints, digital exclusion, and transportation issues persist (Centre for Ageing Better, 2023a).

Lincolnshire Community and Voluntary Services, along with Voluntary Centre Services, coordinate volunteering and social prescribing efforts in the county, offering comprehensive options for older individuals.

Social prescribing, which signposts people to local services and activities supporting their wellbeing, benefits those with mental health issues, long-term conditions, complex social needs, and veterans (Lincolnshire Community & Volunteering Service, 2023). Although local data is unavailable, England-wide statistics show that 61% of individuals aged 65 to 74 participate in volunteering activities, and 51% of over 75s (Statistica, 2023). This suggests almost 100,000 older residents in Lincolnshire could be participating in voluntary activities.

Key Points

- Civic participation and work enhance an individual's ability to contribute to society, in addition it can provide financial stability, improve health and increase social contacts
- Options for paid employment diminish as we get older, in part due to perceptions of ageing, or a lack of opportunities which become pronounced in deprived rural areas, particularly along the east Coast.
- Employability is affected by individual circumstances: physical health, use of technology, willingness to work, and living in remote locations particularly on the east coast.
- For many, retirement and reduced incomes can lead to a sense of disempowerment, this is compounded where transport is an issue.
- Older people can continue to be engaged with their local community, through paid work or meaningful and inclusive volunteering.
- Volunteering can provide: a gateway into work, new social networks, opportunities to gain new skills or pass on experience, and personal fulfilment after retirement.
- Organised volunteering networks cover the whole county providing a range of opportunities for all abilities. These include social prescribing for people with disabilities and unpaid caring responsibilities.



90% of Lincolnshire's over 65s population are economically inactive with the majority of those (96%) having retired

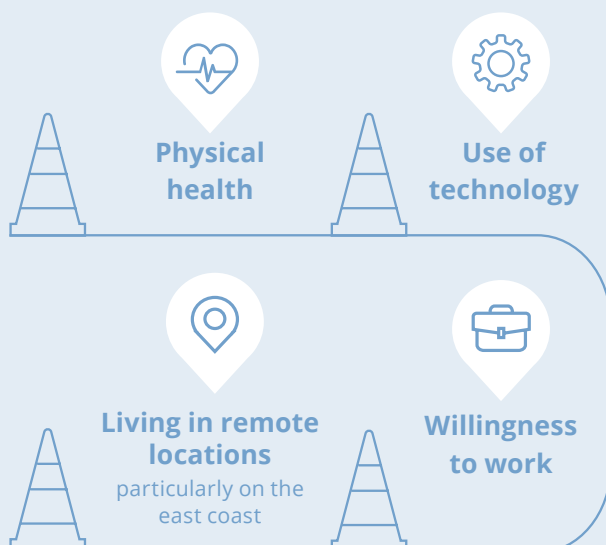
Source: ONS, 2023b



100,000 older residents in Lincolnshire could be participating in voluntary activities

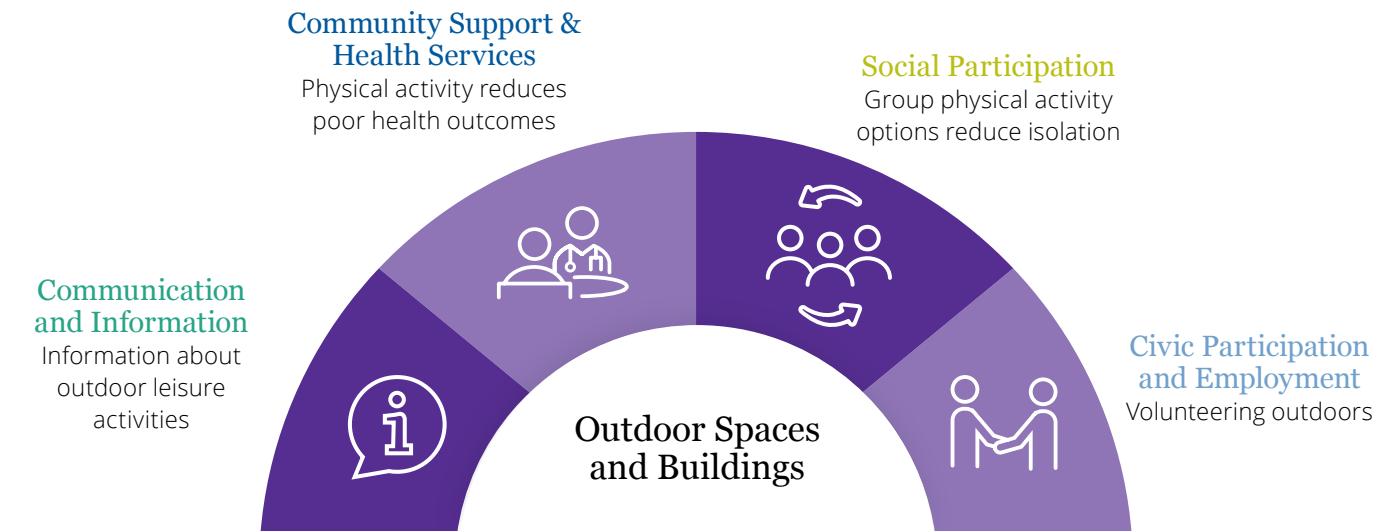
Source: Statistica, 2023

The key barriers to employability for older people wanting to work



Source: Age UK, 2021

9 Outdoor Spaces and Buildings



In an age-friendly world, outdoor spaces and buildings play a pivotal role in ensuring a secure, pleasant, and welcoming environment for older people. These spaces should feature age-friendly elements such as well-maintained buildings, walkways, safe pedestrian crossings, and rest areas, all of which support the mobility, independence, and overall quality of life for older people outside their homes (WHO, 2023). Good practices include local businesses offering resting spots and walk audits involving older individuals identifying pavement, curb, and crossing needs (Centre for Ageing Better, 2023).

Lincolnshire, boasting an abundance of green spaces, public parks, over 2,5000 miles of public rights of way, and around 50 miles of coastline (Lincolnshire County Council, 2023; Explore Lincolnshire, 2023), offers ample opportunities for outdoor activities. However, access to these spaces can be hindered by factors including disability, lack of transportation, absence of toilet facilities, and a move to car parking apps. In urban areas, concerns about personal safety and poor air quality can create additional obstacles. Addressing these barriers is essential, as local research links higher levels of inactivity to greater deprivation,

poorer health, and reduced social and community cohesion, contributing to significant health inequalities across Lincolnshire (LHIH, 2023).

As our older population in Lincolnshire increases, a corresponding growth in disability and ill health due to inactivity is expected. This will place further strain on health and social care services. While gyms, swimming pools, and sports clubs can be costly and less accessible in rural and coastal areas, walking and gardening remain popular physical activities that are less income-dependent and more accessible (Active Lincs, 2019). Our One You Lincolnshire lifestyle service offers tailored support for healthy ageing for our over 55s and has proven effective in improving the lifestyles of our older residents (One You Lincolnshire, 2022).

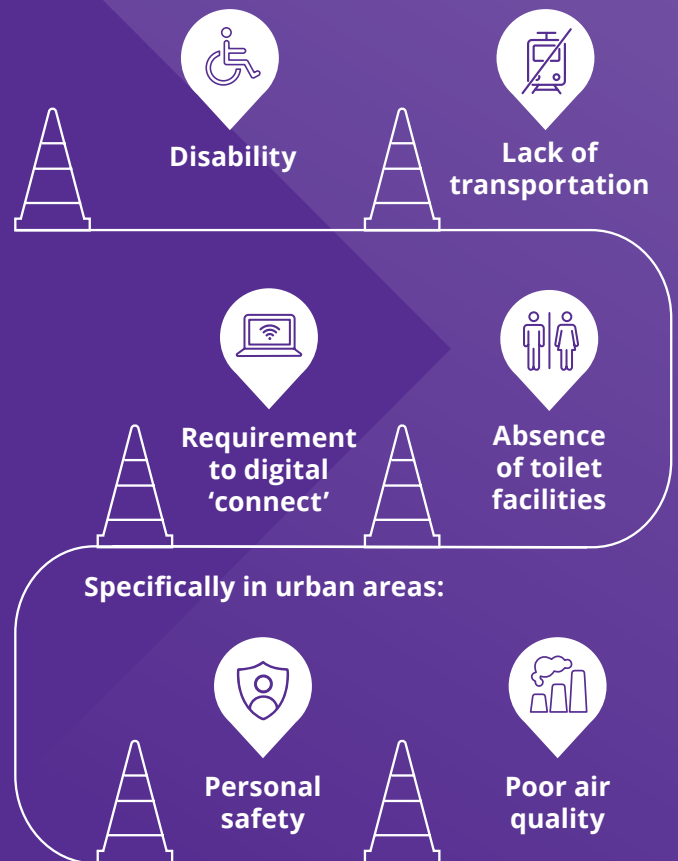
Case Study: One You Lincolnshire

One You Lincolnshire are commissioned by Lincolnshire County Council to deliver interventions to help people who want to make healthy lifestyle changes.

- The One You Lincolnshire 'Move More' programme encourages people to meet the Chief Medical Officer's recommended 150 minutes of physical activity per week through a mixture of free 1-1 and group sessions, both online and in gyms/leisure centres.
- 'Move More' includes 'tailored support for over 55s' which offers advice on healthy ageing including nutrition, mental health, falls and dementia prevention'.
- An evaluation of 'Move More' shows that in 2021/22, more than 4,500 over 55s improved their physical activity status (Source: One You Lincolnshire, 2022).
- Anyone can access this service, and GP practices can refer patients to it through the social prescribing pathway. (Source: One You Lincolnshire, 2023).
- A pilot is underway to target people at risk of falls through strength and balance activities.

Age-friendly outdoor spaces play a vital role in encouraging active lifestyles, improving the well-being of older individuals, and reducing the burden on healthcare services.

Barriers to physical activity for older people



In Lincolnshire...



93% of all households in Lincolnshire have access to private outdoor space



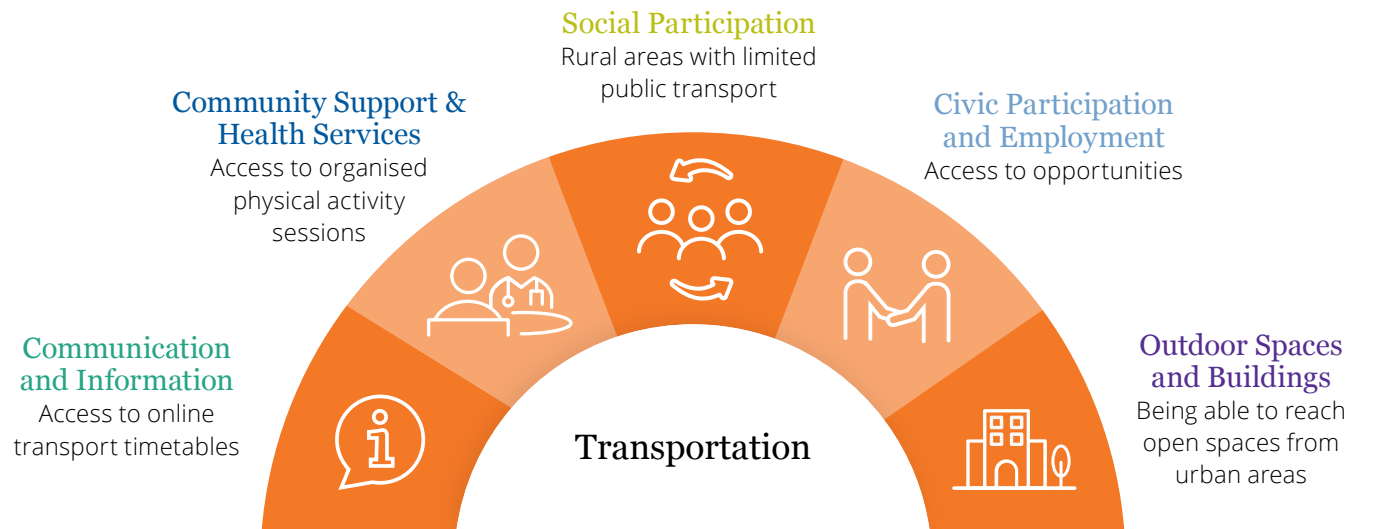
The average distance to the nearest park or outdoor space for Lincolnshire residents is **650 metres**

Source: ONS, 2023

Key Points

- Outdoor Spaces and Buildings refers to recreational areas which provide an age friendly environment which older people feel safe to visit.
- In the context of physical activity, Lincolnshire has good provision of outdoor spaces - parks, public footpaths and the coast - providing free or low-cost areas for exercise which benefits those living with the highest levels of deprivation.
- Provision of age-friendly facilities is necessary for older people to take part in physical activity, particularly for those with limited resources.
- In turn this reduces pressure on health and care services where the population of older people is predicted to grow by up to 48% by 2040.
- Structural barriers to older people taking part in physical activity include a lack of toilets, use of car parking apps, and poor public transport networks in rural and coastal areas.
- Human barriers include ageism, both negative attitudes towards older people, and their own perceptions relating to ageing, put them off participating.
- Social prescribing can help put older people in touch with support and advice from organisations like One You Lincolnshire and can be a way through both human and structural barriers.

10 Transportation



Accessible, affordable, and safe public transport is a crucial element of an age-friendly environment, facilitating active ageing and community engagement (WHO, 2020). This includes age-friendly driving conditions and parking facilities. It is important that transportation options are not only accessible but affordable, reliable, and convenient to meet the diverse needs of our older residents, especially in a rural county like Lincolnshire. Failure to provide suitable transportation options can lead to isolation, hinder access to healthcare, shopping and social activities, and disconnect older people from society. Transportation challenges disproportionately affect those in rural and coastal areas, where poor bus and rail networks, as well as long distances from population centres create barriers.

In Lincolnshire, transportation issues faced by our older residents can be influenced by personal circumstances including financial constraints, not owning a car or having to stop driving for health reasons, social connections, and digital exclusion which impact their ability to connect to services and social networks. Those with poor health, frailty, and a lack of local support connections are particularly affected by

limited transportation options. This can lead to physical and social isolation, loneliness, and poor mental health outcomes (Mental Health Foundation, 2023). Low income can further exacerbate transportation challenges, making it difficult for our residents to afford fuel or access affordable shopping options (Ministry of Housing, Communities & Local Government, 2019). While some provision exists for those who cannot afford private transport, such as voluntary car schemes and CallConnect on-demand bus services (Lincs Bus, n.d.), these options are stretched, especially in areas of Lincolnshire with large distances to cover between amenities, commercial centres, and health services. Public transport infrastructure varies across Lincolnshire, the west of the county benefiting from good connections while more rural and coastal regions lack comprehensive transportation options. As people age and their confidence in driving decreases, reliable and accessible public transport becomes even more critical. Further challenges like the withdrawal of 3G networks and the introduction of digital parking systems can create additional barriers for older individuals (BBC, 2023).

This results in embedding reliance on home care provision as people are left with no transport choices. Additionally, unpaid carers are also adversely affected by poor access to transport (Watts, 2022).

Ensuring accessible, affordable, and safe public transport is essential to support active, healthy ageing, community engagement, and access to essential services. Addressing transportation challenges, especially in rural and coastal areas, is crucial to promote social inclusion and well-being for older individuals in Lincolnshire.

Less than **45%** of over 85s have access to private transport



Around **half** of Lincolnshire residents are unable to access their GP by walking or public transport within 15 minutes

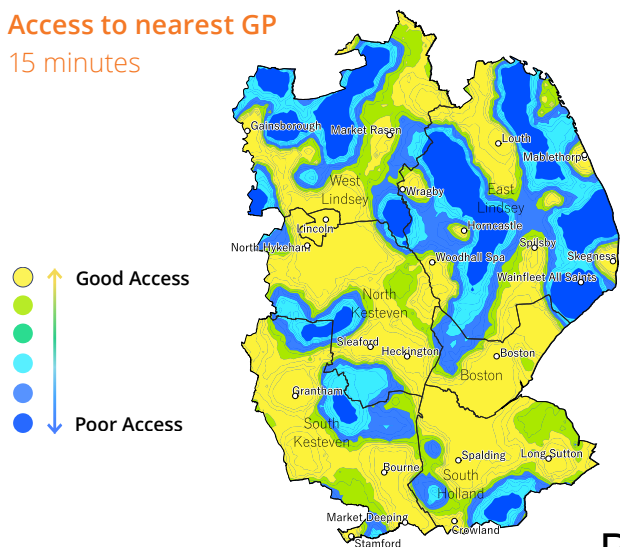


Less than **half** of Lincolnshire's residents can access urgent care or a community hospital within 30 minutes on public transport



Source: TBC

Access to nearest GP
15 minutes

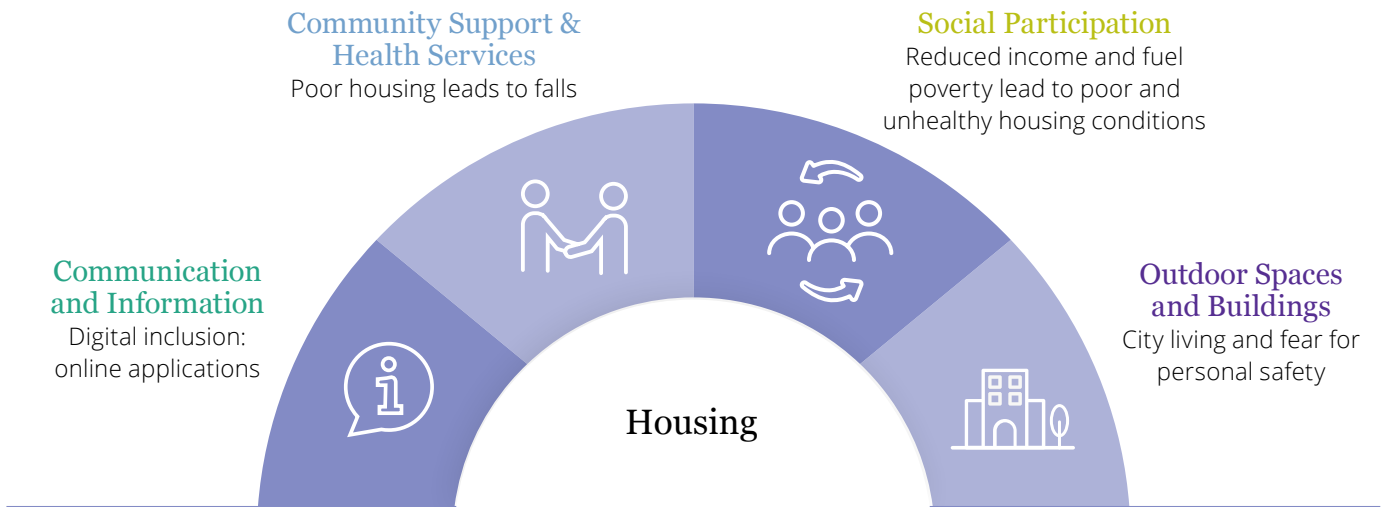


Source: LHIH, 2023

Key Points

- Transport should be affordable and accessible to enable older people to age actively and engage with their communities.
- Long distances to access services and social support, particularly in eastern Lincolnshire which has sparse and inconsistent rural public transport connections and a poor road infrastructure, exacerbates social isolation.
- Considerable inequalities exist between those who must rely on public transport and those with access to personal transport.
- Services in Lincolnshire include; subsidised bus routes; hospital transport schemes; CallConnect bus services; and free bus passes.
- High costs and long travel distances further disadvantage unpaid carers.
- Transportation barriers potentially add to the burden on delivery of home care services which are already stretched.

11 Housing



Housing is fundamental to quality of life and ageing independently in the community. Suitable housing close to essential services plays a pivotal role in enabling older people to live comfortably and securely. Age-friendly adaptations support people to stay in their homes for as long as possible (WHO, 2023). When this is no longer feasible, a variety of housing options can help enable continued independent living.

Poor-quality housing, particularly cold and poorly maintained homes can significantly impact older residents, making them vulnerable to low temperatures, falls and accidents which can trigger a decline in health and potentially lead to a move into residential care (Lincolnshire County Council, 2022; UK Parliament 2018). There are many reasons people live in poor or unsuitable housing; fuel poverty where fuel costs leave people below the poverty line, lack of mains gas supply in rural areas, insufficient insulation, and poor ventilation, which may result in deteriorating living conditions (UKERC Energy Data Centre, 2023). Furthermore, those on low and reduced incomes are limited in their housing choices, typically having less desirable or poorer housing conditions than others, and finding themselves more likely to be living in rented tenures (Joseph Rowntree Foundation, 2013). Poor housing stock particularly affects older people living in the most deprived areas, along the east coast and

urban areas. This means that some older people in the county are likely to live at least part of their later years in ill health due to poor quality housing. There are a number of funds that District Councils administer, which are designed to provide support to people on low incomes to help them improve the energy efficiency of their homes.



1 in 5 homes in Lincolnshire do not meet Decent Homes Standards



14% of households in Lincolnshire in fuel poverty

Source: UKERC Energy Data Centre, 2023

Lincolnshire Community Equipment Service (LCES) provides and maintains clinically prescribed equipment such as simple aids and hoists, this collaborative service is our response to the growing demand and complexity of need seen in recent years. In the period 2022/23 around 30k people were helped by this service, and to date around 115k items of equipment have been supplied. There is a current pilot scheme with a District Councils to install and maintain stairlifts and access equipment, and from 2024 a wheel chair service will also sit under the LCES team.

In partnership with the Centre for Ageing Better, local authorities and other agencies across Lincolnshire are establishing a Good Home Alliance. To help local people and professionals access a comprehensive range of housing support and information, the Good Home Hub will be available shortly, via the Connect to Support website. This will help older people to make informed choices to maximise their independence for as long as practical.

Targeted support is available via the Wellbeing Service commissioned by the County Council, which includes help with small aids for daily living, minor adaptations, and other home-related needs. Financial assistance in the form of means tested Disabled Facilities Grants (DFGs) for major adaptations such as installing showers or ramps are available. Work is ongoing to streamline this funding which will ensure an equitable and consistent approach countywide. Additionally local energy advice services will help older residents to make their homes more fuel efficient and District councils have developed a common discretionary housing assistance policy to support people who fall outside the provisions of the mandatory DFG or government energy efficiency grants schemes.

The Supported Housing Act 2023 requires local housing authorities and social services providers, to develop

a strategy that aims to meet demand. In 2030, the need for over 65s supported housing or Extra Care Housing is expected to increase by more than a fifth in Lincolnshire, highlighting the potential impact on health and care services if supported housing requirements are unmet (Housing Health and Care Delivery Group (HHCDG), 2021). Due to a shortage of Extra Care Housing, the county council developed a programme with a variety of partners, resulting in De Wint Court Lincoln being fully operational. Future schemes are being developed, and by the end of 2027, it is projected there will be an additional 134 homes for older residents and people with disabilities.



62% of residents (65+) who own their own home report good health status compared to only **42%** for those who rent

Source: Census 2023



The cost of residential care per week is around **£800** rising to **£1,078** for nursing care

Source: Age UK, 2023

Case Study: Lincolnshire Wellbeing Service

- The Wellbeing Service in Lincolnshire is designed to help residents to live independently, this is supported through a personal assessment, usually in the individual's home and includes identification of equipment and adaptations required and a survey of the property to assess its suitability.
- For those eligible for care and support, services may be supplied directly, or the individual may be put in touch with specialist services such as those supplying home equipment; simple aids for daily living; telecare; and the wellbeing response service.
- In the period 2022/23 9,754 referrals were made into the Wellbeing service, an increase of 9% on the previous year; the majority of referrals (62%) are for people over 65 years.

Lincolnshire County Council, 2023

Key Points

- Poor housing conditions for older people can impact physical and mental health, quality of life and the ability to age independently and actively in their communities, in turn these impact on health and social care services.
- Means tested Disabled Facilities Grants, discretionary housing assistance and energy efficiency schemes are available to enable older people to remain in their homes for as long as possible.
- Supported Housing and Extra Care Housing provides older people with housing options which enable them to remain independent but with appropriate support when needed. Both are cost-effective options which help reduce the costs of providing residential care.
- Various partnerships are working together to provide more extra care housing and information resources to enable older people to live as independently as possible for as long as possible.



It is estimated the cost to the NHS for each cold or damp home is **£750** per year (BRE Group, 2023)



Costs for home care average around **£15** per hour

Source: Age UK, 2021

Extra Care Housing Case Study – De Wint Court, Lincoln

In Lincolnshire there are currently seven extra care schemes, with a total of 339 units of accommodation for older people. Following the development of De Wint Court in Lincoln in March 2022, the number of units available in the county increased by 20%. It is anticipated this will further increase by a further 25% by the end of 2025.

De Wint Court offers 70 extra care housing units and approximately 10% of residents came from residential care, thus reducing the financial burden on local authorities as well as supporting our vision to enable people to live independent lives in their own homes.

In the first year, residents reported reductions in isolation, loneliness, and self-neglect as well as significant increase in independence. In addition, a 30% reduction in care and support hours has been reported.

(Source: Lincolnshire County Council, 2023)

12 Conclusion

Collectively the domains discussed in this report highlight the challenges and opportunities in empowering ageing populations in Lincolnshire, with a focus on promoting active ageing, improving access to essential services, and creating age-friendly environments. Without this focus on supporting our population to age well, the demands upon our over-stretched health and care services and workforce will continue to rise.

‘Personal circumstances have a big impact on healthy ageing...’

We have demonstrated how a person’s individual circumstances can present opportunities to thrive in later life or become barriers to ageing well. These include financial status, physical and mental health, family and social networks, digital inclusion, and employment.

‘...but there are considerable structural challenges that older people face too.’

Elements outside a person’s control can be detrimental to ageing well in Lincolnshire. We know that living in a rural or coastal community has its benefits in terms of access to green and blue space and mitigating the onset of ageing but it can also negatively impact how older people age. For those who are digitally excluded, or without access to reliable transport options to enable access to amenities, services and social opportunities, they can become isolated. In turn this can exacerbate health inequalities and pressures on health and social care services.

What’s Next

Our analysis of the age friendly community framework in this report has demonstrated the interdependency between domains. Throughout the report we have detailed the links between the domains, showing where we are likely to be able to make the most impact (Figure 2). By effecting a change or improvement in an aspect of one domain, there can be far reaching positive impacts on others, which cover all interdependent aspects of ageing well in Lincolnshire.

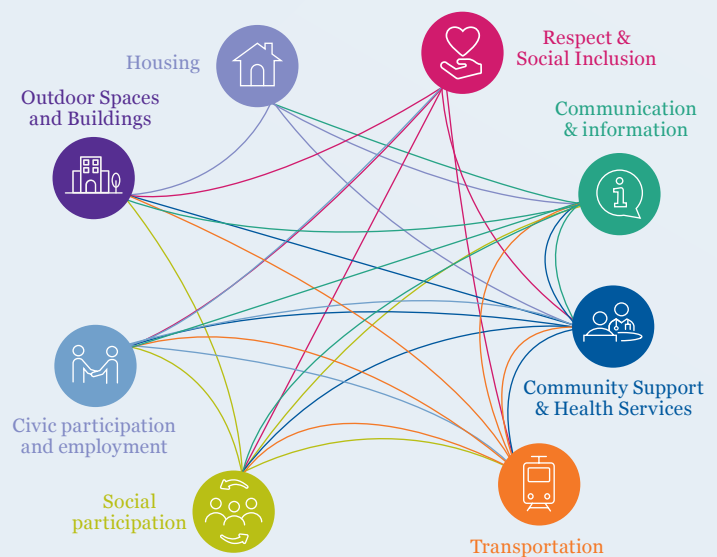


Figure 2

By effecting a change or improvement in an aspect of one domain, there can be far reaching positive impacts on others, which cover all interdependent aspects of ageing well in Lincolnshire.

Whilst challenges are not insurmountable, we have the ability within LCC and across District Councils and 3rd sector organisations to prioritise specific focus areas to reasonably effect measurable impact. Within the eight domains, we can pick out some of the ‘sub-themes’ where if focussed efforts on improving opportunities were made, we could not only add years to life, but life to years.

Social isolation

In a rural county where experience of loneliness and isolation is likely to be greater, tackling social isolation through social participation and integration, through volunteering opportunities and intergenerational activity can prevent the onset of long-term conditions and reduce unnecessary utilisation of health and social care services.

RECOMMENDATION Link up, make accessible and promote the existing services that prevent social isolation among our older residents in Lincolnshire.

Transportation

Rurality and distance between local amenities or health care provision plays a major role in health outcomes, while at the same time increasing the potential burden on the delivery of stretched care services. Promoting affordable, accessible public transport infrastructure to enable better access to health care, and green and blue spaces, will link our most isolated communities and be fundamental in reducing health inequalities.

RECOMMENDATION Promote our subsidised travel hospital transport schemes and support the expansion of voluntary car schemes to improve access for our most isolated communities.

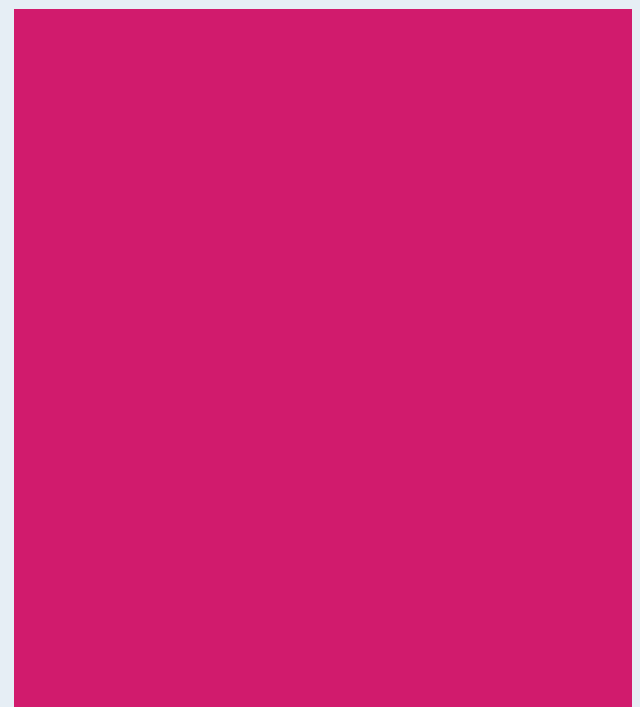
Digital inclusion

Whilst we expect issues with digital exclusion amongst our older communities to diminish, it is important to ensure the barriers to exclusion are understood and tackled. By utilising and building upon existing intelligence we can ensure 'excluded' communities are supported in the ways required to ensure they are not left behind in an increasingly digital world.

RECOMMENDATION Continue to support efforts for the expansion of broadband and digital connectivity across Lincolnshire. Promote the many services and schemes for our communities to become digitally aware and skilled.

Housing

As our population ages we inevitably need to consider whether housing provision is suitable and sufficient. By supporting older people to make informed decisions about where they live and how they can be supported to stay in their own home, if they choose to do so (through simple housing adaptations for example), this can have a lasting impact on healthy ageing.



RECOMMENDATION Continue to support our older residents to decide where they choose to live through our established offers.

East Lindsey has been recognised as a WHO healthy ageing area, showcasing the potential for positive outcomes when addressing the ageing agenda strategically. The local legacy of this initiative can serve as a model for other districts to learn from and potentially build upon. Sharing experiences and insights can foster collaboration among our services, leading to improved provisions and better outcomes for ageing populations across the nation.

RECOMMENDATION Utilise the DPH report as a precursor for a Lincolnshire State of Ageing Report and support our districts to develop baseline assessment of need.

Through reviewing literature within the context of Lincolnshire and using local intelligence we have illustrated that without the strategic direction to prioritise how we support older people to live healthy, active, productive and fulfilling lives in Lincolnshire, we will only be exacerbating the burden of ill health and reliance on an overburdened health and social care workforce. This is an increasing and ever-present consideration when accounting for the increases in population growth expected in the older population over the next 20 years. As ever, these challenges often have the greatest impact on the most vulnerable or hardest to reach residents, as a result intensifying health inequalities. By gaining a more insightful understanding of what it is like to age in Lincolnshire we can start enhancing and adapting our approaches to better meet the needs of the local population. Addressing the ageing agenda in Lincolnshire is a collective effort, and we are committed to working together with all our partners to create a healthier and more inclusive environment for our ageing population. By recognising the challenges and opportunities that lie ahead, we can build a brighter future for older residents.

13 Glossary

COPD – Chronic Obstructive Pulmonary Disease

The name for a group of lung conditions that cause breathing difficulties, it includes emphysema (damage to the air sacs in the lungs) and chronic bronchitis (long-term inflammation of the airways). Mainly affects middle-aged and older adults who smoke. (NHS)

Co-production This refers to a way of working, whereby everyone works together on an equal basis to create a service or come to a decision which works for them all, in the context of this report this would be older people collaborating with service commissioners. (Think Local Act Personal)

Digital Inclusion This covers three things:

Digital skills being able to use digital devices such as computers and the internet

Connectivity Access to the internet through broadband, wi-fi, and mobile

Accessibility Services designed to meet all users' needs, including assistive technology. (NHS Digital)

Disabled Facilities Grant (DFG) Means tested grant paid by local authorities to aid owners or tenants to adapt their accommodation. (Age UK)

Extra Care Housing Assisted living (also known as extra-care housing) is a type of 'housing with care' which means you retain independence while you're assisted with personal tasks. (Age UK)

Fuel Poverty Relates to households that must spend a high proportion of their income to keep their home at a reasonable temperature. It is affected by three factors: household income, fuel costs, and energy consumption which is often affected by poor energy efficiency of the dwelling. (House of Commons Library)

Mortality Death. (NIHR (National Institute of Health Research))

Pension Credit Pension Credit gives you extra money to help with your living costs if you're over State Pension age and on a low income. Pension Credit can also help with housing costs such as ground rent or service charges. (GOV.UK)

Population Health Management (PHM) PHM is a way of working to help frontline teams understand current health and care need and predict what local people will need in the future. This means that care and support can be tailored for individuals, and more joined-up and sustainable health and care services can be designed to make better use of public resources. (NHS England)

Protected Characteristic It is against the law (Equality Act, 2010) to discriminate against anyone because of age, gender reassignment, marital status, pregnancy or maternal leave, disability, race or ethnic origin, religion or belief, sex, and sexual orientation. (GOV.UK)

Social Prescribing An approach that connects people to activities, groups, and services in their community to meet the practical, social, and emotional needs that affect health and wellbeing. Referrals come from local agencies, charities, social care, and health services such as GPs. (NHS England)

Supported Housing Accommodation which is provided alongside support, supervision or care to help people live as independently as possible in the community. (Dept. For Levelling Up, Housing & Communities)

World Health Organization (WHO) The World Health Organization is the United Nations agency dedicated to the well-being of all people and guided by science, that leads and champions global efforts to give everyone, everywhere an equal chance to live a healthy life. (WHO)

14 References

Introduction

Centre for Ageing Better, (2023a), *Local partners*, <https://ageing-better.org.uk/local-partners/>. Accessed 27/06/23

Centre of Ageing Better, (2023b), UK Network of Age-friendly Communities, <https://ageing-better.org.uk/uk-network-age-friendly-communities/>. Accessed 22/06/23

GOV.UK English Indices of Deprivation (2019) File 7: all ranks, deciles, and scores for the indices of deprivation, and population denominators Institute for Health Metrics and Evaluation (IHME), (2020), Global Burden of Disease Study 2019 Results

NHS Lincolnshire Integrated Care Board (ICB), (2023), Lincolnshire ICS Joined Intelligence Dataset

Office for Health Improvement & Disparities (OHID), (2023), Inequality in life expectancy at 65

Office for National Statistics (ONS), (2023), Population age structure and density for local authority areas

Optum, (2023), Age Onset of Multimorbidity

Projecting Older People Population Information (POPPI) 2023), Limiting long-term illness

Community Support and Health Services

Centre for Ageing Better, (2023), *What's an Age-friendly Community? – Community support and health services*, <https://ageing-better.org.uk/age-friendly-communities/eight-domains#community> Accessed 14/07/2023

HM Government, (2022), *Independent report: Recruitment and retention in adult social care: a qualitative study (accessible)*, <https://www.gov.uk/government/publications/recruitment-and-retention-in-adult-social-care-a-qualitative-study/recruitment-and-retention-in-adult-social-care-a-qualitative-study-accessible> Accessed 18/07/2023

Kingston, A. et al., (2018), *MODEM project: Projections of multi-morbidity in the older population in England to 2035: estimates from the Population Ageing and Care Simulation (PACSim) model*, *Ageing*, 47(3) pp.374-380, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5920286/> Accessed 02/10/2023

Lincolnshire Health Intelligence Hub (LHIH), (2023), *Joint Strategic Needs Assessment (JSNA) – Falls*, <https://lhih.org.uk/jsna/age-well/falls/> Accessed 18/07/2023

LIVES, (2023), *Falls response unit*, <https://www.lives.org.uk/what-we-do/falls-response-unit/> Accessed 19/07/2023

NHS Digital, (2023), *General Practice Workforce, 31 May 2023*, <https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services/31-may-2023> Accessed 19/07/2023

NHS England, (2023), *Improving Care for Older People*, <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/improving-care-for-older-people/> Accessed 17/07/2023

Nuffield Trust, (2023), *Quality Watch: NHS performance tracker*, <https://www.nuffieldtrust.org.uk/qualitywatch/nhs-performance-summary> Accessed 18/07/2023

Office for National Statistics (ONS), (2023), *National population projections by single year of age: ONS Crown Copyright reserved [form Nomis on 25 July 2023]*

United Lincolnshire Hospitals NHS Trust (ULHT), 2023, *Hospitals*, <https://www.ulh.nhs.uk/hospitals/> Accessed 18/07/2023

World Health Organization (WHO), (2023), Age-friendly world: Community and Health Care, <https://extranet.who.int/agefriendlyworld/age-friendly-practices/community-and-health/> Accessed 14/07/2023

Respect and Social Inclusion

Age UK, (2018), *Ageism and Age Equality (Great Britain)*, <https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/cross-cutting-issues/ageism-and-age-equality-pg-great-britain-august-2018.pdf> Accessed 05/07/2023

Age UK, (2021), *The healthcare needs of older LGBT+ people*, <https://www.ageuk.org.uk/discover/2021/february/the-health-and-care-needs-of-older-lgbt-people/> Accessed 01/08/2021

Better, (2023), *Senior Activities*, <https://www.better.org.uk/leisure-centre/north-kesteven/one-nk/nk-outreach> Accessed 26/09/2023

Centre for Ageing Better, (n.d.), *We are partnering with Lincolnshire to ensure more people in rural and coastal areas of the county enjoy a good later life* <https://ageing-better.org.uk/lincolnshire> Accessed 24/08/2023

Centre for Ageing Better, (2023), *What's an Age-friendly Community? Respect and social inclusion*, <https://ageing-better.org.uk/age-friendly-communities/eight-domains#respect> Accessed 28/06/2023

Elander, G., (2019), New models of community are needed to give LGBT+ people a good later life, Accessed 05/07/2023

Evergreen Sleaford, (2023), *The Befriending Scheme*, <https://www.evergreensleaford.org.uk/about-the-scheme> Accessed 26/09/2023

The King's Fund, (2023), *The health of people from ethnic minority groups in England*, <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england#diabetes> Accessed 02/08/2023

Lincoln & South Lincolnshire Age UK, (2023), *Activities for Older People*, <https://www.ageuk.org.uk/lincolnsouthlincolnshire/activities-and-events/activities-for-older-people/> Accessed 26/09/2023

Office for National Statistics, (2023), *Census 2021*

Talk, Eat, Drink (TED) in East Lindsey, (2023), *Ageing Better in East Lindsey*, <https://tedineastlindsey.co.uk/> Accessed 29/06/2023

<https://volunteermatters.org.uk/project/rsvp-reading-schools/>
Accessed 30/06/2023
Warm Spaces, (2023), *Warm Spaces*, <https://warmspaces.org/#map>
Accessed 26/09/2023
World Health Organization (WHO), (2021), Global report on ageing, <https://www.who.int/publications/i/item/9789240016866> Accessed 30/06/2023
World Health Organization (WHO), (2023), Age-friendly world: Community and Health Care, <https://extranet.who.int/agefriendlyworld/age-friendly-practices/community-avnd-health/> Accessed 14/07/2023

Communication and Information

Age UK, (2023), *Helping older people get online*, <https://www.ageuk.org.uk/our-impact/programmes/digital-skills/> Accessed 12/07/2023
Berni, J., (2023), *Online discussion, East Lindsey District Council*, 11/07/2023
Chief Medical Officer, (2021), *Chief Medical Officer's Annual Report 2021 Health in Coastal Communities*, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005216/cmo-annual_report-2021-health-in-coastal-communities-accessible.pdf Accessed 18/07/2023
Experian, (2023), *Experian Mosaic Segmentation Tool*
Haartsen, T. and Gieling, J., (2021), 'Dealing with the loss of the village supermarket: The perceived effects two years after closure', *Sociologica Ruralis*, Vol.61, Issue 3, pp.561-577
Lincolnshire County Council (LCC), (2023), *Adult Social Care and Community Wellbeing – Information and Systems Team*
Lincs Digital, (2023), *Welcome to Lincs Digital*, <https://lincsdigital.org.uk/> Accessed 12/07/2023
Lincolnshire Health Intelligence Hub (2023), Lincolnshire digital health inclusion tool
National Voices, (2023), *Accessible and inclusive communication within primary care: What matters to people with diverse communication needs*, https://www.nationalvoices.org.uk/sites/default/files/public/publications/accessible_and_inclusive_communication_within_primary_care.pdf Accessed 13/07/2023
Ofcom, (2022), *Digital exclusion: a review of Ofcom's research on digital exclusion among adults in the UK*, https://www.ofcom.org.uk/_data/assets/pdf_file/0022/234364/digital-exclusion-review-2022.pdf Accessed 26/09/2023
Tabassum, N., (2020), *How are older people adapting to digital technology during the COVID-19 pandemic*, Centre for Ageing Better, <https://ageing-better.org.uk/blogs/how-are-older-people-adapting-digital-technology-during-covid-19-pandemic> Accessed 05/07/2023
World Health Organization (WHO), (2023), *Age-friendly World – 32communication and information*, <https://extranet.who.int/agefriendlyworld/age-friendly-practices/communication-and-information/> Accessed 10/07/2023

Social Participation

Carer's Trust, (2023), *19 million people in the UK have provided unpaid care – but haven't identified as a carer*, <https://carers.org/news-and-media/news/post/278-19-million-people-in-the-uk-have-provided-unpaid-care-but-havenat-identified-as-a-carer> Accessed 05/07/2023
Carers UK, (2021), 10 facts about loneliness and caring in the UK for Loneliness Awareness Week, <https://www.carersuk.org/news/10-facts-about-loneliness-and-caring-in-the-uk-for-loneliness-awareness-week/> Accessed 22/08/2023
Department for Culture, Media & Sport (DCMS), (2018), *A connected society: A strategy for tackling loneliness – laying the foundations for change*, <https://www.gov.uk/government/publications/a-connected-society-a-strategy-for-tackling-loneliness> Accessed 06/07/2023
Fakoya, O.A., McCorry, N.K. & Donnelly, M. (2020), 'Loneliness and social isolation interventions for older adults: a scoping review of reviews', *BMC Public Health*, <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-8251-6> Accessed 06/07/2023
NHS Digital, (2022), *Personal Social Services Survey of Adult Carers in England, 2021-22 - NDRS*
POPPI, (2023), Projecting Older People's Population Information
World Health Organisation (WHO), (2020), *Age-friendly World – Social Participation*, <https://extranet.who.int/agefriendlyworld/age-friendly-practices/social-participation/> Accessed 03/07/2023

Civic Participation and Employment

Centre for Ageing Better (2023b), *Age-friendly Employer Pledge*, <https://ageing-better.org.uk/age-friendly-employer-pledge#join-these-organisations> Accessed 27/06/2023
Centre for Ageing Better, (2023a), *What's an Age-Friendly Community – Civic Participation*, <https://ageing-better.org.uk/age-friendly-communities/eight-domains#civic> Accessed 22/06/2023
<https://www.gov.uk/government/collections/income-related-benefits-estimates-of-take-up-2> Accessed 27/06/2023
Filges, T., Siren, A., Fridberg, T., and Nielsen, B.C.V., (2020), 'Voluntary work for the physical and mental health of older volunteers: A systematic review', *Campbell Systematic Reviews*, <https://onlinelibrary.wiley.com/doi/full/10.1002/cl.1124> Accessed 17/06/2023
Lincolnshire Community & Voluntary Service (LCVS), (2023), <https://www.lincolnshirecvs.org.uk/> Accessed 27/06/2023
Office for National Statistics, (2023b), RM024 *Economic activity status by sex by age*, ONS Crown Copyright Reserved [from Nomis]
Public Health England, (2019), *Health Matters: health and work*, <https://www.gov.uk/government/publications/health-matters-health-and-work/health-matters-health-and-work> Accessed 04/07/2023
Statistica, (2023), *Share of the population who participate in voluntary activities in England from 2013/14 to 2021/22, by frequency*, <https://statistica.com/statistics/292884/volunteering-in-england> Accessed 03/10/2023

Stickland, H., (2022), *The over-50s and the world of work: what's happening and why?* Office for National Statistics (ONS),
World Health Organization, (2020), *The WHO Age-Friendly Cities Framework*, The World Health Organisation, <https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/> Accessed 22/06/2023

Outdoor spaces and Buildings

Active Lincs, (2019), *A scoping exercise to explore physical inactivity in older adults in Lincolnshire*

Centre for Ageing Better, (2023), *What's an Age-Friendly Community?* - Outdoor spaces and buildings <https://ageing-better.org.uk/age-friendly-communities/eight-domains#outdoor> Accessed 19/07/2023

Explore Lincolnshire, (2023), *The Lincolnshire Coastline*, <https://explorelincolnshire.co.uk/the-lincolnshire-coastline.html> Accessed 15/07/2023

Lincolnshire County Council, (2023), *Public Rights of Way in Lincolnshire*

Lincolnshire Health Intelligence Hub (LHIH), (2023), *Joint Strategic Needs Assessment (JSNA): Physical Activity*, <https://lhih.org.uk/jsna/live-well/physical-activity/> Accessed 19/07/2023

One You Lincolnshire, (2023), *Healthy Ageing*, <https://www.oneyoulincolnshire.org.uk/secondary-programme/healthy-ageing> Accessed 20/07/2023

One You Lincolnshire, (2022), *Annual KPI report, 2021/2022*

World Health Organization, (2023), *Age-friendly World: Outdoor Spaces and Buildings*, <https://extranet.who.int/agefriendlyworld/age-friendly-practices/outdoor-spaces-and-buildings/> Accessed 19/07/2023

Transportation

BBC, (2023), *Parking by app 'digitally excludes older drivers'*, <https://www.bbc.co.uk/news/uk-england-65765554> Accessed 23/06/2023

Lincs Bus, (n.d.) *Lincolnshire Voluntary Car Schemes*, <https://lincsbus.info/accessing-lincolnshire-transport/vcs/> Accessed 16/07/2023

Mental Health Foundation, (2023), *Loneliness and Mental Health report* – UK, <https://www.mentalhealth.org.uk/our-work/research/loneliness-and-mental-health-report-uk> Accessed 01/08/2023

Ministry of Housing, Communities & Local Government, (2019), *English indices of deprivation 2019*

NHS Digital, (2023), *What do we mean by digital inclusion?* NHS Digital, <https://digital.nhs.uk/about-nhs-digital/corporate-information-and-documents/digital-inclusion/what-digital-inclusion-is> Accessed 16/06/23 27/06/2023

Watts, R., (2022), 'How is the cost of living crisis affecting unpaid care?', *Economics Observatory*, <https://www.economicsobservatory.com/how-is-the-cost-of-living-crisis-affecting-unpaid-care> Accessed 04/07/2023

World Health Organization, (2020), *The WHO Age-Friendly Cities Framework*, <https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/> Accessed 16/07/2023

Housing

Housing Health and Care Delivery Group (HHCDG), (2021), *Lincolnshire Homes for Independence: Blueprint for the Housing Health and Care Delivery Group*

Lincolnshire County Council, (2022), *Lincolnshire Housing Review*
UKERC Energy Data Centre, (2023), *non-gas map of Great Britain*, <https://www.nongasmap.org.uk/> Accessed 24/07/2023

UK Parliament, (2018), *Parliamentary Business: 3. The link between housing and health*, <https://publications.parliament.uk/pa/cm201719/cmselect/cmcomloc/370/37006.htm#:~:text=For%20older%20people%2C%20living%20in%20a%20cold%20home,low%20income%20in%20homes%20that%20harder%20to%20heat> Accessed 01/08/2023

World Health Organization, (2023), *Age-friendly World: Outdoor Spaces and Buildings*, <https://extranet.who.int/agefriendlyworld/age-friendly-practices/outdoor-spaces-and-buildings/> Accessed 19/07/2023



This page is intentionally left blank



Open Report on behalf of Martin Samuels, Executive Director – Adult Care and Community Wellbeing

| | |
|------------|---|
| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 17 January 2024 |
| Subject: | Proposed actions in response to CQC Assurance Pilot 2023 |

Summary:

The purpose of this report is to share details of the proposed actions by Lincolnshire County Council in response to the Lincolnshire CQC Assurance Pilot completed in 2023.

Actions Required:

The Adult Care and Wellbeing Scrutiny Committee has asked to consider the proposed actions and to provide feedback to officers for consideration. Officers will consider the feedback from the committee and develop a formal action plan. The action plan will be included within a report to the Informal Executive Committee for consideration in March 2024.

1. Background

In the spring of 2023, Lincolnshire County Council (LCC) agreed to participate in a pilot of the Care Quality Commission (CQC) assurance framework that will be utilised, following evaluation, in the roll out of new inspection arrangements of local authorities' Adult Care and Wellbeing responsibilities under the Care Act 2014. The pilot was undertaken during the summer. The LCC feedback report, published by CQC on 17 November, was shared with the Adult Care and Wellbeing Scrutiny Committee in December 2023 as an information item. The report is attached as Appendix H.

The CQC Assurance Pilot feedback report rated Lincolnshire as "Good". In addition, LCC was also the only local authority of the five involved in the pilot with no areas identified as "Requires Improvement": all nine of the CQC Quality Statements were rated as "Good". It should be noted that none of the five pilot reports gave any ratings of "Inadequate" or "Outstanding", either overall or for any of the individual statements.

Although LCC was rated as "Good" for all nine statements, the feedback report from CQC identified some areas for further consideration. This was entirely expected. This report provides the Adult Care and Wellbeing Scrutiny Committee with details of the proposed actions in response to the areas for consideration that CQC have identified.

It should be noted that LCC completed a self-assessment exercise to inform our preparation for the CQC Assurance Pilot. This process itself had flagged some areas where

improvement action was merited. Work was therefore already agreed and progressed to deliver continuous improvement prior, during and after the assurance pilot. The actions proposed in this report are therefore in addition to that work already completed or in train.

Appendix A to F attached to this report address each of the six areas that CQC identified as needing further consideration. Using a standard template, each appendix provides details of:

- The feedback provided by CQC that requires further consideration
- Work already progressed
- Proposed further actions
- What success will look like

At the December 2023 Adult Care and Wellbeing Scrutiny Committee meeting, a request was made for additional information that may aid local understanding of the Autism agenda. Appendix G therefore provides details of the content of the Autism chapter of the Lincolnshire Joint Strategic Needs Assessment.

Local authorities across England are facing significant challenges in relation to funding levels and sustainability of services, especially in the context of increased population, demographic changes, and an increase in population ill-health. The final actions in response to the CQC assessment will need to be agreed in the context of these challenges. Wherever possible, agreed actions will also contribute to the medium- and long-term financial sustainability of LCC, including seeking to reduce future demand for Adult Social Care services.

The Committee are asked to consider the details provided in this report and the related appendices, and to provide feedback to officers on the proposed actions in relation to each of the six areas identified by the CQC for further consideration.

During February 2024, officers will develop a formal action plan to address the matters CQC have identified and will present that action plan alongside the CQC Assurance Pilot feedback report to the Informal Executive Committee in March 2024. In order to maintain a coherent approach to service improvement, and avoid the risk of duplication or gaps, the actions to address the areas identified by the CQC will be incorporated into a single overarching improvement plan for adult social care, covering not only the CQC recommendations, but also those flagged during the previous self-assessment process and subsequently.

2. Conclusion

The CQC assurance pilot has provided valuable external insight in relation to how LCC is delivering Adult Care and Wellbeing statutory responsibilities. The rating of “Good” against all nine CQC quality statements merits celebration.

The action plan to address the areas of further consideration identified by CQC will help to support LCC’s commitment to continuous improvement.

3. Consultation

a) Risks and Impact Analysis

Risks and Impacts will be considered when developing the Action Plan. At this point the actions in response to the CQC Pilot are proposed.

No specific consultation is required in relation to this report as the actions at this point are only at the stage of being proposed. When developing the formal action plan, the potential for there to be a requirement to undertake consultation prior to implementation will be considered further, as well as risks and likely impact.

4. Appendices

| These are listed below and attached at the back of the report | |
|---|--|
| Appendix A | Appendix A - Proposed Actions in relation to Financial Assessments and Direct Payments |
| Appendix B | Appendix B - Proposed Actions in relation to Home Care Survey |
| Appendix C | Appendix C - Proposed Actions in relation to Information and Advice Offer |
| Appendix D | Appendix D - Proposed Actions in relation to Adult Safeguarding Communications |
| Appendix E | Appendix E - Proposed Actions in relation to Autism Pathway |
| Appendix F | Appendix F - Proposed Actions in relation to Transitions |
| Appendix G | Appendix G - Details of the Autism Chapter of the Joint Strategic Needs Assessment |
| Appendix H | Appendix H - Lincolnshire CQC Assurance Pilot Final Letter |

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 |
|--|----------------------------------|
| CQC Assurance Pilot Final Feedback Letter Nov 2023 | Appendix H |

This report was written by Martin Samuels, who can be contacted on TBC or martin.samuels@lincolnshire.gov.uk.

This page is intentionally left blank

Appendix A

Lincolnshire CQC Assurance Pilot - Proposed Actions Template– Jan 2024

Adult Care and Wellbeing Lead Officer: Pam Clipson

1.1 CQC Feedback - Financial Assessments and Direct Payments:

“There have been issues with the arrangements for financial assessments to be carried out for direct payments and delays in the actual payment of these. The local authority was already aware of these issues and had started to take action to address these.”

1.2 Work already in progress:

Adult Care and Community Wellbeing identified challenges within this area as part of its Financial Assessment Improvement Programme (FAIP) and included the focus on this in our self-assessment exercise prior to the CQC Assurance pilot.

Overseen by FAIP, the current end-to-end business process has been mapped and identified potential opportunities to improve the customer experience and efficiency of process. This mapping identified three workstreams to progress:

- The creation of master data reflecting the end-to-end process, identifying the clients pending and what is causing the delay (*completed Mar 23 for Direct Payments and Aug23 for Financial Assessments, refreshed monthly*).
- During 2023, develop the future model including a mobilisation plan to move from the current to the new (*final draft completed and working through sign off, target completion date for design of future model Feb 24*).
- Initiate weekly oversight to reduce the number of people pending completion of a financial assessment and/or a direct payment (*commenced Apr 23, on-going until future model operational*).

The Directorate included the above within the 2023/24 Continuous Improvement Plan, Action AP3.

LCC has made the decision to insource Adult Care Finance and Exchequer services from SERCO into LCC Financial Services at the end of the contract term, April 2024. A project infrastructure has been in place since autumn 2022 to oversee the smooth transition.

1.3 Proposed further actions:

These will be identified as the future model referenced above is agreed early in 2024.

1.4 What does success look like:

People’s journey through adult social care is smooth due to fewer handoffs resulting in a quicker end-to-end process. The financial assessment is completed promptly, liaising with the customer either over the phone or via an online application, and a provisional client contribution provided. People involved in the adult social care journey work seamlessly, regardless of the team/Directorate and embracing the One Council approach.

This page is intentionally left blank

Appendix B

Lincolnshire CQC Assurance Pilot - Proposed Actions Template – Jan 2024

Adult Care and Wellbeing Lead Officers: Chris Erskine and Alina Hackney

1.1 CQC Feedback - Home Care Survey

“The reprovision of the homecare contracts has led to clear benefits in terms of the reduction of missed calls and ‘hand back’ of contracts. There are processes in place to offer an alternative provider if a person doesn’t wish to use the identified provider for that area or they can choose to have direct payments. The local authority is due to carry out another survey of people receiving homecare and so will be able to review how effective the new commissioning model is, including people’s views regarding choice.”

1.2 Work already in progress:

Home care choice was not identified an issue during the self-assessment exercise completed prior to the CQC pilot. The issue had not been raised in wider stakeholder feedback available at the time of the assurance pilot. It had therefore not been built into our continuous improvement plan for 2023-24. However, a broader home care survey had been included in work plans. The Adult Care and Wellbeing Quality Assurance Team have confirmed that the survey has been issued and that responses are being received and collated. This will inform future work.

The new Home Care contracts continue to deliver a number of benefits in comparison to previous arrangements. These contracts have a further 5 years to run. People who draw on services continue to have choice of care provider. If they do not wish to receive care from the prime provider or their sub-contracting arrangements, they can choose a different provider, either through spot contract arrangements or by taking their personal budget via direct payment and commissioning care directly themselves.

1.3 Proposed further actions:

The Adult Care and Wellbeing Quality Assurance Team will analyse the feedback from the Home Care Survey during January 2024 and summarise findings in a report for Adult Care and Community Wellbeing DLT in February 2024.

If people responding to the survey do raise concerns about choice, the service will seek to re-confirm people’s entitlement to exercise choice of provider and/or the option to take their personal budget via a direct payment and will explore any barriers to this that may be identified.

1.4 What does success look like:

Ideally, people who draw on services are positive about the home care arrangements available to them and find it easy to exercise choice of provider, should they so wish.

This page is intentionally left blank

Appendix C

Lincolnshire CQC Assurance Pilot - Proposed Actions Template– Jan 2024

Lead Officer: Justin Hackney, Assistant Director Adult Care and Wellbeing

1.1 CQC Feedback - Communication with partner organisations about Adult Safeguarding

“Whilst the local authority are meeting their Care Act duties with regard to the management of safeguarding concerns there were still times when partner organisations did not understand the criteria for a s42 enquiry or what action was being taken if a formal investigation did not take place. The local authority needs to continue with the ongoing communication they have with partner organisations about safeguarding.”

1.2 Work already in progress:

The Lincolnshire Adult Safeguarding Board (LSAB) agreed a Making Safeguarding Personal (MSP) Action Plan prior to the CQC Assurance Pilot. This seeks to ensure that all LSAB partners are aware of their statutory responsibilities in relation to safeguarding adults and have arrangements in place to ensure their employees practice an MSP approach.

LCC continues to receive a high number of Adult Safeguarding concerns that do not meet the nationally set criteria for a s42 Adult Safeguarding enquiry. Recent analysis confirms that, compared to the same period in 2022, the number of safeguarding concerns received between April and October 2023 increased by 49% (over 1,400 additional concerns). The proportion that meets the criteria for an enquiry remains low, at about 14%. This is putting considerable pressure on the Adult Safeguarding Team’s capacity.

1.3 Proposed further actions:

The Executive Director of Adult Social Care and Community Wellbeing will write to the Chief Executive Officer of each of the LSAB Partners reminding them of their organisations’ statutory responsibilities in relation to safeguarding adults. The letter will also confirm details of the LSAB Adult Safeguarding procedures that their organisation has signed up to. These procedures confirm details of when safeguarding concerns should be raised, the criteria for a s42 enquiry and what the person raising the concern should expect in terms of a response. The letter will also reconfirm the work being led by the LSAB Independent Chair to reduce the volume of concerns that do not meet the criteria for a s42 enquiry via the MSP Action plan.

Further work will be done with partners to help understand why so many inappropriate referrals are being made and to identify relevant remedial training that might be required.

1.4 What does success look like:

The LSAB has increased assurance that LSAB partners have a good understanding of the LSAB policies and procedures and their wider statutory MSP responsibilities. Each LSAB partner should also demonstrate compliance with safeguarding training. The number of concerns received that do not progress to an enquiry should decrease.

This page is intentionally left blank

Appendix D

Lincolnshire CQC Assurance Pilot - Proposed Actions Template– Jan 2024

Adult Care and Wellbeing Lead Officers: Anne-Marie Scott & Theo Jarratt

1.1 CQC Feedback – Information and Advice Offer

“Some people did not find the website easy to navigate and found that it was not always clear to understand who provided the Wellbeing services, whilst others found it a helpful resource.”

1.2 Work already in progress:

LCC has established an extensive Information and Advice (I&A) offer to guide people with their care and support needs and help them navigate social care processes. This utilises both the LCC website and a partnership online directory of services and I&A hub, called Connect to Support Lincolnshire (CTSL), alongside hard copy materials. The I&A offer was identified as an area for further development as part of our self-assessment and included in 2023/24 continuous improvement plan:” AP6 - Review the existing Information and Advice Offer for Adult Care and Wellbeing: This should include but not be limited to a review of the information and advice provided on LCC websites and should consider peoples entitlements in line with the care act including reasonable adjustments for people with protected characteristics. The review should be completed in co-production with our engagement and co-production network and provide recommendations for continuous improvement. The review should incorporate a focus on how our information and advice offer can be further developed to aid our prevention and early intervention activities, e.g. how to improve wellbeing and staying safe. Complete by 31 March 2024.”

The following actions have been completed:

- Content updates across the range of I&A formats, including the LCC website Wellbeing Service page better reflect the Wellbeing Lincs offer.
- New I&A hubs on CTSL, covering advice for Ukrainian guests and hosts, cost of living, long COVID, living with cancer, digital/technology.
- Review of LCC provision against published standards / legislation (Accessible Information Standard, Web Content Accessibility Guidelines, Equality Act 2010)

1.3 Proposed further actions:

The following actions are on target for completion by March 2024:

- Ongoing review and maintenance of the existing I&A content on CTSL with content authors, key partners, and stakeholders
- Creation and hosting of new dedicated I&A content hubs on CTSL in collaboration with partners, including Good Home Lincs, Primary Care Information Hub
- Social care pathways (Front door) – review of leaflets for people drawing on services
- Digital self-funders – County Views survey undertaken May-Aug 2023 with the aim of helping people access information about care. Results of survey to be included in a report following engagement undertaken with people with lived experience
- Development of a process for co-design and co-production with people with lived experience to feed into the ongoing improvement of our I&A offer for target audiences

- Development of links and routes into I&A Champions/ Forums/ Feedback Groups to gather input and feedback on the I&A content across our platforms
- Identifying further opportunities for continuous improvement across the I&A offer for 2024/25

1.4 What does success look like:

People, including those with disabilities, can easily access information that will help them to maintain or improve their health and wellbeing and keep them safe from harm. LCC's I&A offer has been co-produced with experts with experience, and stakeholders provide positive feedback on it.

Appendix E

Lincolnshire CQC Assurance Pilot - Proposed Actions Template– Jan 2024

Lead Officers: Justin Hackney, Assistant Director Adult Care and Wellbeing

1.1 CQC Feedback – Pathway for Autistic People

“The pathway for autistic people was not entirely clear, with no social work team identified specifically to support them. They were allocated to either the learning disability team, the mental health team or the adult frailty and long-term conditions team. The local authority is a key partner in the Autism Partnership Board, and it is expected that further work will be developed in respect of the support offer for autistic people.”

1.2 Work already in progress:

The Lincolnshire Joint Strategic Needs Assessment (JSNA) includes a chapter on Autism. This is attached as Appendix G. A Learning Disability and Autism (LDA) Delivery Group, a multi-agency group forming part of the MHDLDA Alliance and chaired by the LCC Assistant Director for Specialist Adult Services and Adult Safeguarding, has recently been established. The group has a focus on improving outcomes for people with a learning disability and/or autism. It has received a presentation from LPFT on the new All-Age Autism Strategy and Associated Action Plan for 2023/24.

1.3 Proposed further actions:

The comments provided by the CQC in their Assurance Pilot letter have been discussed at the LDA Delivery group. There was a unanimous view that creating a specialist assessment and care management team within Adult Care would be counter-productive and could lead to poorer access to care and support. The group suggested it would be more sensible to develop Autism Champions in each team. This would fit well with the autism champions network being developed as part of the All-Age Autism Strategy arrangements.

Work has commenced on an updated Autism plan for 2024/25, giving an opportunity for partners to influence what actions are included. An options paper will be developed and associated proposed actions confirmed. Final agreed actions will be fed into the updated action plan.

The NHS Integrated Care Board lead officer with responsibility for the Lincolnshire All-Age Autism Partnership Board will be invited to present the Lincolnshire All-Age Autism Strategy and related action plan to a future meeting of the Adult Care and Wellbeing Scrutiny Committee.

1.4 What does success look like:

Those people who need an autism diagnosis receive one without having to wait a long time (NHS responsibility). People with an autism diagnosis are able to access adult social care easily, if they need it (a diagnosis of Autism does not of itself confer entitlement to Adult Social Care). People accessing services are supported by teams who have received training in autism and have expert advice to draw upon if this is needed.

This page is intentionally left blank

Appendix F

Lincolnshire CQC Assurance Pilot - Proposed Actions Template – Jan 2024

Lead Officers: Justin Hackney, Assistant Director Adult Care and Wellbeing

1.1 CQC Feedback – Transitions

“The pathway for young people in transition to adult services was not always clear with some young people moving to social work teams without dedicated transitions staff.”

1.2 Work already in progress:

The self-assessment exercise prior to the CQC Assurance Pilot identified transitions to adulthood as an area for improvement. An action was therefore included in the Directorate Continuous Improvement Plan for 2023/24: “AP14 - Implement Transitions projects and provide sign off report to Exec DLT: Establish the transitions work in Physical Disability and Transitional Safeguarding as formal projects and implement milestones agreed. Sign off start and end of projects via Quality and Safeguarding Board and then Exec DLT. Work has already commenced in relation to both of these work-streams.”

A specialised Physical Disability function has been developed, standalone from generic Adult Frailty Teams. This includes Social Workers, Occupational Therapy and Maximising Independence workers. It will focus on transitions between children’s and adults’ services, with a dedicated team manager. Intensive work has been undertaken with colleagues in children’s services to develop seamless processes and pathways.

Work has commenced under the governance of the Lincolnshire Safeguarding Adults Board (LSAB) to consider the arrangements for managing safeguarding risks related to young people potentially at risk of sexual exploitation. Joint work has also recently commenced with the LPFT s75 Team and Children’s Services regarding arrangements for transitioning to Adult Mental Health Services.

1.3 Proposed further actions:

A joint working group of Adult and Children’s Services colleagues, alongside health professionals, will review the transition to adulthood. Children’s Services SEND arrangements will be subject to inspection shortly. Transitions may be an area for focus. The group will therefore also consider any matters arising from that inspection alongside the CQC feedback. The work commenced prior, during and after CQC Assurance will also be reviewed and linked into the working group.

1.4 What does success look like:

Young people have a transition to adulthood that maximises their independence. Young people and their families are clear what to expect from the transitions process, they provide positive feedback in relation to their transition journey, and they are supported by people who have relevant knowledge and skills. Colleagues within our Childrens Disability team have confidence in the process of young people transitioning into Adult Services.

This page is intentionally left blank

Appendix G

Taken from [Autism - Lincolnshire Health Intelligence Hub \(lhih.org.uk\)](https://lhih.org.uk) on 4 December 2023.

| | |
|---------------------------------------|---|
| 1. Background..... | 1 |
| 2. Policy Context..... | 2 |
| 3. Local Picture | 4 |
| 4. Local Response | 4 |
| 5. Community & Stakeholder Views..... | 5 |
| 6. Gaps and Unmet Needs | 5 |
| 7. Next Steps | 6 |
| 8. Additional Information | 6 |

1. Background

Autism is a lifelong neuro-developmental difference in how an individual thinks, feels, communicates, and experiences the world around them. Sometimes these differences can cause difficulties and distress for an individual or their family. This often comes from living in a world that does not accommodate or make reasonable adjustments for the Autistic person, their families or carers at school or at work. Occasionally, difficulties are related to specific differences an individual may experience.

Some people view autism as a developmental disability, although it is important to recognise that there are differing opinions on this and not all autistic people see themselves as disabled. With an estimated 700,000 autistic adults and children in the UK – approximately 1% of the population – most people probably know someone who is autistic. In addition, there are an estimated 3 million family members and carers of autistic people in the UK (Source: [Department of Health & Social Care](#)).

Autism affects the way a person communicates and how they experience the world around them. While autistic people share some similar characteristics, they are also all unique. Autism is considered a spectrum condition, however, this isn't linear from high to low but varies, as one person varies from another. Some autistic people are able to live relatively independent lives, but others may face additional challenges. Some autistic people have learning disabilities, meaning their support needs are different (Source: [Ambitious About Autism](#)). Others may have specific learning difficulties such as dyscalculia, dyslexia, or other neurodevelopmental conditions such as dyspraxia or developmental language disorder (DLD).

It is estimated that a quarter of autistic people are non-verbal. This means they cannot functionally communicate with others vocally. This also includes people who have the ability to speak but lack the ability to use language in a meaningful way. And others, who cannot use spoken language at all, but who are able to communicate with written language, signed, typed, picture cards or digital communication devices. Non-verbal communication needs can present without any [learning disability](#) or learning difficulty. Autism can present as a disconnect between verbal ability and other skills and abilities; e.g. cognitive skills, or emotional intelligence, amongst other competencies.

Autism varies widely and is often referred to as a spectrum condition, because of the range of ways it can impact on people and the different level of support they may need across their lives. While autism is not a learning disability, [around 4 in 10 autistic people have a learning disability](#) (Source: [Autistica](#)).

It is estimated that around 1 in 10 people across the UK are neurodivergent, meaning that the brain functions, learns and processes information differently (Embracing Complexity Coalition, 2019). Some autistic people will need little or no support in their everyday lives while others may need high levels of care, even 24-hour residential support. Help covers a wide range of subjects; forming friendships; coping at school; managing at work; or being able to get out and about in the community.

A [report by the National Autistic Taskforce](#) indicates social exclusion of autistic people and their family carers costs the country at least £32 billion per year in treatment, lost earnings and in the care and support of autistic children and adults. This is more than the estimated cost to this country of heart disease, cancer and strokes combined.

Autistic people find many everyday experiences stressful, making [mental health](#) problems more likely. It is widely recognised that when autistic people experience mental health problems, the problem is often diagnosed much later, as the symptoms may be masked by the autism or present differently to a non-autistic presentation, resulting in a misdiagnosis and / or diagnostic overshadowing.

Individuals who don't have opportunities to socialise, find it difficult to socialise, feel misunderstood, or unable to be themselves, may experience loneliness. "Research suggests that autistic people are more likely to experience feelings of loneliness compared to non-autistic people. This can be due to lack of acceptance or understanding by society, making them feel excluded" (Source: [National Autistic Society](#)). "Adults with autism, who desire friendships but do not have them may be especially vulnerable to depression and lower self-esteem" (Source: [Interactive Autism Network](#)).

The autism employment gap report (2016) suggests that only 16% of working age autistic people are in full time paid employment. Autistic people are also likely to have a life expectancy that is 16 years less than the general population, with a particularly high incidence of death from epilepsy and suicide, or other causes of mortality associated with economic and social disadvantage. (Source: The British Journal of Psychiatry, 2018) Autism is a pervasive development difference and so is neither a mental health condition nor a learning disability. However, from a budgetary perspective, autism is usually associated with either mental health or learning disability.

2. Policy Context

In light of the inequalities faced by autistic people, the [Autism Act 2009](#) was introduced. This was the first ever act to address the needs of one specific impairment group in England and was introduced to make sure that autistic people get the help that they need. The [National autism strategy for adults in England](#) was subsequently published following this, with statutory guidance advising local authorities and NHS bodies of their requirements to meet the needs of autistic people. The All Parliamentary Group on Autism have [reported](#) on the progress made since the introduction of the Autism Act.

In 2021 the Government produced the first [all age national strategy](#) (2021-2026) for autistic children, young people and adults. This is in addition to the original national autism strategy and includes the following priority areas:

- improving understanding and acceptance of autism within society
- improving autistic children and young people's access to education, and supporting positive transitions into adulthood
- supporting more autistic people into employment

- tackling health and care inequalities for autistic people
- building the right support in the community and supporting people in inpatient care
- improving support within the criminal and youth justice systems

Co-design and co-production with individuals, families and carers with lived experience are core values of the local and national autism strategies. Care should be taken that these values are embedded in support and services working to achieve the aims of the strategy.

The work within the all-age National Autism Strategy is underpinned by legal frameworks:

- The [Care Act 2014](#) provides a coherent approach to adult social care in England and sets out duties for local authorities and partners around the rights of service users and carers. Autistic people are entitled to a care act assessment of needs. Carers of autistic people can independently access a carers assessment, as a reflection of the support and recognition required for those with careing role.
- [The Equality Act 2010](#) provides legislated protection for autistic people (with or without a learning disability) and states that where an individual with a protected characteristic (such as a disability) is disadvantaged to those without the characteristic in accessing a provision, service or information, reasonable adjustments must be provided to allow equal access – in education, employment and healthcare. This allows employers to take positive action to recruit under-represented or disadvantaged groups (such as autistic people) ensuring appropriate representation within their organisation.
- The [Children and Families Act 2014](#) instigated a change in the way services for children, young people and those with Special Educational Needs and Disability (SEND) are delivered – looking at the best outcomes individuals. Local authorities and partner commissioning bodies must make arrangements for education, health and care provision to be secured for young people with SEND.

There is a commitment towards promoting a greater understanding of the needs of everybody with learning disabilities and / or autism in the NHS Long Term Plan.

[The Health and Care Act 2022](#) introduced a requirement for CQC-registered service providers to ensure employees receive learning disability and autism training, as appropriate to their role. This will ensure the health and social care workforce have both skills and knowledge to provide safe, compassionate and informed care to people with autism or a learning disability. This will be known as the [Oliver McGowan Mandatory Training for Learning Disabilities and Autism](#).

Over the next five years, the NHS will implement national, learning disability improvement standards across all its services. The NHS will also work with the Department for Education and local authorities to improve support for CYP with learning disabilities and autism.

In 2017, the National Institute for Health and Care Excellence (NICE) announced a new indicator, recommending the introduction of an Autism GP Register to help staff identify and adapt approaches to suit their patient's needs. By 2023/24, a "digital flag" in patient records will signify to staff that someone is autistic and / or has a learning disability.

In 2015, the Local Government Association, Directors of Adult Social Services, and NHS England published [Building the Right Support](#). The report outlined a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

The document set out the requirement for Clinical Commissioning Groups, Local Authorities and NHS England to work together to develop local Transforming Care Partnerships (TCP). Lincolnshire's TCP has a three-year road map, that was reset in April 2022, to map the priorities in transforming care for autistic people and people with a learning disability. The road map includes priorities taken from the local autism strategy.

3. Local Picture

Mechanisms for accurate recording of autism are not consistently available across health, education and social care systems meaning actual reliable figures are currently unavailable. For example, it may be documented that an individual is identified as having a disability within a particularly setting, but not specifically identified that they are Autistic.

In 2021-22, approximately 156 adults (aged 18+) and 192 young people (aged under 16) in Lincolnshire were diagnosed as autistic, according to Lincolnshire NHS mental health data collection. This does not include diagnosis given in private practice, by an out of area referral or by any process beyond the standard autism diagnostic pathways.

Nationally autism is underdiagnosed amongst certain groups such as older people, those who identify as females and individuals from Black, Asian and minority ethnic groups. This is due to the assessment tools used in autism diagnosis and limited awareness of the ways in which autism can present in different groups. Estimated numbers of individuals living with autism in the local community are likely to increase, as improvements to diagnostic pathways and services are made.

4. Local Response

Prior to the publication of the 2021 all-age autism strategy, the Lincolnshire system was working towards the priorities in the [All-Age Autism Strategy 2019-2022](#) and the 5 priority areas which were incorporated into the three year TCP roadmap:

- Getting a timely diagnosis and support throughout the diagnosis process
- Everyday services make reasonable adjustments and staff are aware of autism
- Support through transitions and other major life changes
- Recognising an individual's autism and adapting support for additional needs and distressed behaviour
- Making sure family/[carers](#) get the help and support they need
- Lincolnshire Integrated Care System are committed to co-design and co-production of Autism services and provision, including some user-led elements.

Following the publication of the all-age autism strategy in July 2021, a public engagement exercise took place via an online survey and five workshops. Intelligence from system partners' user groups, regional (Informing autism service improvement through Lived Experience insight, NHSE Midlands Autism Workstream) and national guidance will also be incorporated into the next iteration of the strategy. By March 2023, there will be a refreshed all-age autism strategy and a specific local action plan.

The Lincolnshire Autism Partnership Board is responsible for the delivery of the local strategy's action plan. The Autism Partnership comprises representatives of health and social care, children's services, education, voluntary sector organisations, other mainstream public services, autistic people, and their families and carers. The Partnership Board will establish several working groups and 'task and finish' groups to implement the plan.

5. Community & Stakeholder Views

See above

6. Gaps and Unmet Needs

Very limited data is available disaggregated for people with autism. This lack of data makes it very difficult to understand local needs and to design and develop services and support to meet that need.

There have been difficulties in completing delivery of the children's and adult's diagnostic pathways. Referrals currently exceed capacity for assessment. There is no current provision for diagnostics for 16-18-year-olds. Whilst interim measures have been taken in 2021 and 2022 to tackle long waiting lists and waiting times, the entire neurodevelopmental pathway is currently subject to review.

There is a shortage of highly skilled autism specialists in health and social care services. At times, this means difficulties remain unresolved and can result in behavioural and [mental health](#) crises for individuals, with additional impact on families and carers.

Specific and targeted support for individuals and families of autistic CYP who are school avoidant has, anecdotally, been an increasing concern since the COVID pandemic. Similarly, support for autistic CYP who are at risk of exclusion from school.

Steps have been taken to increase capacity and expertise in mainstream mental health services for people with autism without a learning disability. However, there are still limited specialist health and care services or pathways for autistic people without a learning disability or for those who are in a mental health crisis.

It is hoped the introduction of Accessible Information Standards in health and social care will have a positive impact on access to support.

Wellbeing and other Public Health related services – There is currently no specific offer for autistic people. Work is in progress to consider improved access to these services and for people who are awaiting a formal autism diagnosis.

Clear post-diagnostic pathways for CYP and adults – A time-limited post diagnostic support offer is now available for adults who have received a diagnosis in local services within the last two years. But there is no structured post-diagnostic support for CYP. Autistic people, their families and carers currently have little structured or clear guidance on what, if any, support is available to them.

General autism awareness – increased training opportunities are required for staff in universal services; for those who support autistic people; and for people in the wider community. There are very few people aged 35+ with a diagnosis of autism and better awareness is required to ensure services for adults and older adults are appropriately supported.

An earlier recognition of autism with provision of appropriate support will result in direct savings within health and social care and reduce on-going costs.

An overall shortage of affordable [housing](#) for people with disabilities in Lincolnshire can be a challenge to autistic people.

Family and carers supporting autistic people can only be ensured support if they are identified by the health and care system. This is especially true if they become unable to continue care

due to age, infirmity, illness, etc. The reality that family carers may themselves be autistic should be taken into consideration.

Autistic people may be more likely to encounter the Criminal Justice System (CJS). Most often this is as a victim, but possibly as an offender. Access to justice is impeded for autistic people at every part of the CJS. More information is needed regarding numbers entering the CJS and the support provided to them.

7. Next Steps

Continued development of the Autism Partnership Board in Lincolnshire to support autistic people, their families, and carers.

Develop an autistic adult forum within Lincolnshire, co-led by autistic people, for autistic people, which will inform the Autism Partnership Board directly, ensuring autistic adults are well represented.

Refresh the 3-year autism strategy for Lincolnshire and develop a workplan and programme infrastructure to deliver this.

Complete a countywide service mapping exercise to create a comprehensive map of support services encompassing voluntary, third sector, social enterprise and statutory services. This will then be available in accessible formats to individuals, families, and carers.

Develop a co-produced, neurodevelopmental pathway review and redesign to address current priorities and identified gaps in services. This will include consideration of the all-age pre diagnostic and post-diagnostic support across all sections of the integrated care system.

Following review and redesign of services, a procurement process will follow.

Evaluate the impacts from the redesigned pathway using structured engagement to test performance against set outcomes.

8. Additional Information

- [Autistic Girls Network](#)
- [Autistica](#)
- [Ambitious About Autism](#)
- [Informing Autism Service Improvement Through Lived Experience Insight](#) (NHSE/ Midlands 2021)
- [National Autistic Society](#)
- [Social Care Institute for Excellence](#)
- [The Autism Act – 10 years on](#)
- [Think Autism](#)

Name of Local Authority: Lincolnshire County Council

Date of publication:

Assessing how local authorities meet their duties under Part 1 of the [Care Act \(2014\)](#) is a new responsibility for CQC. We have been piloting our approach to these new assessments in five local authorities who volunteered to participate. Our assessment of Birmingham City Council was part of the pilots. We will be incorporating any learning from the pilots and evaluation into our formal assessment approach.

Demographics

The population is currently 755,833 with approximately 30% of people over the age of 65 and a projection for the trend towards an increase in older people set to continue.

Lincolnshire County Council area covers 7 districts and is the fourth most rural county in England.

The Index of Multiple Deprivation (IMD) for the overall area is 4 (10 is the most deprived). There are variations in deprivation across the area.

There are 9 'communities of interest' identified as the groups of people most at risk of health and social care inequalities.

Financial facts

- The LA estimated that in 2022/23, its total budget would be £895,817,000. Its actual spend for that year was £917,896,000, which was £22,079,000 more than estimated.
- The LA estimated that it would spend £230,464,000 of its total budget on adult social care in 2022/23. Its actual spend was £234,568,000, which is £4,104,000 more than estimated.
- In 2022/2023, 26% of the budget was spent on adult social care.
- The LA has raised the full ASC precept for 2022/23 and 2023/24. Please note that the amount raised through ASC precept varies from LA to LA.
- Approximately 10,495 people were accessing long-term ASC support, and approximately 2,350 people were accessing short-term ASC support in 2022/23. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

LA Indicative Rating:

Good = Evidence shows a good standard.

Summary of strengths, areas for development and next steps

Strengths

There was a real focus on prevention, independence and maintaining and developing people's own skills to prevent and delay the need for more formalised care and support. There was a range of services on offer to people with the aim of supporting people's wellbeing. The front-line teams used a strengths-based approach to assessment and support planning which enabled them to consider people's strengths as well as areas of their life where they may need some support. This approach was being rolled out to partner organisations to ensure a consistent approach.

The focus on partnership working and collaboration was strongly embedded with staff supporting this approach. The expectation of staff to build relationships and work effectively with partner organisations, even in the teams which were not fully integrated, was clearly understood.

There was clear leadership with effective governance and risk management systems in place. Staff morale was high, with staff confirming they had good opportunities for learning and development. Investment has taken place to develop the workforce internally as well as in partnership with regulated providers to try to address some of the workforce challenges in the area. The local authority had a commitment to commissioning other organisations to provide services where it was felt that they had the skills and experience to do so to a high standard.

There was a good understanding by all staff and leaders about the inequalities within the area and the challenges of the geography. These priorities were clearly identified in formal strategies.

People who required an initial assessment or further support did not have to wait long; the waiting lists were low with a risk-based approach to managing them with action taken if risk increased.

Areas for development and next steps

There have been issues with the arrangements for financial assessments to be carried out for direct payments and delays in the actual payment of these. The local authority was already aware of these issues and had started to take action to address these.

The pathway for autistic people was not entirely clear, with no social work team identified specifically to support them. They were allocated to either the learning disability team, the mental health team or the adult frailty and long term conditions team. The local authority is a key partner in the Autism Partnership Board, and it is expected that further work will be developed in respect of the support offer for autistic people.

The re-provision of the homecare contracts has led to clear benefits in terms of the reduction of missed calls and 'hand back' of contracts. There are processes in place to offer an alternative provider if a person doesn't wish to use the identified provider for that area or they can choose to have direct payments. The local authority is due to carry out another survey of people receiving homecare and so will be able to review how effective the new commissioning model is, including people's views regarding choice.

Whilst the local authority are meeting their Care Act duties with regard to the management of safeguarding concerns there were still times when partner organisations did not understand the criteria for a s42 enquiry or what action was being taken if a formal

investigation did not take place. The local authority needs to continue with the ongoing communication they have with partner organisations about safeguarding.

The pathway for young people in transition to adult services was not always clear with some young people moving to social work teams without dedicated transitions staff.

Summary of people's experiences

The majority of people with lived experience had positive experiences. They spoke about the assessment process and the subsequent support planning which mostly had led to positive outcomes for them, including for unpaid carers. The main challenge for people who had a less positive experience was the lack of a clear pathway for autistic people and for young people transitioning to adult services.

Some people did not find the website easy to navigate and found that it was not always clear to understand who provided the Wellbeing services, whilst others found it a helpful resource.

The local authorities' own surveys and our own discussions found that people spoke highly of the individual members of staff and of the time they took to fully understand their needs. People told us about the opportunities for them to be involved in co-production and their confidence that action would be taken in response to the gathering of their views.

Theme 1: How the local authority works with people

Assessing needs

Indicative Score: 3

Evidence shows a good standard.

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this Quality Statement

The implementation of the strengths-based approach to assessment to ascertain people's abilities, needs and wishes had been rolled out across the local authority following work with an external organisation who supported this process. The principal social worker now leads on this work to ensure that it is fully embedded as well as leading on the quality assurance of this approach. Frontline teams were positive about this approach and gave examples of how this had improved outcomes for people as well as increasing the staff satisfaction with the way they were working.

The local authority worked with partners in a collaborative way. Where these organisations were involved in the assessment and review of people's needs, they also had received the strengths-based approach training so that there was a consistent way in which people have conversations with staff about their abilities and needs. This includes the partner organisation who provide the Customer Service Centre and health staff who worked in the integrated teams.

The local authority data shows that waiting lists were low with currently no-one waiting for an assessment from the social work teams supporting people with a learning disability or a mental health need. The waiting list for people waiting for an initial assessment through the other teams was less than 100 and a risk-based approach was taken so that any urgent situations received contact within 24 hours. Staff told us that all assessments took place within the planned 28 days and that they had the staffing resource to do this.

National data shows that the local authority achieved a higher than national average completion of reviews, planned and unplanned, for those receiving long term support. An internal survey, the 'Needs Assessment Pathway' survey, had recently been carried out and from the 102 respondents there was an overall satisfaction level of 7.83 (highest score being 10). The key themes that had been identified were that people felt there was a positive impact for them from the support they were receiving, they were satisfied with their support and that the staff were helpful and informative. The areas for improvement were

that some people felt that it had taken too long for their support to start following assessment.

People we spoke with were mostly positive about the process for obtaining an initial assessment from the local authority. We received positive feedback about the communication with the frontline teams and people confirmed that they were kept informed about the plans for their support. The involvement of someone from the carers team in the Customer Service Centre meant that people were able to be referred quickly to that team when the contact staff identified that someone was an unpaid carer.

Carers had mixed views about whether annual reviews of their needs took place with some saying the social workers initiated the review and others saying that they had to chase the team to have a review carried out. The carers team are currently working with the primary care networks regarding the provision of information about the definition of an unpaid carer and the support available to them. This was one of the ways of trying to reach unpaid carers as the local authority know that there are high numbers of unpaid carers who do not have contact with them.

There was a much higher than national average take up of direct payments. The financial assessments were carried out by a partner organisation and the local authority have identified that there have been some issues with delays in assessment as well as delays in the direct payments being paid. There was a clear plan in place to address this. We received positive feedback from people who have direct payments about the flexibility which enables them to have more choice about where and how they access support. There was an independent organisation available to support people with issues such as recruitment and paying staff.

The local authority was one of the first in the country to implement the Trusted Assessor process which enabled people other than social workers to receive training prior to carrying out assessments of people's needs. They are currently running a pilot with a small number of homecare providers carrying out the initial assessments of people's needs as part of plans to prevent delays in people receiving a service. This is yet to be fully evaluated.

Evidence shows a good standard.

What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this Quality Statement

Independence and prevention are key themes within the Joint Strategic Needs Assessment and other strategies that are developed from that, including the Joint Health and Wellbeing Strategy and Better Lives Integrated Care Partnerships Strategy. The aims of the strategies and the focus on independence and prevention were well understood by staff and leaders.

The Lincolnshire County Council website provides information about the services provided and about the various ways in which people can contact the local authority. There are links to the Wellbeing service which is provided by a partner organisation. There are also links to the Carers service. We had mixed feedback from some people about how easy it was to find information when first using the website and that one of the main difficulties was a lack of clarity about which organisation was providing the different levels of support and how they linked with the local authority. Work is currently being undertaken with people with lived experience to review the accessibility of the website. The local authority had carried out an engagement exercise with people using the Wellbeing service where positive responses were received in terms of how the service enabled increased independence for people.

The strengths-based approach adopted by the front-line assessment and social work teams had a real focus on what the person was able to do for themselves, what their strengths were and what their current support networks were. This formed the basis of the conversation about where their need for support was. This was confirmed in our discussions with staff who were all positive about the focus on independence and wellbeing and gave examples of positive outcomes for people.

Front line teams all spoke about working closely with other teams within the local authority as well as with partner agencies regarding the sharing of information about what services, including voluntary and community services, were available to people to support them to maintain their independence and delay or prevent their need for formal services.

There was a joined-up approach across public health, district councils, health partners and the local authority in looking at housing based on a recognition of the effect that poor housing has on a person's wellbeing and ability to retain their independence. The need for additional Extra Care housing schemes as well as bespoke options for people with complex needs has been identified as areas for development.

The reablement service provided to people discharged from hospital was provided by a partner organisation. Data shows that there had been a positive impact for people in terms of gaining back their independence following a stay in hospital. For example, 57% of people did not need any service following a period of reablement and 90% of people who did require a further service were more independent than at the point of discharge.

There was a real focus on enabling people who required support and unpaid carers to take up the option of receiving direct payments if that is what they wished to do. The take up of direct payments was 41.95% which was above the national average. People gave us examples of how the use of direct payments had enabled them to retain more control over their support as they were able to make their own decisions about who provided that support and in what way.

Evidence shows a good standard.

What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this Quality Statement:

There was a consistent understanding from everyone we spoke with, from senior leaders to front line staff, about the inequalities within the county and the particular challenges of the geography. These priorities were clearly identified in the formal strategies, with plans in place to address them. For example, the Communities of Interest document provides additional information about the 9 identified communities in the area who were at risk of health and social care inequalities. This was supported with leadership from the Director of Public Health and through partnership working with health colleagues.

The Public Health report 2022 clearly identifies the challenges that each of the four identified geographical areas experiences across Lincolnshire. The four areas identified are – Urban Centre, Urban Industrial, Rural and Market town, Coastal communities. The report is clear about the demographics of each area and the challenges and opportunities that each area presents. There are clear recommendations for further consideration at the end of the report for the local authority to consider in partnership with the rest of the health and social care system in Lincolnshire.

People with lived experience told us that there were opportunities for them to get involved in co-production in relation to the accessibility of the information provided by the local authority. For example, people with a learning disability had been involved in developing easy read formats and some staff have had training in the use of alternative communication methods so that they were able to gather views from more people.

The local authority website had information on it about how to change some of the accessibility options so that users can change their preference, including a voice activation option. The local authority were committed to improving the accessibility and there was a function on the website for people to make suggestions for improvements. Staff told us that they were able to request information in alternative languages and that they did not have any problems in obtaining interpreters when needed.

The frontline staff teams told us that they were encouraged to be creative and flexible in their approach to engaging with people, in general, but with particular focus when supporting those people who were part of communities who were at higher risk of health and social care inequality. There was joint working with partners from housing and the voluntary and community sector to work towards improving the access to support those communities.

For example, the local authority had been influential in the development of a multi-agency approach to supporting people with complex needs who needed longer term support with a focus on prevention. One of the criteria for support from this team was that the person was from a community considered to be at particular risk of inequality.

The recently revised commissioning for homecare was carried out partly in response to the challenges of providing homecare to people living in rural areas and the previously high number of people waiting for homecare in those areas. The revised commissioning has meant that there were very few delays in obtaining homecare and there have been no occasions when providers have said that they are not able to provide care to people at short notice.

Theme 2 – Providing support

Care provision, integration and continuity

Indicative Score: 3

Evidence shows a good standard.

What people expect:

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this Quality Statement:

The set up of the frontline social work teams is that there are teams based on three identified primary support needs– learning disability, mental health and adult frailty and long term conditions. There are plans in place to create a social work team specifically for people with a physical disability. Most people gave us positive feedback from people about their experiences of contact with the local authority teams and the support arranged for them. This was consistent with the feedback that the local authority had gathered from people using their service.

The staff teams were committed to partnership working, both with colleagues internally and with partner organisations. This approach was clear within the integrated teams as well as those teams who were not formally integrated.

Where complaints had been received about the provision of support, action had been taken to address these. For example, a review of complaints in 2022/2023 identified some concerns about communication and the length of time in between initial contact and further contact. The local authority reviewed this issue with the teams involved and made changes so that the contact service were supported to be able to answer more generic queries directly. This meant that the social work teams were able to focus on other work. Staff involved told us that this had been a positive change.

We received some less positive feedback about the pathway for autistic people who did not also have a learning disability. There was no team specifically to support autistic people and therefore they could be supported by any of the teams, depending on the person's specific needs. The local authority are a key partner in the Integrated Care Partnership development of the Autism Partnership Board which oversees the Lincolnshire All Age Autism Strategy.

There were effective systems in place to ensure that the local authority gathered feedback from people who used services, staff, and partner organisations so that they were able to identify where there were gaps in the provision of services. There was a real focus on partnership working to address issues. The relationship with the registered providers of homecare, residential and nursing homes was very positive and there was joint working with them with regards to shaping the market to ensure that appropriate services are developed to meet people's needs.

There were times currently when local people with complex needs may have to access more specialist services in a neighbouring county due to the lack of local available services. There was joint working taking place with health partners regarding developing services for people with a learning disability and for those with mental health needs to prevent admission to hospital and to be able to discharge people when they were ready for discharge from long stay hospital admissions.

Some of the geographical challenges relate to the rurality of the area and the difficulties that this can bring regarding workforce, transport and lack of local services. This had led to long delays in obtaining homecare in some areas and homecare providers handing back packages of care as they were not able to fulfil them. The revised commissioning for homecare had addressed many of those issues that had previously been present in the provision of home care. In addition, it reduced the number of packages of care that were handed back and missed visits. The new commissioning process has identified a small number of providers who cover specific geographical areas. They are able to subcontract with another provider which does provide a limited choice if the person does not want to use the preferred provider identified for the area in which they live. There is also the opportunity for the local authority to spot purchase a different provider or for the person to have direct payments which enables them to have more control over who provides their homecare.

The local authority are currently working with service users and staff to agree actions following a recent survey of people using day services. One of these issues was the inflexibility of times when people could attend as they were reliant on transport which was not always available at the times that they wished to use it.

We received mixed views about the transitions service for young people transitioning to adult services. Young people were allocated to an adult's team in the year prior to them becoming 18 and the involvement of adult social work teams with the children's team prior to this was variable. Currently the only specific transitions social workers are within the learning disability team. There were plans in place to appoint a transitions worker within the adult frailty and long-term conditions team who will specifically work with young people with a physical disability prior to the planned development of a social work team specifically for people with a physical disability. This means that there were other young people with differing needs who will be allocated to a generic social worker rather than a social worker with additional skills and knowledge with regards to transition.

Partnerships and communities:**Indicative Score: 3**

Evidence shows a good standard.

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this Quality Statement:

Partnership working was one of the real strengths of the local authority. High level strategies were co-produced with partner organisations where appropriate and have a focus on partnership working. The commissioning strategies were focused on partnership working with appropriate governance systems in place to oversee the quality of the service. There were examples of pooled budgets with the local health system and integrated teams, for example, the hospital discharge teams. The local authority was seen as an equal partner by those in the health system.

The feedback was very positive from all of the partner organisations who we spoke with, including health, voluntary and community sector, service user led organisations and providers of homecare and residential/nursing care. They all spoke very highly of the commitment of the local authority to working in this way. They spoke positively about the quality of the relationships between the local authority and themselves with the shared view that despite the occasional challenges in working in this way the local authority was committed to it.

There was a shared aim of achieving improved outcomes for people through joint working, whether this was through formal partnership agreements or through less formal relationship building with other teams and organisations to best be able to meet someone's needs.

We received mixed views from people about how smoothly their move between services was with most people satisfied with the communication and support when they moved between services. However, some reported that they felt that communication could have been improved. The local authority had already identified areas where improvements were needed and some of the more recent service developments, such as the integrated hospital discharge teams, had been as a result of that.

There are s75 agreements in place with health providers which enables the local authority to commission health providers to commission and provide social care. These are in place for services for people with a learning disability as well as people with a mental health need. We heard about positive outcomes for individuals because of the health and social care teams working in this way. This included people having involvement with one

professional rather than several which had been their experience previously. This enabled them to build more effective relationships with them and meant that they did not have to keep repeating their story.

Theme 3: How the local authority ensures safety within the system

Safe pathways, systems and transitions

Indicative Score: 3

Evidence shows a good standard.

What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this Quality Statement

The commitment to partnership working and to the provision of personalised care had led to improved outcomes for people when they were moving between services. One of the challenges for integrated working was the issue of information sharing via the computer systems. The local authority are working with health partners regarding this and so far, have achieved read only access for staff in the integrated teams.

A fully integrated hospital discharge team started working together a year ago and are achieving positive outcomes for people being discharged from hospital. The team worked closely with the other services available for people who required varying levels of support when discharged from hospital. This varied from a voluntary service providing transport and shopping to the reablement team providing longer term support. The local authority's data, as well as national data, showed that the support had enabled increased numbers of people to return home and remain at home rather than requiring longer term support such as residential care.

The local authority were one of the first in the country to implement the Trusted Assessor system with some regulated providers carrying out the assessments for people waiting for discharge from hospital. This, along with the development of other services, such as the Community Connectors scheme, some with partner organisations, has led to improved pathways for people ready to be discharged from hospital. There were additional plans in place which could be quickly implemented to support at times of pressure, such as during the winter, when there are likely to be higher than usual admissions to hospital.

The contracts team had a risk management system in place for providers of homecare and residential/nursing homes. This ensured that support was provided to those where there were concerns about the quality of the service being provided. The providers spoke highly of the relationships with the contracts and commissioning teams and about the positive

partnership working that took place, even when dealing with challenging issues. This meant that the providers had a good understanding of the services that are going to be needed in the future and felt part of the discussions and planning for this. The providers also found that due to the positive relationships they had they were more likely to speak to the local authority teams for advice and therefore any issues could be dealt with at an early stage.

The pathway for people in transition from children's to adult's services was not always as seamless for families as it could be. The local authority are currently planning for additional front line social workers to take a lead on transitions within the social work teams.

Risk assessment was a core aspect of the assessment of people's needs alongside the focus on personalised care and support. Social work staff who we spoke with were aware of the legal frameworks in which they worked as well as the importance of respecting individuals' choice. Staff told us that they were able to obtain the service of an advocate when people required one. The advocacy provider confirmed this and that they were able to provide advocates for support with Care Act assessments in a timely way.

The development of the multi-agency Team Around the Adult service aimed to provide additional support to those people who have complex needs and require that support to maintain their safety and wellbeing. This meant that the most vulnerable people received the support from the most appropriate professional at any specific time and we heard examples of positive outcomes for people.

Safeguarding

Indicative Score: 3

Evidence shows a good standard.

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this Quality Statement

The Safeguarding Adults Board Strategy clearly set out the identified risks for the area and had work streams which were monitored to ensure action was being taken to address the risks effectively.

Information about safeguarding and how to make a referral to the safeguarding team was available on the local authority website, including specific information for unpaid carers. All the front-line staff who we spoke with had a focus on safeguarding and ensuring that risks for people were reduced in line with their right to make their own decisions. All staff were confident in the safeguarding policies and processes.

National data shows that the local authority is in line with the national average in the numbers of people who received a service, and unpaid carers reporting that the service they received makes them feel safe.

The local authority was clear in its adherence to the Care Act definition of safeguarding and s42 enquiries. A s42 enquiry is where the local authority believes that someone is at risk of harm or abuse and therefore further enquiries need to be carried out. Their own audits of safeguarding referrals and subsequent action taken show that they had met their Care Act responsibilities in terms of safeguarding. The most recent internal audit also showed that 96% of people who were subject to a safeguarding enquiry reported their satisfaction with the way in which it was carried out and the outcomes.

All safeguarding referrals went to the safeguarding team where they were triaged. Decisions were made at that point as to whether the referral would proceed to a s42 enquiry and if so, who should carry that out. If it did not meet the criteria for the enquiry, then a decision was made as to who should be responsible for further discussion about the issue. The out of hours duty team consists of Approved Mental Health Professionals (AMHPs) and they were responsible for reviewing the s42 responses carried out by regulated providers. The overall oversight of these enquiries remained with the safeguarding officer.

There was guidance available for partner agencies regarding what the Care Act criteria was for a safeguarding referral and s42 enquiry and the local authority had carried out learning sessions with partner organisations. However, these were not well understood by all partner organisations which could lead to differences of opinion about whether safeguarding concerns had been dealt with appropriately.

Learning from safeguarding enquiries as well as Safeguarding Adult Reviews was collated and shared with front line teams.

Theme 4: Leadership

Governance, management and sustainability

Indicative Score: 3

Evidence shows a good standard.

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this Quality Statement

The leadership of the local authority was stable which enabled longer term plans to be put into place with time to embed. Monitoring activity took place to ensure the effectiveness of new ways of working which enabled the management team to make decisions about whether further improvement was needed.

The governance arrangements were effective in providing oversight of the provision of assessment, ongoing care and support to people. This included effective challenge at the Scrutiny Committee by councillors. For example, the Quality and Safeguarding Board were responsible for overseeing safeguarding, quality of services, complaints, and market risk. There were clear lines of accountability and reporting to the senior leadership team. Front line teams told us that the DASS and Assistant Directors regularly spoke to them about their views and that they were confident that they were listened to as they could see that action was taken to address issues.

There were effective working relationships between the leadership team and partner organisations which had led to the development of a high number of partnership ways of working.

Feedback from partner organisations, as well as internally within the local authority, was that the Director of Adult Social Services (DASS) has excellent communication skills with a real focus on developing partnerships in order to meet people's individual needs. They were all positive about the culture of the local authority being set by the DASS and that culture being embraced throughout the teams. Front line staff teams told us that they felt well supported by the management teams and able to discuss challenges and issues with them.

Whilst we did not speak with many people with lived experience about the leadership of the local authority, we did hear from one person who assured us that they were able to contact the DASS. They told us they had done this and were very happy that they had been listened to.

An audit of the local authority's risk management processes had recently been carried out by an external organisation and the outcome was that there were comprehensive and effective risk management processes in place with clear leadership from the senior leadership team.

The local authority had invested in developing its own workforce and that of partner organisations involved in providing services as a way of maintaining sustainability. In recent years, the ratio of qualified staff in front line teams compared to non-qualified staff had increased. There were processes in place to enable staff to be trained through apprenticeship and other schemes to become qualified social workers. This had helped with staff recruitment and retention. Whilst there were some vacancies across the teams these were not in high numbers and the majority were in the process of being recruited to.

Work had taken place with the provider forum who had been supported financially to take on the role of rolling out training to the providers of homecare and residential/nursing care homes to assist with their recruitment and retention of staff. There were also processes in place to ensure that the risk to people using services was minimised if a regulated service failed. There were procedures in place to deal with interruptions to service and learning from the pandemic had been taken forward in plans to deal with any future similar situations.

The local authority was proactive in seeking out the views of people with lived experience to gain their views about the care and support they were receiving. In addition, they involved people in the co-production of strategies for how services could be developed. Work is currently taking place to review the co-production that is taking place by the local authority and partner organisations against national guidance relating to co-production best practice.

Evidence shows a good standard.

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this Quality Statement

There was a real focus on staff development and learning. Front line staff all confirmed that they were given opportunities for mandatory training as well as any specific training that would enable them to be able to carry out their roles more effectively. There were opportunities for a number of unqualified staff to commence social work training each year. The programme of training about strengths-based practice had been rolled out across the local authority over the last year and the approach was clearly embedded in practice.

There were clear systems in place to ensure that learning from complaints, Safeguarding Adults Reviews (SAR) and any internal audits were shared. This was done in a variety of ways including staff learning events, through managers at team meetings and through written updates. The shared learning from a SAR led to the development of the Team Around the Adult as teams took action to address the learning points. Where the need for improvement had been identified the required actions had been completed or were in the process of being implemented.

The senior leadership promoted a culture of openness and transparency with surveys being commissioned to be carried out by the internal quality monitoring team as well as external organisations such as Healthwatch. There was ongoing work with the local university to carry out research on behalf of the local authority and to evaluate new systems of work to ensure they were effective.

The Continuous Improvement Plan recorded areas where improvement was needed and was monitored by senior leaders to ensure progress. One of the areas was the further development of technology enabled care (TEC). Whilst many examples of TEC were provided the local authority and staff have received training to ensure it is considered as part of assessments. Further development is planned.

We heard examples from front line staff and people with lived experience about the focus on being creative about how people's support is provided, particularly for those in situations where support may be more challenging to provide. The very real commitment to partnership working and seeking out the organisations with expertise in particular areas had led to more effective ways of ensuring that people's individual needs were met.



**Open Report on behalf of Martin Samuels,
Executive Director - Adult Care and Community Wellbeing**

| | |
|------------|--|
| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 17 January 2024 |
| Subject: | Overview of Care Provider Contract Management |

Summary:

This report is to provide an update to the Adults and Community Wellbeing Scrutiny Committee on the contract management arrangements covering all Adult Care and Public Health commissioned activity.

Actions Required:

The Adults and Community Wellbeing Scrutiny Committee are asked to note the contents of this report.

1. Background

- 1.1 The Commercial Team – People Services are responsible for the procurement and contract management of all commissioned services on behalf of Adult Care and Community Wellbeing, establishing robust commercial arrangements that deliver good quality services and that represent value for money and positive outcomes for the people of Lincolnshire.
- 1.2 We have circa 600 individual contracts, that cover services across more than 1,000 individual settings/service delivery locations. It is these 1,000 settings that we contract manage. Appendix A contains a copy of our Service Map that provides a high-level view of the range of services covered.

2. The Team

- 2.1 The contract management function is undertaken by a dedicated Contract Management Team, consisting of three sub teams to provide expertise and focus on the following areas; residential services, community-based provision (e.g. day care services, homecare for older age adults and community support living for working age adults) and strategic countywide services including those with a clinical component (e.g. Carers Service, Wellbeing Service, Sexual Health Services).



Image 1 – Contract Management Team Structure

3. Contract Management Approach

- 3.1 Our approach to contract management is centred around supporting commissioned providers to deliver effective services. To develop and sustain a diverse, vibrant, and effective provider market that delivers on its contractual obligations, collaborates, innovates, and prioritises the delivery of high-quality care and support to the people of Lincolnshire.
- 3.2 The role of Contract Officers within the team requires a high level of experience and expertise to effectively manage a broad portfolio of complex and risk prone services, with staff taking personal responsibility for supporting and holding providers to account to ensure that effective services are delivered to the people of Lincolnshire.
- 3.3 Each contract has a named Contract Officer who is the main point of contact for day-to-day enquiries, issues and escalation. Supported by a contract management framework that determines the minimum standards in relation to contract management visits and ensures consistency of approach between officers. The core approach includes annual visits, visits determined by the level of presenting risk and themed audits. Officers utilise a range of tools, data and intelligence to inform activity and to determine when additional intervention is required.
- 3.4 In the 12 months to October 2023, the team had undertaken over 1,200 individual visits.

4. Management of Risk

- 4.1 Since 2015 the team have utilised and continued to develop a risk-based approach which is supported by service specific risk matrices. This established and tested approach adopts a methodology that utilises a range of data and intelligence to determine a risk rating for each service (high, medium or low).

4.2 Our risk matrices are dynamic ‘live’ tools which apply scoring against a range of factors across a range of criteria that enables us to separate out risks relating to the quality of provision to risks relating to the contract itself.

| | | |
|--|--|---|
| Service Utilisation | Financial Viability & Commercial Risk | Staffing & Workforce <ul style="list-style-type: none"> • Staff numbers & turnover • Staff capability • Training, development & support |
| Policies & Procedures | Insurances | Regulatory Compliance <ul style="list-style-type: none"> • Care Act • CQC |
| Safe & Effective Service Delivery <ul style="list-style-type: none"> • Local emergency & business continuity planning • Care planning | Management Effectiveness <ul style="list-style-type: none"> • Local audits • Quality Assurance practices • Changes in management | KPI Performance |
| Environmental & Clinical Risk <ul style="list-style-type: none"> • Equipment • IPC • Medication management | Incidents & Concerns <ul style="list-style-type: none"> • Poor Practice Concerns / Safeguarding • Serious Incidents • Notifiable Incidents | Business Intelligence & Feedback |

Image 2 – Risk factors

4.3 These tools facilitate effective oversight, activity planning and timely interventions, providing a critical tool that is instrumental in prioritising engagement, holding providers accountable and identifying opportunities to support the sector.

5. Care Quality Commission (CQC)

5.1 The CQC is the independent regulator of health and adult social care in England, with the aim of ensuring that these services meet fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008. The purpose of CQC is thus to ensure health and social care services provide people with safe, effective, compassionate, high-quality care.

5.2 Regulatory compliance forms an integral part of our contract management frameworks, with CQC inspection ratings feeding directly into our Risk Matrices and wider reporting.

5.3 As a key partner, we hold regularly CQC Liaison meetings and have developed strong working relationships with inspectors and their Operations Managers, working collaboratively to improve quality.

6. Working with Partners & Service Users

6.1 Working with partners and sharing intelligence forms a core part of our approach, feeding into our risk assessments and driving improvement in quality of services.

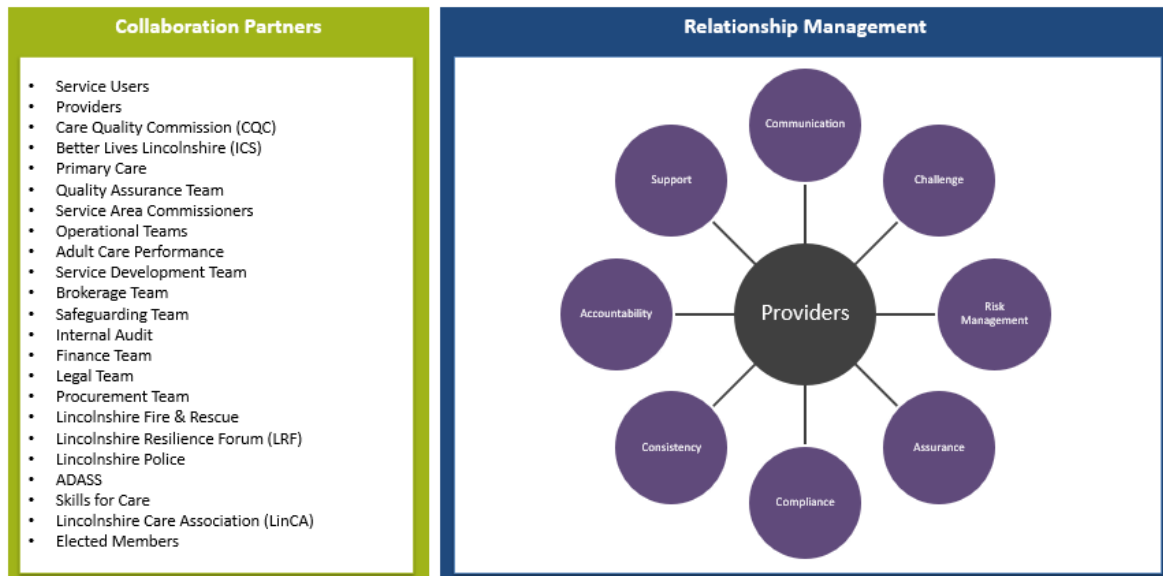


Image 3 – Partners and provider relationship management in contract management


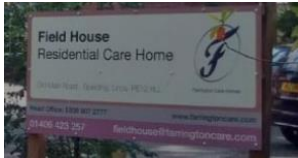
- 6.2 We work closely with our colleagues in Safeguarding at both an operational level, through contract management, risk management and joint provider visits, and strategic level through divisional leadership meetings, Service Quality Review and the Quality and Safeguarding Board.
- 6.3 The Contract Officers will regularly undertake joint visits with our Health Protection colleagues to address concerns and drive improvement relating to infection prevention control measures and other health related concerns.
- 6.4 The Service User voice is heard through;
- partner organisations
 - the review of complaints and feedback
 - information capture via the provider
 - direct engagement as part of contract management visits.
- 6.5 Poor Practice Concerns (PPCs) serve as a crucial feedback route for service users, their families/representatives, and practitioners to provide input on the performance of services. Our well-established and rigorous process for capturing such concerns informs our contract management approach and enhances our assessment of provider risk. This enables us to identify trends, key risks and concerns (including potential safeguarding issues) effectively, allowing us to prioritise our activity.
- 6.6 The process for responding to individual concerns, identifying trends relating to specific providers, tracking and reporting of PPC's is well established and comprehensive. We are continually looking at ways to improve the way in which we use this intelligence. An example of targeted development is improving the way in which we link into our Strategic Market Support Provider for targeted market support; for example, if we identify that concerns relating to medication are

increasing, we can pass this intelligence to our Strategic Market Support Provider and work with them to implement targeted training in medication management.

7. Managing Escalating Concerns

7.1 A robust approach to contract escalation ensures that officers have a range of tools at their disposal, including proactive measures such as peer support, improvement planning, formal provider strategy meetings and reactive contract mechanisms such as contract defaults, service suspensions and in extreme cases, the loss of provider process.

7.2 When services fail to show improvement within set timescales, we can refer the service ‘intervention’. This is where a dedicated and highly experienced Senior Contract Officer will work with the provider for an intensive period to turn around the quality of service being delivered. Examples of improved outcomes as a direct result of intervention are below:

| Care Provision | Activity | Outcome |
|--|---|---|
| <p>Roman Wharf Care Home</p>  <p>50-bedded care home in Lincoln. Part of the CareCall Group which owns two homes in the county</p> | <p>In May 2022, the CQC inspected Roman Wharf and rated the home as ‘inadequate’, and a subsequent inspection in February 2023 resulted in the issuing of a ‘Notice of Proposal’ to cancel the provider’s registration.</p> <p>Our risk management approach saw the escalation of Roman Wharf Care Home, and via appropriate governance routes the home was put into “Intervention Support” and an improvement plan was put in place.</p> <p>The Intervention Officer undertook monthly visits between March and September 2023 targeted at supporting the home in their completion of the actions required under the Improvement Plan, followed by close monitoring to ensure the sustainability of improvements made.</p> | <p>From Inadequate to Good</p> <p>CQC revisited the service on 25 July 2023 and rated the home as Good.</p> <p>Without the input of the Commercial Team, it is highly likely that the home would have closed, resulting in the Council needing to find new accommodation for 21 residents.</p> |
| <p>Field House, Holbeach</p>  <p>Operated by Farrington Care Homes Ltd</p> | <p>Escalated to the Intervention Officer due to high-risk status and following concerns raised by CQC, which resulted in restrictions being imposed on the home.</p> <p>The support programme included the implementation of an 18 point improvement plan and 14 individual visits to the home by the Intervention Officer. By October 2023 the home had completed all actions and demonstrated sustained improvement.</p> <p>CQC revisited in June 2023 and published a revised rating of ‘good’ overall.</p> | <p>From Requires Improvement to Good</p> <p>CQC revisited the service on 22 June 2023 and rated the home as Good.</p> |

7.3 A high-level summary of our contract management approach can be found in Appendix B.

8. Oversight and Governance

- 8.1 A robust oversight and governance structure is in place covering both internal oversight and multi-agency assurance.

| INTERNAL Assurance / Contract Oversight | | EXTERNAL / Multi-Agency | |
|---|--|------------------------------|--|
| Operational | Contract Management Governance Board | Divisional Meetings | Operational Service Quality Review |
| Themes / Clinical Incidents | Clinical Governance Board | Quality & Safeguarding Board | Regulator Care Quality Commission (CQC) Liaison Meetings |
| Provider Risk | Commercial Briefing to Portfolio Holder | | Themes Quality Service Improvement Group |

Image 4 – Summary of oversight and governance arrangements

- 8.2 The multi-agency Service Quality Review meeting chaired by the Commercial Team brings together a range of organisations and departments to provide a coordinated approach and joint response to services presenting high-quality risk. Organisations represented at this meeting include CQC, LCHS and the ICB, with LCC teams including Safeguarding, Health Protection and Quality Assurance also in attendance.

9. Thematic Learning and Continuous Improvement

- 9.1 We continuously gather knowledge from various sources and datasets, enabling us to identify service improvements, best practices, adapt to challenges, refine relationships with partners, and learn from incidents and feedback on a daily basis.
- 9.2 To enhance this approach, we are implementing a Thematic Learning framework, formalising the sharing of insights and the identification of recurring themes and trends. This strategy aligns with the quality and 'I' statements outlined in the CQC Assessment Framework for Local Authority Assurance, aiming to reinforce existing good practices whilst re-framing the focus of the team's interventions through a 'learning lens' where the service user experience and outcomes are key drivers. Appendix C provides an illustrative overview.
- 9.3 An example of where this approach is already in use is within the Serious Incident process. Once recorded the causes and themes are analysed and themes are being discussed in specific and focussed meetings with the provider to identify areas of learning and changes in approach to minimise repeat occurrence.

10. Supporting the Market

- 10.1 We believe that supporting the market is critical in facilitating a diverse, sustainable, and high-quality market that offers the people of Lincolnshire a range

of services, promoting choice and ensuring positive experiences. We do this through a number of ways:

10.2 The **Market Sustainability Action Plan** is aligned to seven core pillars of activity, providing a solid foundation for achieving our market sustainability goals.

| | | | | | | |
|------------------|-----------------------------|-------------------|------------------------|----------------|-------------------------------|-----------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Market Oversight | Financial Support & Funding | Finance Processes | Commissioning Strategy | Market Shaping | Contract Management & Quality | Workforce |

Image 5 – Seven core pillars of support withing the Market Sustainability Action Plan

10.3 In early 2023 we supported the local care provider market through the creation of agreements and the payment of around £2m of government **Discharge Grant** funding to further recruitment and retention in the social care workforce within Lincolnshire, including effecting the early payment of the National Living Wage 2023/24 award to existing and new care staff during the period. Care providers appreciated the ability of the additional funds to help increase their ongoing staff recruitment and retention.

“We received in the region of £4.4K earlier this year and we used this to phase in the new national living wage and to provide help to staff to combat the cost-of-living challenge as a way of encouraging them to stay and work at the Care Home and not chase higher paid and less rewarding jobs in other industries who are paying higher wages to attract new recruits. This temporary enhancement pending the new NLW from April 2023 seems to have had a positive impact as the rate of attrition has slowed, our recruitment has picked up as the word has got out about the positive initiatives we have taken...”

10.4 The **Market Sustainability & Improvement Fund (MSIF)** was announced in the autumn statement in November 2022. Its primary purpose to support local authorities to make tangible improvements to adult social care services, to build capacity and improve market sustainability. Round 1 facilitated the uplift of residential fees for all in and out of county commissioned providers and Round 2 has been utilised on a number of initiatives including; an innovation fund to support Community Supported Living providers with recruitment and retention to reduce their over reliance on agency staff; the expansion of the Homecare Trusted Assessor pilot; and an independent review of the costs associated with Mental Health Residential Care.

10.5 In 2022/23 a **hardship fund** was established to support providers with increased costs associated with significant increases relating to fuel, energy and insurance.

10.6 Our providers welcome both the support and challenge presented by our Contract Officers and recently provided a range of feedback that was shared with the CQC as part of their recent assurance of Adult Care Services, see Appendix D for details.

11. CQC State of Care

11.1 The State of Care report is the CQC annual assessment of health care and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve. The most recent report was published in October 2023.

11.2 In relation to Adult Social Care the report highlighted the following areas:

| National View from State of Care Report | Lincolnshire Perspective | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------|---|------------|--|------------|------------------|-----------------------------|------------------------|----------|-----|-----|----------|-----|-----|----------|-----|-----|----------|-----|-----|----------|-----|-----|
| <p>CQC Overall Ratings</p> <p>Nationally, the percentage of Adult Social Care services rated 'Good' or above:</p> <ul style="list-style-type: none"> • 83% of Residential Homes (no change since 2022) • 79% of Nursing Homes (up 2% from 2022) • 85% of Domiciliary Care Agencies (down 2% from 2022) | <ul style="list-style-type: none"> • In October, the CQC presented to the scrutiny committee on how Lincolnshire care quality ratings compared against the England average. • Current Lincolnshire ratings remain 3% below the England average, however, have shown improvement in the last 12 months: <div data-bbox="708 831 1382 1406"> <p>Percentage of Social Care Organisations Rated 'Good' or above (Corporate Business Plan Measure)</p> <table border="1"> <tr> <td>All Locations: <i>Residential and Community Based Provision</i></td> <td>80%</td> </tr> <tr> <td>Residential Services: <i>Includes both residential and nursing care provision</i></td> <td>78%</td> </tr> <tr> <td>Community Based Services: <i>Includes home care agencies, supported living/housing, and shared lives</i></td> <td>83%</td> </tr> </table> <p>Lincolnshire Trends vs. England</p> <table border="1"> <caption>Lincolnshire Trends vs. England Data</caption> <thead> <tr> <th>Quarter End Date</th> <th>Lincolnshire (all services)</th> <th>England (all services)</th> </tr> </thead> <tbody> <tr> <td>Jan 2023</td> <td>83%</td> <td>79%</td> </tr> <tr> <td>Mar 2023</td> <td>83%</td> <td>79%</td> </tr> <tr> <td>May 2023</td> <td>83%</td> <td>80%</td> </tr> <tr> <td>Jul 2023</td> <td>83%</td> <td>80%</td> </tr> <tr> <td>Sep 2023</td> <td>83%</td> <td>80%</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • Raising the quality standards of the market is a key priority for the Commercial Team in the coming months. | All Locations: <i>Residential and Community Based Provision</i> | 80% | Residential Services: <i>Includes both residential and nursing care provision</i> | 78% | Community Based Services: <i>Includes home care agencies, supported living/housing, and shared lives</i> | 83% | Quarter End Date | Lincolnshire (all services) | England (all services) | Jan 2023 | 83% | 79% | Mar 2023 | 83% | 79% | May 2023 | 83% | 80% | Jul 2023 | 83% | 80% | Sep 2023 | 83% | 80% |
| All Locations: <i>Residential and Community Based Provision</i> | 80% | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Services: <i>Includes both residential and nursing care provision</i> | 78% | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Based Services: <i>Includes home care agencies, supported living/housing, and shared lives</i> | 83% | | | | | | | | | | | | | | | | | | | | | | | | |
| Quarter End Date | Lincolnshire (all services) | England (all services) | | | | | | | | | | | | | | | | | | | | | | | |
| Jan 2023 | 83% | 79% | | | | | | | | | | | | | | | | | | | | | | | |
| Mar 2023 | 83% | 79% | | | | | | | | | | | | | | | | | | | | | | | |
| May 2023 | 83% | 80% | | | | | | | | | | | | | | | | | | | | | | | |
| Jul 2023 | 83% | 80% | | | | | | | | | | | | | | | | | | | | | | | |
| Sep 2023 | 83% | 80% | | | | | | | | | | | | | | | | | | | | | | | |

| National View from State of Care Report | Lincolnshire Perspective |
|---|---|
| <p>Workforce</p> <p><i>Care providers are facing significant workforce challenges on a national scale. Many providers are struggling to recruit new and retain existing staff which, coupled with increasing running costs, is having a subsequent impact on their ability to accept new clients and provide adequate care and support.</i></p> | <ul style="list-style-type: none"> • Based on data collated by the National Capacity Tracker the number of staff working in care homes and across community provision in Lincolnshire has steadily increased since January 2021, and there have been significant improvements in staff absence rates. • Staff vacancies in Care Homes have reduced from 19% in Q1 2022/23 to 12% in Q1 2023/24; The most recent data highlights further improvement, with 11% of staff posts vacant as of November 2023. • Whilst data evidences a positive trend, workforce challenges and the impact of staff recruitment and retention continues to be a widespread issue in Lincolnshire. Section 10 above references the various support initiatives implemented and ongoing being driven forward by LCC. |
| <p>Sustainability</p> <ul style="list-style-type: none"> • <i>Adult social care providers are facing increased running costs, including food and electricity, with some struggling to pay their staff a wage in line with inflation, which affects recruitment and retention.</i> • <i>Providers are worried about the financial sustainability of their service with over a quarter saying that they have considered leaving the sector in the last 12 months.</i> • <i>Smaller providers are experiencing additional sustainability issues.</i> | <p>Since December 2022:</p> <ul style="list-style-type: none"> • The number of registered residential care homes has decreased from 291 to 287; <ul style="list-style-type: none"> ○ However, within the above we have seen four new homes registering within Lincolnshire in the past year, three of which are large homes of over 55 beds. ○ Of those homes that have deregistered, the majority have been smaller sized homes of less than 30 beds. • The number of registered domiciliary care agencies has increased from 117 to 122. <p>Section 10 above references the various support initiatives implemented and ongoing being driven forward by LCC to ensure we retain a sustainable market.</p> |
| <p>Care Home Bed Availability</p> <ul style="list-style-type: none"> • <i>84% of care home beds were occupied as of July 2023.</i> • <i>Nationally, there has been a 0.6% reduction in the number of registered beds (July 2022 vs. July 2023)</i> • <i>The number of people living in a care home has increased 3% between March 2022 and February 2023.</i> | <ul style="list-style-type: none"> • Despite the challenges being faced, Lincolnshire is in a strong position when it comes to the availability of care home provision. • The number of registered beds in Lincolnshire has increased by 1.6% (July 2022 vs. July 2023) which is against the national trend. • In line with national statistics, the number of people living in a care home in Lincolnshire has also increased; since April 2022, the number of residents in commissioned care homes has increased by 7% and there has been a 10% increase in the number of self-funded residents. • Despite the increase in residents, care home occupancy is on par with the national picture; the percentage of vacant beds across the County is currently at 15.6%. |

| National View from State of Care Report | Lincolnshire Perspective |
|---|---|
| <p>NHS Pressures and Hospital Flow</p> <ul style="list-style-type: none"> <i>The State of Care report highlighted national challenges in relation to patient flow, with people staying in hospital for longer than necessary (partly due to there not being enough care workers to support them).</i> | <ul style="list-style-type: none"> Investment to support patient flow and joint working has yielded significant benefits. The percentage of individuals referred from hospital and accepted into home-based reablement service has improved over the past year. In November 2023 99.7% of referred individuals were accepted and the average acceptance rate for the past six months is 98.8%; prior to investment, less than 50% of referrals were being accepted. The implementation of Active Recovery Bed contracts has ensured additional bed-based reablement options upon hospital discharge, with those accessing these services evidencing positive outcomes and a clear reduction in ongoing care need. Improvements in capacity and flow have also had a positive impact on home care waiting lists, which have reduced significantly over the course of the last year; between October 2022 and October 2023, there was a 67% reduction in the number of individuals waiting in hospital for home care. |

12. Conclusion

- 12.1 The Commercial Team have a robust approach to contract management with the aim to develop and sustain a diverse, vibrant, and effective provider market that delivers on its contractual obligations, collaborates, innovates, and prioritises the delivery of high-quality care and support to the people of Lincolnshire.
- 12.2 Our approach has been developed over time, based on experience and in conjunction with partners, including providers themselves. We are not complacent and will continue to drive improvement, strive to raise quality standards and support our provider market to deliver the best services for some of the most vulnerable residents of Lincolnshire.

13. Consultation

a) Risks and Impact Analysis

N/A

14. Appendices

| | |
|---|------------------------------|
| These are listed below and attached at the back of the report | |
| Appendix A | Service Map |
| Appendix B | Contract Management Overview |
| Appendix C | Thematic Learning Summary |
| Appendix D | Provider Feedback |

15. 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 Alina Hackney, who can be contacted on alina.hackney@lincolnshire.gov.uk.

This page is intentionally left blank

Services Procured and Contract Managed by Commercial Team People Services

Primary Classification as at September 2023



Residential Services

Residential and Nursing Care Homes In Lincolnshire

Long and short term accommodation; personal and nursing care; support and stimulation to adults within a care home setting, based in Lincolnshire.

This includes care homes that can deliver services for:

- Older People
- Physical Disabilities
- Nursing and Higher Dependency
- Learning Disabilities
- Mental Health

Delivered across 275 care homes in Lincolnshire

Out of County Residential and Nursing Care Homes

Long and short term accommodation, personal and nursing care, support and stimulation to adults in a care home setting, based outside Lincolnshire.

Delivered across 223 out-of-county care homes

Block Transitional Care and Reablement Beds

Block purchased beds for the exclusive use of LCC (Lot 1) and Health (Lot 2).

Delivered across 14 care homes in Lincolnshire

Active Recovery Beds

Block purchased beds to support patient flow via Hospital Discharge Pathway 1, facilitating care for individuals not ready to return to their former home or level of independence.

Delivered across 4 care homes in Lincolnshire



Community Based Services

Home Care

Personal care in the home of the service user.

Delivered by 9 providers across 11 Lincolnshire Zones – Atlas Care | Care Relief Team | Cera Care | Fosse Healthcare | Hales Care | Key 2 Care | Libertas | Sagecare | Walnut Care

Community Supported Living

Supported living services to people in the community who have learning disabilities and other specialist service requirements.

Delivered via an open select list of 27 providers which includes over 150 dedicated accommodation settings

Delivered also via spot contracts with 26 providers

Building-Based Day Services

Services to provide meaningful activities during the day for eligible adults. These may include support in socialisation, learning new skills, work and volunteering; also providing respite and the opportunity to work for carers.

Delivered across 50 externally- and 12 internally-run Day Care locations



Clinical & Community Prevention Services

Lincolnshire Integrated Sexual Health (LISH) Service

Community contraceptive and sexual health services, chlamydia screening and health promotion to improve sexual and reproductive health, education and awareness, and reduce sexual health inequalities across the population of Lincolnshire

Lincolnshire Community Health Services NHS Trust (LCHS)

NHS Health Checks

Preventative health checks for adults aged 40-74.

Provided by 81 GP Practices in Lincolnshire

Health Check Support Service

Support service for GP Practices delivering the NHS Health Check programme targeted at improving performance, uptake and Service quality.

T.C.R. (Nottingham)

Substance Misuse Recovery and Treatment Services

Countywide focused support and treatment to those who have experienced or are experiencing difficulties with alcohol and drug addiction.

We Are With You

Sexual Health Outreach Services

Provision of Lincolnshire Sexual Health Outreach, HIV Prevention and Support Services in Lincolnshire.

Positive Health

Domestic Abuse Refuge Services

Refuge accommodation for domestic abuse survivors.

EDAN Lincs

Emergency Contraception

An accessible service for contraception and pregnancy testing available for young women aged 13-19 to target a reduction in under 18 conception rates.

Delivered by 6 pharmaceutical organisations across Lincolnshire

Long-Acting Reversible Contraceptives (LARC)

Service to provide the fitting, monitoring and removal of contraceptive implants.

Provided by 67 GP Practices in Lincolnshire



Strategic Services

Block Transitional Care and Reablement Beds (Section 75)

Management of block purchased residential and nursing capacity on behalf of Health.

Section 75 arrangement between the Commercial Team - People Services and Lincolnshire Community Health Services NHS Trust (LCHS)

Carers Support Service

Tailored support, based on statutory carers needs

assessments, provided to unpaid carers in Lincolnshire to maintain their caring roles. Includes the Carer Friendly Pharmacy Programme and Employment for Carers Project.

Carers First

Domestic Abuse Support Service

Domestic abuse support, advice and outreach services for adults and children. Also includes support to hospital services in their response to people who disclose domestic abuse.

EDAN Lincs

Home-Based Reablement

Support to enable people learn or relearn the skills necessary for daily living, which have been lost through illness,

deterioration of health and/or increased support needs, allowing them to remain independent in their own Homes.

Libertas

Lincolnshire Community Equipment Service (LCES)

The provision of equipment in the community, ranging from simple to complex aids, to support people in remaining independent in their own homes.

NRS Healthcare

Strategic Market Support Service

A range of measures to help support the market for Adult's Social Care services including; training, promotional activities, directed support, Care Home Trusted Assessors and other initiatives.

LinCA

Wellbeing Service

Service to support independent living and improved wellbeing of vulnerable adults. Includes trusted Assessment, support, hospital and care in-reach, resettlement, telecare response and small aids and adaptations.

ELDC (Wellbeing Lincs)

Housing-Related Support (HRS)

Eight contracts across targeted Lincolnshire Districts to provide emergency and non-emergency accommodation and floating support services for the prevention of rough sleeping and homelessness.

Framework Housing Association

Telecare Service

The provision and maintenance of a 24/7 monitoring service which allows people to remain in their home and maintain their independence whilst preventing escalation into more costly Adult Care services.

NRS Healthcare

Dementia Support Service

Support and guidance for people with mild cognitive impairment or a dementia diagnosis, and their family and carer(s).

Lincolnshire Partnership NHS Foundation Trust

Shared Lives Service

Regulated social care offering an alternative and flexible form of accommodation and care/support within a Shared Lives Carer's home.

Person Shaped Support (PSS)

Integrated Lifestyle Service (One You Lincolnshire)

Provision of high quality and accessible information and support to help adults in Lincolnshire to adopt and maintain a healthy lifestyle.

Thrive Tribe

Short Breaks Service

Respite service to individuals with learning disabilities on a planned and unplanned basis.

Making Space | Community Integrated Care

Pre-Paid Accounts & Associated Services

Bank account provision for management of direct payments and associated funds, allowing individuals to pay for care and support through electronic banking.

Allpay

Direct Payment Support Service

Provides support to all eligible people to manage their Personal Budget through a Direct Payment by providing high-quality, personalised, advice, information and training.

Penderels Trust

Advocacy Services

Services providing all types of statutory and professional advocacy for children, young people and adults across Lincolnshire.

Voiceability

Learning Disability Involvement Service

To deliver a range of support including engagement, co-production and strengths based working.

Voiceability

Healthwatch Lincolnshire

The service champions and strives to ensure the quality, range and accessibility of both Health and Social Care services for and on behalf of the people of Lincolnshire.

Healthwatch

Library of Information Services

Information, signposting and options advice on regulated and non-regulated community and voluntary services in Lincolnshire.

Lincs2Advice

Care Home Trusted Assessor Service

Countywide needs assessment service to support timely hospital discharge.

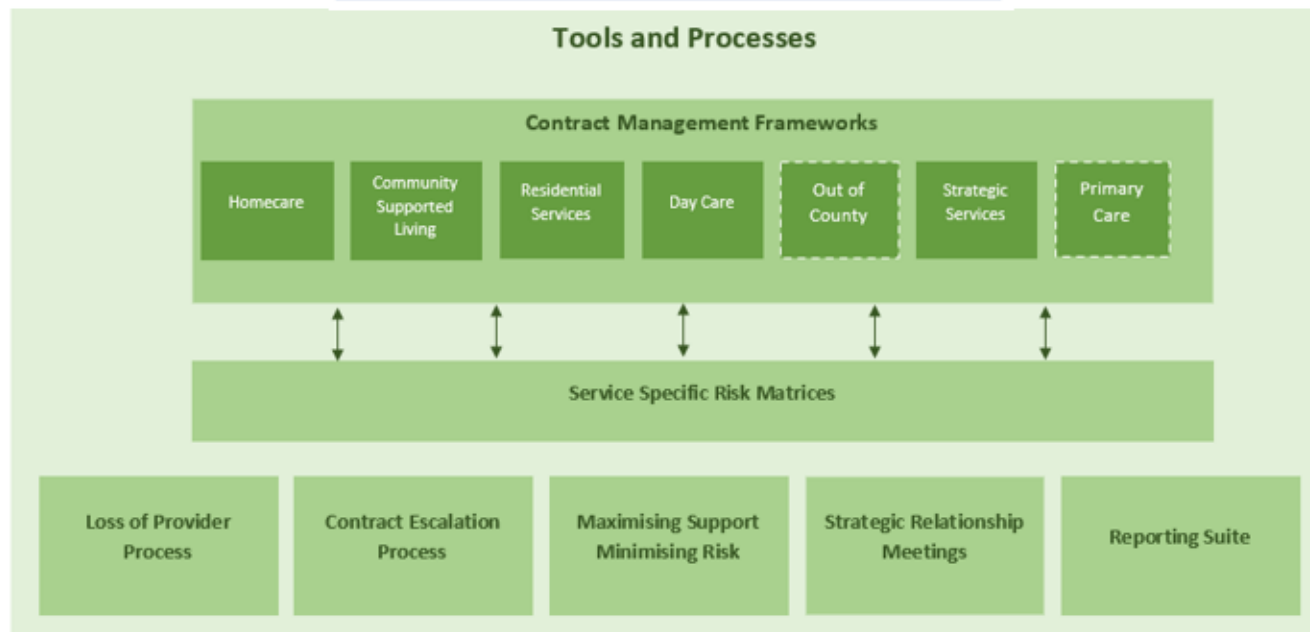
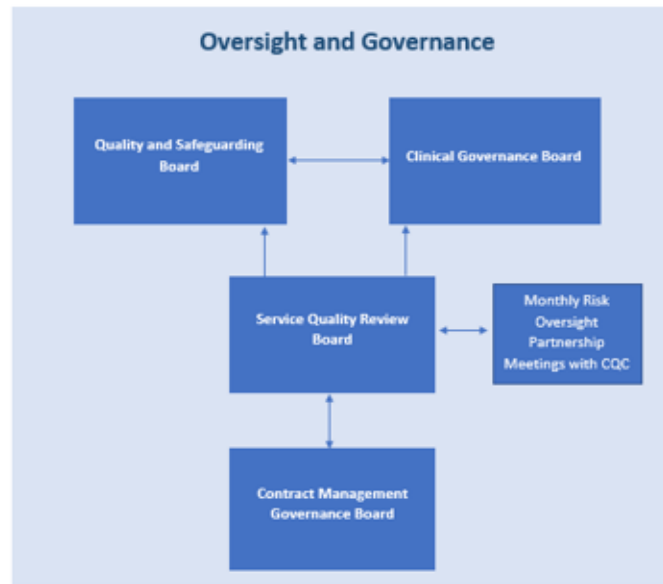
LinCA

This page is intentionally left blank

Commercial Team People Services Contract Management Team

"Supporting commissioned providers to deliver effective services for Lincolnshire"

- Collaboration Partners**
- Service users
 - Providers
 - Care Quality Commission
 - Better Lives Lincolnshire (ICS)
 - Primary Care
 - Quality Assurance Team
 - Health Protection Team
 - Service Area Commissioners
 - Operational Teams
 - Adult Care Performance
 - Service Development Team
 - Brokerage Team
 - Safeguarding Team
 - Internal Audit
 - Finance Team
 - Legal Team
 - Procurement Team
 - Lincolnshire Fire & Rescue
 - Lincolnshire Resilience Forum
 - Lincolnshire Police
 - ADASS
 - Skills for Care
 - Lincolnshire Care Association
 - Elected Members

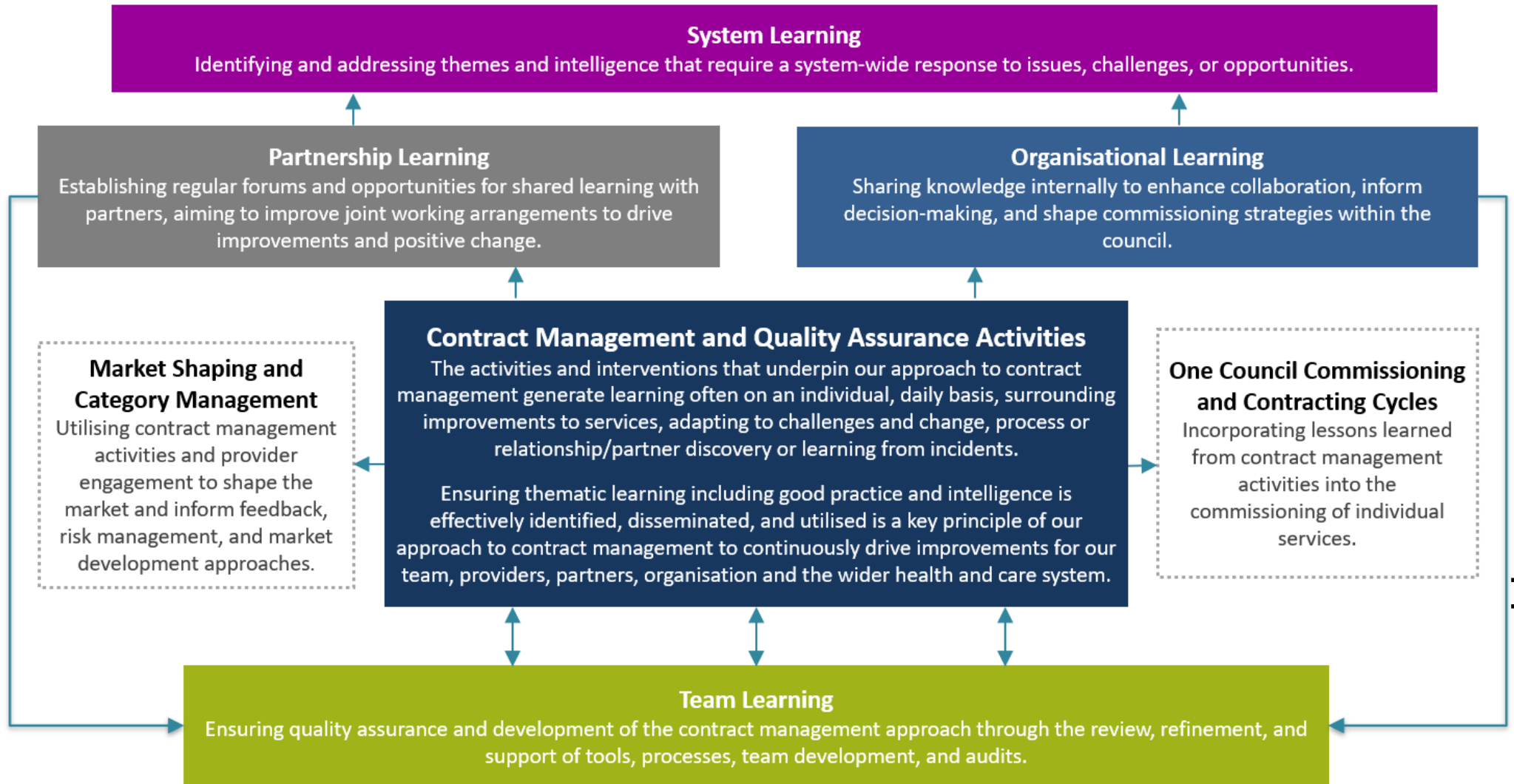


- Intelligence**
- Poor Practice Concerns
 - Safeguarding Alerts
 - Serious Incident Reports
 - Partner Assurance Reports/Visits
 - Service user feedback
 - Provider/Contract Data
 - Third Party Feedback

Appendix B

This page is intentionally left blank

Continuous Improvement & Thematic Learning



This page is intentionally left blank

Provider Feedback

"We really do wish more of our commissioners could 'be more Lincs'. The challenge and support that we get from you is invaluable. I have worked with a number of local authorities across England and Wales in relation to Shared Lives services and I can say that in my view Lincolnshire Local Authority have been incredibly supportive of us as a provider. I feel that as a provider we are part of a bigger team & that we all share the same vision of providing the very best services to the people we support."

Chief Executive: PSS (UK) Ltd

"The whole team at LCC are one of the best councils I have worked with, they are responsive and proactive. Our Senior Contract Officer is a consummate professional with a knack of building relationships to get the best out of people, she is supportive, has innovative ideas and is not afraid to support and guide domiciliary care providers when asked."

Regional Manager: Key 2 Care

"Swallow Lodge went through a very difficult time last year when they received an overall rating of "Inadequate" in their CQC inspection, we received the new rating yesterday with the overall rating increased to "Good". This is a massive achievement and could not have been achieved without your support and expertise, you are always there to give us advice, feedback and at times constructive feedback to enable us to reflect on our practices. This has only been achieved by us all working together in partnership. You're very approachable and are always there to support us at any time. I feel that I can discuss any concerns or issues with you and not feel judged. You want the best for all of the Service users we support and ensure that they are receiving the highest level of support. I feel our supported living services and respite service would not be where they are today without your support and knowledge."

Regional Head of Operations: Making Space

"We have a professional and focused Contract Management process in place that allows for challenge and promotes a continuous improvement culture. Our contracts manager understands our service and the pressures we are under and is fully supportive in developing solutions alongside us to enable excellent contract delivery against the contract."

Carers First: Carers Support Service Provider

"Our Contract Officer has approached our partnership working with the right blend of being sympathetic to the challenges, being supportive to create solutions, and highlighting risk when needed and addressing effectively. Where we have faced challenges in the relation to the commissioner and provider partnership, our Contract Officer has been open and transparent and always available to have honest conversations. Where Poor Practice Concerns have not met the threshold meetings have been arranged to address issues raised in the right way to achieve the desired learning outcomes for all parties. We do share our concerns over processes to improve partnership working and we feel these are welcomed and acted upon so we can always maintain an open dialogue."

Head of Quality and Safeguarding: Linkage

"Our Contract Officer has taken the time to ensure she understands our service and how our organisation works, she has taken time to engage with the staff team and many of our hard-to-reach clients have been happy to speak with her during our Annual Contract review meeting. Our relationship is built on honest and open communication, with mutual respect and trust. Our Contract Officer has always been mindful of our limits as a provider with a very small team and has supported us to make improvements and changes to service delivery."

Positive Health: Sexual Health Outreach and HIV Prevention Service

"You're a lovely Council to work with, very understanding, very approachable and very supportive. I also want to say thank you personally to you for all the support you give our branch!!"

Regional Manager: Sage care

"As a provider, to feel that the contract manager has a clear understanding of the contract, a desire to see it succeed and a commitment to protect it from unnecessary distraction has given us the ability to focus on delivering the services we set out to achieve and with the flexibility to understand barriers that have been introduced within this time and an appetite to grasp new opportunities, we feel we have been able to thrive and grow in ways that haven't always been possible elsewhere."

Head of Service: One You Lincolnshire Integrated Lifestyle Service

"I'd really appreciate your help with setting up a similar provider forum in Northants as I couldn't have been more proud to be part of a provider/ local authority team that works so well together and long may it continue. I will definitely be recommending this in the future."

Area Manager: Ceracare

This page is intentionally left blank



**Open Report on behalf of Andrew Crookham,
Deputy Chief Executive and Executive Director - Resources**

| | |
|------------|---|
| Report to: | Adults and Community Wellbeing Scrutiny Committee |
| Date: | 17 January 2024 |
| Subject: | Adults and Community Wellbeing Scrutiny Committee - Work Programme |

Summary:

The Committee's forward work programme is set out in this report. The report also includes the relevant extracts from latest version of the forward plan of key decisions due to be taken from 1 February 2024. 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 by the Executive on 5 December 2023 on the Procurement of the Wellbeing Service. The Committee's statement from 29 November 2023 was presented to the Executive.

Actions Requested:

- (1) To review the Committee's forward work programme, as set out in the report.
- (2) Following consideration by this Committee on 29 November 2023, to note the decision of the Executive on the Procurement of the Wellbeing Service on 5 December 2023.

1. Current and Planned Items

The Committee's programme is set out below: -

A. Items to be Programmed

- (1) Adult Frailty and Long Term Conditions Update and Overview – This item was requested on 29 November 2023.
- (2) Obesity – This item was requested on 29 November 2023.
- (3) Day Services Update – *NO EARLIER THAN SEPTEMBER 2024* – This item was requested on 6 September 2023.

- (4) Workforce Development, Recruitment and Retention within Adult Social Care – *NO EARLIER THAN OCTOBER 2024* – This was requested on 18 October 2023.

B. Items Programmed

| 17 January 2024 – 10.00 am | | | |
|-----------------------------------|---|--|--|
| | <i>Item</i> | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 | Adult Care and Community Wellbeing Budget Proposals 2024-25 | Pam Clipson, Head of Finance, Adult Care and Community Wellbeing | Each year the Committee considers and prepares a statement on the budget proposals for Adult Care and Community Wellbeing |
| 2 | Director of Public Health Annual Report 2023 | Derek Ward, Director of Public Health | Each year the Director of Public Health is required to prepare a report on a health issue impacting on the people of Lincolnshire. |
| 3 | Care Quality Commission (CQC) Pilot Assessment of Lincolnshire County Council – Adult Social Care | Martin Samuels, Executive Director, Adult Care and Community Wellbeing | This report discusses the outcomes of the pilot assessment by the CQC in July 2023 of adult social care. |
| 4 | Overview of Care Provider Contract Management | Alina Hackney, Head of Commercial Services | This report provides an overview of the contract management process across Lincolnshire in care provision settings. |

| 28 February 2024 – 10.00 am | | | |
|------------------------------------|--|--|--|
| | <i>Item</i> | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 | Residential Care and Community Supported Living Framework Contract 2022- 2025 Rate Uplifts for 2024/25 | <ul style="list-style-type: none"> Alina Hackney, Head of Commercial Services Pam Clipson, Head of Finance, Adult Care and Community Wellbeing | On 5 March 2024, the Executive is due to consider proposals for the rates paid to providers of residential care and community supported living. This item enables the Committee to pass on its views on the proposal to the Executive. |

| 28 February 2024 – 10.00 am | | | |
|------------------------------------|---|---|--|
| <i>Item</i> | | <i>Contributor(s)</i> | <i>Notes</i> |
| 2 | Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 3 | Caroline Jackson, Head of Corporate Performance | This is the quarterly performance report. |
| 3 | Introduction to the Lincolnshire Carers Service | Anne-Marie Scott, 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. |

| 24 April 2024 – 10.00 am | | | |
|---------------------------------|-------------------|-----------------------|--|
| <i>Item</i> | | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 | NHS Health Checks | To be confirmed | The Committee has requested an item on NHS Health Checks, following consideration of the performance report on 29 November 2023. |
| 2 | | | |

| 5 June 2024 – 10.00 am | | | |
|-------------------------------|--|-----------------------|--------------|
| <i>Item</i> | | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 | | | |
| 2 | | | |

| 24 July 2024 – 10.00 am | | | |
|--------------------------------|--|---|---|
| <i>Item</i> | | <i>Contributor(s)</i> | <i>Notes</i> |
| 1 | Service Level Performance Reporting Against the Success Framework 2023-24 Quarter 4 / Year End | Caroline Jackson, Head of Corporate Performance | This is the quarterly performance report. |
| 2 | | | |

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

2. 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.

3. Decision of the Executive – 5 December 2023

This Committee considered a proposed decision on the Procurement of the Wellbeing Service on 29 November 2023. On 5 December 2023, the Executive approved the recommendations. Thus, the following decision was made:

- approval of the commissioning of a county-wide Wellbeing Service for people aged 18 and over;
- approval of a procurement exercise, to award a contract effective from October 2024; and
- the Executive Director of Adult Care and Community Wellbeing to determine the final form of the contract, in consultation with the Executive Councillor for Adult Care and Public Health.

4. Conclusion

The Committee is invited to consider its work programme and to note the decision of the Executive on 5 December 2023.

5. Appendices

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

| | |
|------------|--|
| Appendix A | Forward Plan of Key Decisions within the Remit of the Adults and Community Wellbeing Scrutiny Committee from 1 February 2024 |
| 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

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

From 1 February 2024

| 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 |
|--|------------------|----------------|---|--|--------------------|
| Council Budget 2023/24 | 6 Feb 24 | Executive | Each Scrutiny Committee | Assistant Director of Finance Michelle.Grady@lincolnshire.gov.uk | All |
| Residential Care and Community Supported Living Framework Contract 2022- 2025 Rate Uplifts for 2024/25 | 5 Mar 24 | Executive | Adults and Community Wellbeing Scrutiny Committee | Senior Strategic and Procurement Manager Carl.Miller@lincolnshire.gov.uk | All |

**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 | | | | | | | 2024 | | | | | 2025 | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|-------|--------|-------|--------|---------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|
| | 29 Jun | 14 Jul | 8 Sept | 20 Oct | 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 | 17 Jan | 28 Feb | 24 Apr | 5 Jun | 24 Jul | 5 Sept | 16 Oct | 20 Nov | 22 Jan | 19 Mar |
| <i>Meeting Length – Hours : Minutes:</i> | 1:47 | 2:15 | 3:30 | 2:50 | 2:59 | 3:55 | 3:01 | 3:00 | 1:58 | 2:51 | 2:26 | 1:39 | 2:36 | 2:59 | 3:08 | 1:50 | 2:57 | 2:47 | 2:36 | 1:52 | 2:21 | | | | | | | | | | |
| 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 | | | | | | | | | D | | | | | | | | |
| Carers Support Service | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | | |
| Care Quality Commission Assessment of County Council | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Care Quality Commission Update | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Equipment Service | | | | | | | D | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Supported Living | | | | | | | | | | | | | | | | D | D | | | | | | | | | | | | | | |
| Contract Management Overview | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Day Services | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Digital Initiatives Supporting Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | 2021 | | | | 2022 | | | | | 2023 | | | | | 2024 | | | | | 2025 | | | | | | | | | | | | | |
|---|--------|--------|--------|--------|--------|--------|-------|--------|-------|--------|---------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--|--|
| | 29 Jun | 14 Jul | 8 Sept | 20 Oct | 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 | 17 Jan | 28 Feb | 24 Apr | 5 Jun | 24 Jul | 5 Sept | 16 Oct | 20 Nov | 22 Jan | 19 Mar | | |
| <i>Meeting Length – Hours : Minutes:</i> | 1:47 | 2:15 | 3:30 | 2:50 | 2:59 | 3:55 | 3:01 | 3:00 | 1:58 | 2:51 | 2:26 | 1:39 | 2:36 | 2:59 | 3:08 | 1:50 | 2:57 | 2:47 | 2:36 | 1:52 | 2:21 | | | | | | | | | | | | |
| Director of Public Health Role / Annual Report | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disabled Facilities Grants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extra Care Housing - Boston | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extra Care Housing - Lincoln | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Extra Care Housing - Welton | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safeguarding Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sensory Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sexual Health Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Connections | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialist Adults Accommodation – Market Rasen | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specialist Adult Services - Overview | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | 2021 | | | | 2022 | | | | | 2023 | | | | | 2024 | | | | | 2025 | | | | | | | | | | | |
|--|--------|--------|--------|--------|--------|--------|-------|--------|-------|--------|---------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|--------|
| | 29 Jun | 14 Jul | 8 Sept | 20 Oct | 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 | 17 Jan | 28 Feb | 24 Apr | 5 Jun | 24 Jul | 5 Sept | 16 Oct | 20 Nov | 22 Jan | 19 Mar |
| <i>Meeting Length – Hours : Minutes:</i> | 1:47 | 2:15 | 3:30 | 2:50 | 2:59 | 3:55 | 3:01 | 3:00 | 1:58 | 2:51 | 2:26 | 1:39 | 2:36 | 2:59 | 3:08 | 1:50 | 2:57 | 2:47 | 2:36 | 1:52 | 2:21 | | | | | | | | | | |
| Strategic Market Support Services | | | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance Misuse Treatment Services | | | | | | | | | | | D | | | | D | | | D | | | | | | | | | | | | | |
| Wellbeing Service | | | | | | | | | | | | | | | | | | | | | D | | | | | | | | | | |
| Workforce – Capacity and Development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |